GENDER, AGE AND WIDOWHOOD: HOW OLDER WIDOWS AND WIDOWERS DIFFERENTLY REALIGN THEIR LIVES

KATE DAVIDSON

Thesis Submitted for the Degree of Doctor of Philosophy
Department of Sociology
University of Surrey
GUILDFORD

© Kate Davidson, September 1998
This thesis is dedicated to four remarkable women who have influenced not only this study but my life.

First, two widows, Audrey Drohan and Cis Davidson, who inspired me at the start, and helped me all along the way. A special thank you to Audrey, who bravely took on a young widower over forty years ago and brought up his two children as if we were her own.

To Clare Williams, friend and colleague, who kept my feet on the ground and my chin in the air.

And to Dianne, the catalyst.

My gratitude knows no bounds.
CONTENTS

LIST OF TABLES vii

LIST OF FIGURES viii

ACKNOWLEDGEMENTS ix

ABSTRACT x

INTRODUCTION xi

PART I SETTING THE SCENE: SOME THEORETICAL ISSUES 1

Chapter One: Death Us Do Part: Widowhood 1

1.1 Research into Widowhood 3

1.2 Conceptual Approaches 5
  Psychological Adaptation 5
  Gender Differences in Psychological Adaptation 6
  Who Suffers More? 8
  Social Role Transition 9

1.3 The Social Construction of Gender 15
  Gender Differences in the Formation and Maintenance of Friendships 17
  Gender Differences in Social Support Networks 19

1.4 The Theoretical Frameworks for this Study 20
  Ontological Security and Self-Identity 21
  The Salutogenic Paradigm 23

1.5 Conclusions 26
# Chapter Two: For Richer, For Poorer: Resources

2.1 Demographic Realities 29  
2.2 Widowhood and Health 30  
   Widowhood and Disability 31  
   Widowhood and Suicide 32  
   Widowhood and Alcohol Consumption 33  
2.3 Financial Resources 34  
   Retirement Pensions 35  
   Savings 36  
   Holding the Purse Strings 37  
   Income Maintenance and Budgeting 37  
2.4 Living Arrangements 39  
   Home Ownership 39  
   Solo Living 41  
2.5 Dependence, Independence and Autonomy 42  
   Dependency and Gender 43  
   Independence and Transport 44  
2.6 friendship and Support Systems 46  
2.7 Conclusions 48

# Chapter Three: To Have and to Hold: Marriage

3.1 Sociological Considerations on Marriage and the Family 51  
3.2 Marriage, the Family and the State in Mid-Twentieth Century UK 54  
3.3 Gender Differences and the Division of Labour 57  
3.4 The Companionate Marriage 59  
3.5 Family Care 61  
   Motherhood and Child Care in the 1950s 63  
3.6 The Married Lives of Older People 64  
   Retirement and Marriage 65  
   Spouse Care in Later Years 67  
3.7 Conclusions 69
### Chapter Four: We Are Gathered Here: Remarriage

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1 Widowhood and Remarriage</td>
<td>73</td>
</tr>
<tr>
<td><em>Trends and Comparative Rates</em></td>
<td>75</td>
</tr>
<tr>
<td>4.2 New Partnership Options</td>
<td>77</td>
</tr>
<tr>
<td><em>Remarriage: Selection versus Protection</em></td>
<td>78</td>
</tr>
<tr>
<td><em>Choices and Constraints in Repartnering of Older Widowed People</em></td>
<td>81</td>
</tr>
<tr>
<td>4.3 Older People and Cohabitation</td>
<td>82</td>
</tr>
<tr>
<td><em>Sexuality and Partnerships of Older People</em></td>
<td>84</td>
</tr>
<tr>
<td>4.4 Cross-Gender Non-Cohabitational Relationships</td>
<td>85</td>
</tr>
<tr>
<td>4.5 Conclusions</td>
<td>88</td>
</tr>
<tr>
<td>4.6 The Research Questions</td>
<td>89</td>
</tr>
</tbody>
</table>

### PART II METHODS AND METHODOLOGY

### Chapter Five: Methodological Considerations

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1 The Research Design</td>
<td>91</td>
</tr>
<tr>
<td><em>The Sample Criteria</em></td>
<td>91</td>
</tr>
<tr>
<td>5.2 Ethical Practice Considerations</td>
<td>93</td>
</tr>
<tr>
<td><em>The Interview Schedule</em></td>
<td>93</td>
</tr>
<tr>
<td><em>Ethics Committee Approval</em></td>
<td>94</td>
</tr>
<tr>
<td>5.3 The Sample Collection</td>
<td>95</td>
</tr>
<tr>
<td><em>The Pilot Sample</em></td>
<td>95</td>
</tr>
<tr>
<td><em>The Main Sample</em></td>
<td>95</td>
</tr>
<tr>
<td><em>Profile of the Collection Sources</em></td>
<td>96</td>
</tr>
<tr>
<td><em>Issues of Selection</em></td>
<td>100</td>
</tr>
<tr>
<td>5.4 Interviewing</td>
<td>101</td>
</tr>
<tr>
<td><em>Researching and Interaction</em></td>
<td>102</td>
</tr>
<tr>
<td><em>The Pilot Interviews</em></td>
<td>103</td>
</tr>
<tr>
<td><em>The Main Sample Interviews</em></td>
<td>105</td>
</tr>
<tr>
<td>5.5 Data Analysis</td>
<td>107</td>
</tr>
<tr>
<td><em>&quot;Modified” Grounded Theory Analysis</em></td>
<td>109</td>
</tr>
</tbody>
</table>
PART III ANALYSIS OF THE DATA

Chapter Six: Made in Heaven: Marriage in Retrospect

6.1 The impact of the Second World War

6.2 Good Wives; Good Husbands
   Spouse Sanctification

6.3 Togetherness
   The Garden and Togetherness
   Financial Decisions and Togetherness

6.4 Gender, Selfishness and Marriage

6.5 Retirement and Domesticity

6.6 Conclusions

Chapter Seven: One Day at a Time: The Caring Years

7.1 Older Spouse Carers
   For Better, For Worse; In Sickness and in Health
   Professional Involvement

7.2 Caring and Tough Times

7.3 Caring and Good Times
   Gender Differences in Reportage

7.4 Bridging the Gap

7.5 Conclusions
Chapter Eight:  *Without You: Coping Alone*  

8.1 Aloneness and Loneliness  
*The Early Months*  

8.2 Being Alone; Successful Independent Living  

8.3 Self-Reported Gender and Coping  
*Gender Differences and Coping*  

8.4 Widowhood and Self-Esteem  

8.5 Compensations in Widowhood  
*Freedom and Selfishness*  

8.6 Conclusions  

Chapter Nine:  *Friends and Neighbours: The Support Systems*  

9.1 Intergenerational Reciprocity  

9.2 Friendship Matrices  

9.3 Peer Reciprocity  
*Friends and Neighbours*  
*Gender Differences in Friendship Patterns*  
*Confidants and Comrades*  

9.4 Social Participation Outside the Home  

9.5 Non-Participation in Social Clubs  

9.6 Widows, Widowers and Married Friends  
*Friends and Acquaintances*  

9.7 Conclusions  

Chapter Ten:  *The Second Time Around: Choices and Constraints*  

10.1 Remarriage Patterns  
*Consideration of Remarriage*
10.2 The Reasons For Not Remarrying 221
10.3 New Partnerships After Widowhood 224
   Partnership Histories of the Sample 225
   Gender Differences in Reporting New Partnership Formation 229
   The Sexual Taboo 229
10.4 The Desirability of a New Partnership 229
10.5 Conclusions 231

PART IV CONCLUSIONS

Chapter Eleven: Look for the Silver Lining: Conclusions 233
11.1 Marriage and Caring 235
   Selfishness and Selflessness 237
   Gender, Caring and the Marriage Vows 239
11.2 Gendered Meanings of Widowhood 240
   Loneliness and Aloneness 241
   Social Networks and Widowhood 242
11.3 Gender and Repartnering 242
11.4 And Finally 244

REFERENCES 245

APPENDICES

Appendix A Original introductory letter sent to Ethics Committee 264
Appendix B Introductory letter approved by Ethics Committee 265
Appendix C Consent Form 266
Appendix D Interview Schedule 267
Appendix E Poster displayed in public places 270
Appendix F Introductory letter for distribution by colleagues, friends and relatives 271
Appendix G List of widows and widowers 272
LIST OF TABLES

Table 1.1 Gendered Characteristics of Friendship 17
Table 2.1 Marital Status of Older People at The UK 1991 Census 29
Table 2.2 Life Expectancy and Expected Years of Disability at Age 60 in the UK 1991 32
Table 2.3 Housing Tenure by Age Group (Individuals): England 1995 40
Table 2.4 Percentage of Older Men And Women Living Alone in Private Households in Great Britain (1994) 41
Table 3.1 Women’s Attitudes to Gender Roles in 1990 58
Table 3.2 Older Women’s Attitudes to Gender Roles in 1990 59
Table 4.1 Marriages Registered by all Widowers and Widows in the UK in 1980, 1985, 1990 and 1995 73
Table 4.2 Numbers of Widowers and Widows in the 1991 UK Population by Age 74
Table 4.3 Marriage at Age 55 or Over in the UK in 1980, 1986, 1991 and 1996 75
Table 4.4 Remarriage Rates (per 1000) by Age, England and Wales: 1981 and 1991
(a) 1981: Widowed men and women
(b) 1991: Widowed men and women
(c) 1991: Divorced men and women
Table 5.1 Formal and Informal Sources for the Sample 97
Table 5.2 Sample by Age Group and Gender 110
Table 5.3 Sample by Length of Marriage and Gender 111
Table 5.4 Sample by Length of Widowhood and Gender 111
Table 5.5 Living Arrangements by Gender 112
Table 5.6 Income and Savings by Gender 113
Table 7.1 Care Patterns Prior to Bereavement for Widows and Widowers 138
Table 8.1 Self-Reported Coping by Widows And Widowers 159
Table 8.2 Widowers and Coping 163
Table 8.3 Widows and Coping 166
Table 10.1 In Answer to the Question “Have you considered getting married again?” 215
Table 10.2 Frequency of Reasons Given For Not Having Remarried by Gender 222
Table 10.3 Partnership History of the Widows and Widowers Since Widowhood 226
Table 10.4 Outcomes and Typology of the Desirability of a Cross-Gender Relationship 230
| Figure 5.1 | Schema Showing Sample Collection Patterns | 98 |
| Figure 5.2 | Example of One Coding Pathway from the Category "Friends" | 107 |
| Figure 8.1 | Antonovsky's Sense of Coherence and The Chaos of Early Bereavement | 156 |
| Figure 8.2 | The Ontological Coherence-Ontological Chaos Continuum | 157 |
| Figure 9.1 | Model of Gender Differences in Kith and Kin Involvement Outside Marriage | 188 |
| Figure 9.2 | Social Participation Outside the Home by Gender | 199 |
ACKNOWLEDGEMENTS

Doing this PhD has been enjoyable and rewarding, not least for the introduction to so many like-minded people who want to take the "doom and gloom" out of the study of ageing.

Top of the list to thank are all those widows and widowers who welcomed me into their homes and shared with me so much of their lives. I feel privileged and honoured to have known them.

I would like to thank my supervisor, Professor Sara Arber, whose encouragement never wavered despite the many detours I took during my four year period of self-development!

Thanks to all the staff and fellow post-graduate students in the Department of Sociology at Surrey University, for their friendship and support, without which I could not have survived.

A big, big thank you to Fiona McCallion who spent countless hours tracing out-of-print books and tracking down and photocopying North American journal articles for me at Hunter College in New York. The value of her help in those early months is immeasurable.

A special thank you to Professor Helena Znaniecka Lopata whose work inspired me and whose interest in my project gave us close and frequent contact over many months. Her suggestions stimulated and guided me especially during the final year.

Thanks too, to all the members of Executive Committee of the British Society of Gerontology for their understanding and encouragement.

I am very grateful to the Economic and Social Research Council for funding my PhD.

And to Mike, Beth and Toby, who always believed I could do it.
Abstract
This thesis reports an original research investigation of gendered differences in the meanings of widowhood to older men and women in the medium and long term after the loss of their spouse. Twenty five widows and twenty six widowers were interviewed in-depth, with a semi-structured interview guide and the data were analysed using a qualitative data analysis software program. There is a received wisdom that in widowhood, women grieve and men replace. Indeed, demographic data indicate that older widowed men are more likely to remarry than older widowed women.

The study focuses on the choices and constraints in the making of new dyadic relationships and how men and women differ in their approaches to these partnerships. What emerges from the interview data is a complex picture of same- and cross-gender friendship and partnership matrices which are age and gender specific.

For most of the widows, some of whom were living by themselves for the first time, their aloneness was perceived as a sense of liberation that they were unwilling to relinquish as a trade off for companionship with caring responsibilities. For the widowers, the loneliness was viewed more as a sense of deprivation after a life of being cared for by a woman in whom they had concentrated their emotional existence. At the heart of gendered choices about repartnership is the notion of selfishness and its differential meanings to older men and women. The study concludes that the fundamental gender difference in the decision making process regarding the formation of an exclusive cross-gender relationship, is the perception of the costs and benefits associated with taking on a new partner. A widow feels that a new partnership would be at the cost of her new found independence whereas a widower benefits from the mitigation of his aloneness and loneliness.
INTRODUCTION

My interest in gender and the lives of older people was stimulated by an undergraduate degree course in Social Policy with Women's Studies undertaken as a mature student in the early 1990s. Contemporary legislation which required General Practitioners to offer annual medical checks to people of 75 years and over, and the implementation of the 1990 NHS and Community Care Act, provided the background for two extended research essays for the degree. In 1993, my father and my father-in-law died a month apart and the issue of widowhood was uppermost in my mind when considering a research project proposed by Professor Sara Arber. The prospect of extending my interest by researching gender differences in widowhood was exciting, and, with the financial assistance of an ESRC grant, translated into the thesis project.

There has been, in recent years in particular, considerable interest in the lives of older widows and somewhat less in that of older widowers. The emphasis on widows reflects their numerical superiority. Widowhood is predominantly a female experience: in the United Kingdom, half of women aged over 65 years are widowed compared with only a sixth of men (ONS, 1998). As a result of their biological endowment of a longer life-expectancy and the social propensity of men to marry women younger than themselves, women are more likely to be alone when they are old. Existing research has been primarily quantitative, often using secondary data in investigating income levels, health needs, bereavement indices and support systems. The policy orientated research has concentrated primarily on the (dismal) experiences of older women and has largely ignored the smaller but significant number of men who face their latter years as widowers.

This study addresses this neglect by comparing how older widows and widowers differentially realign their lives more than two years after the loss of a spouse. It is based on semi-structured interviews with twenty five widows and twenty six widowers born before 1930 who had been widowed for at least two years. From the pilot interviews there evolved a set of questions about choices and constraints around the issue of remarriage. The questions were therefore revised to probe gendered attitudes...
to marriage, caring and widowhood, and how these influence choices about repartnering. Analysis of the interview data revealed many complexities in the gendered meanings of marriage and widowhood: these transcended the apparently simple dichotomy of whether or not an older widowed person wished to remarry.

The research questions are:

1. To explore the gendered ways in which the lived reality of widowhood is influenced by the nature of the previous marriage and caring relationship.

2. To explore the gendered ways that men and women negotiate a changed world from couple-companionate to solo living.

3. To examine choices and constraints in repartnering and how these are influenced by age, gender and resources.

Outline of the thesis:

The thesis is in four parts and comprises eleven chapters:

- **PART I:** Setting the scene: some theoretical issues, Chapters One - Four
- **PART II:** Methods and Methodology, Chapter Five
- **PART III:** Analysis of the data, Chapters Six to Ten
- **PART IV:** Conclusions, Chapter Eleven

Chapter One provides a review of the literature relating to the widowhood of older men and women. It is divided into three parts. The first part offers a review of the key sociological studies of widowhood. The second part explores the social construction of gender and discusses the gendered friendship patterns of older men and women, and the final part sets up the theoretical framework for analysing the gendered meanings of selfhood in the lived experience of older widowed people. Chapter Two gives an overview of the life of older widows and widowers in present day Britain with reference to how health and financial resources contribute to coping strategies.
Chapter Three reviews the literature on marriage as it relates to this cohort of respondents, with particular reference to the operation of patriarchy and women's caring position within the family. It looks at the literature on marriage among older people and discusses gender differences in spousal care towards the end of a long partnership. Chapter Four investigates the statistical evidence of remarriage trends among older people and discusses relevant research on cohabitational and non-cohabitational liaisons.

The methodology chapter (Chapter Five) sets out how the research was conducted and discusses the method of data collection and its analysis. This study is exploratory, descriptive and principally qualitative in nature, with the primary aim being to document the lived experiences of older widows and widowers.

The first of the analysis chapters (Chapter Six) analyses the meanings of companionate marriage to this cohort of widows and widowers. In this chapter, particular attention is paid to the gendered meanings of the "companionate marriage", a relational concept which is especially identified with the cohort of widows and widowers in this study. The character of the relationship between couples married during the 1930s and 1940s is viewed within the historical context of the meaning of marriage to preceding and succeeding generations. It analyses the gendered meanings of selfishness, unselfishness and selflessness as perceived by older men and women.

Chapter Seven analyses the care giving of men and women prior to the death of their spouse and how this influences the memory of the spouse and the preparation for solo living. For them as for most older people, the onset of widowhood was often presaged by illness of the spouse. This illness can be viewed as a bridge, or transition between marriage and widowhood, and for some, this period was more an integral part of their experience of widowhood than of their marriage. The chapter explores how the duration of this transitional period and the behaviour of the sick spouse impacts on the experience of widowhood, and in turn, influences choices and constraints in new partnership formation.

Chapter Eight views the present life styles and the coping strategies for living alone and interprets how older men and women have reconstituted their lives after widowhood.
in the medium and long term. It examines issues of coping strategies for successful independent living for this generation, some of whom are alone for the first time in their lives. Successful independent living is defined here by the widowed people themselves, in terms of how they consider they are coping with life. The data has been analysed with particular reference to Antonovsky's (1979) *sense of coherence* and Giddens' (1994) *ontological security*. Both these concepts have been defined as a sense of stability and continuity brought about over a lifetime of positioning oneself in a known, predictable and comprehensible world. Widowhood can be described as a life event which brings chaos to this established sense of self.

Chapter Nine looks at friendship matrices and how these are different for men and for women. It examines the nature of friendship and its relevance to partnership choices. Kith and kin networks are of paramount importance in lived experience, a sense of place and role, the consciousness of history, present life and likely future. That this experience is gendered is never more marked than in the lives of older widows and widowers. This chapter examines the meanings of friendship after the loss of a spouse but recognises that this cannot be viewed in isolation. Friendships do not exist in a vacuum but are lodged in specific contexts and settings and mean different things to different people at different times of their lives. The final chapter of the analysis section, Chapter Ten, analyses the re-partnering choices and constraints experienced by the individuals in the study. The chapter unravels this complexity and examines the factors influencing decisions about cross-gender relationships, and how these differ for men and women.

Chapter Eleven draws together the results of the study as they relate to the three research aims. It places the study in the context of the literature reviewed and evaluates its contribution to the theoretical understanding of gender and widowhood.
PART I
SETTING THE SCENE

CHAPTER ONE

DEATH US DO PART:
WIDOWHOOD
This chapter outlines the development of research about widowhood since the 1950s. A review of the literature indicates that relatively little sociological attention has been paid specifically to older widowed men and women, that is, those over the age of 65 years, for whom the experience of widowhood is the most common (OPCS, 1993). In the first part, the chapter offers a review of the key sociological studies of widowhood and the conceptual approaches employed. In the second, it examines the social construction of gender with reference to the understanding of "appropriate" male and female behaviour, which in turn influences relationship patterns throughout the life course. In the third part, it sets up the theoretical frameworks used in the study for analysing the gendered meanings of selfhood in the lived experience of older widowed people.

There has been a slow but discernible increase in sociological interest in the experience of widowhood in later life in the last three decades of the 20th century, which has come about as a result of two major Western world trends: demography and feminism. People are living longer, and as a result of a decrease in birth rates, the proportion of older people in the population is steadily increasing (Kinsella, 1997). The 1991 census reveals that in the United Kingdom, 49% of all women over the age of 65 are widowed as compared to 18% of all men. For people over the age of 75, these figures are 65% and 30% respectively (CSO, 1993).

Second wave feminism's imperative has been to examine experience and circumstance pertaining to the lives of women, and to reflect on what societal norms and values inform meaning and self-conceptualisation in relation to being female (Eisenstein, 1983). Gradually, feminism is coming to terms with the ageing issue and those of us who were campaigning for equal rights and opportunities in the 1960s and 1970s are looking towards our own later life (Greer, 1991). The conjunction of these two trends has been the steady emergence, particularly in North America, of sociological study of widowhood as experienced by women (Martin
Matthews, 1991). Feminist lack of interest in older women in the United Kingdom (UK) has meant that the process has been slower than in the United States (US), with virtually no qualitative research on the meanings of widowhood.

Minimal sociological attention has been paid to the lives of widowed men, primarily because of their relative invisibility, both numerically and in benefit distribution statistics (Berardo, 1970; Campbell and Silverman, 1987; Martin Matthews, 1991). The research that has been carried out, has principally focused on the health outcomes and psychological disorientation caused by an unanticipated disjunction; a husband does not expect to pre-decease his wife (Rubinstein, 1986).

1.1 Research into Widowhood

Substantial attention has been paid to the initial period of bereavement and most of the early studies whether employing quantitative or qualitative methods, have concentrated on men and/or women who were widowed before the age of 60. Examples of theses include Marris' (1958) UK study of widows whose husbands had died before the age of 50 and Glick et al.'s (1974) US study on the first year of bereavement, based on a sample of widowed persons aged 45 years or under.

There has been research on widowhood as applied to fiscal policy issues, and in this context, the state of widowhood is viewed as problematic (Glendinning and Millar, 1992). Much of the literature on older people, and in particular on widowhood, has resulted in depressing findings:

The vast quantity of literature on older widows in our society convincingly portrays widowhood as an experience fraught with poverty, ill health, grief and readjustment (Adlersberg and Thorne, 1990: 4).

With few exceptions, (Lopata, 1973; Martin Matthews, 1991 for example) the literature has largely neglected positive aspects of life for older widows, which can include a sense of freedom and concept of individuality hitherto subsumed in the marriage covenant as understood and experienced by women who married in the 1930s and 1940s (Chambers, 1994; van den Hoonaard, 1996).

The literature on widowers, although sparse, is equally distressing, recording levels of depression, ill-health and non-adjustment (Berardo, 1970; Stroebe and Stroebe, 1983; Feinson, 1986; Bowling, 1987; Campbell and Silverman, 1987; 1988; Bowling, 1988-89; Benshlomo et al., 1993; Deleon et al., 1993; 1994).
The published work focuses primarily on the following central themes of personal resources and instrumental support:

a) financial: income, assets and living arrangements
b) health: physical, mental and emotional
c) social: kinship and friendship networks as support systems

Older widows and widowers are no less homogenous than the rest of the population and their quality of life is mediated by complex relationships between gender, age, class, race and ethnicity as well as cohort differences. It is the diversity in terms of possession of, or access to these resources which is at the core of differential meanings of widowhood, not only inter-gender but also intra-gender.

Qualitative studies of widowhood are relatively rare even in the US, the preferred methodology being the use of large national databases for the secondary analysis of selected statistical data pertaining to old age and/or widowhood. Studies have principally consisted of cross-sectional comparisons of the lives of widowed and married men and women (Goldberg et al., 1988; Lubben, 1988), or longitudinal studies, at timed intervals after conjugal loss (Greene, 1990) to monitor “recovery rates” after bereavement. Few studies specifically examine elderly widowed people, and the majority of these report on widows. For example, in her study on Chicago widows, Helena Lopata (1979) states:

The study focuses on the lives of widows and on the facts affecting diversity in these lives, rather than on a comparison between widows as a group and widowers (Lopata, 1979: vii).

In a Canadian study, Anne Martin Matthews (1991) examined widowhood in later life for both widows and widowers, and called for more comparative research on the meanings, rather than the “who fares worse” aspect of widowhood. Although there is an increasing interest in older widowed and divorced men, no qualitative UK research comparing the lives of older widows and widowers has been identified through comprehensive literature searches. Also, little qualitative sociological attention has been paid to the experience of widowhood more than two years after bereavement.
The following section examines the conceptual approaches employed in key studies of older widowhood which unless otherwise indicated, have emanated from the US.

### 1.2 Conceptual Approaches

Research into widowhood has been carried out within two main theoretical frameworks: psychological adaptation to loss and change, and social role transition, and the processes associated with the adjustment from the "we" of couple-companionate societal normalcy, to the "I" of solo living (Martin Matthews, 1991). Most attention has been paid to adaptation, especially in the early period of loss. The study of individuals who have been widowed for more than two years tends to be in the context of comparing the grief adaptation indices before and after this interval, rather than examining the social role transitions (Hyrkas et al., 1997).

**Psychological Adaptation**

Psychological adaptation can be described as an individual response to bereavement and, social role transition can be described as the response of an individual within societal expectations of bereaved persons. The meanings of widowhood can therefore be conceptualised by the defining of self into the categorisation developed by George Mead (1993) of the "I" as self-as-knower (subjectivity), and the "Me" as self-as-known (objectivity). Self-awareness, or reflexivity, enables the individual to be concurrently subject and object to one's self (Mead, 1993). In other words, individuals view who they are themselves and how they fit into society's sets of norms, expectations and mores.

There has been a considerable body of research based on the psychological processes dealing with the early stages of bereavement and adaptation, usually covering a period of time up to two years after loss (Wortman and Silver, 1990). This type of investigation involves the more short term consequences of bereavement and focuses primarily on adjustment as the outcome. It is not intended here to provide a comprehensive literature review of this field other than to point out that a substantial number of these studies on early widowhood have been carried out by psychiatrists and psychologists. Perhaps unsurprisingly, grief tends to be categorised into "stages" exhibiting normal and abnormal behaviour and the "abnormal" translated into "illness" (Kubler-Ross, 1975). Prolonged grieving is
considered dysfunctional, or atypical behaviour. Colin Murray Parkes (1972), for example, cites Queen Victoria as an individual who epitomised atypical grief: she continued to have Prince Albert’s pyjamas put out nightly and his shaving water made ready every morning for the forty years of her widowhood. There is a consensus, however, that somewhere around the second anniversary of the death of a spouse, there is a diminution of the degree of distress experienced (Shuchter and Zisook, 1993).

The purpose of Bankoff’s (1990) study was to explore network factors which facilitate well-being during the process of adjustment to widowhood. The sample was derived from a large national study of "Self-help and Urban Problems: Alternative Help Systems", gathered at the University of Chicago. She compared 126 widows who had been widowed for less than 18 months and were still grieving intensely, with 321 women who had been widowed for more than two years, but less than five years, who reported that they were still grieving to a limited extent. Widows who reported that they were no longer grieving, regardless of the length of widowhood, were excluded from the analyses, as were all of the widowers. The study therefore was not concerned with widows who reported that they were coping with the loss of their spouse. Although there were some older widows, the mean age of the women in the research was 53 years, almost 60% of whom were employed and only 50% lived alone. Bankoff (1990) concluded that it was not necessarily the amount of support derived from a social network, but the relevance of it in helping a widow solve her specific problem or set of problems.

**Gender Differences in Psychological Adaptation**

There is a perception that men, specifically ageing men, are more emotionally distressed than ageing women by their spouse’s death. Early research carried out by Felix Berardo (1968; 1970) concluded that the precariousness of widowhood appeared to be experienced more by the older male than by the female. Numerous social factors, he contends, aid the adjustment of widows but impede the satisfactory transition for widowers: continuity of domestic role for a widow provides a buffer but proves problematic for a widower. Also, a widow is more likely to be involved in kin and friendship networks and will continue to participate in these relationships. Lopata (1979), arguably the most prolific author on widowhood, states:

The support systems of men also undergo disorganisation with the death of their wives, particularly in our "person-oriented" form of marriage and our focus upon
the nuclear family in its own housing unit. In fact, several social scientists ... find that widowers exhibit more severe symptoms of disorganisation than do widows (Lopata, 1979: 7).

The relatively greater isolation of the older widower is related to and probably aggravated by his retirement. Removed from his chief sources of self-identity, his occupation and his partner, the widower often experiences unhappiness, low morale, mental disorders, high death rates and high suicide rates (Berardo, 1985).

Stroebe and Stroebe's (1983), comprehensive summary of empirical findings from cross sectional and longitudinal investigation of mental and physical health, mortality and suicide of widowed people, covers all ages. They conclude that:

...the stability and consistency of this pattern across the whole spectrum of bereavement reaction leaves little doubt in our minds that men suffer more than women (Stroebe and Stroebe, 1983: 279-280).

Feinson (1986) disputes Berardo's (1968; 1970) and Stroebe and Stroebe's (1983) conclusions by finding that there is little evidence to support the contention that widowers suffer worse symptoms of emotional stress than widows:

The behaviour studies indicate different patterns of social participation but do not support the perception of men as more affected by bereavement than women. The mortality studies provide tentative support for the notion that widowers in some age categories may be at higher risk than widows. However it is not clear whether the higher risk applies to all age cohorts or particularly to men over seventy-five. Finally, the studies of psychological distress clearly do not provide any support for the perception about aging widowers. Indeed the data available at this time suggest that there are no gender differences (Feinson, 1986: 253).

She argues that widows and widowers have more experiences in common than is generally perceived.

The study carried out on widows and widowers under the age of 40 years, by Parkes (1972) reveals a large difference between widows and widowers with women reporting far more symptoms of emotional distress than men. He was tempted to conclude that women were more vulnerable to bereavement than men. However, a control group of married women carefully matched with the widowed sample, also reported more symptoms of emotional distress than the widowed men. Two to four years after bereavement the widows had no more symptoms than the married women controls, whereas the widowers still had more symptoms than the control group of married men.
From this it could be construed that women under the age of 40 show more emotional distress whether or not they are married, and men are more miserable if they are widowed. These findings suggest that marriage provides a more effective support system for men than women, and as a result, men are more negatively affected by the loss of a spouse. Whether these data are pertinent to older groups of widows and widowers is questionable (Feinson, 1986) but the study is included in the literature review as it confirms the popular assumption that losing a spouse is more stressful for men than it is for women.

Who Suffers More?
The issue of “who suffers more?”, widowers or widows, is shown to be contentious. Lubben (1988) reveals that both widows and widowers were found to have lower psychological well-being than their married counterparts. Health status and social networks were major predictors of psychological well-being. Among women, close female friends contributed more to psychological well-being than family contact, while among men, family contact was more important.

Scott and Kivett (1985) studied gender differences in morale of older rural widows and widowers in the US, with an age range of 65 to 94 years old. Their findings did not refute that the transition to widowhood was differently experienced by men and women, but they concluded that economic and health resources were of greater significance for rural widows and widowers than gender in defining morale levels. The widows in their rural sample suffered more because they had worse health and less money than the widowers. These findings are supported by those of Kahana and Kiyak (1980) who concluded that older women experienced more difficulties than older men, primarily in maintaining their homes and their personal health.

In the Netherlands, Nan Stevens (1995) examined the well-being and living conditions of older widows and widowers in order to establish gender differences in adaptation to conjugal loss. She used two large Dutch studies for her comparison, one on men and one on women, from which she recruited a sample of 50 widows and 31 widowers aged between 60 and 75 years, living independently and having been widowed three to five years earlier. Her results indicated that there were remarkable similarities in the reported well-being of the respondents. Availability of resources such as income, education and freedom from limiting disability
advantaged the widowers, but widows benefited from the support of close female friends and neighbours as well as adult children. Few significant differences were found in the reported personal relationship needs, although the relational patterns were different: the women wanting and having more emotionally "intimate" same-sex relations and the men content with male friends for "sociability". The men also wished for a cross-gender romantic relationship. The men, Stevens (1995) discovered, derived satisfaction from the presence of new partners or partner-like relationships and tended to depend more on adult children than did the widows. The surprising find for her was that while widowed women were disadvantaged regarding income, education and health resources, they reported similar life satisfaction to the widowed men:

The first conclusion is that there are no significant differences in the outcome of the process of adaptation to loss of the partner as measured by self-report instruments three to five years after the loss. Widows and widowers report similar levels of life satisfaction, loneliness, positive and negative affect (Stevens, 1995: 44).

She concluded that this was because women had been socialised into greater flexibility and adaptability over the life course which helped them with the major change brought about by widowhood and mediated the instrumental disadvantages.

The question of who suffers more is unlikely to be resolved because of the differences in sampling and methods employed in various studies, and the fact that gender differences are not general, but culturally and geographically specific (Martin Matthews 1991).

Social Role Transition
For the cohort of married women born in the first three decades of the 20th century, there is empirical evidence that social identity is typically derived from the husband's occupation and their role as wife (Martin Matthews, 1991). Therefore, the widow has to contend not only with the physical loss of her spouse, but the loss of her primary source of identity.

The second framework used by sociologists and psychologists to study widowhood has focused on social role transition, and has been employed in examining the interaction between widowed individuals and society in the medium and long term. Early studies of ageing conceptualised widowhood as role loss and
role exit (Cumming and Henry, 1961), where retirement and widowhood were viewed as involuntary disengagement and as such, the individuals are rendered powerless. Bereavement is analysed in terms of negativity: role change from wife to widow, which in turn considers a widow to be a "roleless wife", lacking any duties towards others in the social system (Lopata, 1996). These disengagement theories have contributed to the literature which views widowhood as a negative state.

Social life involves inter-relationships among several people and there are overlapping and intertwining social roles depending on the status attached to the individual in a given location (Bocock and Thompson, 1992). According to Lopata (1996), the social person has overlapping roles organised around specific purposes, therefore different aspects or characteristics are brought to bear in diverse social circles. She defines social role as:

... a set of patterned, interdependent relations between a social person and a social circle encompassing rights and privileges, duties and obligations on all sides (1996: 3).

A woman can be a daughter, mother and grandmother, as well as a student, wife and friend and so on, each segment of her circle demanding multifaceted interaction. Each of these roles consist of a set of rights and duties arising from and legitimated by social organisation. She responds to and instigates action, being both a beneficiary (privilege) and benefactor (obligation) within the social circle. As "wife" or "mother" the social role is defined by negotiated action, that is the behaviour expected of her in return for participation within the social organisation. A social person enters a social role where there is mutual interdependency and where there are at least two other persons. The social circle members reciprocate by giving her rights and resources to be the kind of wife that they have negotiated to accept (Lopata, 1996). A woman can participate in several roles with numerous sets of circle members, each role individually tailored to the circumstances. Each role requires her also to "take the role" of others in order to understand their perspectives. As a mother, she interacts with her children, other mothers and their children in a way that gives her permission to belong to the social circle. From this comes socially mutual expectations of what is agreed in terms of "wifely" and "motherly" behaviour.

According to Lopata's definition, the "rights and duties" of a widow finish with the funeral ritual and immediate mourning period. This is the point at which she
describes the move from "the temporary role of widow" to "a pervasive identity of widowed woman" (1996: xiii). Therefore, Lopata (1996) argues, there is no social role as "ex-wife" any more than there is a social role as "ex-student". Depending on the diversity of their complementary social roles, women who have lost their husbands need to re-focus their roles, as mother, grandmother, friend, neighbour for example.

Marriage is a status and the part played within the status is a social role, that of husband and wife. Every social role is performed within a social circle of people who have expectations of duties which bestow rights giving the individual permission to interact with the circle. Therefore, a wife has duties and obligations not only to her husband but also to all the people in the social circle who make it possible for her to be the kind of wife they have all, including the individual woman, come to expect.

Deborah van den Hoonaard (1997) discusses how for a woman who is widowed, the "loss of world" precedes loss of identity and the need to discover a new one. She writes of the "identity foreclosure" experienced by widowed women and argues that it takes place on three levels:

1. widows do not know who they are to themselves;
2. they do not know who they are to their close friends and
3. they do not know how they fit into society in general
(van den Hoonaard, 1997: 537).

Other social roles too, such as "mother", can become disorganised and need to be renegotiated (Lopata, 1996). In fact, sometimes the roles reverse, with the adult daughter or son taking over the running of her life, as if she was a child (van den Hoonaard, 1997).

Martin Matthews (1991) sees the transition from "status" to "process" as involving the (re)construction of reality, and the meaning of this new way of life for individuals as active creators of their social worlds. She states that widowhood is not static, there is a continuous renegotiation of roles as parent, kin member, friend and participant in society. Under investigation is the "how and why of things" because the answers change with circumstances: how and why do older widows and widowers interpret and give meaning to their life experiences? This orientation resonates with symbolic interactionism which recognises that reflexivity is crucial to the self as a social phenomenon. Social life depends on the ability to "see ourselves
as others see us", by setting up an "internal conversation" which interprets gestures and symbols by imagining ourselves in other social roles (Abercrombie et al., 1988).

The main problem as viewed by Martin Matthews (1991), with symbolic interactionist research on widowhood is that it is essentially descriptive and consequently atheoretical. However, Lopata's (1973) classic study "Widowhood in an American City" is based on a theoretical framework of social role theory of women and ageing within a symbolic interactionist conceptualisation.

Lopata's (1973) study is arguably the most important body of work on older widows to date, but it is almost three decades old, having been initiated in the late 1960s. Not only was it the first large scale project on widowhood, but it has been the touchstone for further research on women's experience of conjugal loss. Her sample of 301 widows came from sixty neighbourhoods in Chicago. Half the sample were aged 50 to 64 years and half were aged over 65. The widows were interviewed and part of her analyses included combining responses into four main scales: a role scale, such as role of mother, or neighbour; a social isolation scale; a frequency of contact scale and a relations-restrictive attitude scale. The last was a Likert scale measuring agreement about statements referring to various types of social relations, from the general, to the personal. For example "People take advantage of you when they find out you are a widow" to "My husband was an unusually good man".

Lopata concluded that the way in which different types of women re-engage in society following conjugal loss, reflects their location in the complex American world of urbanisation and industrialisation. She identified two primary typologies of urban widows: those who had been socialised into the "traditional", narrowly ascribed role of wife, and those who had been socialised into a "modern" multi-dimensional problem-solving personality. The widows who had been socialised traditionally, tended to accept their roles passively and be reluctant or unable to realign their identity. "Modern" widows were socialised into having a greater capacity to reflect and respond to their changing lives.

Within each typology, there were two distinct groups, those who had made a recovery after the death of their husbands and those for whom adjustment was extremely difficult. "Traditional" widows who remained in tight-knit kin and fellowship
groups were afforded protection and support during the mourning period, and given opportunities for the restoration of identity within the community. The "traditional" widow who was located in the complex urban and industrial community did not fare as well since the infrastructure of her life and purpose centred on her husband, and there was no "place" for her without him.

Lopata found that the educational achievement of the "modern" urban widow and her late husband, together with good health, financial security and occupational status, influenced wider community participation, which in turn offered greater opportunity for relational and behavioural adjustments. This type of widow was more likely to be able to reconstitute her life after spouse loss. On the other hand, the "modern" urban widow who did not always enjoy good health and had limited financial resources, was restricted in her ability and opportunity for wider social participation and was more likely to become isolated and lonely.

Lopata (1973) reflects on the pervasiveness of "disengagement theory" - which considers it natural and normal that an older person withdraws from society, and that those who wish to remain engaged, do so. She argues that in fact, there is not necessarily any choice for some widows who might wish to remain engaged but are unable to do so because of advanced old age, poverty and isolation. She recommends that programmes could and should be in place to reach these women whose quality of life could be much enhanced.

Widowers and Social Roles
The literature does not highlight whether this process is the same or different for widowers since the male identity is differently socially structured (West and Zimmerman, 1987). The few studies carried out exclusively on widowers indicate that it is the loss of the person whose care allowed them independence, and the need to take on the role as self-carer that requires psychological adjustment (Berardo, 1985). The primary social role of a man is not as husband and father, his sense of self-identity is derived from his occupational status rather than his marital status (Giddens, 1994).

In an earlier study, Berardo (1970) found that adjustment of older males to widowhood is directly linked to two major factors: their health and their occupational status, with the latter playing the more dominant role. The onset of poor health was
not as detrimental to morale as was retirement or unemployment. He noted that when married and widowed men who were employed and in good health were compared, no differences in morale were observed. He concluded that for a man, it is employment that fosters satisfactory self-image and status, and withdrawal from the occupational system has grave effects on his entire existence:

Thus if an older man becomes unemployed through retirement, suffers ill health and loses his wife as well, it would no doubt be a gross understatement to suggest that the groundwork is laid for some rather damaging consequences (Berardo, 1970: 17).

Interestingly, he does not discuss the issue of self-identity if the widower was already retired at the time of his conjugal loss. Rather, he writes about loneliness, isolation and the necessity for self-care. This suggests that for men, the major loss is that of the instrumental and emotional support system, that is, his wife, rather than the loss of self-image which is more commonly associated with loss of occupational status.

Taking Lopata's (1973) definition of social role, the social role as "ex-husband" does not exist either, even though, unlike his wife, he does not derive his principal social identity from his spouse in the first place, but from his occupational status. Although he has a social role as husband, his duties and obligations are influenced not only by his wife, but also by other members of his social circles. Robert Rubinstein (1986) interviewed 25 elderly widowers, all of whom were retired and living alone. His study was concerned with the use of time and the meaningful construction of a day as a central organising focus. Related to the "day to day" existence was the notion of a "daily highlight" in the structure of meaningful living. The widowers spoke of taking "one day at a time", and put much emphasis on different special tasks to be performed each day.

Eleven of the widowers considered that they had successfully organised their lives after the death of their wife because they had achieved at least two of three conditions:

1. a successful working through much of the grief and a diminution of the profound loneliness experienced after the loss;
2. some new life style centred around a relationship of intimate companionship;
3. an ability to be engaged meaningfully in ongoing projects and activities (Rubinstein, 1986: 162).

The other fourteen who, it was considered, had not experienced a successful life reorganisation were characterised by one or more of the following:
1. an inability to form new, subjectively significant relationships;
2. the more or less permanent establishment of a life style characterized by the psychic continuation of the former marriage; and
3. an inability to find much satisfaction in activities and in the use of time (Rubinstein, 1986: 163).

Rubinstein concluded that much of the organisation of time in a day relates to the individual's experience of loss and the degree of success in re-patterning life alone. The importance of the "daily highlight", or special set task, regardless of the degree of organisational success, Rubinstein suggests, reflects the continued values of the "work day", and may be viewed as a significant activity akin to "going to work". The affirmation of sense of self, allied to occupational competence, has a profound effect on the feeling of worth for older men whose social role of husband and breadwinner has been lost.

While the role theory model is very useful in the examination of transitions over the life course, within the remit of widowhood it tends to be very pessimistic, often highlighting role loss or malfunction, role conflict and the roleless state. Also, it is an inadequate framework for gender comparisons between widows and widowers, since role transition in widowhood for men is less connected to social role loss than for widows. Men are more likely to feel the loss of social role after retirement from their paid occupation (Midwinter, 1997) than from the loss of their spouse. Indeed, widowers are often compelled to take on a new role, that of self-carer. The gender difference in social roles and what constitutes their loss, or realignment, has to be viewed in relation to the social construction of gender in a patriarchal culture.

1.3 The Social Construction of Gender

In this study, the term gender is used to mean the culturally determined behavioural characteristics that are associated with, but not necessarily determined by biological sex. Self-identity is perforce fundamentally gendered. When the term gendered is used, it means ideas about gender: assumptions and beliefs on individual as well as societal level and how they affect thoughts, feelings, behaviours and treatment of women and men. There is an abundance of literature on the social construction of gender and it is not intended here to provide a comprehensive review of the material available. The intention is to focus on the development of gendered perspectives on
the formation of close relationships of older people as a means to contextualising their experience with a marital partner, friends and family.

Feminist discourse has argued that masculine and feminine behaviours are governed by mediating processes, such as socialisation and social construction (Thompson, 1993). To the extent that men and women have distinct name divisions, dress or act differently because of societal expectations within and between cultures, their behaviour is gendered and not biologically driven. Reid and Whitehead (1992) define the social construction of gender as:

... a cognitive and symbolic construct that helps individuals develop a sense of self, a sense of identity that is constructed in the process of interacting with others within a given human community. (Reid and Whitehead, 1992: 2).

West and Zimmerman (1987) contend that roles are learned and acted out in specific contexts, and that men and women "do gender" all the time, in all contexts. Gender, therefore, is evoked, created and sustained daily through interaction. Gender is not the property of individuals, they argue, but a feature of social situations that both instigates and confirms gender inequality.

While there has been a growth of sociological research on masculinity in recent years, for example Seidler (1989) and Segal (1990), it has largely omitted older men. Indeed, it has been proposed by Gutmann (1987) and Henry (1988) that age can facilitate a change in masculinity: a reduction of male hormones in men could result in an increase in the reserve capacity for positive change toward a less aggressive, more caring, style of human functioning. Askham (1994) notes that when the need arises, older husbands take on the caring of ailing wives and domestic responsibilities, although as Rose and Bruce (1995) point out, men who care experience differential esteem in society. The "blurring" of gender identity, or increasing androgyny has been reported by Bennet and Morgan (1993) whose research found that older widowed men in their sample participated in more indoor productive activity than before widowhood, and older widowed women participated in more outdoor productive activity since being widowed. Riggs' (1997) study of eight older widowers found that as they adjusted to widowhood, the men took on activities previously carried out by their wife and, in some sense, she continued to influence the men’s thought and domestic life.
Accounts of male and female patterns of friendship suggest that men and women "do friendship" differently (Pleck, 1975; Miller, 1983; Seidler, 1989; O'Connor, 1992). Chodorow (1991) argues that the gender differentiation can be explained in terms of the child's initial relationship with its mother. The female child is "connected" to a caretaker of the same sex, whereas the male child "separates" himself from a caretaker of the opposite sex. Thus, she says "The basic feminine sense of self is connected to the world, the basic masculine sense of self is separate" (Chodorow, 1991: 169).

Consequently, these self-identities are reflected in the contrasting characteristics of male and female friendship as shown in Table 1.1.

Table 1.1 Gendered Characteristics of Friendship

<table>
<thead>
<tr>
<th>Women's friendships are characterised by &quot;connectedness&quot;</th>
<th>Men's friendships are characterised by &quot;separateness&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>intimacy - face to face</td>
<td>sociability - side by side</td>
</tr>
<tr>
<td>mutual disclosure</td>
<td>self-disclosure rare</td>
</tr>
<tr>
<td>focus on talk</td>
<td>focus on activity</td>
</tr>
<tr>
<td>context - home</td>
<td>context - pub/sports club etc</td>
</tr>
</tbody>
</table>

Developed from Segal (1990) Chapter 5

Webster (1995), argued that women's sense of identity is enmeshed in, and orientated towards, intimate social relationships:

... it has been advanced that women define themselves in terms of reciprocal interpersonal relationships in which understanding and nurturance are integral components. Women's "different voices" develop as a function of verbal exchange, that is, of talking, hearing and empathizing with an intimate (Webster, 1995: 101).

Pleck (1975) noted the distinction between the emotional "intimacy" of female friendship and the "sociability" of male relationships:
Male sociability is closely connected with male sex-role training and performance and is not characteristically a medium for self-exploration, personal growth or the development of intimacy (Pleck, 1975: 233).

This caring, expressive orientation contrasts with an instrumental, autonomous identity that is more characteristic of men. For men, he argues, identity precedes intimacy; for women, they are coincidental. Miller (1983) in his preface notes that:

Most men ... will admit they are disappointed in their friendships with other men ... (these) are generally characterized by thinness, insincerity, and even wariness (Miller, 1983: xi).

The findings of these two American researchers are confirmed in Britain by Seidler (1989) who argues that "masculinity is an essentially negative identity learnt through defining itself against emotionality and connectedness" (Seidler, 1989: 7).

O’Connor (1992) places women’s same-sex friendships in the wider context of a patriarchal society where men are dominant and women subordinate. The formation and maintenance of intimate friendships among women, and non-intimate friendships between men, reflects and reinforces patriarchy. Men’s dominance is maintained by the non-exposure of their emotional selves to (potential) rivals. Women on the other hand, lose nothing by exposing vulnerability and develop solidarity as a way of ameliorating their oppression. Jerrome (1984), discussing the friendships of women in marriage argues that:

Friendship is vital as a counterpoint to marriage. The meetings provide light relief, time-off from the performance of marital roles, an escape from one aspect of conventional femininity - the need to be acceptable to men. However, it should not be thought that the women’s friendships compete with their commitments to husbands and families. The exclusiveness and solidarity of the group is in no sense threatening. On the contrary it promotes existing gender roles by providing moral support and advice for their performance. Conventional values are confirmed and a conservative ideology of marriage is upheld (Jerrome, 1984: 710).

These friendships therefore, can be seen as acting to perpetuate patriarchy by providing a vehicle for shared toleration of subservience and in doing so, maintain the smooth running of a male-dominated society.

The strength of Chodorow’s (1991) theory is that it gives us conceptual constructs at the individual level: "connectedness" and "separateness" in order to explain
gender differences in friendship patterns. Its weakness is that it ignores, or underplays the greater social forces of dominance and oppression. O'Connor's (1992) patriarchal theory explains gender differences in same-sex friendship with reference to social structure, but whilst she acknowledges the strength of women's friendships, she views these friendships as the more negative aspect of maintaining the status quo rather than as a potentially liberating force.

It has been argued that far from being a relationship that helps to perpetuate the status quo, friendships between women can be liberating (Millett, 1977; Faderman, 1981; Walker, 1984; Rich, 1992). Friendships between older women act as a support system largely based on equality and symmetry, which encourages confidences. Phillipson et al. (1998) found in their survey of social support in three urban areas, that older people were active in reciprocal exchanges across their network. They confided and supported each other particularly in talking about health issues.

Men and women attribute varying importance to different relationships. Widows are more likely to develop supportive relationships with neighbours and same-sex friends as an alternative to a partner-relationship whereas widowers are more likely to rely more on their children and on the presence of new opposite-sex partners:

Widowers have an advantage in terms of the presence of new partners; women have more close friendships with other women (Stevens, 1995: 49).

Women report regular, satisfactory support from wide range of sources, for example from neighbours and friends as well as children (Scott and Wenger, 1995).

Gender Differences in Social Support Networks
In response to Martin Matthews' (1980) call for more research on gender comparisons, Wister and Strain (1986) carried out a comparative study on the social support and well-being of older Canadian widows and widowers. They came to the conclusion that there were more commonalities than dissimilarities between them and overall, they found that the results lent little support to the view expressed in much of the literature that older widows suffer from greater social and psychological disadvantages than widowers. They point out that although widows tend to be more involved in preserving family and friendship ties, as well as
benefiting from having a greater number of confidants, it may be the case that widowers do not have the same need for multiple confidants.

Phillipson et al. (1998) in their study of three urban localities: Wolverhampton in the Midlands, Woodford and Bethnal Green in London, found that men were more than twice as likely as women (5% compared to 2%) to have very small personal networks, defined as one person or less. This, they note, is despite the fact that very elderly women are more likely to be widowed and therefore did not have a spouse to nominate in their reported network. This finding supports Askham's (1995: 89) findings that older married men are more "couple focused" than older women and are more likely, as Arber and Ginn (1993: 169) comment, to have all their emotional "eggs in one basket". Early socialisation of males stresses the importance of self-reliance, independence and a pragmatic approach to personal problems (Howard and Hollander, 1997). It could be argued that these same attributes are reflected in their response to crisis and that comradeship rather than emotional intimacy and disclosure is sufficient for most men. The friendship and support systems of older widowed people will be discussed more fully in Chapter Two.

1.4 The Theoretical Frameworks for this Study
This study sets out to examine the gender differences in how older widows and widowers realign their lives after spouse loss. The overarching theoretical perspective for this study is that of symbolic interaction. Symbolic interactionism extends the role theory, by seeing self-conceptualisation as under constant review in response to other's actions. Social roles establish the prerequisites for individual action, but they do not determine action (Martin Matthews, 1991). A central element in the construct of selfhood is the notion of agency, the ability of individuals to exercise choice, make decisions and give direction to their lives.

In order to extend the analysis of the realignment of self after the loss of an individual's "understood" role, or life purpose, I turn to the concepts of "trust" and "security" and the coping mechanisms for regaining a shattered sense of "known" self. Both Anthony Giddens' (1994) ontological security and Aaron Antonovsky's (1979) salutogenic paradigm contribute to the understanding of the adaptation process and social role transition analysis in this study. Neither Giddens nor
Antonovsky address the issues of gender, age or widowhood and so I propose an extension of their theories to include these as a pathway to understanding the gendered meanings of widowhood.

Ontological Security and Self-Identity
Ontology is the study of being, and is therefore concerned with some of the fundamental questions of human existence relating to meaning, purpose and values (Biggs, 1994). Anthony Giddens' (1994) analysis of ontological security of the self in late modernity resonates with the self-construct in a realignment of the meaning of self-identity after loss. He argues that it is "trust" grounded in the reality of emotional and cognitive existence that will carry the individual through transitions and life crises, which creates a sense of ontological security. Trust is forged in infancy from the nurturing environment supplied by "caretakers" who provide a sense of belonging and containment which act as protection against anxiety and dangers likely to befall an individual. The infant learns to have faith that an absent caretaker will return and Giddens states that:

... this basic trust ultimately vests the confidence in persons or in abstract systems, made on the basis of a 'leap into faith' which brackets ignorance or lack of information (Giddens, 1994: 244).

He argues that confidence in daily life and the sustenance of an adequate narrative of self-identity is maintained through a sense of ontological security. This he describes as a basic trust in the orderly continuation of social life, such that disruptive events will be reasonably manageable within a given level of coping skills. Feelings of self-identity, he continues, are both robust and fragile:

Fragile, because the biography the individual reflexively holds in mind is only one 'story' among many other potential stories that could be told about her development as a self; robust, because a sense of self-identity is often securely held to weather major tensions or transitions in the social environments within which the person moves (Giddens, 1994: 55).

Ontological security in conjugal bereavement affects and is affected by a number of "vulnerability factors" which have been identified in the literature as including the nature of the relationship with the deceased (Wortman and Silver, 1990). The degree of trust or security experienced in childhood, according to Bowlby (1980), influences the nature of the marital relationship which in turn impacts on adaptation to bereavement. Bowlby states that some children feel insecure about the extent to which they can expect to gain a sense of belonging and containment from their
caretakers. This insecurity manifests itself in adult relationships characterised either by ambivalence or dependence. Individuals who are in an ambivalent relationship set up "working models" of expectations of themselves and their partners and react with hostility to disappointing outcomes. These marriages are frequently conflictual and Parkes (1996) has found that those involved in ambivalent relationships are likely to experience more long-term difficulties with bereavement than those who report less turbulent marital histories.

Similarly, Bowlby (1980) identified those whose childhood is marked by fear of separation, as more likely to set up dependent relationships in adulthood. Parkes and Weiss (1983) also report that those widows who had been involved in highly dependent relationships are more likely to have difficulties in coming to terms with their loss. These relationships are reflected in comments such as, "he was like a father to me", and are more likely to have been experienced by women than by men (Wortman and Silver, 1990).

The trust mentioned above derives from action and interaction with others and learning that things are the way they are through human communication channels: thought, word and deed. Trust and interpersonal relations are built on anticipation and confidence that with a given situation, a certain reaction should ensue. The understanding of self in society hinges on how an individual construes the actions of others and has, in turn, his or her behaviour interpreted. Routine and orderliness are the bedrock of predictable social interaction and as such, are manipulated by individual achievement on a day-to-day basis. With the loss of the principal relationship dyad, this routine is disrupted, thus days descend into chaos.

Self-identity infers self-consciousness and reflexive awareness. Giddens (1994) thinks that the Meadian definition of "I" (as subjective will of the individual) and "Me" (as objective social identity) is an inadequate explanation because it is linguistically problematic. He believes the use of "I" infers a static meaning and does not take into consideration the complex connotations "I" undergoes in the emergence of self-awareness. Self-identity is not a status, but a continuous process of interpretation informed by the individual's biography:

The capacity to use 'I' in shifting contexts, characteristic of every known culture, is the most elemental feature of reflexive conceptions of personhood (Giddens, 1994: 53).
According to Giddens (1994), personhood includes a cognitive narrative of self which links past, present and future into a coherent whole. Stability and coherence emanate from ontological security, and its discontinuity gives rise to emotional disorientation, however temporary. An individual overwhelmed by external events, such as the loss of the most important “other being” in life, often feels emotionally fractured and loses a sense of biographical continuity. In this study, I term this disorientation, “ontological chaos” and use the concept of a continuum of ontological coherence/ontological chaos to describe the “journey” or process experienced by the widows and the widowers after the loss of their spouse.

Another facet of responding to life stressors is the mitigating effect of coping variables, which range from access to money and psychological preparedness for personal calamity, to circumstances surrounding the loss and the availability of social support.

Bereavement is one of life’s foremost stressors and yet there is ample empirical evidence to show that some individuals report that they are coping well despite the negativity of most research findings (Wortman and Silver, 1990). Most of the research is carried out within a medicalised model of “normal” and “abnormal” functioning and this polarisation has been challenged by Antonovsky (1979), who emphasises the imperative of taking a more holistic approach to social, psychological and physical being.

The Salutogenic Paradigm
Aaron Antonovsky (1979) suggests that the pathological approach to the causes of illness, ie the diagnosis of a specific disease, is too narrow a remit for the understanding of human wellness or sickness. The desire of scientists to "conquer disease" with a “magic bullet” is unrealistic because in the human state, there will always be disorder, or entropy, and not order, or homeostasis. Rather than the static dichotomy between health and illness (a person is considered either well or sick), he talks of a health-ease-dis-ease continuum along which an individual travels in either direction. He has termed this health orientated model, the salutogenic paradigm.

Sidell (1997) uses Antonovsky’s concept to explain why some people with disability and chronic ill health nevertheless consider they have a good quality of life.
The disability suffered, she argues, is only a part of the broad perspective of how an individual views his or her world. The principle of salutogenesis can be applied to widows and widowers who function at different levels of self-reported expressed satisfaction despite similar experiences of disability or ill health, bereavement and living alone.

Central to the salutogenic paradigm is the notion of successful coping and what Antonovsky calls "behavioural immunology" (1984: 117). He believes that the question should change from "What keeps one from getting sicker?" to "What facilitates one's becoming healthier?" wherever placed on the health-ease-dis-ease continuum. What defence system, taking the biological model of the immune system, is there in place to reinforce health? He locates this in his construct of the sense of coherence, which he defines as:

... a global orientation that expresses the extent to which one has a pervasive, enduring though dynamic feeling of confidence that one's internal and external environments are predictable and that there is a high probability that things will work out as well as can reasonably be expected (Antonovsky, 1979: 123).

Subsequently he refined this sense of cohesion to include three components: comprehensibility, manageability and meaningfulness through which means a person develops a generalised way of looking at the world (Antonovsky, 1984).

With particular reference to the field of stress research, a central concern of behavioural health, Antonovsky (1984) points out that scientific paradigms have led us to the pathogenic orientation which assumes that all stressors are bad. The overriding precept is to create a sterile, or sanitised environment which is unattainable. Some stressors are indeed toxic, others neutral, some may be tonic and salutory and still others may have both positive and negative properties. He believes that some people become stronger through stress.

This principle can be applied to bereavement whereby widows and widowers function at different levels of self-reported expressed satisfaction despite the similar experience of bereavement and living alone. Antonovsky's argument could be used to point out that although Queen Victoria, as mentioned earlier, deviated from the majority conduct of grieving persons, she continued to be head of a vast Empire and to carry out her duties as a Monarch. The specificity of her atypical behaviour presented only a part of the broad perspective of how an individual views his or her
world as comprehensible, manageable and meaningful, and how they are living their present lives in the medium and long term after losing their spouse.

Antonovsky (1979) identified what he termed *generalised resistance resources* (GRRs), the positive possession of which enable individuals to cope with life stressors, such as illness:

Because the demands which are made on people are so variegated and in good part so unpredictable, it seems imperative to focus on developing a fuller understanding of those generalized resistance resources that can be applied to meet all demands (Antonovsky, 1979: 99).

In this study, I adapt and extend Antonovsky’s GRRs to the factors which contribute to what I have termed *ontological coherence* and I have chosen to call them *biographical assets* because I wish to steer away from medically orientated terms such as “immunity”, “resistance” and “toxicity” but retain the notion of an individual’s biographical and historical influences.

The biographical assets developed are:

- **Self-identity**: expressed satisfaction and self esteem
- **Physical and mental well-being**: health and functional abilities
- **Personal autonomy**: decision making and control
- **Socio-economic status**: income, former occupation and quality of environment
- **Social interaction**: social contacts, family and social roles
- **Gender**, which interacts with all above

The effect of biographical assets on ontological coherence is cumulative: the individual’s background which includes socio-economic status, health and functional abilities, together with their personal disposition which influences the primary relationship matrix of social integration, contribute to the process of reconstitution of life after conjugal loss. Gender interrelates with all the assets, making it the pivotal variable when considering ontological security and a sense of coherence, because of the gender differences in access to, and experience of, each of these biographical assets. This more fluid and holistic approach allows us to ask wider questions, such as “why do some people appear to cope with widowhood and other do not?” and “why do some widowed people wish to form another cross-gender relationship and others do not?” and whether the answers are gendered.
The theoretical framework I use in the analysis of the gendered meanings of widowhood will incorporate a combination of the concepts of security and coherence. The orientation of this thesis is the interaction between individuals and society in their conceptualisation of the meaning of their present lives in the context of their values, motives and experiential history. It views the realignment of life after bereavement in terms of the active construction of reality through renegotiation of self and role as actors in the social world. This renegotiation is contextualised in the working and reworking of choices and constraints guided particularly by gender, but also by age, health, wealth and social involvement.

1.5 Conclusions
Until comparatively recently, most gerontological research has been policy driven and as such, has encouraged the view of old age as a social problem (Bond et al., 1994). During the 1980s, the application of a social interactionist approach allowed a much broader, non-pathologised contextualisation of the ageing process through biographical and lifespan perspectives (Coleman, 1986).

In this chapter, I have discussed the two broad conceptual approaches taken in sociological studies of widowhood: psychological adaptation and social role transition. I pointed out that most of the research has been carried out on widows, and suggest that the role theory model: loss of identity and role loss, is inadequate by itself for an explanation of the meanings of widowhood to older men. More meaningful in the study of gender differences is the symbolic interactionist approach which places the individual as both agent in and reflector of societal expectations. This involves changes in self which are derived from continual adjustments in the individual's notion of how others will respond to his or her actions, and the meaning given to those actions based on the earlier responses of others.

Secondly, the social construction of gender was discussed with a focus on the formation of intimate friendships and relationships as they relate to older people. The gendered notions of "connectedness" and "separateness" are ultimately important in understanding the role of support networks for older widows and widowers.
Finally, I have set up the theoretical frameworks which inform the analysis of the data. Key components of the frameworks are a combination of Giddens’ (1994) ontological security and Antonovsky’s (1984) salutogenic paradigm. I adapted these to produce a concept of an ontological coherence/chaos continuum which along which older widows and widowers “journey” to and fro during their years alone. I developed Antonovsky’s “generalised resistance resources” which he identified as the means by which people met the demands of the “unpredictable”, and reformulated them as “biographical assets” in order to explain the gendered processes of coping with stressors and the re-alignment of self-identity after loss. By doing so, the aim is to analyse what older widows and widowers say themselves about their lives and to scrutinise more carefully, the perception that the experience of widowhood is unrelentingly miserable.
CHAPTER TWO

FOR RICHER, FOR POORER:
RESOURCES
This chapter gives a brief account of the resources and social circumstances of older widows and widowers, in order to contextualise their lives at the end of the 20th century. It provides a demographic picture of older widowed people in the UK and reviews health and financial resources and living arrangements. Central to the discussion on circumstances and resources of older people is that of autonomy and gendered meanings of independence and dependence. Finally, it discusses the kinship and friendship patterns of older widows and widowers and examines the gender differences in support networks after widowhood.

2.1 Demographic Realities

In the UK, an increasing number of people of all ages are living alone (OPCS, 1996). In the older population, those who live alone are most likely to be female and widowed.

At the 1991 census, just over three quarters of men between the ages of 65 and 74 were married and just over 1 in 10 were widowed, compared to just over half of women were married and over a third widowed (Table 2.1).

Table 2.1 Marital Status of Older People at The UK 1991 Census

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Men 65-74</th>
<th>Women 65-74</th>
<th>Men 75+</th>
<th>Women 75+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>8%</td>
<td>7%</td>
<td>8%</td>
<td>11%</td>
</tr>
<tr>
<td>Married</td>
<td>77%</td>
<td>53%</td>
<td>62%</td>
<td>23%</td>
</tr>
<tr>
<td>Widowed</td>
<td>11%</td>
<td>35%</td>
<td>29%</td>
<td>64%</td>
</tr>
<tr>
<td>Divorced</td>
<td>4%</td>
<td>4%</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Author's analysis
Source: Annual Abstract of Statistics (1998) No 134, Table 2.4
Therefore, women aged 65 to 74 are three times more likely to be widowed than men. Over the age of 75, excess widowhood rates are twofold (ONS, 1998).

Widowhood is regarded as one of life's most stressful events and its impact on physical and mental health, and financial resources has been widely recognised and reported (Bowling, 1994; Vincent, 1995 for example; Parkes, 1996). Most literature about widowhood has concentrated on the plight of older women, but relatively little attention has been paid to the impact of widowhood on older men (Benshiomo et al., 1993; Riggs, 1997). This review examines the comparative studies of the health and financial resources of older widows and widowers, rather than providing a comprehensive overview of the lives of older widows.

2.2 Widowhood and Health

Widowhood is a major traumatic life event and is considered by many to have a strong negative effect on the health status of recently bereaved men and women. Bowling (1982) found that widowed people consulted doctors more often, took more medication and generally had higher symptom and illness rates than their non-widowed counterparts. Widowers report more acute illnesses compared to widows who report having more chronic problems (Wolinsky and Johnson, 1992). Widowers have a higher incidence of hospitalisation than widows or married men and women (Hyman, 1983). Hospitalisation is usually at the behest of a physician, who may well see this action as appropriate since there is no spouse at home to care for the widower, particularly in the early months following bereavement.

Greene (1990) found evidence that widowers experience more serious health problems than widows. She cites empirical studies which show that widowers as compared to widows have a higher rate of mortality (including suicide), hospitalisation, car accidents and alcoholism.

In the UK, Jones (1987) found the survival rates for women after widowhood to be higher than those of widowers and those of the total population of females of the same age. Bowling (1988-89) concluded from her study of 503 elderly widowed people, that widowhood is protective for women and widowerhood is a risk factor for men over the age of 75 years.
Campbell and Silverman (1987: 1) from the US point out that within six months of being widowed, a man's chances of:

- being killed in a car accident have increased 300%
- committing suicide have increased 400%
- dying from heart disease have increased 600%
- dying from a stroke have increased 1000%

The relative fragility of widowers compared to widows has been observed in all mortality and morbidity studies of ageing (Joung, 1996). However, the aetiology of these higher rates has been questioned. Because the life expectancy of women is longer than that of men: 78 compared to 72 in 1991 (UN, 1995), and women tend to marry men younger than themselves, a man who outlives his wife is older on average, than a woman who outlives her husband. An older widowed man may already be suffering disability before the death of his wife and his admission to hospital or death soon after widowhood may be a consequence of his previous state of health rather than a result of spouse loss. Wolinsky and Johnson (1992) concluded that regardless of the recency of widowhood for men, there was no significant alteration from previous reports of health status, nor prior patterns of physician or hospital utilisation. Ferraro (1984) concluded that for both widows and widowers, there was little evidence to suggest that, except for the initial perception of ill-health reported by older widowed people, there are long-term effects on morbidity as a result of widowhood.

**Widowhood and Disability**

Although ageing need not be associated with disability, many elderly people lose some function and must slow their activity. For this reason, disability rates are generally higher after age 60 for both women and men, and highest in the oldest years, 75 and over (OPCS, 1994). Women spend a longer proportion of their older age with disability than do men (Table 2.2). A common pattern is for elderly women to care for their disabled husbands, who usually die first, and then spend a number of years coping with their own disability (UN, 1995).

Wan (1984) argued that older people who have a favourable level of physical health in later life are those who experienced better than average health at the early stage of the ageing process, irrespective of major life events such as widowhood and
retirement. Therefore, health prior to spouse loss is an important indicator of morbidity.

Table 2.2  Life Expectancy and Expected Years of Disability at Age 60 in the UK 1991

<table>
<thead>
<tr>
<th>Life expectancy</th>
<th>Expected years of disability</th>
<th>Estimated % of life expectancy in disabled state</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>18</td>
<td>9</td>
</tr>
<tr>
<td>Men</td>
<td>14</td>
<td>6</td>
</tr>
</tbody>
</table>

Source: (UN, 1995) Chart 3.18: 81

It has been well documented that there is a causal relationship between class, income and health inequalities (Sidell, 1995). Victor (1991) points out that researchers have rarely extended their analyses to consider inequalities within older age groups. It is assumed, she argues, that the biological process of ageing with the perceived inevitability of ill health, supersedes income and health differentials. Vincent (1995) concludes that there is sufficient evidence to link lower morbidity and mortality rates with higher income and socio-economic grouping, and this is particularly relevant to men. Benshliomo (1993), Bowling, (1994), Barer (1994), Grimby (1994) and Stroebe (1994) suggest that the risk of mortality is greatest up to the first six months of widowhood for men over the age of 75 years, in social classes IV or V, and with low happiness scores.

Widowhood and Suicide

Suicide among elderly people has not excited as much interest from researchers as it has concerning younger generations possibly because the ageist perception that the old no longer wish to live, is normal and understandable (Lindesay, 1995). What research there has been, indicates that suicide in older people can be attributed to a complex combination of biological, social and environmental factors (Meisel, 1994). Certain factors, such as depression, chronic physical illness and disability, alcohol abuse, male gender and social isolation are well known correlates.
These findings would appear to be borne out by Wenz (1977) who looks at suicide as a response to social isolation in divorced and widowed men. As stated before, more widowers are likely to resort to this drastic action than widows (Greene, 1990; Bowling, 1987; Campbell and Silverman, 1987). In viewing the data, it is important to consider the fact that males at the adolescent, young adult as well as older ages have a higher incidence of suicide than do females (McCall and Land, 1994). There is evidence, however, which suggests that suicide is usually associated with treatable psychological and physical conditions, and that there is substantial scope for prevention regardless of the age of the individual (Bock and Webber, 1972).

Depression in later life is either not recognised or responded to by others, being seen instead as a "normal" concomitant to ageing. Stokes (1992) concludes that suicide rates are disproportionately common among older people, and particularly older men, and argues that this is because an elderly person intent on committing suicide is more likely to succeed. This success rate, Stokes argues, arises partly because of physical frailty and partly as a result of greater opportunity, access to medication, for example. A higher suicide rate of men than women at all ages may well reflect men taking more control of their destiny than women, and this pattern is continued in later life (McCall and Land, 1994). Miltadias and Inqeqneri (1994) in the US found that alcoholism in widowers over the age of 75 was related to low happiness scores and depression.

**Widowhood and Alcohol Consumption**

Campbell and Silverman (1987) report that widowed men over the age of 75 years have the highest rate of alcoholism in the US. These observations have been confirmed by research from Bowling (1987) in the UK and Tolvanen (1995) in Finland. In the UK, married women tend to drink more alcohol than widowed women (Cooper et al., 1998). Population surveys in the UK have consistently shown that alcohol consumption decreases with advancing age and is lower for women than for men (OPCS, 1997). Cooper et al. (1998) analysed two years of the General Household Survey data (1992 and 1994) focusing on the alcohol consumption of people over the age of 55 years. In this group of older people, the majority of men (54%) and women (62%), consumed low levels of alcohol whilst only 3.4% of men and 0.9% of women drank excessively. Excessive consumption decreased with age: to 1.7% for men and 0.3% for women over the age of 80 years.
There has always been a higher incidence of heavy drinking among men than women and men are more likely to drink more whilst under stress (Bowling, 1987). More widowers than widows use alcohol to cope with bereavement (Stroebe et al., 1988). Miltadias and Inqeqneri (1994) found that widows who increased their alcohol intake immediately after the loss of their spouse, tended to decrease their consumption within six months and frequently ceased drinking alcohol, or limiting its consumption to an occasional glass, within two years of their spouse's death. Widowers, they found, were more likely to continue drinking excessively until they presented with alcohol related health problems. The widows reported that generally, they decreased their alcohol assumption partly because they did not consider they needed it as a "prop" after a few months, and more importantly, because they did not think they could afford it.

2.3 Financial Resources
In the UK, most of the post-war large-scale research on old people acknowledged that widowhood was a major contributory factor to female poverty in old age (Sheldon, 1948; Townsend, 1957; Shannas et al., 1968; Isaacs et al., 1972). However, it is only comparatively recently that sociological research has focused on older women and their income resources (Arber and Ginn, 1995).

Older widows have been recognised as among the poorest members of society, requiring substantial welfare assistance (Glendinning and Millar, 1992). Widowers are less visible among older people partly because of their relative scarcity, but also because they are less likely than widows to come to the attention of Income Support and Housing Benefit agencies. Relative to younger men who are in the labour market, their financial resources are limited, but widowers are still comparatively better off, financially than widows (Bound et al., 1991).

Access to resources in old age is fundamentally a life course issue (Wilson, 1993). Households headed by males under the age of 80 years who had held non-manual occupations are better off than households headed by females, the very old and from social classes IV and V (Victor, 1989). Lopata (1982) has emphasised the importance of education in access to financial resources in later life. These
resources are unequally distributed between men and women, with older men having the advantage of higher income and education (Taylor and Ford, 1983).

The minimum school leaving age for the generation under investigation was 14 years. Girls were often denied access to, or were unwilling to serve apprenticeships because they wanted the maximum wage possible between leaving school and leaving work when they got married. Practically all had been socialised into looking forward to marriage and marriage often coincided with an exit from paid work (Roberts, 1988). Men were more likely to have continued training after secondary school, either at apprenticeship level or with tertiary education. The level of educational attainment frequently determines the choice of career or occupation (Askew and Ross, 1988). The most obvious consequence of having a higher education and higher income is a better pension in retirement. The two primary sources of income for older people are pensions and savings.

Retirement Pensions

The primary source of disposable income for all older people is from retirement pensions, and an individual's work history is the single greatest determinant of the level of income received from a pension (Midwinter, 1997). It is not intended here to give a comprehensive overview of gender differences in the income effects of the UK pension schemes as this has been done elsewhere (Vincent, 1995 for example; Ginn and Arber, 1997).

A man continues to draw his pension(s) (state and occupational or private) until he dies but he does not receive a "widower's" pension from the state and generally, he does not benefit from his wife's pension after her death (Barr, 1991). Only a minority of older women are in receipt of an occupational pension and/or full state pension in their own right, having made the requisite contributions. More likely, an older married woman receives a pension on her husband's state contributions. Upon his death, she is entitled to the full single person's state pension as a widow, providing her husband had the required number of contribution years, and if she is over the age of 60 years, will receive this until she dies. (A woman who is widowed under the age of 60, receives a widow's allowance for 26 weeks and then is eligible for a pension when she reaches her 60th birthday.) A late husband's occupational or personal pension may be much reduced, usually by half, and sometimes withdrawn on his death, leaving a widow with a much diminished income. However, even this
much reduced pension or her own small occupational retirement pension and modest savings may disqualify her from obtaining income support and housing benefit, thus living what Dobraszczyc and Outram (1993: 2) term, “Life on the Margins” of poverty.

Savings
Savings too are a reflection of life course access to income. The amount of capital in savings is taken into account when calculating income support and housing benefit levels and if just over the set limit, a widowed person will fail to qualify. Equity in the form of owner-occupied property has become an area for discussion recently, partly because more older people than ever are home owners (Forrest and Leather, 1998) and also as a result of the debate surrounding release of property equity to pay for long term care (Hancock, 1998).

Although levels of poverty in older people, especially older widows, are high (Victor, 1989), not all older people are poor. Savings that are accrued during marriage, and life insurance payments on the death of a spouse can provide a substantial buffer against poverty in widowhood and also can provide a powerful bargaining tool for continued support. An early study by Sussman et al. (1970) in Ohio, US, found that if the deceased who made a will was survived by a spouse and children, the overwhelming majority named the spouse as sole heir:

By doing so, the testator provided the widow or widower with assets in order to make it possible for the spouse to continue an independent existence and to have a legacy to use in bargaining for services from children and other relatives later on (Sussman et al. 1970: 290).

Finch (1996), in a more recent study in the UK, found no evidence to support the idea of “care bargaining” through the differential use of inheritance to reward or underwrite caregiving. The reality of UK will-making is that the dominant norm is one of equality between the offspring fostered by a notion of “fairness” regardless of the caring input (Twigg, 1998). Other reward systems are put in place by the older person, to reciprocate care received, such as gifts for the grandchildren (Finch, 1996). Inheritance can become an issue should a widowed person decide to remarry, since it may cause conflict within both families (Pyke and Bengtson, 1996). However, the possession of property may be the only substantial source of wealth for older people and its importance in being able to “pass it down” is well documented (Forrest and Leather, 1998).
Although pensions and savings provide the major share of disposable income, equity in the form of ownership of a house has its costs and benefits, especially for widows.

**Holding the Purse Strings**

John Vincent (1995) notes that the majority of older women in the UK have never dealt with the major financial decisions or transactions during their lifetime, and that when widowed, many of them are overwhelmed by the added responsibility of organising their finances. Although women budgeted the housekeeping, often having weekly or monthly allowances from their husband to do so, they were most likely to be considering that they were spending "his money" and were consequently accountable to their husband (Wilson, 1993). When widowed, the full responsibility and accountability for the major and minor financial transactions may be daunting.

Edgell's (1980) 1970s research on middle class couples indicated that husbands usually made the major decisions and consulted their wives only for their agreement. One husband said "By and large I decide nearly everything. Everything that matters, I decide. I do consult my wife and she always agrees" (1980: 67).

Vincent (1995) observed that the administration of accounts and filling in tax forms and insurance claims may pose problems for a woman left on her own. In the US, Lopata (1996) found that many of the widows in her research relied heavily upon a son, son-in-law or nephew to guide them financially for the first months and years of widowhood.

**Income Maintenance and Budgeting**

It is not simply a question of how much money to which a widow or widower may have access, it is also the utilisation of funds which differentiates lifestyles. Past experience is the prime factor which influences the way men and women think about money (Wilson, 1993). The generation which grew up in the Great Depression of the 1930s (some of them having been children during the Great War, 1914-1918) and lived through the Second World War have a different attitude to cash and credit from that of succeeding generations of the post-war years. Even widows who have benefited from their late spouse's estate and could be described as "comfortably well
off", sometimes find it difficult to break a life-time's habit of economising and saving (Finch, 1996).

The majority of older women will not have been experienced in handling the larger financial decisions and bill payments during their marriage although they will have organised the day-to-day household budgeting. Suddenly faced with this responsibility on the death of their spouse, many feel inadequately prepared for coping with their financial affairs (Wilson, 1993). When it is perceived that at last they could enjoy a little luxury - have the heating on during the day or take a taxi back from shopping for example, they worry about justifying the "extravagance". On the other hand, they might think nothing of giving their children and grandchildren substantial sums of money and presents (Finch, 1996).

In the relatively small amount of research carried out on older widowers, issues of grief, remarriage and task performing have been studied (Rubinstein, 1986; Campbell and Silverman, 1987), but little attention has been paid as to how they organise their budgets. Widowers who depended entirely on household management by their wives may need to budget for help with domestic tasks, whether privately or through state or voluntary help:

Widowers ... face an economic hardship mainly because they must pay someone to replace the labor contributed by their late wives (Lopata, 1982: 187).

Widows too, frequently need to pay someone to replace the labour contributed by, or formally paid for by, their late husband, such as household maintenance, and in hourly terms, this is more expensive but less often required, than domestic labour. Lopata (1996) found that even if her respondents had been accustomed to having to engage outside help when they were still married, they are more likely to feel vulnerable to "cowboy" workmen when there was no husband to oversee the job. Worries about the likely cost of housing repairs and the mistrust of builders are the main reasons why widows put off having essential work carried out on their properties (Leather et al., 1998).

The widowers who pay for domestic help, require it on at least a weekly and generally, a more frequent basis, whereas although the widows expect to pay more for a major maintenance job carried out, the occurrence is likely to be less. Consequently in the long term, the widowers are may spend more in daily living
which may be a greater drain on their savings than may be the case with the widows (Wilson, 1993).

2.4 Living Arrangements
Living arrangements vary considerably by age, gender, marital status and stage of the life course: housing, like income and savings, is largely determined by working history. Approximately 5% of older people live in some form of institution and 5% live in sheltered housing, most of these people are widowed (Kirk and Leather, 1991).

The vast majority, almost 90%, of older people live within the mainstream housing stock which either they own or they rent (Bull and Poole, 1989). A third of elderly people live in housing stock built before 1919 and these are buildings which require the greatest amount of maintenance. The older the person, the more likely they are to be female and widowed and live in rented and/or poorly maintained accommodation (DoE, 1993).

Home Ownership
Owner-occupation in the UK has been gaining momentum since the beginning of the 20th century but particularly in the post-war years of increasing prosperity (Baldwin and Falkingham, 1994). Conservative Party housing policy (1979 - 1997) promoted an acceleration in home ownership through a number of policy decisions including giving qualifying tenants the right to buy their local authority housing. Consequently, there has been a rapid growth in the percentage of home owner-occupiers at all ages, but the greatest percentage increase has been in the older age group (Forrest and Leather, 1998). Tenure trends have changed dramatically since the late 1970s. In 1979, just under 50% of the population between the ages of 60 and 69 were owner-occupiers, this rose to 66% by 1993 (OPCS, 1994).

Between a quarter and a third of pensioners in the oldest age group (over 80 years) can be described as "equity rich, income poor": the property has value but there is insufficient income to effect repairs, or to keep warm and appropriately fed (Bull and Poole, 1989; Hancock, 1998). It is in the oldest age group where women considerably outnumber men and are likely to be widowed, that home ownership could be regarded as more of a burden than a benefit. In reality, adequate income
is the most important determinant of satisfactory housing conditions, regardless of tenure category (Arber and Ginn, 1993).

In England in 1995, 59% of people over the age of 60 lived in their own home and 85% of these owned the property outright (Table 2.3).

Table 2.3 Housing Tenure by Age Group (Individuals): England 1995

<table>
<thead>
<tr>
<th>Tenure</th>
<th>16-59 years</th>
<th>60 years and over</th>
</tr>
</thead>
<tbody>
<tr>
<td>Owned</td>
<td>68%</td>
<td>59%</td>
</tr>
<tr>
<td>Outright + Mortgage</td>
<td>12%</td>
<td>50%</td>
</tr>
<tr>
<td>Rented</td>
<td>32%</td>
<td>41%</td>
</tr>
<tr>
<td>Local Authority</td>
<td>21%</td>
<td>31%</td>
</tr>
<tr>
<td>Housing Association</td>
<td>2%</td>
<td>3%</td>
</tr>
<tr>
<td>Private Unfurnished</td>
<td>3%</td>
<td>5%</td>
</tr>
<tr>
<td>Other rented</td>
<td>6%</td>
<td>2%</td>
</tr>
</tbody>
</table>

Source: Department of the Environment (1996)

There are schemes by which an older person can release the equity in his or her home and continue to live there (Hancock, 1998). In essence, this involves mortgaging the home, or selling all or part of it to a scheme provider. The mortgage is repayable on death or the house is sold on death, the scheme provider receiving the accrued capital appreciation. Commonly, the capital released is used to purchase an annuity - an annual income for life - and the amount depends on a sliding scale of the original house value and the anticipated life expectancy. Hancock (1998) argues that releasing the equity on these homes would not make a major contribution to the costs of long term care but would serve to provide a small supplementary income for day-to-day living expenses including help with charges for domiciliary care. Since the process involves the divestment of a valuable asset, it reduces or eliminates the potential estate, and as such is not a popular option for older people with heirs (Terry, 1997).
However, some older people did very well out of the 1980s housing market appreciation. The “property boom” stimulated the development of private sheltered homes, which encouraged older people, especially widowed men and women, to sell the large family home and move to smaller, secure accommodation offering the services of a warden and emergency call systems.

**Solo Living**

A higher proportion of women than men in all older age groups live alone (OPCS, 1996). The older the person, the more likely he or she is to live alone (Table 2.4).

**Table 2.4**  
Percentage of Older Men And Women Living Alone in Private Households in Great Britain (1994)  
(including never married and divorced/separated)

<table>
<thead>
<tr>
<th>Age Groups Living Alone</th>
<th>65-69 %</th>
<th>70-74 %</th>
<th>75-79 %</th>
<th>80-84 %</th>
<th>85+ %</th>
<th>All 65+ %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>19</td>
<td>19</td>
<td>25</td>
<td>39</td>
<td>49</td>
<td>30</td>
</tr>
<tr>
<td>Women</td>
<td>32</td>
<td>46</td>
<td>59</td>
<td>61</td>
<td>70</td>
<td>54</td>
</tr>
</tbody>
</table>

Source: Results from General Household Survey 1994 (1996: 153)

Among older people in private households, over two thirds of women over the age of 85 live alone compared to half of men. Although most widows and widowers live alone, a minority of older widows and widowers live in two and three generational settings. In the UK approximately 6% of males and 13% of females over the age of 65 live in households of two or more persons of whom none is their spouse (OPCS, 1996). Most of this minority of older people will be widowed living with adult children, usually daughters (Walker, 1983). Approximately 3% of men and 8% of women over the age of 65 live with an adult child (OPCS, 1996).

A widower is more likely to move in with a daughter/son almost immediately, or within months of the loss of his wife, whereas for a widow, the death of her husband is a background rather than a precipitating factor for a move in with other family members (Healy and Yarrow, 1997). Widows tend to move in with adult children as a “last resort”, because of disabilities or poor economic status which prevent them from managing independently (Heaton and Hoppe, 1987). Moreover, contrary to popular notions about a golden past, the prevalence of three generation households
was as low in the late 19th century as it is now (Brody et al., 1988). This is possibly due to demographic realities which include a much shorter life expectancy and geographical proximity of widowed parents. In other words, elderly widowed parents did not live with adult children because either they did not survive into advanced years or they lived close enough for the younger generations to care for them in their own homes (Grundy, 1992). The wish for independence in old age is not a new phenomenon. In the last century older people were determined to remain self-reliant for as long as possible, very much like their grandchildren are doing a hundred years later (Leaper, 1989).

2.5 Dependence, Independence and Autonomy

In the Concise Oxford Dictionary (Allen, 1990), “dependence” as it applies to relationships rather than politics, is defined as “controlled or determined; conditional or subordinate; unable to do without and maintained at another's cost”. “Independence” is defined as “not depending on authority or control; unwilling to be under obligation” and “autonomy” is defined as “personal freedom”. In the last two decades, there has been a proliferation of literature on dependency and care in old age, of which there will be no discussion here. Rather, what follows is a discussion of dependency as it relates to personal freedom, and how this may be gendered.

Throughout the life course, states of dependence and independence alter with social, cultural and economic needs. Young children are physically and emotionally dependent on their parents, and spouses have dependencies on each other throughout their marriage. Older people prefer to live independently of their adult children, although often in relatively close proximity (Morgan and Kunkel, 1998) so that emotional and social bonds between parents and children are maintained across households. Dependence and independence are not mutually exclusive states. Rather, a “framework of interdependency” is a more appropriate term to use when discussing the lives of the overwhelming majority of older people in the UK (Johnson, 1993).

Interdependency is closely linked to the notion of reciprocity. The reciprocal support practice is based on the notion that people take turns in giving, and this arrangement is also equitable, or fair. Widowed men and women lose their marital interdependency on spouse loss, but often already in place are inter- and intra-
generational reciprocity systems on which they "depend" for emotional and instrumental support (Bengtson, 1993; Bengtson and Achenbaum, 1993; Hashimoto, 1996; Roan and Raley, 1996), which is discussed in the next section.

Dependency and Gender

Graham (1983) argues that the concept of dependency in the context of caring has a different meaning for men and women and cannot be understood in isolation from the social construction of gender. She believes that for women, their dependent status, as wives, mothers and daughters, is conditional on their being depended on by others. So for many women being a dependent means giving care, rather than receiving it. When a women is widowed, she becomes independent in two ways: she is no longer being depended upon by her husband, and she can no longer depend on her husband.

Dependency is also gendered according to its location: in the private, or in the public sphere (Finch, 1989). Lopata (1996) reported that in all the cultures she studied, widows experienced some degree of withdrawal from the couple-companionate world in which they were involved in their role "as wife". This reduced participation in the public sphere was perceived as a curtailment of freedom for the women, because they had depended on their husband to accompany them. For some of the widows in Lopata's (1979) study, the release from needing to care for an ailing husband meant that they had more freedom outside the home, but they tended to be orientated towards same-gender friendship activities. These activities also tended to be during the day or early evening because the widows said they were reluctant to be out at night.

Chambers (1993) and Martin Matthews (1991) reported that as well as becoming (and having to become), independent, widowed women gained "autonomy", or personal freedom, sometimes for the first time in their adult lives because they were no longer under obligation to look after a spouse.

The widowers in Rubinstein's (1986: 164) study reported that they did "get out of the home" in the evenings because they still had contact with married friends. More importantly, they felt they "had to get out of the home" because they were unused to staying in alone. Men, Segal (1990) argues, have always exercised personal freedom which has been dependent on being looked after, often invisibly (usually) by
women: first mother (Williams, 1998) and then partner (Finch and Mason, 1993). When widowed, a man may have less autonomy, because he is required to carry out tasks for himself which hitherto had "freed him" to do as he wished, particularly in the public sphere.

The significant difference between the personal freedom experienced by widows and widowers is that the widows had more freedom in the private sphere than when they were married, and the widowers had greater freedom in the public sphere than did the widows. The greater freedom of the widowers was predicated on their willingness to be out at night and their access to private transport.

**Independence and Transport**

The most visible indicator of the possession of health and wealth in the lives of widows and widowers, is possibly the ability to travel independently outside the home. This is inevitably linked to the ability to pay for transport and being healthy enough to journey. Middle class elders and widowers are more likely than working class elders and widows to own private cars (Vincent, 1995). Men who are less well off most frequently give up their car because of financial restraints whilst the better off men tend to give up driving only when health reasons prevent them continuing to drive (Wilson, 1993).

Rabbitt et al. (1996) estimated that in the UK, in 1991, about 80% of men compared to 30% of women aged between 60 and 69 held full driving licences, and over the age of 75, these percentages changed to 55% of men compared to 20% of women. Rabbitt et al.'s survey included 979 men and 801 women who were still driving and 177 men and 162 women who had given up. All the respondents were volunteers, either from the University of Manchester's Longitudinal Age Research panel or self-selected from media appeals. The respondents were between the ages of 55 and 101. The purpose of the research was to find out "when or why older drivers give up driving".

Rabbitt et al. (1996) found that the group who were still driving had relatively better socio-economic circumstances and were on average, about a decade younger than the ex-drivers. According to Rabbitt et al., detailed inspection of the data did not suggest that gender differences affected any of the analyses, so the responses from men and women were pooled. The only reference to gender differences was
that those drivers who learned to drive after the age of 40 (overwhelmingly women) were the most likely to cease driving before those who had learned to drive under the age of 25 (mostly men). The main reasons for cessation of driving, in order of importance were: safety, medical, financial and personal.

Yassuda et al. (1997) found that for older adults, driving is associated with feelings of independence, control, and a sense of identity. In their US study, a significant number of senior drivers were reluctant to plan for driving cessation, their major concern being driving management rather than cessation. That is, being focused on ways of remaining safely behind the wheel. Participants said that driving cessation was not an option because of the lack of feasible alternative means of transport, but most the commonly expressed explanation for their reluctance to stop driving was loss of independence. The reasons they would stop driving were primarily safety issues and health factors, and they therefore they planned to continue to drive for as long as possible until severe physical limitations or accidents prompted them to stop. Senior drivers do acknowledge age-related driving difficulties and they attempt to ameliorate them by reducing risk-taking, such as avoiding night, long distance and rush hour driving. The research did not identify gender differences in responses but 70% of the respondents were women and 81% were current drivers. The study also acknowledged limitations of the size of the sample, the geographical specificity of suburban America and the attachment of American society to the "car culture".

Wilson (1995) found that in her sample, very few older women had learned to drive and in advanced old age, few men were able to afford to run a car, or were well enough to drive safely.

Another widower had seen his hopes of companionship fade when his car failed the MOT and a reduction in his part time earnings meant that he could not afford to repair it. He could no longer drive to visit his "lady friend" who lived the other side of London. Many recalled the freedom to make visits and go on spontaneous trips which the car had brought in early retirement (Wilson, 1995: 106).

The above quote encapsulates the frustrations felt by men in particular who had ceased driving in old age, and emphasises the importance of being able to visit and travel outside the home.
2.6 Friendship and Support Systems

Marital status has been shown to be related to both emotional and social support for older people (Phillipson et al., 1998). Dugan (1994) believes that the loss of a spouse in later life is the single most important factor contributing to loneliness and aloneness. In a heterosexual, couple-orientated society, the widow and widower can no longer identify herself or himself as half a pair. In her in-depth interviews with a sample of six older widows, Chambers' (1993) UK study discusses the difficulty experienced in making the transition from "we" to "I". The length of time it took and the degree of difficulty varied with individuals, but this was a problem highlighted in each biography.

Widows in particular have described difficulties in adapting to single life for several reasons: reduced financial circumstances, lack of private transport, and the feeling, as Lopata identified, of being a "fifth wheel" in social gatherings (Lopata, 1973). Widows have also seen themselves perceived by married women friends as a sexual threat or as easy sexual prey to married male friends, and this has caused a withdrawal from participating in couple-centred activities. This is primarily the view of younger widows and those without extensive kin and friendship networks, but older widows can experience difficulties when they see their still-married friends (Lopata, 1979). Older widows generally maintain their relationships with their married female friends but often renegotiate meeting times and places, for example, during the day and without the husband (Martin Matthews, 1991).

Lubben's (1988) study supports the findings of Arling (1976) who concludes that for widows, contact with family members, especially children, does little to elevate morale, while friendship/neighbouring is related to less loneliness and worry, giving a feeling of usefulness and individual respect within the community. These contacts are more satisfying to an older widow because the relationships are based upon common interests and life-styles. The family bond on the other hand may result in a sense of duty. In childhood, the adult children were dependent upon their mother and tended to be the focus of her attention, often to the exclusion of other interests, because she was fulfilling a role as nurturer and carer of her young. Ungerson (1983) found that when this role is reversed, problems may arise because the now-grown children often have families of their own, or are in employment, or may have organised their lives in such a way that an elderly widowed mother would intrude. Older people themselves are anxious not to be seen as a burden - a perception
emphasised by societal expectations and media portrayals of old people (Bytheway, 1995). Most older people want to stay living independently for as long as possible (Biggs, 1994; Healy and Yarrow, 1997) and this can be achieved, often despite failing heath and sensory abilities, with the presence of friends, neighbours and kin (Twigg, 1998).

Lopata (1996) has contributed an abundance of literature on social involvement and isolation of widows. She reports that elderly women show a slight increase in interaction with their children during the first year of widowhood, and then describes the new network patterns that are set up later as integration into a "society of widows". These increase concomitantly with the length of time widowed.

Ferraro's (1982) research found that in early widowhood there was greater contact with family. A few years after the death of a spouse, older men and women experienced an increase in neighbour interaction. He concluded that widowers were not more socially isolated than widows. Petrowsky's (1976) early study also revealed that the widowed, as a group, are no more isolated from their kin and friends than married individuals. It would appear that the notion of the lonely, isolated widower is not substantiated. These findings are at odds with the pervasive ideological myth that widowed men are desolate and helpless.

Widowers are more likely to stay in contact with married friends as couples than widows (Rubinstein, 1986) often because the wife of the couple was friendly with his late wife. Because it is the wife of the couple who frequently extends the invitation, widowers are perceived as less of a sexual "threat" and are made more welcome (Lopata, 1979). Widowers are also more likely than widows to belong to mixed-sex social and sporting clubs and tend not to entertain in the home (Campbell and Silverman, 1987).

The literature indicates that the loss of a spouse is more likely to immediately intensify and strengthen social relationships than to decrease them. Several studies reveal that a few years after the death of a spouse, there is an increase in participation in some types of relationships, such as those with friends and neighbours (Ferraro, 1984; Morgan, 1989). Most of the decreases in social interaction seem to occur five or more years after the death of a spouse, and this could be the result of any number of factors: economic deprivation, lack of mobility,
general ill-health. The longer an individual lives, the more likely he or she is to lose members of their peer group through death, thus diminishing their friendship circle (Adams and Blieszner, 1995).

Jerrome (1981) investigated the significance of friendship for older women, looking at how middle-class women organised social participation. Her study included mostly still-married women, and in addition a small number of widows. She found that these women were active and resourceful in the pursuit of interests and pleasures, with or without others, inside or outside the domestic sphere. Only a minority complained of loneliness, and those generally were the very old widowed. Pellman (1992) compared still-married women with widows as to their integration in their community and the effect this had on social support and stress levels. She discovered that there was no significant difference because of marital status, but that age was the greater predictor of stress and loneliness as a result of lack of community integration. Many women have set up patterns of community involvement and multifaceted networks long before they are widowed.

For both widows and widowers, although family relationships remain an important factor in their support networks, friends and neighbours provide the principal daily interaction. However, the interaction location is highly gendered, with widows more likely to entertain and visit friends in their home, widowers are more likely to meet in public places, such as clubs.

2.7 Conclusions
This chapter has provided a brief outline of the health, financial and personal resources of older widows and widowers in order to put into context the experiences of a cohort of people born in the first three decades, and growing old, at the close of the 20th century.

Research on the morbidity and mortality rates of older widows and widowers reveals that men are more likely to be sick and to die sooner after widowhood than women. However, some studies found that for men, age, class and previous health status were better indicators of morbidity and mortality, than widowhood. Although disability is not necessarily associated with age, its incidence is more prevalent in older people. Women are more likely to suffer from chronic disability than men, and
because women live longer, they experience disability for a larger proportion of their lives and are more likely to be widowed. Men suffer more “catastrophic” illness than women and their life expectancy is lower. Since the cultural norm is for men to marry women younger than themselves, and women live longer, widowers are likely to be ailing at the time of their wife’s death.

Widowers are more likely to have greater financial security than widows because of their different employment histories. Although in this cohort, women did partake in the labour market, they were less likely to have pensions in their own right. They may have equity in the form of a marital home but may not have the disposable income for house maintenance. Older widowers, although poorer than younger, working men, are nevertheless generally better off than widows.

Personal freedom was discussed with particular reference to the gendered nature of dependency in the public and private spheres. Although widows found that they were restricted in their involvement in a couple-orientated public sphere, they experienced more autonomy within the home. Widowers, on the other hand, less restricted in the public sphere, as long as they had private transport or sufficient means for alternative means of transport, but they had less freedom in the home, where they may have to carry out tasks traditionally done by their late wife.

Finally, the chapter discussed the kinship and friendship patterns of older widows and widowers and examined the gender differences in type and location of interaction. The literature concludes that widowers are not more isolated than widows and that age and health status are more important indicators of isolation than widowhood.
CHAPTER THREE

TO HAVE AND TO HOLD:
MARRIAGE
In order to be able to understand the meanings of widowhood to older men and women, it is important to understand what marriage meant to them. However, it is not intended in this chapter to carry out a comprehensive sociological review of the literature on marriage and the family. Rather, its purpose is to set the scene for understanding the historical specificity of values acquired by a group of people who were socialised by late-Victorian parents. For people who reached maturity between the First and the Second World Wars, the mutual expectations as to what constitutes "wifely" or "husbandly" conduct is likely to be defined by the way they conceptualise "femininity" and "masculinity".

Less sociological attention has been paid to the married lives of older people, although there has been more interest in recent years (Askham, 1995) particularly in the field of spouse care (Ungerson, 1983; Walker, 1983; Arber and Gilbert, 1989; Arber and Ginn, 1990; Kaye and Applegate, 1990; Thompson, 1993; Rose and Bruce, 1995; Mason, 1996; Twigg, 1998). This chapter goes on to examine the married lives of older people and looks at spouse care in the final months or years of life.

3.1 Sociological Considerations on Marriage and the Family

Some form of family is found in virtually all human societies, although its position within the larger kinship system varies greatly from the central place of a nuclear unit, such as that found in Western urbanised, industrialised society, to a much looser kin group, such as is found in some Third World agricultural societies (Morgan, 1996). Marriage, as an integral part of the study of family and kinship systems, has been a much researched subject particularly from about the third decade of this century. In industrial societies, the functions of the family have been recognised in terms of reproduction, socialisation of children and provision of emotional and physical sustenance (Harris, 1983).
In the West, heterosexual monogamy is accepted as the normal model of the marriage relationship. In fact, long before the Christian era, both Greek and Roman religion exerted a powerful pressure towards life-long monogamy, and “irregular” sexual relations by wives (but not husbands) were severely punished (Cotgrove, 1972). A major determinant of monogamy derives from the influence of religion and is underpinned by law, which in turn has been informed by Judeo-Christian mores and values (Elliot, 1996). Monogamy, and specifically, fidelity of wives, strives to identify paternity which, in a partrilineal society, is fundamental to laws of inheritance and transfer of capital to succeeding generations. The legal process consists of defining the “rules” governing the relationship between husband and wife, which determine how it should be established and how it may be ended, the obligations it entails and the persons who may or may not enter into such a relationship (Morgan, 1996).

Adherence to set legal, religious and economic principles played a vital part, it was believed, in maintaining a stable society (Fletcher, 1973). Both men and women had important functions: one could not operate without the other, but the differences between them were irreconcilable (Parsons, 1956). These roles have been deeply influenced by past changes in the economic structures of Western societies. The processes of industrialisation and urbanisation and the organisation of most work into jobs within economically motivated systems, split the conceptualised world into two spheres, private and public. The private sphere became the province of the home and family and the domain of women, whose role was defined as that of homemaker, wife and mother. In the meantime, the men’s sphere was separated from this “territory” and expanded into all institutions of public life including economic, political, religious and higher educational. The primary consequences of this division were the construction of the image of the ideal man and woman, and the relations between the genders (Walby, 1995).

Until the early 1970s, mainstream investigation into family, marriage and kinship was dominated by sociologists whose view of women’s participation in society was descriptive (this is the way it is) and prescriptive (this is how it should be) (Oakley, 1975). For the majority of people born before 1930, marriage was the central plank around which the family operated and roles within marriage were seen as ‘given’ (Elliot, 1996). The gender division of domestic labour was viewed as the normal outcome of being born either male or female. Conformity to the ideal of a conjugal
unit, consisting of a husband/father, wife/mother and children (preferably), was widespread. Although such an ideal-typical world construct was never completely possible, it was not until the advent of second wave feminism in the 1960s that these "norms" were challenged (Oakley, 1985).

Much of UK feminism of the 1960s had its roots in the Marxist and Socialist tradition of critical sociology which attempted to take an active part in social change (McDonough and Harrison, 1986). Marxism offers an historical and materialist analysis of the relationship of class to the mode of production, capitalism and the role of class struggle in a changing society, but it has been criticised for ignoring the significance of the specific oppression of women (Williams, 1991). However, women in the home is a subject addressed as a central issue as early as 1884 by Engels (1970). Engels argued that the historical subordination of women within the family is based on the premise that male supremacy is a phenomenon of private property:

The modern individual family is founded on the open or concealed slavery of the wife ... Within the family he is the bourgeoisie and his wife represents the proletariat (Engels, 1970: 79).

The marriage contract, Annette Kuhn (1986) contends, is based partly on bourgeois property relations, and the implications of such relations as to the legal rights of the husband over his wife and her property apply also to marriages within the working class:

Thus the marriage contract gives the husband the right of access to his wife's labour in reproducing his labour power and by bearing and rearing his (his) children, even where questions of property, inheritance, and so on are not involved (Kuhn, 1986: 56 original emphasis).

Although this contract could be viewed in some ways as a contract of employment, it differs from the standard employment contract in two important ways. Firstly, the wife is not free to change her employer without the intervention of death or divorce and secondly, the domestic labour she performs is unpaid. The husband's wage, because it is awarded in return for work performed outside the home, is seen as the property of the wage-earner, and that part of it which is passed on to the housewife then appears as a gift (Kuhn, 1986).
Sylvia Walby (1995) argues that the concept of "patriarchy" is essential in understanding gender inequality both in the public and the private spheres. Male, or "father" domination predates organisation of labour, whether capitalist or socialist, and is derived from the oppression of women, as a group or class, by men as a group or class (Barrett, 1980). Dual-systems analyses of gender and production in the household are an attempt to combine the materialist analysis of women's oppression under capitalism and the concept of power relations in patriarchy, in order to explain women's position in male dominated societal systems (Williams, 1991) including marriage, the family and the state.

3.2 Marriage, the Family and the State in Mid-Twentieth Century UK

People born during the first three decades of the 20th century and married in the 1930s and 1940s, will have experienced, on average, longer lasting marriages than any preceding or succeeding generations. In the UK, present day data reveals similar proportions of lone parents and remarriage rates as were experienced a hundred years ago (CSO, 1996). The fundamental difference lies in the cause of the dissolution of marriage: in the 19th century, premature death of a spouse was the reason for the break-up and reconstitution of a family, whereas towards the end of the 20th century, divorce is the overriding factor (Burgoyne et al., 1987).

The importance of marriage in the 1930s and 1940s was reflected in all cultural fields: literature, popular and classic, popular songs and the growing film industry. "Happily Ever After" started at the door of the Church. This generation of older people during their lifetime have also witnessed the most dramatic technological, societal and cultural changes: from horse and cart to space travel; from the total disgrace of illegitimacy to a third of children born to unmarried parents; from the perception of racial superiority of a massive colonial empire to legislation against racial discrimination.

The single historical event which exerted the most profound effect on the lives of older people in the UK, was the Second World War from 1939 to 1945, after which:

... was the upheaval (and extensive abandonment) of traditional values, and the quest for new values felt to be more appropriate to life in a rapidly changing, materialistic and scientific civilisation (Thomson, 1985: 273).
In recent literature, the impact of the war on relational expectations, especially of women, has been largely overlooked or ignored. Mid-twentieth century sociological investigation acknowledged the importance of the post-war social reforms primarily as they applied to women in the context of the family unit and men in the context of paid employment. Second wave feminism's interests lay with younger women who grew up in the post-war period, concerning themselves with the four demands of "equal pay; equal education and opportunity; 24 hour nursery provision; and free contraception and abortion on demand" (Wandor, 1990: 242). However, in Wandor's (1990) interviews with British feminists, Juliet Mitchell, an eminent feminist psychologist, acknowledges her debt to her mother and the influence of the war:

I'd grown up with a very proto-feminist mother - there wasn't a feminist organisation - but a single working parent. ... A very egalitarian childhood, a wartime childhood. I was an absolute out-there-on-the-bombsite type of child (Mitchell in Wandor, 1990: 108).

The seeds of second wave feminism were sown by women, mothers of the new feminists, for whom nothing was going to be the same again after their wartime experiences.

The national mood after the Second World War was the opposite of the mood in 1918 following the Great War. Then, there had been a prevailing desire to get back to "the good old days", to rediscover a more secure world that the pre-1914 era seemed to have offered. In 1945, there was an overwhelming desire for radical social change: fuller social justice, a lessening of class differences and better opportunities for all children (Thomson, 1965). Men in the armed forces returned, determined that the 1930s depression times of insecurity would not be repeated. This generation, then, embarked on marriage and set up homes with the optimism of constructing a brave, new and peaceful world.

In the UK, the visionary Beveridge Report of 1942 (Beveridge, 1942) and the subsequent post-war health and welfare legislation did much to alleviate the health and financial difficulties of early motherhood and widowhood, but it also served to confirm the place of women as principal carers and consolidated the notion of economic dependency on a male "bread winner" (Williams, 1991; Baldwin and Falkingham, 1994). Wilson's (1977) definition of femininity as understood by the "state" is a direct descendant of Victorian values held by Beveridge and his contemporaries:
Woman is above all Mother, and with this vocation go all the virtues of femininity; submission, nurturance, passivity (Wilson, 1977: 7).

Beveridge, a rather ascetic academic, was far from being anti-female. He entertained the greatest respect for women's intellect and consulted women in the construction of his Report. However, in the 1940s, he did reflect the nationalist and familist conceptualisation of a (still) colonialist UK, and his principal concerns were with the maintenance of full male employment and the production of a healthy new generation. Beveridge made the assumption that "During marriage most women will not be gainfully occupied" (Beveridge, 1942 para. 111) but that women would have duties which he described as "vital, unpaid service as housewives" (para. 309). Radical feminist discourse on welfarism has attached the blame for women's continued "submission and passivity" on the Beveridge proposals, which transfixed the "consciousness of women" (Williams, 1991: 163).

The perception of the validity of separate gender roles bears a close resemblance to Talcott Parsons' functionalist analysis of marriage (Parsons, 1956) in which women were ascribed "expressive" roles of care-giving, empathetic, and co-operative persons, while men were ascribed "instrumental" roles of goal attainment, and were seen as rational, efficient, strong and competitive. This two-sphere world was visualised as mutually exclusive and the interaction between men and women was seen to be highly restricted (Eisenstein, 1983).

There was the notion of men and women being equally valued in a relationship which required them to carry out different tasks or functions for which they held different expertise. In the 1960s there developed the concept of a "symmetrical family" in which although there was some role-segregation, the power base and decision making was shared between husband and wife (Young and Willmott, 1973). However, Walby (1995) points out that even in the 1990s, marriage remains a relationship where women's labour is exploited. Young and Willmott's (1973) conclusions, Walby says, are predicated on the assumption that women's increasing participation in the labour market would result in increasing egalitarianism within the marriage partnership. Of the early 1990s, Rosalind Coward (1993) observes that:
On a practical level, this meant that many professional women found themselves racing home from work, driven by ideals of mothering as rigid as those of the 1950s and 1960s (Coward, 1993: 6).

The lived reality is that the conventional family remains idealised: husband in the workplace, earning a "family wage", wife and mother at home, caring for the children and carrying out household duties, despite the statistics which reveal that in the mid 1990s, 75% of mothers are in paid employment (CSO, 1996).

Feminist discourse on the sociology of work and the dual roles of women has been well covered elsewhere (Oakley, 1975; Roberts, 1984; Kuhn, 1986; Crowley, 1992, for example) and it is not the intention here to revisit this literature. However, a discussion on marriage relations in the 1940s and 1950s is important in order to contextualise the attitudes of men and women about their roles as they pertain to the domestic and labour divisions of their early married life, and to provide a background for the understanding of older widowed people's views in the 1990s.

3.3 Gender Differences and the Division of Labour

The prevailing values in the years between the wars and after the Second World War were that the man should be the breadwinner and the woman should stay at home and look after the children: "the good wife and mother" (Crowley, 1992). Statistics which show the increased involvement of women in paid labour, particularly since the end of the Second World War (CSO, 1996), demonstrate that idealism and lived reality can be far apart. Even though women are employed in the labour market, they may still consider a woman's "proper" place to be in the home, looking after the children (Clark, 1991). This attitude is more likely to be held strongly by older women, but it is not exclusive to them.

The 8th British Social Attitudes (Jowell et al., 1991) survey which asked respondents in 1990 about their attitude to gender roles within marriage, found little difference between the sexes, but much larger divisions between different groups of women. They compared difference in attitudes of women who were full time housewives with those in paid employment, those who were graduates with those who have no formal qualifications, and age groups. The last variable, age groups,
provided the most startling differences and these were between women born before 1925 and those born after 1960 (Heath and McMahon, 1991) (Table 3.1).

Table 3.1 **Women's Attitudes to Gender Roles in 1990**

Responses to: "A husband's job is to earn money; a wife's job is to look after the home and family"

<table>
<thead>
<tr>
<th>Age of Woman</th>
<th>Strongly Agree or Agree</th>
<th>Neither Agree nor Disagree</th>
<th>Strongly Disagree or Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-24</td>
<td>9</td>
<td>11</td>
<td>80</td>
</tr>
<tr>
<td>25-34</td>
<td>12</td>
<td>10</td>
<td>77</td>
</tr>
<tr>
<td>35-44</td>
<td>13</td>
<td>16</td>
<td>71</td>
</tr>
<tr>
<td>45-54</td>
<td>22</td>
<td>16</td>
<td>63</td>
</tr>
<tr>
<td>55-59</td>
<td>30</td>
<td>21</td>
<td>50</td>
</tr>
<tr>
<td>60-64</td>
<td><strong>42</strong></td>
<td>21</td>
<td>38</td>
</tr>
<tr>
<td>&gt; 65</td>
<td>54</td>
<td>16</td>
<td>24</td>
</tr>
<tr>
<td>All women</td>
<td>14</td>
<td>16</td>
<td>61</td>
</tr>
</tbody>
</table>


Women over the age of 65 were six times more likely to strongly agree or agree with the statement that "A husband's job is to earn money; a wife's job is to look after the home and family" than women under the age of 25, 54% compared to 9%.

As demonstrated by the responses in Table 3.1, there has been a considerable sea-change in women's attitudes to the roles of men and women within marriage. Sociological investigation has both responded to and, to some degree, contributed to this change. Earlier sociological study was more likely to reflect attitudes and conceptions about family and marriage, rather than challenge them. Later work, particularly that of feminist sociologists, challenged taken-for-granted assumptions about family life and societal values and how they affect the lives of women (Oakley, 1975). In the post war period, some women had begun to question their Victorian parents' approach to marital dynamics long before the reawakening of the women's
liberation movement in the 1960s (Crowley, 1992). For example, 85% of women born between 1896 and 1905 (85-94 years old at the time of the British Social Attitude’s survey in 1990) believed that a husband’s job is to earn money, a wife’s to look after the home and family as compared to 60% of those born between 1926 and 1935, a difference of 25% within one generation (Jowell et al., 1991: 16) (Table 3.2).

Table 3.2 Older Women’s Attitudes to Gender Roles in 1990

Responses to: “A husband’s job is to earn money; a wife’s job is to look after the home and family”

<table>
<thead>
<tr>
<th>Birth Cohort (age in 1939 at outbreak of WW II)</th>
<th>Agreeing strongly or agreeing %</th>
</tr>
</thead>
<tbody>
<tr>
<td>1896-1905 (aged 34-43)</td>
<td>85</td>
</tr>
<tr>
<td>1906-1915 (aged 24-33)</td>
<td>79</td>
</tr>
<tr>
<td>1916-1925 (aged 14-23)</td>
<td>68</td>
</tr>
<tr>
<td>1926-1935 (aged 4-13)</td>
<td>60</td>
</tr>
</tbody>
</table>


The principal difference between the women of these generations was the age at which they experienced the Second World War between 1939 and 1945. The largest gap, an 11% difference, dropping from 79% to 68%, represented those women who were between the ages of 14 and 23 at the outbreak of the War (Table 3.2). This cohort, most of whom were married during or after the War, had different expectations about the nature of the marital relationship than those of their mothers’ and grandmothers’ generations.

3.4 The Companionate Marriage

In the UK, the post-war social reconstruction witnessed a key shift from the idea of marriage as an institution to marriage as a relationship, and from this emerged the concept of a “companionate marriage” (Finch and Summerfield, 1991). The War had a profound effect on the relationships of men and women both at the widest societal level and at the most intimate level of the individual (Fletcher, 1973). The new mobility resulting from post-war urban disruption, the contemporary industrial boom and increased prosperity, rendered the family, as a unit, more independent of
the wider kinship groups than had been previously experienced (Allan, 1985). This meant a greater reliance on a partner for individual emotional sustenance and support.

The new partnership ideology was based on greater equality, sharing and the pursuit of personal happiness. Indeed, in these post-war unions, there was a manifestly less overt dominant/subservient power structure between husbands and wives than had been the norm in Victorian marriages (Harris, 1983). Much importance was attached to communication and togetherness, increased joint decision making and reference to mutual needs and wishes.

There was a strong desire to foster “teamwork” in a relationship - a notion which had its roots in the shared risk and joys of the community at large during the War. This “teamwork” encompassed the division of labour, whereby a husband went out to work and a wife fulfilled her role as a homemaker and child-carer. There was a growing assumption, although not necessarily an expectation, that a wife would work until pregnant with her first child, and not return to the paid labour force if at all, until the youngest child was at school. If she did return, her job was considered subordinate to the perceived needs of the family (Elliot, 1996). Childless women usually continued to work in the labour force. At all ages and in all classes, the expectation was that a wife’s work was secondary to her husband’s, and that geographical relocation would be as a result of his occupational progress rather than hers (Roberts, 1988).

This domestic ideology was reinforced in post-war Britain: the state closed down most of the nurseries set up to enable women to work for the war effort and women who had grown up socialised into believing that their place was in the home, returned, at least in the short term. Riley (1983) has pointed out that the motives and reasons for women surrendering their status as full-time workers were complex and varied. The explanation that they were forced back into the home was, she has argued, as unsatisfactory as the idea that women chose to return to their rightful place as mothers and homemakers. However, after the austere days of clothes rationing, women felt able to reclaim their femininity with the “New Look” fashion of full, long skirts and narrow waists of the 1950s. Many saw domesticity as liberation from factory work and hard land labour (Roberts, 1984). The increase in the birth rate, or baby boom, experienced in all of the Western world in the late 1940s and
early 1950s was another important factor in young women's exit from the labour market. After the disruption and separations of the war, what was perceived as important was a period of stability and the focus for the provision of this was the family.

3.5 Family Care

Family care within the context of the 1950s traditional marriage was viewed as a mutually beneficial social exchange system which stressed the importance of reciprocity in personal relationships (Howard and Hollander, 1997). A wife took on the responsibility of the household labour, including child care and was rewarded by "being taken care of" financially by her husband. Thus were they fulfilling their "wifely" and "husbandly" duties: she to care, practically and emotionally, he to cater for their material needs. It was not until the emergence of the feminist perspective on power relations within this seemingly balanced relationship, that this "taken-for-granted" issue of care and caring was analysed.

During the last three decades of the 20th century and principally, but not exclusively, instigated by feminist discourse, there has been a much heightened awareness of the gendered nature of caring (Arling, 1976; Finch and Groves, 1983; Ungerson, 1983; Brannen and Wilson, 1987; Brody et al., 1988; Arber and Ginn, 1990; Pascall, 1991; Jerrôme, 1996; Pyke and Bengtson, 1996). Most of the studies exploring care have focused on the perspective of the carer, who is identified primarily as female:

Males of all ages, and females young and old are likely to require care and to be looked after at home by women (Pascall, 1991: 72).

Women identify themselves as workers and carers in the domestic sphere from an early age, a status seen to be perpetuated by their mothers. Nancy Chodorow (1991) describes the term "reproduction of mothering" as the way the gender division of labour has different effects on the psychological development of girls and boys. Given female parenting, girls internalise the role of caring and boys reject the female aspects such as nurturing and empathy, in order to adopt a masculine identity. Chodorow argues that the mother is the central element in differential identity formation, disputing Freud's focus of the father and the Oedipus complex.
Baker Miller (1986) suggests that women's capacity for emotional understanding derives from the early symbiotic bond with the mother and that this bond is devalued by the dominant masculine culture. It has been asserted that the very nature of womanhood governs the ability and necessity to care for others. Baker Miller contends that:

Women have different organizing principles around which their psyches are structured. One of these principles is that they exist to serve other people's needs (Baker Miller, 1986: 62).

She goes on to say that a woman has a greater ability to recognise and respond to those in need and she does not see this as a threat to her identity. Conflict only occurs when the woman feels forced into serving when she does not wish it. Finch and Mason (1983) argue that women do not take on the caring role through any concept of obligation. Rather, a series of commitments build up over time in the course of their gendered biographies. Female children were, and continue to be, significantly more likely to perform domestic and caring responsibilities than male children (Brannen and Wilson, 1987). Experiences of giving and receiving help within families are treated as unremarkable since they are seen as a characteristic part of family life.

Morgan (1996) looks at the gendered nature of caring and discusses the distinction between caring about, that is the non-active, emotional feelings about another person, and caring for which involves active servicing and instrumental assistance to someone else, as has been identified in feminist discourse. He notes that the separation is easier to identify in theory than in practice and that in most family situations, the boundaries are frequently blurred. However, he maintains that the distinction remains a vital factor in the analysis of caring because the boundaries are open to negotiation depending upon the relational differences between carer and cared for.

In the immediate post World War years, the experience of women's caring was located firmly within the family, revolving around the care of the working husband and the rearing of the baby boom generation.
Motherhood and Childcare in the 1950s

A burgeoning interest in psychology and books on "how to" by the experts gave credence to many practices of child care in the post-war period. Dr Spock's advice on child rearing was read by millions of mothers, primarily middle class, on both sides of the Atlantic (Cotgrove, 1972).

The proliferation of child-care manuals, the growth of child-study organisations and increased reliance on paediatricians and other child-care experts reflects the changing structure of the family. The period between the First and Second World Wars (1918-39) saw the demise of the nanny and domestic servant, most of whom were women (Roberts, 1984). Middle-class families who had relied on these women to help rear their children resorted to "experts" to guide them with child-rearing. In working-class families, the decline of the proximity of the extended family caused by the greater social and geographical mobility of people, especially in the 1950s (partly brought about by the bombing of inner-city areas and post-war slum-clearance), meant that many couples with young children had no older women relatives within easy access upon whom to call for advice and guidance (Ryder and Silver, 1972).

Probably the most influential work in the UK, as far as child care policy was concerned, was the report "Maternal Care and Mental Health" by John Bowlby (first published in 1953) where he states that maternal deprivation in early infancy has a lasting and detrimental effect on the mental health of the child and later in adulthood.

What is believed to be essential for mental health is that an infant and young child should experience a warm, intimate and continuous relationship with his mother (or permanent mother-substitute - one who 'mothers' him) in which both find satisfaction and enjoyment (Bowlby, 1968: 13).

This was the "handbook" and authoritative text to be used by social policy makers, social workers, health visitors and related agencies providing the ideological justification for encouraging women to remain in the home whilst the youngest child was pre-school age. Bowlby was influenced by the works of Winnicott (1965) whose study on maturation was first published in 1947, and later, by Erikson (1950) who described early life stage adaptation. The argument was that the importance to a child of confidence in a reliable, loving and attentive caretaker underpins the trust that provides the emotional security needed to progress to the next stage of the development of a robust self-identity. The mothers of children born during the 1940s and 1950s, therefore, were confident that they were doing the best for their children.
by staying at home (Gieve, 1989), and the children saw it as right, and a right, that
their mother should be there for them (Heron, 1985).

There is, as has been suggested, an abundance of research literature on
marriage and the family, particularly since the middle of the 20th century. More
recently, since the early 1970s, a feminist perspective on the family has highlighted
the differential experiences of women in marriage as exemplified by the following:
the differences in “his” and “her” marriage (Bernard, 1976), the gendered division of
domestic labour (Oakley, 1975) and the caring role of women (Finch and Groves,
1983). A notable gap in the literature in the UK, with the exceptions of Mason (1987)
and Askham (1995) has been investigation of marriage relationships in later years.

3.6 The Married Lives of Older People
The married life of older people in the UK has received considerably less sociological
attention than that of the younger family, particularly those with dependent children
(Askham, 1995). Askham (1995) argues that there are two principal reasons for the
neglect. Firstly, it concerns a cohort of people who do not excite particular interest in
the mainstream of sociological theorising and investigation. Secondly she considers
that the study of marriage in later life is seen as something which is part of the
private sphere and not relevant to the major sociological explanatory framework of
organisational and power matrices of production. She believes this is an omission
which should be rectified since role in society is not dictated purely by the ability to
produce or reproduce, but also by private consumption patterns which inform public
production. Older people as consumers are therefore as valid a subject of study as
younger producers (and reproducers).

In the US, there have been a limited number of studies of older people’s
marriages (MacKinnon et al., 1984 for example; Brubaker, 1990; Valliant and
Valliant, 1993) and these have explored issues concerning reported marital
satisfaction and strength of family ties in the maintenance of relationships, in addition
to attitudes and expectations in long-term marital relationships.

One of the most common findings about marital satisfaction over time is that there
is a U-shaped trend, with satisfaction dipping in the middle years of the relationship
and increasing again in later years (Mares, 1995). However, as Valliant and Valliant
(1993) point out, the studies that have presented these findings have all been cross-sectional, which means that different cohorts were compared, and the sample of older people did not include those who had been divorced. Their longitudinal research indicates that for many older couples in long term marriages, the levels of satisfaction with the relationship stay consistently high. They argue that unhappy couples are more likely to divorce than to stay in the relationship.

The research by Valliant and Valliant (1993) applies to couples in the US where historically, the trend of increased divorce rates predates that in the UK. Divorce rates for men and women married in the second quarter of the 20th century in the UK are still comparatively low both for financial considerations and for social reasons (Burgoyne et al., 1987). It could be argued that if divorce was less of an option, couples were more likely to stay together through the “down” trough, benefiting from the “up” side of the U-shape experienced in their later years, as reported by Mares (1995).

Most older couples will be retired and probably for the first time, will be spending a considerable amount of time together on a daily basis. It is the changed and changing relationship as a result of retirement, renegotiation of roles and redefinition of behaviour boundaries which have not been fully researched in older marriages (Cliff, 1993).

Retirement and Marriage
Most studies of retirement have concentrated on the impact of retirement on the male retiree (Laczko and Phillipson, 1991; Midwinter, 1997, for example). Relatively little research has been carried out on the impact of a husband’s retirement on a wife, and the dynamics of domestic duties, when both spouses are in good health. Kerckhoff’s (1972) early US study examined husband and wife expectations and reactions to men’s retirement, but did not fully explore participation of the husband in household tasks. He did not mention, for example, what extra tasks the retired men had taken on, or whether they had participated before retirement. However, he found that lower socio-economic group husbands and wives tended to reject the idea of the participation of the husband in household tasks more frequently than the middle or higher income groups. In fact, the participation of husbands in such tasks was equal in all three income groups. Kerckhoff speculated that the difference between reporting and actual behaviour of the husbands in the lower socio-economic
groups, indicated a reluctance to admit the contravening of what were perceived as norms of gendered domestic labour. Cliff (1993) points out that a husband's retirement adversely affects some women who resent the continuous presence of a man in their private domain and are reluctant to delegate domestic responsibilities.

Dorfman (1992) in another US study found that in retirement, men and women tended to maintain the domestic division of labour as long as both enjoyed good health. However, men would usually help with the washing up and vacuuming which resulted from having guests, even if their spouse was healthy. The husbands continued to tend the yard, clean the car and carry out minor household repairs which the women did not do, as long as the husband was physically able to do these tasks. In other words, the men helped indoors but the women rarely did outdoor work or household repairs.

The men who are the most disadvantaged regarding self-care after widowhood, are those who have experienced little or no preparatory time because of the sudden death of a formerly active wife, for learning tasks stereotypically carried out by women (Rubinstein, 1986). These tend to be men who in retirement, persist in the gendered division of household tasks and whose wives die with very little warning. Campbell and Silverman (1987) report that in the US, despite the influence of feminism, some older men do not know how to look after themselves:

Recent studies show that ... women still do between 67 and 90% of all household chores. Because of that kind of disproportion, some [older] men don't know how to boil a potato. They can't run a washing machine or dishwasher. They can't go on a trip because they don't know how to pack a suitcase (Campbell and Silverman, 1987: 2).

Most older women in the UK today, at the end of the 20th century, would find much resonance the above quote, since they manage not only most of the domestic tasks in their marriage, but also the invisible, emotional responsibilities for ensuring the welfare of their husband (Mason, 1996).

Mason (1987) in the UK argues that wives take responsibility for supporting the well-being and health of their husbands, and specifically for smoothing their husband's transitions into retirement. This involved structuring their own and their husband's time - being conscious that he should not be left on his own for long periods of time during the day or the evening.
Spouse Care in Later Years

Acknowledgement of the contribution made by elderly people in looking after all generations, spouse, adult children and grandchildren for example, has been somewhat lost in the feminist discourse which highlights caring as primarily work done by middle aged daughters for ageing parents (Arber and Ginn, 1993). Although the majority of non-resident caring is carried out by women, co-resident spousal care in old age is carried out equally by men and women (Arber and Gilbert, 1989). Analysis of the 1985 General Household Survey reveals that elderly people provide almost half the co-resident care for elderly care-recipients, this care being equally divided between men and women, at nearly a quarter each.

People interpret their current experiences in the context of their life history, and for older men and women, an important part of their experience of life has been their marital relationship (Bornat, 1994). Older spouse carers make sense of their present situation by reference to their past relationship, as Gillian Parker (1993) points out:

... the pre-existing quality of the marriage and indeed the pre-existing personalities of the individuals involved may be crucial in understanding what happens to the couple after the onset of disability (Parker, 1993: 83).

Rose Lewis (1998) argues that for the spouse carer, the perception of the quality of the marital relationship is an important factor in realigning changes in their present experience with a sick spouse. For example, Lewis (1998) observed that with some people who cared for a spouse with dementia, the carer disassociated the present difficult or aggressive behaviour of the ill spouse with the past loving behaviour in order to keep intact, the good memories of previous years. A spouse carer might speak of the sick spouse as “not the person I married” and see them as an “empty shell” (1998: 228). On the other hand, some people who have had a close and companionate relationship may see their present role as an extension of this. Some older carers may view their present experience as a “fair exchange” for services rendered in the past (Wilson, 1995).

Often ignored has been the perspective of the older person who is cared-for. Morgan (1996) believes that the move to extend the study of the caring relationship to include the cared-for, is to be welcomed for two main reasons. Firstly, and importantly for this study, he states that gender enters into the analysis of the cared-
for as well as the carer. Secondly, this approach goes beyond seeing the cared-for as objects of care, enabling instead an exploration of the ways in which they maintain a sense of self-identity in the face of dependence. As mentioned earlier, Arber and Gilbert (1989) found that co-resident spousal care in old age is carried out equally by men and women, but the gendered power relations merit consideration.

Mason (1987) examined the power relations in older people's marriages and points out that men maintained their traditional patriarchal power base even if they are sharing some of the more traditional, female domestic responsibilities. Men who are being cared-for by their spouse are also likely maintain their power base and in doing so, maintain a sense of self and are less likely to perceive themselves as a burden (Arber and Evandrou, 1993). Rose and Bruce (1995) in their study on caring between older couples, contacted by telephone, wife carers who had been identified as in "heavy" caring situations and who had refused to be interviewed at home. They found that the primary reason for this refusal was because they did not want to upset their husband:

There was a grimly familiar tone to the conversations with these women who felt unable to invite us to their homes because of their husbands' dislike of outsiders and visitors, which resonated with the many accounts in the feminist literature of the ways in which women's lives can be controlled by the demands of men (Rose and Bruce, 1995: 121).

Thompson (1993) considers that when the situation demands care, both women and men are capable of providing it. She defines care as:

... the activity of attending and responding to another. Marital partners strive to meet each other's needs, prevent harm, and take positive action to protect and promote each other's welfare (1993: 559).

She considers the conditions under which men cross the stereotypical gender care boundaries:

I suggest that men are more likely to display care when there is a clear need to care, no one else is around to provide care, and the recipient is dependent (Thompson, 1993: 564).

Rose and Bruce (1995) point out, that in a society which considers elderly male spouse carers to be "Mr Wonderful", the assistance they receive from professional health and welfare workers and the esteem in which they are held, differs greatly from that offered to and accorded to women. In their study, Rose and Bruce found
themselves, as committed feminists, driving home from interviews with older male carers saying to each other "What a wonderful man":

Reproducing Mr Wonderful was all too easy, but to reproduce such an undifferentiated and stereotypically positive picture of the women carers was not, for we had not been given such an account. Instead women had offered us a less positive, more nuanced, account of the diversity among women, for whom care giving was nonetheless an expected activity (Rose and Bruce, 1995:127).

In the US Kaye and Applegage (1990) report on men as elder caregivers, most of whom were caring for wives suffering from Alzheimer's disease. The men saw themselves as self-sufficient, gentle, compassionate, warm and loving, reporting caring activities such as listening, and showing concern, sympathy and affection. The study does not discuss how much of this may relate to gender differences in reporting. Women take for granted that they will perform all these functions for a spouse (Finch and Mason, 1993), and are less likely to "boast" about these caring tasks (Rose and Bruce, 1995).

Wilson (1995) found in her study of spouse carers that for a substantial number of widowers, the need to care for an ailing wife over a period of time before her death, equipped them with skills which enabled them to care for themselves without resorting to outside assistance. The question therefore arises about the "blurring" of gender roles in the marriages of older people. Wilson (1995) concludes that old age permits a rethinking, or re-evaluation of stereotypical male and female roles.

3.7 Conclusions

The purpose of this chapter has been to provide an insight into the meanings of marital relationships and responsibilities to a specific cohort of older people, the majority of whom married during the Second World War or in the immediate post-war period of the 1950s. The significance of World War II has been stressed in terms of changed expectations, both in terms of societal and political organisation and of the individual married couple relationships. Running parallel to these altered expectations was the tension between the private and public spheres of the idealised "traditional" family in a changing, industrial, consumer driven world.
In the 1950s, the acceptance of different but vital, complementary gender roles was taken for granted in a society which viewed as deterministic, appropriate masculine and feminine behaviour. Therefore, despite a key change in emphasis from marriage as an institution to marriage as a relationship, the union remained patriarchal inasmuch as the male as principal breadwinner, was considered the more important partner in the dyad.

The chapter discussed the small amount of literature on the married lives of older people, with particular reference to couples in retirement and concluded that as long as both were in good health, men and women tended to maintain the gendered division of labour of the pre-retirement marriage. Lastly, it reviewed research on gender differences in spouse care in later life and noted that according to the literature, men are as likely as women to care for an ailing spouse but their experience both with the cared for and contact with outside professional agencies differs. The power base of men emanates from their patriarchal position in marriage and this does not change substantially over the life-span, whether they are the carer or the cared for. However, men who take on domestic responsibilities in later marriage and those who provide care for an ill spouse are more likely to be better prepared for self-care when widowed.
CHAPTER FOUR

WE ARE GATHERED HERE:
REMARRIAGE
This chapter reviews the demographic data on the registered marriages of older people and the literature on the studies of new partnership formation in later years. As discussed in Chapter Three, relatively little sociological research has been carried out on marriage relations of older people (Askham, 1994) and remarriage of older widows and widowers has suffered even greater neglect (Vinick, 1978; Greene, 1990). Remarriage for older people does not hold the same interest for the wider community or for social scientists or policy makers compared with remarriage of younger people, especially if children are involved. Studies of elderly widowed people indicate that widowers are more likely to remarry than widows (Greene, 1990). Reasons usually advanced for this are demographic: the comparatively large number of older widows have a smaller pool of eligible men, and widowers who do remarry tend to marry women who are younger than themselves, thus it has been argued, excluding the majority of older widows who might wish to get married again (Burks et al., 1988).

Patriarchal gender relations mean that the cultural norm is for a man at all ages and regardless of previous marital status, to marry a woman younger than himself (Walby, 1995). The age gap can increase considerably with the chronological age of the man at marriage, for example, a man in his mid twenties is likely to marry a women near his own age (OPCS, 1994). As he gets older, he has an increasing pool of women, including younger single, widowed and divorced women, whom, according to societal norms, it is considered acceptable for him to marry. The possible exception is media interest in an older widower who marries a very much younger woman which can give rise to negative perceptions of the sexuality of old people (Gibson, 1993). If an older woman marries a much younger man, she is more likely than a man to be considered predatory and selfish (Arber and Ginn, 1993). For women, the pool of "socially eligible" men decreases as they age, and
this is viewed as an obstacle to their forming new partnerships (Johnson and Troll, 1996).

This literature review chapter provides data which confirms that not only are men less likely than women to become widowed, but they are also less likely to remain widowed. It also discusses the small amount of research on the cohabitational and non-cohabitational relationships of older people, concluding that despite the demographic realities there are other issues which influence partnership choices for both older widowed men and women.

4.1 Widowhood and Rates of Remarriage

Haskey (1982) looked at patterns of remarriage for all widows and widowers in England and Wales from the beginning of this century until the early 1980s. Although carried out several years ago, his analysis is the only study to have taken an historical perspective of gender differences in the remarriage of widowed people. He concluded that the proportions of widowers who had remarried over the age of 40 were much higher than those for widows, no matter which birth cohort was examined.

Actual numbers of remarriages by widowed men and women remained comparable between 1946 and 1980 (Haskey, 1982). However, not only have their numbers declined substantially between 1980 and 1995 (Table 4.1), a decrease of almost half, but there has been a widening gender gap, with fewer widows remarrying (ONS, 1998).

<table>
<thead>
<tr>
<th>Previous marital status</th>
<th>1980</th>
<th>1985</th>
<th>1990</th>
<th>1995</th>
</tr>
</thead>
<tbody>
<tr>
<td>widowers</td>
<td>15 934</td>
<td>12 965</td>
<td>10 699</td>
<td>8 791</td>
</tr>
<tr>
<td>widows</td>
<td>15 982</td>
<td>12 399</td>
<td>10 360</td>
<td>8 393</td>
</tr>
</tbody>
</table>

Source: Annual Abstract of Statistics (1998) No 134, Table 2.11
The reasons for the dramatic decrease in numbers of widows and widowers remarrying over the 15 years between 1980 and 1995 are not immediately apparent. It could be a reflection of the general decline in the rates of marriage, from 397,000 in 1961 to 350,000 in 1991 (OPCS, 1994). This would not necessarily account for the increasing gender gap in the remarriage of widowed people. A possible explanation is the rise in divorce rates which provide an increasing pool of younger women available for remarriage by widowers (OPCS, 1996). However, the majority of men who marry at any age, whether bachelors, divorced or widowed, marry spinsters most of whom are under the age of 55 (OPCS, 1994). Men are less likely to marry a widowed or divorced woman regardless of his age or her age.

Table 4.1 represents all widowed people in the UK, and since widowhood is primarily an experience of older people (ONS, 1998), most of these marriages will have been contracted by older men and women. Since there are much smaller absolute numbers of widowers than widows (Table 4.2), it is clear that a considerably higher proportion of widowers than widows remarry by comparing Tables 4.1 and 4.2.

<table>
<thead>
<tr>
<th>1991</th>
<th>65-74</th>
<th>over 75</th>
<th>all over 16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Numbers: 000s</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Widowers</td>
<td>261</td>
<td>401</td>
<td>828</td>
</tr>
<tr>
<td>Widows</td>
<td>1002</td>
<td>1731</td>
<td>3370</td>
</tr>
<tr>
<td>Proportions: %</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Widowers</td>
<td>11.3</td>
<td>29.2</td>
<td>3.0</td>
</tr>
<tr>
<td>Widows</td>
<td>35.5</td>
<td>64.3</td>
<td>11.4</td>
</tr>
</tbody>
</table>

Author's analysis
Source: Annual Abstract of Statistics (1998) No 134, Table 2.4

In 1996, almost twice as many men as women married over the age of 55 (Table 4.3), this gender imbalance having increased from 3:2 males to females in 1980. The numbers of older people marrying have declined for both sexes, but similar to the remarriage pattern of widows and widowers (Table 4.1) a widening gender gap in older marriage is revealed. The Annual Abstract of Statistics (ONS, 1998) does not
give previous marital status for these older marriages and these numbers include never married and divorcees.

Table 4.3  

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>18,304</td>
<td>16,394</td>
<td>14,922</td>
<td>14,918</td>
</tr>
<tr>
<td>Females</td>
<td>12,003</td>
<td>9,772</td>
<td>8,406</td>
<td>8,239</td>
</tr>
</tbody>
</table>

Source: Annual Abstract of Statistics (1998) No 134, Table 2.11

From Tables 4.1, 4.2, and 4.3, it can be seen that the likelihood of men living alone in their latter years is less than that of women, because men are either married or if they are widowed, they are more likely to remarry than widows.

**Trends and Comparative Rates**

Using data from marriage registrations and the two censuses of 1981 and 1991, the remarriage rates were calculated in order to make a comparison between the younger and older cohorts of widows and widowers. In order to see if the reason for the dissolution of a marriage, through death or divorce, made a difference to remarriage choices, a comparison is also made between the remarriage rates of widowed and divorced men and women (CSO, 1993).

Table 4.4 shows the remarriage rates of widowed people in 1981 (a), and 1991 (b), and of divorced people in 1991 (c). As noted in Table 4.3, marriages registered by all widowers and widows declined by about half between 1980 and 1996, but the ratio of remarriage between widowers and widows stayed fairly constant between 1981 and 1991 (Table 4.4 (a) and (b)).

Although widowers were more likely than widows to remarry at all ages, the difference was very small for those under the age of 35 years. For widowed people aged 75 years and over, the difference is quite startling, with widowers eleven times more likely to remarry than widows in 1981 and nine times more likely in 1991 (Table 4.4(a) and (b)).
Table 4.4

Remarriage Rates (per 1000)

(a) 1981: Widowed men and women

<table>
<thead>
<tr>
<th>Age Groups (yrs)</th>
<th>&lt;35</th>
<th>35-44</th>
<th>45-54</th>
<th>55-59</th>
<th>60-64</th>
<th>65-74</th>
<th>75+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Widowers</td>
<td>133</td>
<td>111.6</td>
<td>67</td>
<td>47.1</td>
<td>35.2</td>
<td>16.9</td>
<td>4.6</td>
</tr>
<tr>
<td>Widows</td>
<td>87.4</td>
<td>48.3</td>
<td>22.2</td>
<td>9.3</td>
<td>7.4</td>
<td>2.8</td>
<td>0.4</td>
</tr>
</tbody>
</table>

Ratio of remarriage rates of widowers to widows **1.5:1** **2.3:1** **3:1** **5:1** **5:1** **6:1** **11:1**

(b) 1991: Widowed men and women

<table>
<thead>
<tr>
<th>Age Groups (yrs)</th>
<th>&lt;35</th>
<th>35-44</th>
<th>45-54</th>
<th>55-59</th>
<th>60-64</th>
<th>65-74</th>
<th>75+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Widowers</td>
<td>67.6</td>
<td>67.4</td>
<td>49.8</td>
<td>34</td>
<td>22.5</td>
<td>11.6</td>
<td>3.2</td>
</tr>
<tr>
<td>Widows</td>
<td>49.2</td>
<td>32.9</td>
<td>17.4</td>
<td>6.7</td>
<td>5.1</td>
<td>2</td>
<td>0.3</td>
</tr>
</tbody>
</table>

Ratio of remarriage rates of widowers to widows **1.4:1** **2:1** **2.8:1** **5:1** **4:1** **6:1** **9:1**

(c) 1991: Divorced men and women

<table>
<thead>
<tr>
<th>Age Groups (yrs)</th>
<th>&lt;35</th>
<th>35-44</th>
<th>45-54</th>
<th>55-59</th>
<th>60-64</th>
<th>65-74</th>
<th>75+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Divorced men</td>
<td>107.4</td>
<td>86.6</td>
<td>56.7</td>
<td>35.7</td>
<td>24.5</td>
<td>13.9</td>
<td>5.4</td>
</tr>
<tr>
<td>Divorced women</td>
<td>104.1</td>
<td>57.8</td>
<td>35.8</td>
<td>14.3</td>
<td>7.5</td>
<td>3.8</td>
<td>1.2</td>
</tr>
</tbody>
</table>

Ratio of remarriage rates of men to women **1:1** **1.5:1** **1.6:1** **2.5:1** **3:1** **3.6:1** **4.5:1**

Author’s Analysis

Marriage and Divorce Statistics, FM2 No 19 1994

The comparison between the marriage rates of widowed and divorced women (Table 4.4(c)) question the principal theory offered to explain the low remarriage rates of older women, that is, the lack of available partners for older women. Divorced women between the ages of 65 and 74 are twice as likely to remarry as widowed women (3.8 compared to 2), and over the age of 75, the likelihood of remarriage increases to four times higher (1.2 to 0.3).

Although there is still a very low probability of remarriage, divorced women between the ages of 65 and 74 are marginally more likely to remarry than widowed men over the age of 75 (3.8 compared to 3.2). It would appear that for both women and men, but most particularly for widows, the choices and constraints regarding
remarriage are more influenced by previous marital history than the sex ratio of older people.

Remarriage rates are measurable because of the collection of statistical data from population surveys. However, remarriage is not the only option for new partnership formation. Cohabitation and non-coresidential relationships are formed throughout the adult population, including older cohorts of men and women. The following section considers all three types of relationships when discussing partnership patterns of older widows and widowers.

4.2 New Partnership Options
Dixon (1971) developed an analytic framework for explaining age at marriage and proportions never marrying. In her study, three conditions intervene between the social structure and marriage patterns. She refers to these conditions as the availability of mates, the feasibility of marriage, and the desirability of marriage.

Dixon (1971) describes availability as the ease with which a mate can be found. She claims that the availability of mates is primarily a result of the sex ratio of persons in a given population. Feasibility, according to Dixon, is determined by familial and societal expectations, and desirability is the intensity of the motivation to marry.

The framework developed by Dixon seems appropriate for examining new partnership formation of older widows and widowers. The framework permits an extension and revision of the theories offered that the primary reason for low remarriage (and repartnering) rates of widowed women is as a result of the lack of availability of mates, and that for widowers, they cannot survive without the care of a woman.

The issue of availability has been discussed above: there are fewer partners available for older women. Although older widowers have higher rates of remarriage than older widows, these rates are still low compared to younger cohorts of men who remarry, despite older men having a large pool of "available" women from whom to choose.
Feasibility of repartnering, as described by Dixon (1971), needs to be broadened to include age, health status and financial resources as well as familial influences and societal expectations. The older, frailer and poorer the widowed person, the less likely they are to attract a partner (Martin Matthews, 1991). Finch (1996) observed that some adult children expressed concerns about their inheritance when their widowed parent contemplated remarriage. Hashimoto (1996) found that older widowed people were more likely than the divorced to be influenced by their adult children. In her study, widows and widowers reported that their children attempted to keep them from marrying by threatening never to visit them or to allow them to see their grandchildren. In 25% of her sample, persons contemplating remarriage gave in to pressure and decided not to marry.

There is a societal expectation that a widower will find another partner, because he “needs someone to look after him” (Rubinstein, 1986; Campbell and Silverman, 1987), but widows find there is an expectation that they will remain alone (Lopata, 1996), thus giving rise to the perceived wisdom that in widowhood, “women grieve, men replace”.

This study’s key focus is on individual choices and constraints for new partnership formation and therefore it will develop Dixon’s (1971) third intervening condition: desirability, or motivation for embarking upon another relationship.

Remarriage: Selection versus Protection
Researchers have reported that there is a positive relationship between remarriage and well-being for both widows and widowers, with indications that this relationship is stronger for men than it is for women (Zick and Smith, 1991). There are two competing hypotheses as to the reason for this positive relationship: selection and protection (Bowling, 1994). Selection is the process by which good health status, access to financial resources and a sense of well-being are factors which make an individual attractive to a potential partner, thus selecting him or her into remarriage. On the other hand, it has been argued that it is the protective element of social conditions associated with the state of marriage: a mutually supportive relationship which fosters well-being and health maintenance as well as bringing about a pooling of financial resources, which contribute to the reported life satisfaction of remarried people.
The selection versus protection theory is very important in trying to understand what processes are involved in remarriage of older widows and widowers. Are healthy, wealthy individuals with high morale likely to be selected into remarriage or do individuals become healthier, wealthier and happier as a result of remarriage? It is possible that the selectivity hypothesis is less relevant for older than for younger widows and widowers. Studies carried out supporting the selectivity hypothesis, although they included older men (Vinick, 1978; Burks et al., 1988), have been based on retrospective accounts of remarried men rather than prospective quantitative studies. Other studies that support the selectivity hypothesis have included mostly younger subjects. Helsing et al.'s (1981) US study, for example, concluded that healthier individuals under the age of 60 years were more likely to be selected into marriage, but that remarriage also created a supportive environment that insulated the recently widowed males from some of the stress of the recent death.

Studies of older widows and widowers consistently lend support to the protection hypothesis. Burks et al. (1988) observed in their longitudinal study that remarried older men in particular showed significantly higher life satisfaction and greater self-esteem than those who remained widowed. Lopata (1979: 170) found that "... remarriage seems to have positive effects on the support systems and life evaluations of former widows". Greene's (1990) investigation into why widowers who have remarried have better well-being than widowers who do not remarry, concluded that wealth, health and well-being prior to remarriage did not predict later remarriage of the elderly widowers in her sample.

From the large data base of the Social Security Administration's Longitudinal Retirement History Study in the US, Greene (1990) looked at retired men over three two-year periods: when they were still married (T1); after they became widowed within the preceding two years (T2) (therefore the time since loss of spouse ranged from almost two years to just a few days) and two years after T2, when the widowers remarried or remained as widowers (T3). Approximately 20% of the sample at T3 had remarried, the proportion being about 1:5 remarried to remained widowed. From this longitudinal study, she concluded that the men who remarried felt greater well-being because they were married, regardless of their health and wealth status whilst widowed. Therefore, the "selection" hypothesis for the positive relationship between well-being and remarriage, was not supported.
Greene's (1990) study concludes that the positive effect of remarriage on older widowers' well-being is as a result of a wife's social and instrumental support. These findings are confirmed by Zick and Smith (1991) who conclude that the "protection" hypothesis is the explanation for the higher well-being of older remarried widowers. Bowling points out that the selection and protection hypotheses may be complementary rather than competitive, as both these factors contribute to the lower mortality rate of remarried widowers:

The cause of the difference in mortality rates between those who remarry and those who do not remains in question. Is it because the healthy remarry while the 'sick' may have been included among those who died in the first three years of the follow-up? On the other hand, the mortality difference might be explained by remarriage providing care and social support which may reduce mortality (Bowling, 1987: 118).

Helsing et al. (1981) also found that those who remarried were less likely to die. Firstly, they concluded that healthier individuals were more likely to be selected into remarriage. However, their study included widowers under the age of 65. Secondly, remarriage created a supportive environment that helped to buffer the widower from some of the stress of bereavement. Recent widowhood for women, they concluded, was not a significant factor in morbidity or mortality rates after controlling for the health status of married and never-married women (Helsing et al., 1981).

Martin Matthews (1991) found that for widows, the greater life satisfaction after remarriage compared to their widowed existence was associated with the companionship, the enjoyment of looking after someone and the greater economic stability which accompanied the union. In Lopata's (1979: 170) study, a widow described remarriage as offering: "... companionship and a little more security, there is less loneliness; you need someone to care for who cares for you."

Therefore, the literature suggests that although the selection hypothesis could be supported for younger widows and widowers, for older individuals, prior health and financial status seem less likely to predict remarriage. The protective element of late life companionship, caring and sharing have been found to have a significant effect on reported life satisfaction in the lives of older widows and widowers who have married again.
Although a greater proportion of widowers than widows remarry, the vast majority of older widowed people remain single. The following section looks at circumstances which influence repartnering choices and constraints not only in remarriage but in cohabitational and non-cohabitational relationship decisions and how they might differ for men and women.

**Choices and Constraints in Repartnering of Older Widowed People**

The analysis and discussion in this chapter so far has suggested that demographic explanations for the lack of formation of new partnerships by widows are inadequate. The desirability, or motivation to form another partnership is central to this research. Other studies of widows have shown several factors which influence the wish not to form new partnerships and these include:

- the strength of the old marital tie (Moss and Moss, 1980), no one can substitute the dead spouse especially if the memory has been "sanctified" (Lopata, 1973)
- the wish to retain the sense of freedom and independence gained since widowhood (Martin Matthews, 1991)
- the desire not to look after someone again (Finch and Groves, 1983; Rose and Bruce, 1995)
- the lack of desire for sexual activity (Crose and Drake, 1993)

and as has previously been discussed:

- the influence of adult children on decisions about new partnership formation (Hashimoto, 1996)
- issues of inheritance (Sussman et al., 1970; Finch, 1996)

Dardaine *et al.* (1995) studied new partnership formation where at least one widowed partner was over the age of 65 in a French country town between 1976 and 1992. During the sixteen years of the study, 77 women and 31 men had been widowed over the age of 65 years. In 1992, 16% of these women had met a new partner and 31% of the others wished to do so, with 53% of widows not having, or wishing for a new partner. The figures for men were 38% and 56% respectively, with 6% having no partner, and no desire for one. Of the 25 couples resulting from the new partnership, only five were married. Four couples were cohabiting and 16 had exclusive romantic relationships but maintained separate domiciles.
The main motivations for new partnership formation were given as:

1. loneliness (70%, men and women)
2. difficulties with housework (42%, all men)
3. financial difficulties (7%, all women)

Other reasons for desiring a new partner included the wish for emotional support, a chance to enjoy sexual intimacy, and the wish to look after someone again (Dardaine et al., 1995).

4.3 Older People and Cohabitation

One conceptual definition of cohabitation is “a household in which heterosexual couples are living together in a marriage-like union without legally being married” (Hatch, 1995: 4). During the last three decades of the twentieth century in developed countries, cohabitation without legal marriage has increased dramatically (CSO, 1996). However, virtually nothing is known about the extent of cohabitational practices of older people in the UK. Analysis from the General Household Survey shows that in 1995, 4% of all cohabiting couples were over the age of 65 years, with only 1% of all people over the age of 65 cohabiting (OPCS, 1997).

Research interest in the increased rates of cohabitation has primarily focused on policy issues concerning young couples and single parenthood (Kiernan and Estaugh, 1993). Even Askham et al.’s (1992) profile of Britain’s older population makes no mention of the possibility of cohabitation in their comprehensive chapter "Gender, Marital Status and Living Arrangements".

In the US, with the exception of Hatch’s (1995) study, there too, research on cohabitation has been restricted to people under the age of 50. However, she included persons as young as 45 in her study of “elderly cohabitation” and more than half her sample were under the age of 60. Hatch concluded that the few older people who considered cohabitation as an alternative to marriage had strong reasons to transcend their learned mores and values, which viewed cohabitation as “immoral”. She identified these reasons as primarily economic. In the US there are financial disincentives for older people to remarry because eligibility for social security and health benefits may cease, and federal taxes which may be levied on
remarriage. Also, there may be problems of inheritance between the families involved which may take much time and expense to resolve. In her study, Hatch (1995) identified only 2% of the single population over the age of 60 as in a cohabitational relationship.

Chevon (1996) argues that part of the reason for the apparent lack of interest in cohabitation among older people is due to its assumed relative rarity among elderly people, which makes the formation of reliable generalisations exceedingly difficult. The "relative rarity" could well be a result of data collection. Hatch (1995) points out that a major difficulty lies in the definition of cohabitation as it relates to older people. Under-representation of older cohabiting people could be the result of their own reluctance to admit to not being married, given the stigma their generation perceives as attached to cohabitation at their age (Chevon, 1996).

Liefbroer and de Jong Gierveld (1995) in the Netherlands carried out research on a stratified sample of 115 men and 115 women aged between 55 and 89 years, the mean age being 73 years, who had started a union after the age of 40 years. Their study investigated what factors influenced the choice of marriage rather than unmarried cohabitation among older adults who started a union and concluded that:

- The odds of unmarried cohabitation were higher among those aged 55-64 years than older cohorts
- The odds of unmarried cohabitation is lower among the never married than among widowed and divorced older adults

In other words, widowed or divorced people under the age of 65 are more likely to be cohabiting than never married people over the age of 40, and divorced and widowed people over the age of 65. This Dutch study (Liefbroer and de Jong Gierveld, 1995) supports the US studies of Hatch (1995) and Chevon (1996), who identified an increase in the rates of cohabitation in the "younger" older cohorts (55-64 years old); and these relate to partnerships which have usually been established between the ages of 40 and 54. New union formation for those entering a partnership after the age of 55 is more likely to be formalised by marriage than cohabitation. One of the reasons advanced by the older respondents for the wish for new partnership formation in Dardaine et al.'s (1995) study was the wish to resume sexual intimacy. Increased interest in the ageing process has led professionals in gerontology to
explore sexuality in late life (Libman, 1989). Sexual activity among older people appears to be much more important than is popularly believed (Renshaw, 1985).

Sexuality and Partnerships of Older People

Repeated studies reveal that ageing itself does not abolish the interest in, or the capacity for, sexual activity and a number of studies confirm the continuance of sexual activity in old age (Kay and Neelley, 1982; Thienhou et al., 1986). However, a large number of studies have identified that reduction in sexual activity is more cultural than biological in origin (Winn and Newton, 1982; Kellet, 1991). Sexual attitudes, knowledge and behaviour evolve throughout life and it is probable that the myths that abound about older people’s asexuality have been reinforced by this generation.

Two persistent myths about ageing are that sex is for the young, and religion is for the old. Contrary to these popular beliefs, Payne (1986) argues that adults do not necessarily turn to religion as they age, nor do they lose sexual interest or cease to be sexually active. Suloc (1995) surveyed 52 subjects with a mean age of 73 years about their sexual interest and activity. The results show a decrease in sexual activity with advancing age in both sexes, but occurring earlier in women (in the sixth decade) than in men (the seventh decade). Men continued to show interest in sexual activity up to the age of 80 years but reported a reduction in performance. The conclusion was that the extent of present sexual activity is largely related to previous activity: the people who have had regular and frequent sexual activity through their lives, continue to do so in more advanced years.

Deterioration in health status is a factor in the reduction of sexual activity (Nadelson, 1984; Persson and Svanborg, 1992). In fact, lack of a sexual partner or illness of a spouse are the most prevalent reasons for declining activity in older people (Rice, 1989). Crose and Drake’s (1993) study carried out on older women revealed that while frequency had declined, their overall satisfaction with sex had stayed the same or increased from when they were younger. Malatesta (1988) interviewed 100 widows between the ages of 40 and 89, years in order to evaluate how they differentially adapted sexually to the loss of a marital partner. The older the widow, the less unhappy she tended to be, but most of the sample expressed greater unhappiness relating to loss of non-sexual activities, such as those associated with heterosexual companionship, rather than sexual activities.
Research suggests that older widows are less concerned about the loss of sexual intimacy (Malatesta et al., 1988) than are widowers (Campbell and Silverman, 1987). Women's reproductive capabilities usually cease around the age of 50 years, although most of them will have had their last child in their 30s. Hormonal changes at the menopause often herald the freedom from being "sexual objects" and may even give them permission to cease a sexual activity which they have not enjoyed for some time. Greer (1991) comments:

If sex has never been particularly rewarding, if time and energy have been put into it and regular twice-a-week bliss-for-two has not resulted, turning fifty might be a good time to give up the struggle. If giving up sex meant giving up marriage, divorce statistics would be much higher even than they are (Greer, 1991: 353).

Gibson (1993) reported his study of accounts from married, widowed and divorced people, who had formed new love-relationships in later life. He found that the respondents, most of whom had formed new romantic liaisons in their 60s, were surprised at their own emotional reactions to their new lovers. He noted that the patterns of falling in love, or of selecting new partners differed very little from that experienced in earlier life periods. Most of the relationships reported in his study led to marriage. However, there were six women who had taken new male lovers but had no desire to sanction the union with marriage although they were cohabiting or enjoying non-cohabitational sexual relations with their new partners.

4.4 Cross-Gender Non-Cohabitational Relationships

The largest gap in the literature about widows and widowers, is of cross-gender, non-cohabitational exclusive relationships. These relationships in later life merit a paragraph or two at most in studies of older people.

Arber and Ginn (1993) suggest that cross-gender friendships are rare for older women, especially widows, but there is evidence to suggest that widowers have friendships with younger and older women who are single, divorced as well as widowed (Campbell and Silverman, 1987; Gibson, 1993). There is virtually no research exploring the importance attached to, and gender differences in, the experience of romantic liaisons of older widows and widowers who maintain separate homes but visit each other, including overnight, socialise together, carry out daily
routine activities together such as shopping, cooking and eating as well as going on holidays together. In younger couples, this relationship is usually predicated on mate selection, one of the stages towards singling out a partner which usually leads to co-residence, whether marriage or cohabitation (Morgan, 1991). The "visiting union" identified in Roberts and Sinclair's (1978) study on women in Jamaica is one that may have some resonance with the non-cohabitational relationships of older people.

Roberts and Sinclair classified three union types representing cross-gender romantic relationships: visiting, common law and marriage. The "visiting union" is characterised by the existence of a steady sexual relationship between the Jamaican woman and her partner, the maintenance of separate households and the lack of legal sanction of the union. This type of union was most commonly entered upon by women who were under the age of 30 and frequently pre-dated a more formalised relationship. It was found that the men and women met on average, 3.4 times a week, with about a quarter of the respondents meeting five or six times a week. The nearer the couple lived, the more frequent the meetings were likely to take place. Most of the visits to a home were at the woman's home, usually because the children were resident there, and there were rather less visits at the home of the man. They socialised together as a family with her children, at the cinema, Church, sports occasions and at the beach, and as a couple at clubs, dances and parties.

The activities on the home visits, as opposed to meeting outside the home, were identified as "sexual", "family maintenance" and "general". The "general visits" were usually based on discussion of planning for the future. It was found that over 90% of the topics discussed during the general visits had a direct bearing on family functioning: support and rearing of the children, financial maintenance of the union, the provision of a home and the possible legalisation of the relationship.

The majority of Jamaican women move away from a visiting union before they are 30, usually to establish formal marriage and less commonly, to enter into a common law union, and some stay single. The woman may have a series of visiting unions before establishing a marital or common law relationship.

Ariza and De Oliveira (1998) compared the "visiting union" families of the Caribbean with the growing presence of non-coresidential arrangements in northern Europe. The "visiting union" in the Caribbean was primarily entered into by never
married people, whereas in northern Europe, a non-coresidential union was frequently an alternative to marriage after divorce or widowhood. Ariza and De Oliveira point out that, in both cultures, this living arrangement left considerable space for individuality and autonomy to both partners.

Levin and Trost (1998) identify the relatively new social institution in the Western world, of "living apart together" (LAT) relationships. The LAT relationship is sexual, exclusive and non-marital, and may precede cohabitation and/or marriage. The increasing incidence of these relationships, they consider, will represent a third stage in the process of social change, and may become another social institution alongside marriage and cohabitation. They concluded that the primary reason for the increase in LAT relationships in Norway and Sweden, is the virtual disappearance of the social institution of "housewifery". Women in particular, choose to remain independent and in the labour market and do not wish to have the responsibility of "keeping house" for anyone but themselves. Levin and Trost reported that LAT relationships were entered into by all adult age groups, but the older the individual, the more likely the relationship was to have been preceded by divorce or widowhood. There was no discussion, however, about individuals over the age of 65.

The Caribbean "visiting union" and the Western world LAT relationships have parallels with the liaisons of older widowed people, with the exception of the procreation of children. The steady dyadic relationship, the possibility of the presence of children (although adult and living away) and the maintenance of separate homes, constitutes what I have chosen to describe in the analysis as a "two-centred" relationship, which can also proceed to cohabitation and marriage. A two-centred relationship can be described as a dyadic, cross-gendered exclusive partnership, where the partners are non-cohabitational, but socialise, go on holiday together and spend occasional nights at each other's homes. All these relationships included some degree of physical intimacy and the younger the widowed person, the more likely it is to involve sexual intercourse.

What is not known is the degree and type of sexual activity involved in these older, friendship/love-relationships. Responses to questions about the primary purpose of the visits of older people are likely to be differently prioritised, with social activity, talking, companionship and being together taking up a larger proportion of
the answers. However, sexual activity is likely to be an element in these relationships, particularly for the younger "Third Agers" (Gibson, 1993).

4.5 Conclusions
At all ages, widowed women have lower remarriage rates than widowed men, but this imbalance is much greater between widows and widowers over the age of 50 years (OPCS, 1994). The literature on remarriage of widowed people consistently propounds that for widows, the biggest factor in the differential remarriage rates is that they outnumber older widowed men so comprehensively. However, this literature review shows that availability of prospective partners is only one factor in new partnership formation: feasibility and desirability are two major intervening conditions. The higher remarriage rates of older divorced men and women compared to similar old age cohorts of widows and widowers, illustrate that for older divorced people, there is a more likely to be greater motivation, or desire for a new partnership than for widowed people of the same age.

The issue of sexuality of older men and women was addressed, showing that sexual activity is more important to older people than generally supposed in an ageist society which tends to render as asexual, anyone over the age of 60 years. Research indicates older widows to have adapted better to life without sexual intercourse than older widowers, and they tend to miss the companionship rather than the sexual intimacy. It is possible that there is a much higher incidence of cohabitation among older people in the UK than realised (or reported), judging by the research in the Netherlands and France (Dardaine et al., 1995; Liefbroer and de Jong Gierveld, 1995).

There is very little research on non-cohabitational cross-gender romantic/friendship dyadic relationships of older widows and widowers. These relationships, like the married lives of older people, have been neglected partly because they are the relationships of a group of people, who are already marginalised, and partly because the subject may appear intrusive, not only by the respondents, but also by a researcher, thus reinforcing the perception that sexuality in later life is a taboo subject.
As the literature review in this chapter shows, there are complex motivations for remaining single after widowhood and little is known about the gender differences in new partnership choices and constraints for older widowed people. The proposed research aims to fill this gap by exploring the meanings of widowhood and solo living by comparing the lives of a group of older widows and widowers.

4.6 The Research Questions
The review of the relevant literature has lead to a formulation of the aims of the study, which are:

1. To explore the gendered ways in which the lived reality of widowhood is influenced by the nature of the previous marriage and caring relationship.

2. To explore the gendered ways that men and women negotiate a changed world from couple-companionate to solo living.

3. To examine choices and constraints in repartnering and how these are influenced by age, gender and resources.
PART II
METHODS AND METHODOLOGY

CHAPTER FIVE
METHODOLOGICAL CONSIDERATIONS
Chapters One to Four have provided a literature review which has set the background and discussed the broad theoretical perspectives which informed the research. This chapter describes the methods used to collect and analyse the data. Firstly, the research design chosen for the study is outlined. Secondly, issues of access and interviewing procedures are discussed. Thirdly, the methodology of the data analysis is discussed. Finally, it provides a profile of the characteristics of the sample to assist in contextualising the lives of the respondents in the study.

5.1 The Research Design

The underlying philosophy of the research is to be sensitive to the ways in which older widows and widowers interpret their lives by asking them to talk about their history, present circumstances and how they view their future. The research therefore relies on the qualitative method of collection and analysis of data from semi-structured interviews (Appendix D).

The Sample Criteria

The sample was designed to embrace four criteria: gender, age, minimum length of time after the death of a spouse and present marital status. The sample was to include equal numbers of men and women over the age of 65 years, who had been widowed for at least two years and had not remarried at the time of interview.

A lowest age of 65 years was selected since most other studies of widowhood include younger age groups and my interest is in older people. The fieldwork was conducted in 1995 and 1996 therefore the respondents in the study were born in 1930 or before.
My interest was in how older widows and widowers had reconstituted their lives in the medium and long term after spouse loss hence the decision to interview people who had been widowed for at least two years. It has been argued that the first two years of widowhood are the most stressful (Parkes and Brown, 1972; Bowling, 1994) and although the grieving process is not the same for everyone, a period of adaptation seems to take place after this time (Hyman, 1983). Since I was not carrying out research on grief and bereavement *per se*, I decided to interview people after this initial two year period.

Barrett and Schneweis (1980-81) indicate that the stresses of bereavement persist for years after the spouse’s death and their results do not confirm the existence of separate stages of adaptation as observed by Hyman (1983) and Campbell and Silverman (1987). Chambers (1993) considers a period of at least five years is required for a better understanding of how women reorganise their lives after bereavement. Most research, she points out, seems to have been conducted within three years of spouse loss and has tended to pathologise widowhood.

However, the higher rates of institutionalisation, mortality and remarriage of older widowers than of widows (Haskey, 1982; Bowling, 1994) justified the two year criterion on the grounds that widowers constitute a rare sample and this rare sample would have been even rarer had a period of five years been demanded. The relative rarity of widowers also influenced my decision against stratifying the sample by other criteria such as social class, age groups and ethnicity. I intended to collect the sample from a wide variety of formal in informal sources and I considered that more specific stratification might hamper referrals.

A sample of 50 older people was my target for the study. I interviewed 54 respondents in their own homes and decided to use 51 of the transcripts, representing 25 widows and 26 widowers, for the analysis. The two widowers and one widow interviewed but not included in the study, had been widowed for less than two years. At one stage in the fieldwork, I was experiencing difficulty in finding respondents and so I broadened the criteria to include people who had been widowed for more than one year after widowhood. However, I eventually found sufficient numbers and was able to omit these three.
5.2 Ethical Practice Considerations

The research was guided by the British Sociological Association guidelines for professional conduct and ethical practice. However, I was aware that there might be specific issues relating to conducting interviews with widowed people. I consulted CRUSE, the voluntary bereavement counselling service and spent two days at their Head Office in South West London. Although I did not witness a counselling session, I read their literature extensively, and spoke with the counsellors at length. Virtually all their counselling is carried out with people who have been newly bereaved, and whilst I did not intend to interview until at least after the second anniversary of the loss of the spouse, the information gained provided an invaluable insight into what my respondents were likely to have experienced in the early months of bereavement. I found particularly useful Colin Murray Parkes’ “Guidelines for Conducting Ethical Bereavement Research” (1994) which clarified issues of consent, access and conducting the interviews.

I also considered that my previous experience as a Health Visitor would prove valuable in interviewing especially as the encounters would be one-on-one in the home of the respondent. However, I was aware that the techniques and skills used in social survey interviewing differ considerably from that of interviews between a health worker and client (Morse and Field, 1996). The principal difference is in the purpose of the interview. Health Visitor interviewing is most frequently predicated on the giving of advice in a directive form where the power balance lays with the professional (Oakley, 1989). Nevertheless, there are situations within the health professional-client dyad which requires the necessity to listen without offering advice or making professional judgements. I had also undergone interview training in preparation for conducting a social survey for Roehampton Institute in London in the summer of 1994. Although the face-to-face interviews related to a structured schedule, the principles and pitfalls of interviewing, were addressed in the training sessions. In addition, during the first year of my PhD degree, I had attended lectures on qualitative interviewing which offered guidelines on the skills and techniques involved.

The Interview Schedule

From reading the literature search, I constructed an interview schedule (Appendix D) to include questions about the individual’s background; marriage; social contact networks; education; (former) occupation; subjective health rating; importance of
religion; financial situation; method of transport; time around death of spouse; coping strategies; main problems; considerations of remarriage and any advantages in widowhood.

The intention was to use the guide without any particular order, allowing free movement as the responses evolved.

**Ethics Committee Approval**

Ethics Committee approval was sought and granted from two Health Authorities, in London and in Surrey, where I intended to approach health professionals. Included in the applications were copies of the letter of introduction, a consent form and the proposed interview schedule (Appendices A, C and D).

The London Ethics Committee approval was unconditional and the Surrey Ethics Committee approval was subject to:

1. the patient information letter to include details of where I had obtained the patient's name
2. the GP was to ask the patient if they wished to participate and be given my telephone number so that they might approach me themselves

The main concern of the Ethics Committee was that the "patients" should be aware of how and through whom they were contacted rather than my getting their names from the age-sex/marital status register held at the General Practice and writing to them without the personal intercession of their doctor (Appendix B). Marris (1958) and Lopata (1973) found that the widows they studied accepted without demur, that they had been selected on the basis of registered information. These two seminal studies were published 40 and 25 years ago respectively, and older men and women in 1998 may not be as receptive to this method of selection as those in previous years.

Another concern of both Ethics Committees was that the respondents should not become distressed by the interview. Lee (1993) points out that when dealing with a sensitive topic such as bereavement, the interview is less likely to be viewed as intrusive on the private personal experience of those studied, but it can be highly emotionally charged. However, as Lopata (1973), Rubinstein (1986) Campbell and Silverman (1987), Martin Matthews (1991) and Chambers (1994) report, both widows and widowers are often anxious to talk about their bereavement.
Lee (1993) suggests that as a result of the willingness to talk about their experiences, widows might be less concerned about the origins of their selection than would other groups concerned with sensitive issues, such as interracial couples or homosexuals, for example, who may object to being contacted through a "list", on the grounds of invasion of privacy. Owing to the scarcity of study of widowers, it is difficult to know whether the men, unlike the women in previous studies, would have objected to selection through a register.

With the approval from the two Health Authority Ethics Committees, I was able to proceed with my approach to health professionals in London and Surrey, to identify widows and widowers who met my criteria.

5.3 The Sample Collection

The Pilot Sample

The plan was to interview three widows and three widowers for the pilot sample. Owing to the administrative delays of the Ethics Committees, I was unable at this point in the study, to approach the General Practitioners (GPs) for prospective respondents but I did have some local contacts. The three widows interviewed for the pilot study, included two neighbours and a friend of one of the neighbours. A local District Nurse I approached referred me to two widowers. A third widower was approached through my neighbour but he was hospitalised between contact and appointment. On discharge, he was admitted to a residential home and so was never interviewed.

Informed by the five pilot interviews, the interview guide was tightened to encourage greater depth of engagement with meanings of friendships and cross-gender relationships after widowhood. Since no major modifications were made, the analysis of the data collected in the pilot interviews was merged with that of the main sample.

The Main Sample

A Group Practice of GPs, in inner city London, and three Health Centres in semi-rural Surrey, were approached with the intention of identifying and collecting the majority of the sample. Former health professional colleagues, Health Visitors and
District Nurses, were contacted with requests for help in locating willing respondents from their caseloads. Friends, neighbours and family were also recruited to approach widowed people they knew and ask them to be included in the research if I needed to make up some numbers towards the end of the fieldwork.

Despite original agreement in principle to my identifying prospective respondents from their records, and after protracted and sometimes frustrating negotiations with the Group Practice in London and the Health Centres in Surrey, it became evident that the GPs did not feel able to help me. In particular, the conditions set by the Ethics Committee, that they should be the ones responsible for asking the older widowed people if they wished to participate, deterred them from approaching their patients. This meant that the original plan, to acquire the majority of the respondents from GPs and Health Centres, had to be revised and other avenues of sample collection explored and extended.

Following consultation with research colleagues in the department and at other institutions, I composed an A4 poster on bright card with a brief explanation of my research and requesting volunteers in the local area (Appendix E). I telephoned all the Health Centres within the Ethics Committee jurisdiction, the local libraries, two leisure centres, three local Royal British Legion branches and two Masonic Halls. I found out the names of the managers at the establishments and asked if they would display the poster. The posters were despatched or taken to all who agreed. Only one leisure centre and the Masonic Halls were reluctant to help. Unfortunately, this strategy yielded no response, although two friends said they noticed them.

Having failed in two types of approaches, I acknowledged that there would be greater reliance on contacts from professional colleagues, friends and relatives than I had anticipated at the outset of the research.

Profile of the Collection Sources
None of the sample was gathered from the originally proposed source of the GP age-sex/marital status registers. Several colleagues, friends and relatives agreed to identify widowed men and women, and I sent them copies of an introductory letter on University stationery (Appendix F), which they could give to a prospective respondent. As soon as I received the name of a person willing to be interviewed, I telephoned to confirm that he or she met the criteria for the study, and to make an
appointment to visit them as soon as possible. All but one person was on the telephone, and in this case I called his neighbour with a message.

Table 5.1 demonstrates the variety of sources utilised: formal - Health Visitors, a District Nurse and a GP who had been asked to help by one of the Health Visitors, and informal - friends, neighbours, and relatives. All the respondents were also asked if they knew a widowed person who fulfilled the criteria and if so, would they approach the person and ask if they would be prepared to participate in the study. Five women but no men procured other respondents for me by this "snowballing" method. These five women identified ten widows and three widowers for interview. The willingness and ability of widows to talk to others about the interview and ask other widows to participate supports Lopata's (1973) observation of a "society of widows" who meet and support each other, often on a regular basis.

Table 5.1  Formal and Informal Sources for the Sample

<table>
<thead>
<tr>
<th>Sources</th>
<th>Widows</th>
<th>Widowers</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(numbers)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Formal</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Visitors (5)</td>
<td>8</td>
<td>5</td>
<td>13</td>
</tr>
<tr>
<td>General Practitioner (1)</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>District Nurse (1)</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>8</td>
<td>9</td>
<td>(17)</td>
</tr>
<tr>
<td><strong>Informal</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friends (7)</td>
<td>2</td>
<td>9</td>
<td>11</td>
</tr>
<tr>
<td>Relatives (3)</td>
<td>3</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>Neighbours (2)</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Snowball (5)</td>
<td>10</td>
<td>3</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>17</td>
<td>17</td>
<td>(34)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>25</td>
<td>26</td>
<td>51</td>
</tr>
</tbody>
</table>
The problem of the snowball method of sample collection is one of possible bias of homogeneity: in age and class for example (Arber, 1993). The widowed mother of a friend eventually identified and contacted five of her widowed friends who all lived in her neighbourhood.

Arber (1993) points out that although this method of sample collection has advantages because it reveals a network of contacts within a given framework, it only includes individuals within that narrow network. It is essential, she cautions, to assess and report the representativeness of the sample as well as any possible sources of bias. Although the group of widows did live in similar circumstances, their experience of bereavement and the meanings of widowhood to them is not necessarily comparable.

The five Health Visitors found thirteen respondents from their caseloads. This was the same number identified by the five widows who found thirteen widows and widowers through their network of friends. Therefore, although the method of snowballing was employed, its use was limited to identifying only a quarter of the sample.

None of the widowers found another participant through snowballing. When I asked them if they knew someone, especially if they had talked about other widowed men they knew, they usually said that they did not think the other man would agree. If I pushed them to ask the person, I was told on enquiring later, that the man had refused, or he had not been able to get in contact with him. Lee (1993) highlights the problems with keeping an accurate note of refusals. Sometimes, refusals are reported when no contact has been made, or a refusal is reported as a failure to get in contact, in order to avoid embarrassment either or both to the intermediary and the researcher (Lee, 1993). Only one widower was instrumental in finding me another widowed man, by giving me the telephone number of a female friend of his late wife who he thought "might know somebody, because she knows lots of people".

Figure 5.1 provides a schema showing the sample collection patterns in order to demonstrate the variety of sources for the sample.
Figure 5.1 Schema Showing Sample Collection Patterns

Interviews:  ○ Widow  □ Widower

**Formal Sources**

* HV  ‡ GP  ✺ DN

**Informal Sources**

○ Widowed neighbour respondent
○ Widowed neighbour respondent and source
● Widow respondent and source
◆ Friend (not interviewed)
▼ Relative (not interviewed)

**Formal**

* 1 → ○ → ○ → □
* 2 → ● → ○ → □
* 3 → ○ → □
* 4 → ○ → □
* 5 → ○ → □
* 6 → □

**Informal**

○ 1
○ 2 → ○
○ 3 → □
○ 4 → ○
□ 5 → □
□ 6 → □
▼ 1 → □ → ◆ → □
▼ 2 → ○ → □
▼ 3 → □
At one time I was worried that the widowers thought that the interview had been too intrusive and somehow did not wish another widower to know that he had divulged so much about himself to a stranger. However, a friend who found me three widowers from her Bowls League, reported back that these three men talked about how much they had enjoyed the experience and were asking other friends "Have you been interviewed by Kate yet?", as if, she said, they belonged to some elite club. It was interesting that these men knew each other, but when I asked them if they knew of any other widowed men who might be willing to be interviewed, none volunteered to contact another person.

All together, 24 people were successfully involved in finding 49 of the 51 respondents for the sample, (the remaining two were my neighbours). The nature of the data collection meant that the sample was fortuitous. However, the wide variety of starting points ensured a broad coverage of the relevant population sample studied. The diversity of the referral sources also meant that the sample was geographically distributed over the south of England. The most northerly interview was carried out in St Albans in Hertfordshire, the most southerly in Lewes in Sussex. The furthest west was Portishead by the Bristol Channel and the furthest east was Maidstone in Kent. Interviews were conducted in deprived areas of inner city London as well as wealthy suburban South West London. Most of the respondents lived in small towns, and their living arrangements varied from one bedroomed sheltered accommodation to large four bedroomed detached houses. Section 5.6 provides a profile of the characteristics of the sample and demonstrates diversity of the sample both inter- and intra-gender.

Issues of selection

The Health Visitors and the District Nurse I asked, selected the widows and widowers from their case loads. The word "selected" is deliberate as the health professionals tended to screen older people, and widowers in particular, and ask those who they felt would agree to be interviewed. Stacey (1993) discusses the issue of health professional "gatekeeping" in sociological research projects. The question of bias has arisen, especially from the Medical Research literature (Bland, 1987). However, Stacey (1993) notes that even strictly standardised drug trials depend on participant compliance. de Vaus (1994) points out that in random sampling, non-responders can be as important as responders.
Often non-responders are different in crucial respects to responders (e.g. older, lower education, migrant background) ... The difficulty is not so much the bias itself ... but in working out what the bias is and to what extent it occurs (de Vaus, 1994: 73).

In this qualitative exploratory study, there is no claim of representativeness and lack of bias, since the sampling was directed by the selection of 25 widows and 26 widowers who fulfilled specific criteria in order to maximise the development of an emerging theory. There is also no claim for generalisability of the analysis. However, the diversity of "entry points" and characteristics of the widowed people provided a mix of socio-economic grouping, mental and physical health status, ages and length of widowhood.

5.4 Interviewing
The fundamental principle driving the methodology of this study is to allow the respondents to use their individual ways of defining their world. Social actors acquire meaning to their lives through their own experiences and within particular linguistic contexts (Silverman, 1993). These meanings and experiences can be revealed through in-depth, unstructured interviews, using self-defined language constructs rather than those imposed through the strict protocol of social surveys (Lofland and Lofland, 1995). An interactionist approach acknowledges the interview scenario as intrinsic to understanding any data collected (Lee, 1993). Hammersley (1983) notes that:

Interviews must be viewed, then, as social events in which the interviewer (and for that matter the interviewee) is a participant observer. ... Interview data, like any other, must be interpreted against the background of the context in which they were produced (Hammersley and Atkinson, 1983: 126).

The interview is not a neutral social relationship and it is possible that the respondents' perceptions of the interviewer might affect replies (Fielding, 1993). It has been observed that there can be disparities between accounts and action in interviews and surveys, in other words, what respondents say, is not always what they do (Deutscher, 1973; Lofland and Lofland, 1995). It is hoped that the assurance of confidentiality and anonymity will reduce any tendency to omit information that the respondents may feel they do not wish to divulge, or feel that I may not approve, especially in discussing attitudes and opinions.
Interviews are forms of social interaction with all the subtle verbal and non-verbal signals that influence response and counter response (Silverman, 1993). A fundamental issue is the position of power within the interview dyad (Wolf, 1996). Feminist research methodology praxis has attempted to address the issue of power base and balance in qualitative interviewing. Although many feminists utilise the "interactional interview" approach, it must be recognised that it is not a specifically, or exclusively feminist method (Fielding, 1993). Ethnographic methodology has recognised for several decades, the importance of reciprocity in qualitative research interviewing (Glaser and Strauss, 1967).

Researching and Interaction
Oakley (1989) suggests that the androcentric approach to social scientific methodology which emphasises the rational, objective, detached technique of investigation creates problems for feminist interviewers. She parallels this with power dynamics in patriarchal societies: dominance and subordination; men and women; interviewer and interviewee in hierarchical relationships. In her experience of interviewing women, she interacted with her respondents, creating a two-way connection thus transgressing the axioms of traditional interviewing. For women, Oakley argues, data based on a masculine view of social reality is fundamentally at odds with the reality of the lives of women. She goes on to say that not only are the prescribed methods of interviewing "morally indefensible" (1989: 41) but that in reality, "the goal of perfection is actually unattainable" (1989: 51).

According to Oakley (1989), she was able to interact with her women respondents because she was female, a housewife and a mother: experientially, there was shared ground. These equalising factors, she argues, enabled her to expose viewpoints which may otherwise have been lost in the pursuit of objectivity. The power relationship in the interview, Oakley (1989) and Finch (1984) maintain, is equalised by the recognition of reciprocity and developing friendship between the researcher and the researched.

The claims of a natural and comfortable congruence between feminist researcher and her female respondent have been criticised as disingenuous. Wolf (1996) argues that feminists' striving for empathy and intimacy should not be confused with
friendship. Wolf (1996) argues that even if the face-to-face encounter is conducted on a basis of reciprocity, power differentials are not confined to the interview. The position of the researcher is powerful both before and after the interview, in making decisions about the topic of research and, more particularly, in writing up in the post-fieldwork stage.

In this study, with the exception of my two neighbours, there was little chance of establishing a “friendship” with the respondents because of the method of the “one shot” interview (Lee, 1993: 113). Brannen (1988) describes respondent reaction to interviews dealing with sensitive topics and notes that some people state a preference for the single interview. Where there had been an intermediary, which was the case with all except my two neighbours who I approached directly, I consider that a high degree of trust facilitated my access and the respondents’ willingness to talk to me.

No researcher embarks on qualitative interviewing “blind” (Lee, 1993). Interest in the subject which will have been informed by personal experience and literature-reading, predisposes some knowledge and understanding. Strauss (1993: 20) terms this “data in the head” and provides the foundation from which evolves theory on a continuous basis, from the collection of the first data and beyond the last. When theory is emerging from an initial interest, developed by continuous analysis of burgeoning data, I question the necessity to have experienced similar life processes. An “outsider” may reveal an aspect which could be missed by an “insider” because its taken-for-granted presence may render it invisible.

The Pilot Interviews
The pilot interviews were undertaken in April and May 1995. Taking the issues arising from the literature review: financial and health resources, adaptation, role transition, friendship networks and coping strategies, I produced a loosely structured interview guide (Appendix D). In these and subsequent interviews, I explained that I would like their permission to audio tape the interviews, specifying that they would be transcribed but there would be no form of identification, thus ensuring anonymity. Absolute confidentiality was also promised. I explained that they could request the tape recorder to be turned off at any point or the interview to be terminated at any time and not used in the study. I told them that I would be transcribing the
interviews myself and that the transcripts would be offered to them for checking and editing.

I had thought that my previous experience of interviewing people in my capacity as a Health Visitor and my intimacy with my neighbours would facilitate the first interviews. I kept a field diary and noted that the first two interviews did not proceed as I had expected:

April 1995 Interview 1: Odette was virtually monosyllabic and I had to resist putting words in her mouth. She kept saying "That's all I've got to say about that". The interview lasted 40 minutes. .... When she gave me back the transcript, she said she didn't realise how much she talked about C [her late husband] but she didn't change anything (Personal diary).

I should have realised this would not be an easy interview because when I asked if I could interview Odette (78), she said she did not know what help she could be. She hated the word "widow" and for several years after her husband was killed in a road traffic accident, she refused to classify herself as widowed on forms, saying she was "single". With my other neighbour I had the opposite problem. Joy (92) took complete control of the interview, and was impervious to my attempts to steer her back to my loose interview schedule. As this was a pilot interview, I eventually just let the interview flow and interjected a topic when I could. She divulged the life histories of her brothers, sisters, nieces and nephews and was forthright with her opinions on ethnic minorities and homosexuals:

April 1995 Interview 2: I knew I would need to try and keep control of the interview because Joy is extremely talkative. The interview lasted nearly three hours. .... I transcribed the whole interview, over 20,000 words, and gave it to her to read. She asked me to delete more than half of it, as she said she would not like her relatives to read it (Personal diary).

Brannen (1988) writes of the powerlessness of some interviewers and notes that where interviewees maintain control of the interview, they are not often doing so consciously. She also points out that when faced with views which are offensive, the interviewer may choose to remain silent, the relative powerlessness of the interviewer being reinforced by the etiquette of the interview itself. During the interview with Joy, I had felt helpless to intervene or to comment on her opinions. She however, considered the interview to be a success and as a result, encouraged two long-standing friends to participate.
The other three pilot interviews, one widow and two widowers were strangers to me, and presented no problem. I began to relax more as I became more familiar with using the interview schedule and working the tape recorder and microphone.

The five respondents from the pilot interviews were given the transcripts to read and edit and revise as they wished. Joy (92) was the only person to request deletions. The other four said they had no wish to change any details. I decided not to offer the transcripts for the remaining respondents to read and revise, for two reasons. The first, and most important reason was that only one of these respondents requested any changes, and I considered that there was likely to be little gain in terms of new insights by offering them to the remaining respondents. Secondly was the element of time. It had taken the first five respondents several days to read and return the transcripts with their comments, and I was anxious to carry out continuous analysis with the rest of the interview data and did not want to have to chase up the transcripts.

The Main Sample Interviews

The main sample interviews took place between January and August 1996.

All the interviews were conducted in the home of the widow or widower, on a one-to-one basis, that is, there was no one else present during the interview. I found that some of them had been "rehearsing" as soon as they agreed to participate and occasionally, I did not have time to set up the tape recorder after explaining the study and getting them to sign the consent form, before they were telling me about their lives. The two sides of a 45 minute tape, that is, an hour and a half, was generally sufficient to cover the topics, but I always had extra tapes if longer was needed as was the case with three of the widows and one of the widowers.

The interviews required sensitivity and empathy, although very few resulted in the respondent showing distress. Two widows and one widower requested that I turn off the tape recorder for a short period while they composed themselves but no one terminated the interview. Contrary to the reservations of the Ethics Committees, many of the respondents declared that the interviews had been "good for them" and several said they thoroughly enjoyed unashamedly and unreservedly talking about themselves to someone who was obviously interested in what they had to say. This
supports the findings of Lopata (1973), Rubinstein (1986) Campbell and Silverman (1987), Martin Matthews (1991) and Chambers (1994) who said that despite the sensitivity of the topic, widowed people are generally willing to talk about their loss and how they have coped.

On almost all occasions I stayed on after the taped interview and had a cup of tea or coffee and we talked further. I asked if they would mind if I added our conversation to my field diary, and none objected. After each interview I wrote my post-interview reflections in the field diary and where possible, listened to the tape on my way home. This was very useful, especially during the period I was carrying out several interviews in the week, and in one case, five in two days. Sometimes the interviews seemed to “run into each other” and the field diary helped in separating them out.

The interviews with the widowers tended to be shorter than those with the widows, but not significantly so. In fact, the shortest interview was my first one, with Odette (78). The greatest difference was in what the older men and women talked about, which followed stereotypical gendered lines. The women talked extensively about their husband and his conduct within their marriage, about the bad times as well as the good. The men said little about their marriage other than to say it was good. The widowers talked much more about their past occupation and for some, I have many pages of war exploits. The flexibility of the semi-structured interview guide allowed for this difference.

Webster (1995) considered gender differences in willingness to talk and reminisce, and found that women generally reminisced more frequently than men. He suggests that gender differences in the skill of reminiscing are taught very early in life. In their study of how parents differently engage their daughters and sons in narrative conversations about the past, Reese and Fivush (1993: 605) concluded that “daughters may very well grow up to value reminiscence more than sons and to produce more elaborate personal narratives”.

Interestingly, the widows usually mentioned their husband’s first name within minutes of the interview. The widowers talked, however lovingly, of “my wife” or sometimes, “the wife”. During the first few interviews, I had not appreciated this difference until I realised I was asking the widower what was the name of his wife,
about half an hour into the interview. When I realised this difference, because I was building up a picture from the interviews as I transcribed them, I stopped asking about her name and waited until it was mentioned spontaneously. Almost all the widowers did eventually mention her name, but only very late in the interview, and two did not mention her name at all. I consider this insight came as a result of the incremental analysis of the data as it was gathered. This gendered aspect of “person” and “role” is more fully discussed in the analysis chapters.

5.5 Data Analysis

The full transcripts of the five pilot interviews were analysed manually, with coloured highlighters for coding categories such as marriage, family, friends, early widowhood, later widowhood, social activities, caring and so on. Each category was then sub-divided into four or five other areas. For example, “friends”, extrapolated to an additional five categories: ceased, continuous, new, same-gender, cross-gender. Some were sub-divided even further, for example, “cross-gender” was further sub-categorised into: attitudes to self and others, old, new, romantic, platonic, shared activities, and choice of residence and so on (Figure 5.2).

Figure 5.2  Example of One Coding Pathway from the Category “Friends”
The issue of friendship networks and choices around same- and cross-gender friendships evolved as a significant aspect of gender differences in the reconstitution of life after widowhood, even at this early stage of the analysis.

As the other interviews were carried out, the tapes were coded with the number of the interview, the initials of the respondent and their sex, m or f. For example, the first interview was 01odf (widow) and the last 53pdm (widower). The tapes had no other identification and were kept locked in a filing cabinet. The transcripts also had no identification other than my own coding. The respondents were immediately assigned new first names, with the same initial and I very quickly began to think of them in terms of their allocated name.

I transcribed the interviews, generally within 48 hours, taking between eight and ten hours each. Transcribing, although time consuming, proved invaluable to me because it allowed me to consolidate my knowledge of the narrative and also to start building a picture and give me ideas about themes which were emerging (Fielding, 1993).

Starting the coding process early enabled me to work quite quickly at first, when I transferred the data to the computer package "WinMAX Pro". I used the coding categories commenced manually with the pilot data and extended them as interview data was added. I was able to organise the text, write memos, add to them and modify them as the analysis progressed.

The process was no quicker than using the "coloured highlighters" on the hard copy of the interviews and then highlighting the text on the PC and compiling it in a separate file, but the retrieval and modification process was better organised and considerably quicker. However, I found myself constantly returning to the tapes and the hard copy of the transcripts for reference. It was later that I recognised that I did this in order to re-engage with the "voice" of the respondent which was somehow lost when using the software package. My background as a Health Visitor made me heavily reliant on verbal interaction. This need to "hear" the respondent may reflect my inexperience, but I feel it was also essential to the process of social scientific research.
"Modified" Grounded Theory Analysis

My approach to the analysis of my qualitative data drew heavily on the grounded theory perspective (Strauss and Corbin, 1990) which permits the percolation of pertinent themes through the data. I was aware that in the early analysis, I was imposing my own “in the head” concepts (Strauss and Corbin, 1990: 20) on the data rather than being sensitive to what the data was telling me (Silverman, 1993). I was not as "open minded" as I had thought myself. For example, I was immediately sceptical when I heard that a marriage had been "made in heaven". A little alarmed by this, I took heart from Lofland and Lofland (1995) who reassure the researcher:

You get from the data, topics, and questions, on the one side, to answers or proposition, on the other, through intensive immersion in the data, allowing your data to interact with your intuition and sensibilities as these latter are informed by your knowledge of topics and questions (Lofland and Lofland, 1995: 184 original emphasis).

My own perceptions did not invalidate the analysis, but helped to inform it, as long as I interacted with the data, did not impose myself on it, or let it swamp me. Strauss (1993: 5) states that conceptual development and density comes from sustained questioning and making constant comparisons which he calls the "coding paradigm". Deeper immersion and an increasing confidence in disaggregating the data through assigning codes, developing thematic categories and comparing the relationships between these categories, allowed me to "stand back" and observe the emergence of concepts (Strauss and Corbin, 1990). For example, repeated comparison and refining of the notions of guilt and selfishness, enabled me to conceptualise gendered meanings of "selflessness", a new concept that was generated from rigorous iteration. I became increasingly comfortable with developing the codes and categories and became confident that the data was interacting with my own "intuition and sensibilities" as recommended by Lofland and Lofland (1995).

5.6 Characteristics of the Sample

The purpose of this section is to provide a profile of the sample of older widows and widowers with a view to contextualise the analysis chapters. Its main focus is to highlight gender differences in their characteristics, such as the age, the length of marriage and widowhood, living arrangements and financial circumstances.
Age of the Respondents

Table 5.2 shows that the widowers were on average, older than the widows. Approximately two thirds of the widowers were over the age of 75 years compared to half of the widows.

Table 5.2 Sample by Age Group and Gender

<table>
<thead>
<tr>
<th>Age Groups</th>
<th>Widows n = 25</th>
<th>Widowers n = 26</th>
</tr>
</thead>
<tbody>
<tr>
<td>65-69</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>70-74</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>75-79</td>
<td>9</td>
<td>7</td>
</tr>
<tr>
<td>80-84</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>85+</td>
<td>3</td>
<td>5</td>
</tr>
</tbody>
</table>

Age range 65-92 65-92

Median Age 75 75

Average Age 75 78

Length of Marriage

Table 5.3 shows that the widowers had longer marriages on average. Over twice as many widowers as widows reached their Golden Wedding Anniversary. This again, is because widowers who outlive their wives tend to be older than the average male population over the age of 65 years and are therefore more likely to have long term marriages.

Five of the six widowers whose last marriage had been for under 30 years had been married before (one of these five was "living as married" for 13 years and so has been included as if "married" in all the tables) compared to two of the seven widows. One of these widows had married during World War II and was widowed six months later.

In this sample, the widowers had both the shortest and the longest marriages, hence the average length of marriage only differs by 2 years between the men (38) and the women (36). The median length of marriage for the widowers was 38 and for the widows, 40.
Table 5.3  Sample by Length of Marriage and Gender

<table>
<thead>
<tr>
<th>Length of Marriage (only or last) in years</th>
<th>Widows n = 25</th>
<th>Widowers n = 26</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-9</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>10-19</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>20-29</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>30-39</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>40-49</td>
<td>9</td>
<td>5</td>
</tr>
<tr>
<td>50+ (Golden)</td>
<td>3</td>
<td>7</td>
</tr>
</tbody>
</table>

Range | 8-57 | 3-56

Median Length of Marriage | 40 | 39
Average Length of Marriage | 36 | 38

Length of Widowhood

Table 5.4 shows that over twice as many men compared to women had been widowed for less than five years, and that on average, the men had been widowed for approximately half the length of time of the women. The median length of widowhood for men was six years, and for women was ten years. The woman who had been widowed for 43 years, was in fact married for less than ten years (Table 5.3) and her length of widowhood affects the mean.

Table 5.4  Sample by Length of Widowhood and Gender

<table>
<thead>
<tr>
<th>Length of Widowhood (since only or last marriage)</th>
<th>Widows n = 25</th>
<th>Widowers n = 26</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-4</td>
<td>5</td>
<td>12</td>
</tr>
<tr>
<td>5-9</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>10-14</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>15-19</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>20-24</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>25-30</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>30+</td>
<td>2</td>
<td>0</td>
</tr>
</tbody>
</table>

Range | 3-43 | 2-17

Median Length of Widowhood | 10 | 6
Average Length of Widowhood | 13 yrs 8 mths | 7 yrs 4 mths
Living Arrangements

More widows (Table 5.5) than widowers lived in their own homes or homes that had been bought for them by adult children (20 compared to 15) and more widowers than widows lived in rented accommodation. Five of the six widowers who rented, had lived in the same apartment since marriage. The widow who rented privately was the one who had been widowed for 43 years and she had never earned sufficient to get a mortgage. Although more widows than widowers were home owners, their income and savings were less (Table 5.6).

Table 5.5  Living Arrangements by Gender

<table>
<thead>
<tr>
<th>Living Arrangements</th>
<th>Widows n = 25</th>
<th>Widowers n = 26</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Owner (outright)</td>
<td>17</td>
<td>14</td>
</tr>
<tr>
<td>Sheltered Accommodation:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Local Authority</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Rented:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Local Authority</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Grace and Favour (rent free)</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Previous Local Authority, bought by adult child</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Lives with daughter in separate annex</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

Income and Savings

Table 5.6 reflects the work patterns and employment practices of women of this generation (Ginn and Arber, 1997) with only seven widows having state or occupational pensions in their own right.
The occupational pensions of four of the six widows gave them less than £10 a week. These pensions came from working less than 20 years in the public sector where superannuation contributions were compulsory. Although almost two thirds of the widows were in receipt of their husband's occupational pension, this was usually half the late husband's original pension and varied from 47p to £103 a week. Four of the widowers were in receipt of two occupational pensions and two received three occupational pensions.

The widows were more likely to be home owners, but had less income and savings than the widowers, which supports Leather et al.'s (1998) findings that many widows find themselves “equity rich and income poor” in later life. Almost 25% of the sample of widows received benefits, including Income Support, Housing Benefit and Invalidity Allowance, compared to just over 10% of the widowers.

The characteristics of the sample reveal that because women have a greater life expectancy, the men who outlive them, tend to be older, have had longer marriages and a shorter period of widowhood. The widows were more likely to be outright home owners but the widowers had higher pension incomes and more savings. Also, the widows were twice as likely as the widowers to receive state benefits.

### Table 5.6  Income and Savings by Gender

<table>
<thead>
<tr>
<th>Income</th>
<th>Widows n = 25</th>
<th>Widowers n = 26</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>State Pension:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Widows</td>
<td>25</td>
<td>0</td>
</tr>
<tr>
<td>Own</td>
<td>7</td>
<td>25 (1 still working)</td>
</tr>
<tr>
<td><strong>Occupational Pension:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Own</td>
<td>6</td>
<td>22</td>
</tr>
<tr>
<td>Spouse</td>
<td>16</td>
<td>0</td>
</tr>
<tr>
<td><strong>Personal Savings</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under £16K</td>
<td>10</td>
<td>6</td>
</tr>
<tr>
<td>Over £16K</td>
<td>15</td>
<td>20</td>
</tr>
<tr>
<td><strong>In Receipt of Benefits</strong></td>
<td>6</td>
<td>3</td>
</tr>
</tbody>
</table>

The occupational pensions of four of the six widows gave them less than £10 a week. These pensions came from working less than 20 years in the public sector where superannuation contributions were compulsory. Although almost two thirds of the widows were in receipt of their husband's occupational pension, this was usually half the late husband's original pension and varied from 47p to £103 a week. Four of the widowers were in receipt of two occupational pensions and two received three occupational pensions.
5.7 Conclusions

This chapter has discussed the methods and methodology of obtaining the sample, interviewing and subsequent analysis of the data. Having experienced problems with identifying a sample from GP records, a wide variety of other formal and informal sources were engaged to obtain a diverse sample of older men and women in the community. Despite the original difficulties and limitations, the interviews proved successful for the purpose of this study.

The data was analysed in tandem with the fieldwork and themes began to emerge from the pilot interviews, which were followed up and developed in the main body of the study. The WinMax Pro computer software programme for Scientific Text Analysis was used to marshal the vast amount of rich data. It proved an invaluable tool for allocation and retrieval of codes and comparative analysis of the emerging themes. The tapes and hard copy transcripts were also referred to regularly as a means of keeping in "touch" with the original data.

Finally, the chapter provided a profile of the sample showing gender differences in age, length of marriage and widowhood, present living arrangements, and income and savings which will help contextualise the subsequent analysis.

The following five chapters provide an analysis of the data. Where appropriate, I have used quotes from the respondents, and unless otherwise stated, the quotes have been selected to illustrate a "typical" response or observation. The quotes are attributed to the pseudonyms I have allocated, and following the quote are given the title, initials, age, length of marriage (m) and length of widowhood (w) which are genuine (Appendix F). For example: Celia (pseudonym) is (Mrs CT, aged 75, m 28 years, w 12 years). My words are preceded by "Int", the abbreviated form of interviewer. In accordance with transcription conventions, the symbols [ ] indicate words inserted by the author, and the symbols ... indicate words omitted from the quotation by the author.

A theme which permeated the interviews was the importance of music especially dancing music during the Second World War and in the immediate post-war years. This gave me the idea of adding 1940s and 1950s song titles to the chapters. What follows are five analysis chapters on Marriage in Retrospect, The Caring Years, Coping Alone, Support Networks and Romantic Relationship Choices in order to
clarify the nature of gender differences in a group of older widows and widowers born before 1930, as they view their past, their present and their future aspirations.
PART III
ANALYSIS OF THE DATA

CHAPTER SIX

The Bells are Ringing
(For Me and My Gal):
Marriage in Retrospect
In 1947, the musical "Bless the Bride" opened to critical acclaim and packed houses in a West End theatre in London. After the years of depression in the 1930s and the years of hostilities of the Second World War, the musical was a bright jewel in the years of post-war austerity. It was a symbol of the new meaning of marital partnership, an exemplar of the brave new world heralded by victory and the birth of the welfare state. In this chapter, particular attention is paid to the gendered meanings of the "companionate marriage", a relational concept which is especially identified with the cohort of widows and widowers in this study. The character of the relationship between couples in marriages solemnised during the 1930s and 1940s needs to be viewed in the historical context of the meaning of marriage to preceding and succeeding generations. Most respondents reported having had a happy marriage and all were proud that they had kept their "marriage vows". The chapter explores what constitutes a happy marriage and argues that for this generation, the patriarchy inherent in these marriages whereby wives subsumed their wishes to the demands of their husbands, is a factor in the maintenance of a long-term marriage. An hierarchical relationship, where boundaries are drawn and observed, fosters reduced conflict and an increased likelihood of conjugal longevity. For the overwhelming majority of these older people, the dissolution of marriage was brought about by the death of their only spouse and so for them, it was indeed a case of "Till Death Us Do Part".

The sample was collected from a variety of sources and was heterogeneous in terms of income, health status, housing conditions and social networks. However, there was one focal point to which they all frequently referred as having the most profound influence on their lives, and that was the Second World War, 1939-1945. For many women, it legitimated their entry into the labour force, with the freedom which attends financial independence. Some entered the military forces, worked for government, in factories and on the land, which took them from home and away from direct parental influence. For the men, particularly those who fought overseas,
what they witnessed and experienced affected them deeply. Some told of a loss of faith in God, government and the status quo of a divided and unequal society. The return to peace and civilian life promised a different world and they were determined to be a part of it.

6.1 The Impact of the Second World War

Although women recognised the awfulness and devastation wrought during the hostilities, many of them reported having a very "good time" during the War and had enjoyed a freedom hitherto not allowed young women and certainly rarely experienced by their mothers' generation. Through the medium of the cinema and through personal acquaintance of US military personnel, the UK population was increasingly influenced by the North American culture of the pursuit of individual satisfaction and fulfilment. For these women, expectations of greater personal happiness characterised their relationships, especially with men of their own generation:

Celia: The war opened up a whole new world for many of us, for me, and we weren't prepared to be the same as our mothers.
(Mrs CT, aged 75, m 28 years, w 12 years)

Both widows and widowers reported that after the War they knew that "nothing was ever going to be the same again". Nevertheless, there was a concerted political and social movement intent on reconstituting idealised nuclear family life with the husband and father as breadwinner, wife and mother as homemaker. There was also an overwhelming feeling that the men should be rewarded for the sacrifices made during the War:

Janet: Men had to be men and women were women and looked after the house and the children. I look back and suppose I spoiled him. He had such a terrible War and I spoilt him.
(Mrs JB, aged 75, m 50 years, w 3 years)

However, post-war wives, buoyed by their war-time experiences of greater equality in the workplace and ability to cope whilst "the men" were away, expected that their marriage was going to be a more symmetrical, companionate relationship based on genuine partnership. For this generation of women, the proliferation of electrical appliances brought about by increased prosperity meant that they did not
have to contend with as much domestic drudgery as experienced by their mothers. Added to this, there had been major shifts in child-bearing patterns. Since the beginning of the 20th century the average number of children born in families had decreased, and so consequently had the period of time between the birth of the first and last child. At the beginning of the century in England and Wales, the mean family size for all women under 45 at marriage was 3.53. By the time most of respondents were married, in 1941, this number had decreased to 1.98 (Allan, 1985).

In the 1940s and 1950s, most of the perils of child-bearing had been removed, there was new technology which permitted greater domestic freedom and combined with a perceived greater sexual equality, there was a change in marriage relationship dynamics. The "new" union ideology was that neither side should dominate the other, each instead achieving his or her goals with the other's co-operation. The reality experienced by the widows in this sample was somewhat different, as will be discussed.

The character of the marriage relationship experienced by the men and women in this study needs to be seen in the historical context of the meaning of marriage to preceding and succeeding generations. For their parents, there was less emphasis on communication and shared activities. For their children's (and more so their grandchildren's) generation, there is not only a decreased emphasis on marriage as the normative lifestyle for women, but a huge increase in the prevalence of divorce when expectations of a lifelong commitment have not been fulfilled (Mares, 1995):

Mary: Dad ruled the roost like, and my Mum was the sort that men were the be all and end all. You had to do everything for the man. They had to be given their dinner first and their cup of tea first and that. She was a wonderful mother mind, don't get me wrong. It was all the man. The men had to be waited on. I suppose some of that rubbed off on me. I had to have the dinner ready when he come home from work and that. ... My daughters used to say "Oh, we're not going to put up with that Mum, when we're married." And they don't. But they've both got good marriages.
(Mrs MB, aged 70, m 47 years, w 7 years)

Mary learned from her childhood that it was usual for women to look after men quite comprehensively, and that this was the basis of being a "good wife". She was pregnant at 15 (at the beginning of the War) and married the baby's father soon after
their daughter was born. By the age of 18, she had another child. She was
determined to make the marriage "work" and to do so, she felt, certainly in the early
years, she needed to emulate her mother. It is interesting to note that although her
daughters do not behave in this way, she says "but they've both got good
marriages". This would imply that they have good marriages despite their refusal to
acquiesce to the overriding wants of their husbands.

The late 1960s and early 1970s witnessed the rising tide of second wave
feminism in the UK. Although eschewing many of the manifestations of the
movement, older women started to question overtly, their position as sole performers
of domestic work. They saw their daughters and daughters-in-law negotiating
domestic and parenting responsibilities with their partners and compared this with
their own mother's complete dominance by their father.

The widows in particular placed themselves in the transitional ground between the
marriage experience of their parents and that of their children, in terms of egalitarian
decision making and shared labour, both outside and within the home environment.
However, the roles within the post-war companionate marriage continued to be
traditionally gendered (Morgan, 1991), but they were more likely to be perceived as
complementary than divided:

Susan: I mean, my husband never changed a nappy, never bathed a child, never had to
cook a meal. And I think it's the same on the other side. The men looked after the money
and that sort of thing. Looked after buying the cars and all that. I don't think many women
did that sort of thing.
(Mrs SM, aged 65, m 32 years, w 8 years)

6.2 Good Wives: Good Husbands
The respondents in this study, both male and female, were socialised into viewing
marriage and having children, in that order, as a life goal. For the vast majority of
women, this was viewed as the ultimate goal. All the widows who had children, felt
that their "proper" role was to be at home whilst their husbands provided for the
family. Although the gendered division of housework persisted through most of the
married years, all but two of the widows had worked at some stage of the marriage
whilst continuing to do the vast majority of the domestic labour. The widows strongly
voiced the perception that the husband’s need to be looked after while he was working was perceived to be the most important factor:

Int: Did he do any housework or anything like that?
Vi: Oh no! Oh no! He wouldn’t dream of doing anything and I wouldn’t dream of letting him.
Int: Why not?
Vi: Well, you just didn’t dear. Your weren’t a proper wife if you let your husband do housework and things like that!
(Mrs VH, aged 87, m 33 years, w 32 years)

Those women who had no children, or whose children had not survived infancy, still viewed their role as homemaker, even if they were themselves working. A woman was “not a proper wife” if she “let her husband do the housework”. The construct of the social role of “a proper wife” is arrived at through a set of social arrangements, the contemporary cultural codes are deciphered, negotiated and sustained as conceptual devices for interpreting situations, values and norms. The construct of what is “wifely” and “husbandly” behaviour is set in the context of how these women and men viewed themselves and how they viewed others as well as how they were viewed by others.

Husbands did work in the home, but this tended to be house maintenance rather than housework. Men and women were perceived as “experts” in their own fields and as such saw themselves as the better equipped to perform the job, according to the task:

Victoria: B used to do everything like that. ... He wouldn’t let me help decorate or anything.
Int: Why wouldn’t he let you help?
Victoria: He thought I would be useless!
(Mrs VH, aged 65, m 31 years, w 13 years)

Beryl: He did all that. Electricity, woodwork, painting, decorating -
Int: Did you do things like that?
Beryl: No. He was so good at it. I thought, let him get cn with it. I helped him. I always used to paste the paper for him, ready to hang up and all that sort of thing. But no, I never did it because he was good at it. No, i like sewing, I loved sewing.
(Mrs BL, aged 83, m 50 years, w 10 years)

Janet: So I never learned to change a plug or I’ve never decorated or any of that kind of thing. In fact, my husband used to do a room each year. Unlike my sons and their wives, they do it together. I wanted to do it together, but he - I mean, I once took a paintbrush and I’d only just started and it was just running
down a bit and he said "Look what you're doing!". And took the paintbrush away from me, and so I never really co-operated.
(Mrs JB, aged 75, m 50 years, w 3 years)

Respect for each other's abilities was considered an important aspect of a successful marriage:

Sarah: But he respected me because I done all the house and kept the home and I went to work. I had a job because I had only the one girl and she was going to school. Well, he respected that and I respected him. In a marriage, you've to have respect for one another.
(Mrs SD, aged 70, m 28 years, w 22 years)

Sarah attributes her happy marriage to how she interpreted appropriate behaviour of men and women within the marriage relationship. Socialised by Victorian parents, for this cohort the mutual expectations as to what constitutes “wifely” or “husbandly” conduct is defined by the way they conceptualise “femininity” and “masculinity”:

Sarah: I had a very happy marriage. And I had a good husband. He was 11 years older than me. And he was like a father, a friend, a husband, he was everything in one - because I was that much younger than him, and he treated me that way. But he always treated me like a woman.
(Mrs SD, aged 70, m 28 years, w 22 years)

A "good husband" was a provider and a protector; a "good wife" cared for him - these were the accepted gender roles of this generation. It was how they understood themselves, how they were positioned in the dyad of marriage as well as society. Knowledge of position rests on understanding the social boundaries and systems of accountability. It constitutes and reflects the world that is witnessed and experienced and the sets of rules, codes and obligations with which individuals are aligned.

Some of the respondents did say that there were turbulent years, sometimes as a result of being separated during the War. Some did describe difficult years after children were born, mostly because the men felt excluded and sexual relations decreased. However, all of the widowers and two thirds of the widows who reported very difficult years said that the relationship had improved towards the end of the marriage:

Jack: Well, it was, of course, it was disrupted by the War. Troubles we had were because, you know, you were away three years. ... But it would have been better if I'd never gone away like that, but there you are. ... I mean for the last 20
years or so, we were good friends. ... We were very good friends, we got on very well.
(Mr JB, aged 81, m 53 years, w 4 years)

Janet: When he went, I was 19 and when he came back, I was 26 and I had changed quite a lot and it took us a little while to get used to each other. ... The awful thing is that I could never have said to my husband, I can't cope and I don't want to stay married. I thought, I'll never stand this. But, as I say, we had a month, and I was pregnant [Janet miscarried]. Everybody said, "that poor girl's lost her baby" and I felt a real hypocrite because in my heart of hearts, I knew that I hadn't got a home and I didn't know what the future was. I know that probably sounds terrible. But that is how I felt. I was so glad when he did come back eventually and that we had four years to get to know each other [before her next pregnancy]. I wouldn't say he'd changed a lot, but you see, I was only 17 when I met him and when he came back to me at 26 I had altered considerably. I had had freedom and done what I liked and - but anyway.
(Mrs JB, aged 75, m 50 years, w 3 years)

Most of the people in the sample described their marriage as happy, with ups and downs "like normal people". This description is what could be termed a "wave effect" rather than a "dip" in marital satisfaction. It is possible that if they did experience a dip, this has subsequently been levelled out in retrospective view. Respondents, male and female, interpreted their married lives as "normal" even though it was not a perfect union. This pragmatic approach is the result of coming to terms with the "lived experience" which differed from expectations of a marriage "made in heaven". The men and women are able to locate themselves within society, not only knowing how they experienced marriage but how other people are likely to experience it. They are then able to judge whether how they lived was typical:

Jock: It was quite happy. There was no problems, like. Obviously there were arguments once in a while - no fisticuffs of anything like that. Just normal, average, like I suppose everybody else's was.
(Mr JS, aged 70, m 34 years, w 6 years)

Vi: Happy. Quarrelled, just like other people, only natural. We were very much in love, very fond of one another.
(Mrs VH, aged 87, m 33 years, w 32 years)

Victoria: We were very happy. We had our ups and downs like everybody.
(Mrs VH, aged 65, m 31 years, w 13 years)

"Normal" married people, according to these respondents, are men and women who do not always live in harmony, but persevere during these times and stay together, thus keeping their marriage vows. A "normal" marriage, therefore, is one in which there is not perfect and perpetual harmony. The ideal of the "fairytale
marriage" and "happily ever after", is tempered by the lived reality and acceptance of a "less than perfect" partnership which is what most people experience. However, widowers were much more likely than the widows to say they had "very good" or "perfect" marriages.

When I asked widowers to describe the marriage, they tended to say how much they appreciated what their wives had done for them:

Cyril: One of the best in the world as far as I'm concerned. A very happy marriage. She always helped me, like.  
(Mr CB, aged 85, m 53 years, w 6 years)

Eric: My wife was a Yorkshire and I think they make very, very good wives. I mean they really look after their men. ... She was a very good wife to me. Excellent wife to me. She used to polish my shoes every morning before I went to work. She did it out of love. You wouldn't get girls these days doing things like that for their husbands. She liked to do things like that.  
(Mr EJ, aged 74, m 38 years, w 13 years)

Mikail: If you love your wife and she do everything, you miss her. I not sorry I marry. Because she was really good. And she was co-operative.  
(Mr MA, aged 84, m 37 years, w 2 years)

Bill: Very easy to get on with. Yes. Fortunately, very easy. Never told me off or anything like that. Very good. Not like a lot of women. She was very good, very good indeed.  
(Mr BB, aged 92, m 49 years, w 9 years)

Lee (1978) examined factors which predicted older couples' morale and found that men's morale was related to the existence of the wife rather than the quality of the marriage:

...it seems to be the case, in terms of morale and related variables, men are more responsive to the simple presence of a spouse while women are more sensitive to variation in the quality of the marital relationship (Lee, 1978: 137).

Spouse Sanctification

Most of the research on marriage discussed in the Chapter Three is carried out with couples who are still married whereas in this study, the relationship was viewed in retrospect. When reflecting such an intense relationship, there is a tendency to remember the good times, perhaps as a way of coping with the loneliness of living without a life-time companion (Parkes, 1996). Lopata (1973) identified the process as "sanctification" of the spouse, where the memory of the late husband or wife has
been idealised. Credit for a happy marriage was often given to the dead spouse. Respondents who expressed this, were more likely to blame themselves for any turbulence in the relationship. As a result, they were able to admit to the "normal" up and down marital relationship and still keep the memory of the spouse as wholesome and blameless:

Iris: It was nice, it was comfortable. We were friends as well. We were good friends as well. We got on well. We had the odd argument of course, but in fact, when we were first married, I was a terrible one. If I'd got anything in my hand, I'd throw it! But I got over that as I got older, I mellowed. But he would laugh it off, you see. He wouldn't get nasty.
(Mrs IB, aged 68, m 42 years, w 4 years)

Beryl: Perfect. ... Well, only yesterday a friend on the phone said to me. I said "I feel very lonely at times" and she said, "You would do B, 'cos your marriage was made in heaven". I was so happy with my husband. My husband was a real lovely man so - kind and gentle. Never heard him raise his voice, you know. In fact, he should have done, with a wife like me at times. Yes, he should of done.
(Mrs BL, aged 83, m 50 years, w 10 years)

Most of the widows and widowers said that their dead spouse had been a "wonderful person" or an "exceptional" and "perfect" spouse. However, the widows, but not the widowers tended to qualify this statement later in the interview. For example, Beryl, quoted above admitted that she often felt she came third in her husband's affection, after the house and the dog.

Zietlow and VanLear (1991) found that compared with younger couples, long-term couples (married at least 40 years) showed more deference in terms of willingness to tolerate some behaviours but also to relinquish some behaviours. Long-term couples, they argued, who used most deference were most satisfied. Interestingly, Zietlow and VanLear note that although couples married during the 1930s and 1940s are usually viewed as operating under a hierarchical, husband-dominant power structure, there were no significant sex differences found between long-term husbands' and wives' use of behaviour control. That is, the husband was as likely to acquiesce to his wife's wishes, as she was to his. Analysis from my research disputes their finding. This research showed that women's accustomed acceptance of male domination meant that as the couple grew old together, the women continued to defer to the men in the interest of amity:

Kevin: I was, had a very, very good relationship with B. She had a few faults, a very few faults. I have quite a lot of faults. And she had far more to put up with,
to suffer with me than the other way around. She couldn’t stand fools, regularly, but she stood me for all those years. She was the ideal wife for me and we were very happy. Very happy.
(Mr KL, aged 70, m 43 years, w 3 years)

Mares (1995) comments that elderly adults report relatively high, stable levels of marital satisfaction and that their communication style is more likely to be low-risk and low-disclosure orientated. Common to both genders was the notion that there was a good friendship between them, very much relating to the ideology of the companionate marriage.

6.3 Togetherness

For widows, the most commonly used reason why they said they had had a happy marriage, was: “we did everything together”; “we worked well together”. When asked what they and their husband did together, it was revealed that within the domestic sphere, they did very little together and what they did, largely depended upon what their husband liked doing. The togetherness was being in close proximity rather than doing the same thing, but it was recognised as a very important factor for their happiness:

Beryl: Oh yes, we did things together.
Int: What sort of things?
Beryl: I mean, not shopping, he couldn’t stand shopping. He built a boat, a lovely boat. We used to cruise the Thames, up and down. Every weekend. And he loved fishing, so if he was happy sitting on the bank fishing, I would be happy reading, having a read.
(Mrs BL, aged 83, m 50 years, w 10 years)

I call these "side-by-side" activities, where the importance lies with the mutual planning: food organisation and travelling arrangements for example, rather than performing the same activity:

Rosie: You see, with men about, you have to consider what he wants - if he wants to go out, if he wants to go somewhere. I always went with him. Many a time I didn’t want to get up 5 o’clock in the morning to go fishing, but he wanted to. ... ‘Cos I always say in marriage, if you can’t beat ‘em, join ‘em!
(Mrs RD, aged 78, 1): 6 months, w 5 years 2): m 22 years, w 28 years)

Susan: For instance like the (Local Arts and Music) Festival, if I were married, I wouldn’t be able to spend the amount of time on that, that I do. You see, when the Festival is on, it’s every weekend from mid-April right to the end of May.
Well, I would never be able to do that. Unless my husband were interested as well. He wasn’t. You see, we did everything together.
(Mrs SM, aged 65, m 32 years, w 8 years)

Susan indicated that they would only do things together if her husband was interested:

Mary: He used to play cricket for the village, all summer, sometimes two or three evenings a week, practising, in the nets, you know. And all day Saturday and Sunday. He always liked me to go when they played here. I would take the children down and make sandwiches with the others. We’d have a laugh, us girls. But I always liked it when Rain Stopped Play!!
(Mrs MB, aged 70, m 47 years, w 7 years)

Ethel: Not having any family, just the two of us. So we were - everything we did, we did together. ... And then you see, he thought he’d do some sailing. Well, I wasn’t too keen but I did it because I would have been more frightened if I was at home on my own, so I went with him.
(Mrs EH, aged 78, m 47 years, w 7 years)

These quotes demonstrate very clearly the patriarchal relationship within the marriage, with the wives’ deference to the interests of their husband:

Janet: I let him have all his own way and did everything for him, even though I was working too.
(Mrs JB, aged 75, m 50 years, w 3 years)

Often unspoken at the time, these widows reported that they acquiesced to their husband’s wishes and used phrases in the interview like, “Anything for a quiet life, you know” and “It wasn’t worth the hassle” and “I used to just fall in with it” to describe the way they coped with the demands. The widows felt that their husband was unaware of the compromises made by them, in order to have a “quiet life”.

The Garden and Togetherness

Most of the widows and widowers reported working together in the garden. Even here, however, there was a division of labour, although it was less obvious initially, because of the spatial proximity of husband and wife:

Jack: She liked to do the flower garden and I did all the heavy digging she wanted, but otherwise, she looked after that top part. I did all the rest, given over to veg and fruit, whatever.
(Mr JB, aged 81, m 53 years, w 4 years)
Many of the couples moved into new houses with gardens, either local authority (public housing) or in the private sector, during the massive house rebuilding programme of the post-war era. Only one widower, Bill (92) lived all his married years in an apartment in central London where he had no access to a garden. Even those who moved into established homes, the gardens had been given over to “digging for victory” and had produced mainly vegetables for the previous few years. Now was the chance to establish an area of beauty and leisure, as well as providing an area of play for children:

Janet: Saturday was for the garden. All day when the weather was good. We just worked along-side each other really happily.
(Mrs JB, aged 75, m 50 years, w 3 years)

The garden could be viewed as producing the overlap between what went on behind closed doors (private) and what was on view to outsiders (public), although both remained in the domestic sphere: a focal point where the couple could be seen to be working together, making joint decisions about layout and choice of flowers and vegetables:

June: When we first moved here, the garden was just like a building site. All stones and rocks and everything. B and I spent weeks clearing it, sieving it, sometimes until well after it was dark. We planned where we would put things. We worked so hard together to get it how we wanted it.
(Mrs JM, aged 67, m 40 years, w 4 years)

The importance of the part played by the garden in the changing emphasis in marital relationships should not be underestimated. Smaller families and increased access to labour saving devices enabled them to spend more time with their partner and gardening was socially acceptable as a joint “unpaid” occupation. It is noticeable, however, that the men tended to look after the “useful” part of gardening: the vegetables, and women tended to care for the “pretty” side: the flowers:

Jock: We’d be on the garden together on a Sunday or something, you know.
Int: You both liked gardening
Jock: Well, she used to look after the flowers, you know. If you couldn’t eat it, I didn’t grow it, I said.
(Mr JS, aged 70, m 34 years, w 6 years)
Men did look after the flowers as well, gaining much satisfaction from the growing, but the women tended not to grow vegetables, that being viewed as a more male past-time. Despite the persistent gendered division, the garden is the site where most of the widows in particular, and many of the widowers reported the greatest conjugal contentment.

Financial Decisions and Togetherness

The major financial decisions such as employment and house relocation, choice of car and so on, continued to be made by husbands, as had been the norm with the previous generation. Wives were often consulted on what were perceived to be the less important decisions: leisure activities, vacations, furniture, interior decoration. The women in this sample talked about "his money" and accepted that they had relatively little control over how it was "jointly" spent. This supports Edgell's (1980) 1970s research on middle class couples which indicated that husbands usually made the major decisions and primarily consulted their wives for their agreement. If a wife considered that the husband was spending money unwisely, she had little or no control over his decisions:

Celia: If you say anything, you see, he used to say, "Well, it's my money, it's not your money. It's my life." What do you do then? How do you cope with it? (Mrs CT, aged 75, m 28 years, w 12 years)

Many had no idea how much money their husband earned and two had never had a bank account, paid any bills or written out a cheque before they were widowed. They did, however, say that they received their housekeeping from his money and they could always ask for more if they needed it. The day-to-day decisions around food purchases and children's clothing, that is, the minor domestic decisions, were almost entirely made by the women.

When married, most of the widows had considered their role as housekeeper and child rearer as a fair exchange for being "looked after" financially. Howard and Hollander (1997) describe this social exchange relationship as primarily identified with the economic model. However, they point out, the exchange need not be
material, and power and dependence may vary within the relationship. In a marriage, the individual exchanges her or his personal resources: domestic skills, attractiveness, status, financial benefits, and so on, for a desired outcome, such as being looked after physically and emotionally. Central to the exchange, is the relative value of the resource offered: the greater the perceived value, the greater the power in the relationship. Walby (1995) argues that in a patriarchal society, this greater power is invested in a husband. Howard and Hollander (1997) argue that the individual with the lesser power in has to “give more” of their resources to balance the deficit. In this study, the widows spoke frequently of “giving in” to their husband’s wishes and identified men as being “selfish”, because they thought primarily of themselves and their own needs, without thinking of others. The widows saw themselves as “selfless”, making sacrifices for their husband and children.

6.4 Gender, Selfishness and Marriage
All the widows considered that their husband led a selfish life. Selfish, that is, according to their understanding of the word: concerned chiefly with one’s own personal needs and lacking in consideration for others. The issue of selfishness and unselfishness is, as Screwtape observes to his nephew Wormwood, a gendered one:

“A woman means by Unselfishness chiefly taking trouble for others; a man means not giving trouble to others. .... Thus while the woman thinks of doing good offices and the man of respecting other people’s rights, each sex, without any obvious unreason, can and does regard the other as radically selfish.” (Lewis, 1982: 111).

“The Screwtape Letters” by C. S. Lewis was first published in 1942 and takes the form of letters from a senior devil Screwtape, to a junior devil, his nephew Wormwood. Wormwood had the task of acquiring the soul of a human being for “Our Father Below” and Screwtape writes with words of wisdom on the frailties of humans and methods of capitalising on these frailties in order to capture the soul. The quote is fitting, not only because the gender differences are so sharply observed, but it was written by a contemporary of the respondents in the study.

“Taking trouble for others” and “doing good offices” refers to how women interact with people around them: husband, children, parents, relatives, friends and
neighbours. There has been considerable debate as to the genus of women's responsibility for others. It is not the intention here to revisit this debate which has excited philosophical, psychological and sociological investigation within feminism as well as in wider academic circles.

Howard and Holland (1997) suggest that the different life experiences of males and females mean that boys are more likely to evolve a self-identity of "separateness" which fosters independence, whereas girls are more socialised into having a self-identity of "connectedness" which fosters interdependence. Howard and Holland (1997) claim that because of these different life experiences women tend to develop a sense of self that values empathy, and this is why it is women who carry out most of the caring activities. However, both the widows and the widowers, when they spoke of gender differences in any capacity, perceived the differences to be "in-born" or "completely natural".

Fifteen widows in the study spontaneously and explicitly mentioned the issue of selfishness, either as it applied to them or to their spouse. All of the other widows, however, made implicit references to self-centred behaviour of their husband, of which they did not necessarily disapprove, but took for granted. This selfishness was thought to be the way men normally behaved and it was easier to give into it than to cause arguments. In this respect, the widows viewed themselves as "selfless" during their marriage and as such held the moral high ground over men.

Some of the widows spoke of how selfish their husbands had been, often giving the example that they had no choice about television programmes (mostly sport) but they would say "but that is what men do" or "that is how men are". In their lives, therefore, there was an expectation that the men would "do what they want to do" and they, as women had no option other than to give in to them.

Cynthia described both her father and her husband as being "lovely, generous" and "smashing". Yet she says:

Cynthia: As I'm saying. The best of men are selfish, they will do what they want to do.
(Mrs CF, aged 66, m 40 years, w 5 years)
At the reception on her wedding day, her father stood and announced that he was leaving because he was participating in a Bowls Tournament. Cynthia was very hurt, not only by her father's early departure but by her new husband's attitude which appeared to condone her father's "selfish behaviour".

Only four of the widowers as opposed to fifteen widows in the study explicitly mentioned the issue of selfishness. Tom (aged 76) was the only widower to say that his wife had been selfish:

Tom: I suppose on account of her disability, she was very selfish, in some ways ... Well, I suppose my wife was very selfish at times, but I didn't really mind and I was lost when she first died.

(Mr TD, aged 76, m 43 years, w 8 years)

Tom recognised that his wife's selfishness was as a result of her disability. His wife had been disabled for several years even before he had taken early redundancy in order to look after her. Tom was exceptional in this sample, inasmuch as he had taken on fully caring and domestic responsibilities as soon as he left paid employment. The rest of the men who had survived into retirement had tended to maintain the gendered division of domestic tasks. Many of them had taken up a "hobby", converting a garden shed or garage, in order to "keep themselves busy" out of the house.

6.5 Retirement and Domesticity

The socially structured commencement of "old age" for men is generally considered to be 65, when compulsory retirement from the labour force is the norm for most in the UK. There has been considerable research on men's loss of role at this time of their lives (Laczko and Phillipson, 1991; Fennell et al., 1993; Midwinter, 1997). For married women who have worked and retired, the transition is not as dramatic, for two main reasons. Firstly, they usually maintain their domestic duties in tandem with paid employment (Ginn and Arber, 1991) and secondly, the majority of working wives have occupations in the service and caring industries which are often an extension of the domestic sphere (Beechey, 1986). For older women, then, there is a sense of continuity of role after retirement. Most older wives have done, and continue to carry out, the major share of household duties and caring responsibilities. This study supports Askham's (1995) findings that the division of household and domestic
responsibilities for older people continues to conform to the traditional gender roles established early in marriage, even after both have retired:

Janet: Saying that, even when he retired, he never cleaned a window, or hoovered and never helped me with the vegetables or anything like that when we were entertaining. He'd clear up. We had a washing up machine then. And he'd do the clearing up but he never - but then again, that was the pattern.

Int: There was a distinct division of chores in the house.

Janet: Yes. He thought it was "women's work". In the house. Washing, cleaning and that kind of thing. Even when he was retired, it never occurred to him to help.

(Mrs JB, aged 75, m 50 years, w 3 years)

Ward (1993) observed that the husband's retirement was associated with an increase, rather than a reduction in demands upon his wife's time, because he required companionship and entertainment. Research findings on the allocation of household tasks in the context of long term marriage have proved inconclusive. For example, a retired man may become more involved in activities in the home and any such changes can alter, or reduce the household role of his spouse (Dorfman, 1992; Szinovacz and Washo, 1992). Role change may in turn affect the self concepts and psychological adaptation of both spouses (Brubaker, 1985). It has been suggested that women view their husband's increased involvement as intrusive on their traditionally held territory (Keith and Schaffer, 1985).

Szinovacz and Washo (1992) found some support for the view that older men find participation in household domestic tasks irksome, and this was confirmed in the study:

Beattie: And he didn't like housework, but he would help me. He'd say "Utter waste of time. Why are we doing this?" And I'd say, "Well, because it is nice when it's done." [and he'd say] "Well, I don't think it's necessary."

(Mrs BP, aged 87, m 59 years, w 3 years)

On the other hand, there has been some evidence to suggest that some older men enjoy household involvement, although benefits derived varied by the type of task being undertaken (Keith and Wacker, 1990). In this sample, the widowers were more likely to say they did their share of housework by washing up and doing some vacuuming, especially after they retired. While the widows were more likely to say
that all their husbands did was a bit of washing up and vacuuming, and sometimes very reluctantly, but that was it:

Matt: Oh, we shared a good deal. I used to help with the washing and the washing up and the hoovering. Afterwards, I thought I ought to have done more. (Mr MA, aged 84, m 37 years, w 2 years)

In the majority of cases, of the couples whose husbands had survived into retirement, the women were no longer working. Most of the couples continued to follow patterns established earlier in their relationship - with gender disparity in time spent on housework and gender-stereotyped division of tasks. This pattern changed only when one of the partners became physically unable, because of ill health, to carry out her or his "normal" work in the traditionally gendered role.

The "blurring" of roles because of spouse incapacity, was primarily one-way: men were more likely to take on the more traditional female household chores, under the tutorship of their wives, than women were to take on the more masculine tasks of house maintenance. For all but a handful of the older widows and widowers, the dissolution of their marriage was presaged by illness of the spouse. This illness can be viewed as a bridge, or transition between marriage and widowhood, and for some, this period, which will be explored in the next chapter, was more an integral part of their experience of widowhood than of marriage.

6.6 Conclusions

For this cohort of older widows and widowers, companionate marriage was characterised by a gendered division of mutual dependency: the women's dependency is grounded in their need for the financial security provided by a man; whilst for the men, the dependency takes the form of practical and emotional support given by a woman. In a patriarchal society, these support systems do not command equal value. The wants and needs of the husband were perceived to be the more important and all but a very few of the widows accepted the status quo. Any overt questioning of this status quo in the latter years of marriage coincided with the burgeoning interest in feminism and the refusal of their daughters to tolerate similar
domestic divisiveness. However, the questioning did not make a substantial difference to what the widows perceived as the "selfish" behaviour of their husband in the latter years. The meaning of what passes for selfishness and selflessness was primarily set by the women inasmuch as they had a much clearer concept of how their lives were organised around the responsibility of thinking about and looking after others. However, the widows reported that towards the end of the marriage, there was a greater domestic input from their husband although the perception of the quantity and quality of this involvement differed between the men and the women.

Twenty one of the 25 widows and 25 of the 26 widowers, considered they had happy, or very happy marriages. They were proud of having kept their "wedding vows" and there was a general disapproval of the increasing rate of divorce and single parenting of younger generations. When asked what they considered to be the "secret of their successful marriage", all said that they had "worked at it". The women tended to say that they learned how to make their husband happy, and the men tended to say their wife had been very good to them. For the majority of the couples, the latter years were marked by close friendship, despite, and sometimes as a result of, the illness of their spouse. They spoke of a shared sense of humour born of familiarity and perseverance.

Bearing in mind that for this cohort in the UK, divorce was not an easy option, it could be argued that some of these marriages could have ended in divorce during the "turbulent" years, rather than the death of a spouse. It is also possible that the memory of the marriage has been sanitised as a personal coping strategy, an account for the research interviewer or indeed for a public account. The women admitted, or were more prepared to admit they had unhappy periods but they considered this to be a normal consequence of "normal ups and downs of marriage" and they "just got on with it". It would be far too simplistic to say that the longevity of a marriage depends largely upon a woman acquiescing to her husband's desires. There does seem however, from this research, to be a correlation between an adherence to patriarchal values, where boundaries of appropriate gender behaviour are set and maintained, and reported long term marital satisfaction.
CHAPTER SEVEN

One Day at a Time:
The Caring Years
This chapter examines the transitional period of spouse illness, death and self-realignment after widowhood and explores how these may be gendered. The chapter principally explores the experience of those widows and widowers who performed “intensive care” for more than six months prior to the death of their spouse. The chapter looks at gender differences in how the care is differently offered and received by men and women and discusses the balance of power in the caring relationship. Care given by women is perceived as “normal” and as such tends to be less visible than that given by men. Women, through socialisation and cultural expectations, consider themselves the best equipped person to care for a sick husband. This is not to say that the care given by an older husband to his sick wife was not good, and offered with love and affection as well as an element of duty involved with keeping the marriage vows.

7.1 Older Spouse Carers
During the last three decades, there has been a substantial body of literature on caring for older people. This literature originally emanated from feminist writings which heightened awareness of women’s roles within the domestic sphere and identified carers of older people as middle aged women: primarily daughters and nieces (Finch and Groves, 1983; Graham, 1983; Horowitz, 1985; Dailey, 1993; Finch and Mason, 1993; Holland and Adkins, 1996; Mason, 1996; Pyke and Bengtson, 1996). However, Arber and Gilbert (1989) found that about half of co-resident elderly spouse carers were male. Their findings are confirmed in this study, with comparable numbers of widows and widowers caring for ailing spouses before bereavement (Table 7.1).

Not all the widows and widowers gave long term care: nine of the women and eight of the men were widowed with less than three month’s warning, either through accidents or the sudden onset of life-threatening illness. The chapter does not intend to compare the experiences of those who had “preparation time” with those
who had none, but will explore gender differences in the long term care-giving role. It will look at how these men and women perceived their experiences differently.

Table 7.1 Care Patterns Prior to Bereavement for Widows and Widowers

<table>
<thead>
<tr>
<th>Notice of impending death and Pre-bereavement care patterns</th>
<th>Husbands of widows</th>
<th>Wives of widowers</th>
</tr>
</thead>
<tbody>
<tr>
<td>No notice or very short notice: &lt; 1 month</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Short notice: 1 to 3 months, no previous history of life threatening illness</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Chronic disability but not requiring &quot;intensive care&quot; until short terminal illness: &lt; 1 month</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>At least six months of concentrated physical and mental care:</td>
<td>8</td>
<td>10</td>
</tr>
<tr>
<td>N =</td>
<td>25</td>
<td>26</td>
</tr>
</tbody>
</table>

An equal number of widows and widowers, eight, had spouses who had been diagnosed and treated for illness, most commonly some form of cancer, but whose terminal illness required intensive care for less than a month, much of which time was spent in hospital.

Eight widows and ten widowers, however, gave concentrated physical care for their spouse for at least six months, most of them much longer. Tom (76) for example, cared for his wheelchair bound wife for 27 years, having taken early redundancy to look after her. Lily (75) had cared for her husband with chronic heart disease for 20 years, the last 5 years after she retired was the most intense.

The gender similarity in the numbers and degree of caring therefore permits more direct comparisons in reported experience of older spouse care.
For Better, For Worse; In Sickness and in Health

Both widows and widowers considered that caring for an ailing spouse was part of the marriage contract and that they did it out of a combination of love and duty:

Mervyn: Well, see. You don't mind. You automatically look after somebody, especially when you've been married all that time and you've been happy. That to me is just part of the marriage. Look after them, for better, for worse.
(Mr MB, aged 82, m 50 years, w 4 years)

Celia: It was terrible. But that was - I loved him dearly. You don't live with somebody for 40 years and suddenly stop loving them because something's wrong with them.
(Mrs CF, aged 66, m 40 years, w 5 years)

Interestingly, those men who cited the vows of the marriage contract as a reason for being happy to care for their wives, spoke of "for better, for worse", whereas the women were more likely to quote "in sickness and in health". This could be because the men saw the period as being a "worse" experience than their marriage before they looked after their wife:

Jock: I said to her, "it could have been the other way around". It's for better or for worse, isn't it?
(Mr JS, aged 70, m 34 years, w 6 years)

Cyril: What's good for the goose, is good for the gander. I was happy to look after her after all she did for the boys and for me when I got back [after being badly wounded in the War]. For better for worse, that's what you promise.
(Mr CB, aged 85, m 53 years, w 6 years)

The women, on the other hand, who had borne most of the responsibility of looking after a husband, children and perhaps an ageing parent, saw their everyday duty in caring primarily in health and naturally in sickness:

Beattie: I nursed him of course. He preferred it that way anyway. As I said, it's in sickness and in health, that's what you say on your wedding day.
(Mrs BP, aged 87, m 57 years, w 3 years)

June: He was such a good patient he hardly ever complained. The Macmillan Nurses came but he still liked me to do, you know, the intimate things. You say "in sickness and in health", don't you?
(Mrs JM, aged 67, m 40 years, w 4 years)

None of the people quoted above had described their caring role as onerous and said their spouse had "never" or "hardly ever" complained, yet the men had seen
their duty in accepting "for worse" and the women had seen theirs as "in sickness". It
seems that "in sickness and in health" is perceived as what women "do"; "for worse"
is what men "endure".

There were women who described their part of the marriage bargain as complying
with the "for worse" clause, but this had very little to do with physically nursing a sick
husband, rather, it was associated with the way they viewed the relationship in their
final years, as a result of his condition. In other words, when their spouse had
mentally, rather than physically, changed. Physical disability required practical and
instrumental help: "nursing", what they understood as what you did when someone
was "sick". The reward was that they knew they were being appreciated by the
gratitude felt and expressed by their spouse. Mental illness required different,
emotionally grounded skills, which for the most part went unrewarded, and often
deprecated. These women spoke of verbal and emotional abuse suffered from a
spouse whose illness had caused a change in personality:

Lily: After his first coronary, he became a different person. But even that you
live with, 'cos you do say "for better, for worse" don't you? And I thought, well,
we got to keep these vows.
(Mrs LH, aged 75, m 47 years, w 10 years)

She told how he frequently called her in from doing the garden or talking to a
neighbour by saying there was someone on the telephone. When she came in, he
said the person had rung off. When she said she had not heard the telephone ring,
he would say she was stupid and going deaf:

Lily: I retired and that's when he became - once I was free of obligation,
that's when he became so possessive. But not of me, as such, of my time. ... 
And many times I sat on the side of the bath in there with the taps running,
saying "Please God, just give me 30 minutes so I can compose myself". But I
was never allowed 10 minutes. All through it all, it was this possessiveness of
my time. I resented it.
(Mrs LH, aged 75, m 47 years, w 10 years)

The women tended to refer to the vow "for better, for worse" if they felt that the
situation and their relationship with their sick spouse was much worse than in earlier
years. The widows who did consider that the final period was "for worse", admitted
that the death of their husband was a relief to them. Most of them felt they had lost
the man they married some time before death and would not want him back the way
he was:
Janet: I think perhaps I had such a terrible time with E at the end, that I mean I wouldn't wish him back as he was. He seemed to get mentally cruel really. He would never let me have a programme on that I wanted, he would sort of stand in front of it. And I'm a great reader, if I'm reading a book, he would take the book away. ... He wanted my attention the whole time.
(Mrs JB, aged 75, m 50 years, w 3 years)

All the widows who cared for an ailing spouse said that their husband preferred them to look after them, sometimes to the exclusion of everyone else. For the vast majority of the widows, this situation was "how it should be". Looking after, and looking out for was what they had always done; it was an extension of the invisible daily routine of noticing, interpreting and responding to the needs of a partner. So much of these invisible activities are carried out on "auto pilot" that they are underestimated and often undervalued by both the performer and the recipient (Dalley, 1993).

Thompson (1993) suggests that men can and do care, but only when the need arises, and there is no one else to provide care. However, as Rose and Bruce (1995) show, the care undertaken by men for women is not only more highly visible, it is highly valued. The self-esteem which is experienced by male carers emanates from several sources: the gratitude of the spouse, the pride in their own achievements and the admiration of professionals and kin:

Jock: She always used to say, "I should be doing all this for you, not you for me!"
(Mr JS, aged 70, m 34 years, w 6 years)

Tom: I used to do all the cooking and all that sort of thing. I did everything for her. I'd get her up in the morning, wash her, dress her. I used to have put her bra on and everything. Then I'd wash her hair, put curlers in, take out. No particular style, just tidy. I got a good sort of routine.
(Mr TD, aged 76, m 43 years, w 8 years)

Paul: The District Nurses said they didn't know how I coped for so long.
(Mr PD, aged 73, m 39 years, w 3 years)

Rose and Bruce (1995) describe this as the "Mr Wonderful" syndrome, and here the recognition of the caring role of men for women gives men the recognition not generally afforded to women who look after men.
Also, the socialisation of females into "connectedness" means they have a greater ability to take on the role of others in order to understand their perspective (Holland and Adkins, 1996). With a greater understanding of what it takes to care for others, she can "place" herself in the role of the person taking care of her. In doing so, she is more likely to be appreciative of the care given her, even guilty that she is the recipient rather than the performer of care:

Jock: She used to get upset like, but you know - me having to look after her and things like that.
(Mr JS, aged 70, m 34 years, w 6 years)

Reg: She was very upset about the fact that she was - I had to do of course for her which I obviously had never done before. But that's the sort of thing that you do. You've got to face up to this thing - this is what it is all about isn't it? So it was tough going then, for her.
(Mr RF, aged 75, 1): m 10 years d 10 years, 2): m 24 years w 2 years)

Health care professionals, nurses, social workers, for example, are predominantly female and they too, will have admiration for a man who takes on a role that is alien to his socialisation.

Professional Involvement
One of the main differences between the male and female carers in this study during the final years, was the amount and timing of professional help received. Although both men and women had access to professional input, such as District Nurses, Macmillan Nurses and Home Helps for example, the widowers were far more likely to have received help at an earlier stage of their wife's illness, than a widow whose husband was ill.

The reasons for this difference in professional input are manifold. Women, having been carers most of their lives, saw caring for a spouse as a natural progression and something that could be carried out better by them than an outsider. This situation was often underscored by the husband, who also felt that his wife looked after him better than a professional:

Sally: I nursed him at home. Of course, I had been a nurse, I was able to do it. I could administer injections and things like that, so that was no problem, I didn't have to wait, and he didn't have to wait for the nurses to call.
(Mrs SH, aged 71, m 31 years, w 14 years)

When the women did get help, it was usually towards the end of their husband's illness and often because they themselves were becoming frail and unable to carry
out heavy lifting and so on. Even so, they continued to carry out most of the intimate caring:

Beattie: In the latter time, we eventually managed to get two girls to help in the morning - but he liked me doing things as well. And some of them could be a little bit - well, they were very professional, but a little bit rough - he'd say "There's another skin gone!" for instance. Professional, very professional, I'm not saying that - but again, I did a lot of it to save them and because, well, I was here - I might as well do it. He preferred it anyway.
(Mrs BP, aged 87 m 59 years, w 3 years)

All the respondents who received professional help, particularly from District Nurses were very pleased with the relationship they established. The women found them supportive because they felt able to tell them their difficulties and would receive a sympathetic ear:

Sally: If it had gone on much longer, I think I would have had to have help, but the local community nurses and the doctor were very attentive and if I'd said any moment that I need help, they would have been there.
(Mrs SH, aged 71, m 31 years, w 14 years)

The men said the District Nurses kept up their morale, telling them they were coping well:

Reg: And the District Nurse, she spent a terrific amount of time with her. She became more of a friend than a nurse. She gave us her home phone number "If ever you have any problems". My wife would say "She does enough when she's on duty", so we never did. But it was through her that made life bearable. When she was really ill. Oh yes, she's a wonderful person.
(Mr RF, aged 75, 1): m 10 years d 10 years, 2): m 24 years w 2 years)

In most cases, the services of the GPs were highly praised although two of the widows and one of the widowers did experience problems in the night with locum GPs refusing to visit. In this study, a sick wife was more likely to be admitted to hospital earlier than a sick husband. Therefore the women tended to look after their husbands longer at home during the terminal stage of their disability and the men spent a shorter time in hospital before their death. This supports Kaye's (1990) observation of elderly men carers whose wives are admitted to hospital, usually on the advice of a doctor who judges that the elderly man is not coping with his wife's illness. All of the ten wives and five of the eight husbands with chronic sickness (final row in Table 7.1) died in hospital.
Paul (76) and Cyril (85) had full domiciliary nursing and bathing help and this was for between a week and ten days before their wives were admitted to hospital. The decision to admit was made by the GP and supported by the District Nurses. These two men had promised their wives that they would not let them go into hospital because they wanted to die at home. Paul said he felt very guilty at first, that he did not keep this promise but he admitted that he was unable to cope with her worsening incontinence. He was relieved that the decision was taken out of his hands and he said that the nurses told him that he did his best for her as long as possible:

Paul: She didn't want to go, but I couldn't keep her home no more. The nurses said it was amazing I'd kept on as long as I did. B was right though. She didn't last long after she went in there.
(Mr PD, aged 76, m 42 years, w 3 years)

Many of the widows said that although the District Nurses and GPs had convinced them that their husband should be admitted to hospital, they felt guilty at having "failed" to look after them at home right up until the end. The issue of failure allied to decisions around hospitalisation of a sick spouse was markedly gendered: the widows thought they had failed themselves; the widowers thought they had failed their wife.

7.2 Caring and Tough Times

The widows in this research were more likely to say, or perhaps to admit, that the final years were unhappy for them, especially the widows involved in looking after a psychologically frail husband or a husband whose "personality had changed" because of a debilitating physical or mental illness.

Margaret (74) had experienced a particularly unhappy marriage but decided to stay with her sick husband, and this was done only out of a sense of duty, both as a wife and as a nursing sister:

Margaret: I filed for divorce and said "I can't stand any more". But he wouldn't sign the divorce papers, he just wouldn't sign them. Anyway, because he became so ill and the fact that I suppose I had some feeling for him and the fact that I was a nurse and I couldn't leave him as he was, to cope on his own.
(Mrs MC, aged 74, m 27 years, w 14 years)

She cared for him for over eight years:
Int: What sort of patient was he?
Margaret: Do you want it in polite words? He was a terrible patient, a terrible patient. He could not, he couldn't accept illness in anybody. He just couldn't accept it in himself. Because he couldn't do what he wanted to do. I got to the point where I couldn't breathe right. ... If I had something on the television that I was watching and he walked in that door, it was turned over to what he wanted to see. The mental cruelty was very bad. Physical cruelty in the early days was bad enough, but the mental cruelty went on as I say, right up until the last. ... I got to the point, Kate, where I used to go to bed at night and say "Please God, either him or me, I can't take any more".
(Mrs MC, aged 74, m 27 years, w 14 years)

Cynthia's husband who suffered from Alzheimer's Disease, required 24 hour vigilance because he used to wander in the night, leave lighted cigarettes around and put on the gas oven:

Cynthia: Anyhow, as I say, he died in the January and I'll be perfectly honest. I used to get to the point in the middle of the night, I used to think "Shall I push him down the stairs?" "What if I drove him out on the M4, hit him over the head and put him in the bushes?" It was terrible.
(Mrs CF, aged 75, m 40 years, w 5 years)

Mary said that she could never leave the house, even to visit a neighbour or one of her daughters, without telling her husband what time she would be home:

Mary: Every time I was going down the road in the mornings, he'd say to me "How long are you going to be?" He hated being in the house on his own. He liked me to be there, all the time. And if I went to Bristol on my day off [as a nursing auxiliary], he always wanted to know what time I was coming back.
Int: Did you resent that?
Mary: Oh, I did. I did resent it. I used to just fall in with it.
(Mrs MB, aged 70, m 47 years, w 7 years)

Mary found it easier to give in to her husband than to resist him. For some time after her husband died, when she visited her daughters, she was anxious to get home:

Mary: I'd say "I better go now!" And they'd say "Well, why? What have you got to hurry for?" And I'd say "Oh well, nothing really". It took me a long time to get used to that feeling that I didn't have to rush back home. For instance, I only watched the TV in the evenings what he wanted to watch. It was too much hassle to say "Oh, I wanted to watch that rubbish for?" He used to say "What do you want to watch that rubbish for?" And I used to think "Oh, it's not worth the hassle." So I used to just sit and watch whatever he had on, but there was lots of things I would like to see.
(Mrs MB, aged 70, m 47 years, w 7 years)

These widows above reported being relieved when their spouse died. They also said they felt guilty at admitting this relief. "It's a terrible thing to say, but ..." They would not like their husbands back in the condition the latter years had left them, but
they talked fondly (mostly) of the early years. The grief they felt at their loss was as much, if not more, for the husband they had lost before he died, as for the sick man for whom they had cared. "I lost him years ago really ...".

7.3 Caring and Good Times

The final months or years of caring for a sick husband were not universally difficult or burdensome - a minority of widows said that in some ways, they were very good years, and for Ethel, it was good right up to the end:

> Ethel: My husband had had a stroke eight years previously but we had a marvellous life afterward - slightly handicapped. So that meant I had to do things that normally he would have done. ... He picked himself up very well but I had to be there for him. Everything we did, we did together, then. ... Yes, we were very happy, doing everything together, he took it all in good part - that I had to do everything.

Int: Did this go against the grain?

Ethel: No, not at all. Nothing like that did. He seemed to be quite content to let me do it. I had to do certain things that he couldn't do. If we were out, I would have to do the paying because he couldn't get the money out sort of thing. I had those things to do.

(Mrs EH, aged 68, m 47 years, w 7 years)

Having said this, she reported that her husband used to insist on travelling on escalators even though he was unsteady on his feet, and would get cross if she tried to reason with him:

> Ethel: But you mustn't discourage them. Because if you do, they lose confidence. Very, very easily. And although he wanted to go up those escalators - and he wanted to go here and there. You just had to let them.

(Mrs EH, aged 78, m 47 years, w 7 years)

Although Ethel had taken over doing the things that her husband would normally have done, including paying the bills and organising payment in restaurants and taxis while they were out, her husband remained in control of what he wanted to do.

Janet (75) had an unhappy final two years but before that, they had a period of contentment which she remembers with great fondness. He died two months after their Golden Wedding Anniversary which had been a very happy occasion:

> Janet: Yes, we had our Golden Wedding. He rallied for that and it was marvellous because he had leukaemia for 11 years. But he had been ill before, he had a breakdown when he was 61 and he retired afterwards, he never went
back. After he got over the breakdown, he had ECT [Electro-Convulsive Therapy, for acute depression] and he was out of hospital, we had a lovely 11 years and I thoroughly enjoyed it. ... I would say that that 11 years was lovely. It took me about a year to get used to him again because I'd had such a terrible time with him. But then afterwards we travelled and we did all sorts of things. It was marvellous. As I say, he was always such a companion apart from these moods and this possessiveness, you know.
(Mrs JB, aged 75, m 50 years, w 3 years)

Between the bouts of acute depression, her husband was a charming, loving man, and she cherishes these good memories, but in the end, she felt relief when he died.

None of the ten widowers who gave long-term care to their wife considered the caring task to be onerous and none expressed relief at their death. Tom (76) had cared for his disabled wife for 27 years, wheeling her around in her wheelchair for 20 of these years. He had established a new “career” in caring for her and remained in control of what they did and where they went. He told me that after her death, he lost his reason for getting up in the morning and without a wheelchair to push, did not know what to do with his hands.

Neither did the widowers relate horror stories of aggression and mental cruelty as had some of the widows about their sick husbands. The women who had suffered from Alzheimer’s and had become “very difficult” were hospitalised at the suggestion of health professionals who thought that the husband could not cope with them. It is possible that the women suffering from dementia would have been equally as aggressive and demanding as the men, but they were removed from the marital home:

Howard: She got Alzheimer’s Disease. Looking back, she started Alzheimer’s about four years before that. She started saying peculiar things. She got worse. I looked after her for about two years. And I just couldn’t cope any more.
Int: Did you feel her dying was a sort of relief?
Howard: I suppose so now. But I didn’t think it at the time. I used to visit her in hospital every day. I was lost when I stopped going there, seeing her, lost.
(Mr HW, aged 81, m 56 years, w 2 years)

Mervyn’s wife had also suffered from Alzheimer’s Disease and had spent her final year in and out of hospital:

Int: Did you feel any relief at all when she died?
Mervyn: Well, one thing I’ve thought of. Thank the Lord she went first because otherwise, although I wouldn’t be here, she would have straight away been in a home. So that is a big point that I often think of. Yes. But relief that she wasn’t there, no.
(Mr MB, aged 82, m 50 years, w 4 years)
Four of the widowers said they felt guilty that they had not "done more" for their wife. This "doing more" did not include nursing or physical caring of the individual, it was more involved with what they did or didn't do just before her death. For example, Bill (92) wished he had reported the nurses who he thought were not looking after his wife properly because later she fell out of bed in the hospital. Ian (72) wished he had not decided to go into work the day his wife had what proved to be her final operation. She died hours after the operation and they had been unable to contact him. Earnest (87) and Mikail (84) wished they had not got so angry with their wives, both of whom suffered from Alzheimer’s.

Gender Differences in Reportage

Whether the women were being more honest, or whether the men genuinely were less distressed by the condition of their wives, is difficult to know. It is possible that the caring husbands did have an "easier time". Women who have grown up believing that their primary function in life is to care, may find it difficult to come to terms with the reversal of the role of carer and feel guilty that it is their husband who fulfils this function. The guilt and gratitude women felt as "cared for" manifested itself in their being a "good patient", less demanding than men for whom to be looked after is considered more "natural". It is also possible that the men, having been considered to be "wonderful" and "exceptional" did not feel that they could disillusion others (or themselves) into believing that they had no problems with coping with their wife’s disability.

The sick men, on the other hand, who had grown up in the expectation that they would be cared for, felt less pressured into being a "good patient" and the frustrations of loss of good health manifested themselves in what the widows described as "very demanding" behaviour. Even so, the men retained the power within the relationship, whether or not they were the carer or the cared for. They were therefore able to be in control whilst caring, or controlling the carer despite their constrained condition. The men, according to the widows, had "things their own way" in sickness, as well as in health.

These findings support and extend Morgan's (1996) observations on how the cared-for maintain a sense of dignity and self-identity in the face of dependence. Men, to whom illness means weakness (Stacey, 1993) maintain a sense of self as
"head of the household" through controlling their spouse carer. For the women, their sense of dignity and self-identity is closely connected to the forbearance of their disability and the ability to put themselves in other's (their carer's) shoes. Women also derive satisfaction from being praised for being "good patients" (Stacey, 1993).

Wilson (1995) found that many of the older wives who were being cared for by their husband, were full of admiration for their husband's domestic and caring skills. Male spouse carers can and do look after ailing wives with great competence (Thompson, 1993; Rose and Bruce, 1995; Lewis, 1998). In this study, the caring that the widowers carried out included domestic tasks, frequently taught to them by their ailing wife.

7.4 Bridging the Gap

One of the greatest changes that older people undergo when caring for a sick spouse, is the embracing of the role normally carried out by that spouse. This can be described as a "dress rehearsal" for life after the death of a husband or wife. The gendered division of domestic labour has been well documented over the last three decades (Oakley, 1975; Oakley, 1985; Clark, 1991; Finch and Summerfield, 1991; Morgan, 1991; Crowley, 1992) but the extent of the blurring of roles in households with older people is less well researched (Brubaker, 1985; Keith and Wacker, 1990; Crowley, 1992; Dorfman, 1992; Ward, 1993). In this study, where both partners remained healthy and well, the division of labour generally remained: as long as both partners were able to carry out their traditional roles, they did so. It was often the case that when a wife knew she was going to die, that she spent her time "tutoring" her husband in the domestic skills:

Reg:  Again, I think she was happy in the knowledge - even when she was in the wheelchair, she used to come out in the kitchen and put me through my paces a bit, show me what to do. ... For instance, before she was ill, I never did any shopping. Take her up to Tesco's, in the wheelchair, I know exactly where everything is now.  
(Mr RF, aged 75, m 24 years, w 2 years)

Bill:  ... whatever she'd shown me - talking of material things, she'd shown me how to cook while she was ill, or even before that.  
(Mr BB, aged 92, m 49 years, w 9 years)

Mervyn: Those two years. I was doing most of the things. The cooking and that, you know. Just one of those things, if you've got to do it.  
Int:  And you did most of the housework and cooking and everything?
Mervyn: Towards the end. Yeah. Used to have to bath her etc, you know. I suppose over the years - I've done little things, like cooking. Only I learnt from M. But as I say, the last couple of years I did practically everything.
(Mr MB, aged 82, m 50 years, w 4 years)

This was particularly relevant where a wife had been unwell for a while but had continued to carry out most of the domestic duties and then she suddenly deteriorated, or, as for Matt (84) and Ian (72) below, whose wives had a sudden onset of illness and were told they had only weeks to live:

Matt: When she knew she was dying, I was ironing in the bedroom and she was giving me instructions on how to do it.
(Mr MA, aged 84, m 50 years, w 6 years)

Ian: And in that time, she taught me housework. While she was still in bed. How to cook. Most of the basics, anyway. What was expected of me anyway.
(Mr IC, aged 72, m 31 years, w 16 years)

Whilst men reported that they had often helped their wives in the home, with chores such as washing up and vacuuming, especially after retirement, they said that they did not take on greater domestic responsibilities unless their spouse was unable to do them herself. The main area that the vast majority had problems with, was cooking. Rarely had a man in this group of respondents, done anything other than make tea or coffee on a regular basis before the illness, or death, of his wife. Housework was not really considered a problem, although most of them admitted that they were not as conscientious as their wives - and most of the widowers' homes I visited were not as clean and tidy as the widows' - but feeding themselves with good "home cooking" was a problem for many of them.

Whereas the widowers would often carry out a few domestic tasks after retirement, the women were much less likely to "crossover" until their husband was ill. This generally took the form of financial organisation, if that had been principally the domain of the husband. Only two of the women had never had any involvement with the family finances before the death of the husband, including never having held bank accounts. However, in both cases, their sons-in-law took over responsibility. Three of the women had organised the whole financial aspect of the relationship, including all the bill paying, Inland Revenue Returns and mortgage arrangements. The rest had had some involvement and, especially if the ailing husband had some mental impairment such as Alzheimer's disease, gradually took over.
Interestingly, ailing husbands were less likely to "show the ropes" to their wives so that she could organise her financial affairs after his death: dealings in stocks and shares, insurances and so on. Rather, he was more likely to have simplified the system, settling the more complicated financial arrangements. As far as the task of house maintenance was concerned, women took on the less complex tasks such as rewiring a plug as opposed to mending the washing machine or servicing the car. For some women, these services were, and continued to be carried out by sons and sons-in-law, but for most, they have to be "bought in" and can be very expensive. However, it is worth remembering that not all husbands did the household and car maintenance and that these services had either always had to be bought, or had been bought in later years. Even if this had been the case, the women felt that the presence of a man reduced the likelihood of being conned by "cowboys" who came into their houses or mended their cars.

These observations confirm the Lopata (1973) and Martin Matthews (1991) studies where the widows expressed the fear that they would be taken advantage of by unscrupulous workmen. After widowhood, the women said that having someone they felt they could trust, a plumber or a builder or a car mechanic for example, was a great relief to them. For the men, this was not an issue and was not highlighted as a problem for them in widowhood.

It is more common, therefore, for men to embrace the roles traditionally carried out by their wives, with the possible exception of cooking, whilst women, with the possible exception of financial matters, need to find substitutes for the work previously carried out, or organised by their husbands.

7.5 Conclusions
This chapter has discussed the gendered differences in long term spouse care, defined here as concentrated physical and mental care for more than six months before the death or hospitalisation of an ailing husband or wife. Eight widows and ten widowers in the study fulfilled this criterion. The widows were far more likely to report that this transitional period had been onerous, particularly if their husband was psychologically ill. The widows who experienced an unhappy time during this caring period, admitted that the death of their husband brought relief and that they had felt
they had lost the man they married at the outset of the illness. None of the
widowers reported caring for a sick wife as burdensome and all denied that they had
felt relief at the time of her death. Nevertheless, the widowers said that one of the
factors in their caring was that they had made the marriage vow “for better, for
worse” whereas the widows tended to say “in sickness and in health”. For the
widowers, this period in their marriage presumably had been “worse” than before
when they were the one to be looked after. The widows were continuing what they
had always done, looked after their partner when they were healthy as well as when
they were sick.

The reason for this difference in the reported sense of relief of respondents in this
study can be explained by the behaviour of the sick spouse. Ailing husbands were
likely to be more demanding, physically and emotionally, of those who cared for
them, than ailing wives. Women, socialised into an empathetic and caring role, were
able to relate to the person who cared for them and were more likely to be a “good
patient”, thus making the caring task less onerous for their husband. Also, the
widowers received greater professional input in the care of their wife. Those women
who suffered from psychological illness, and were “difficult” or in need of 24 hour
physical care, were more likely to be hospitalised early at the behest of health
professionals who considered that her husband was unable to cope.

As adults in a heterosexual dyadic relationship, both sexes viewed the man as in
control and the woman as the empathetic, caring partner. The chapter examined
the power dynamics in these caring relationships and concluded that whether the
carer or the cared for, the men maintained the traditional patriarchal power base
within the marriage. Therefore, if the men had always exercised self-determination,
there was no sense of relief to be gained by not having to care. On the contrary, the
widowers reported that they felt lost without someone to care for. The following
chapter examines how this feeling of loss was differently articulated and “processed”
by widows and widowers in the long term.
CHAPTER EIGHT

Without You:
Coping Alone
This chapter looks at how older men and women reconstitute their lives after widowhood in the medium and long term. It examines issues of coping strategies for successful independent living for this generation, some of whom are alone for the first time in their lives. The chapter looks only fleetingly at the experiences of widowhood in the first months - its purpose being to set the scene for how these widows and widowers describe their personal development over time. Successful independent living is defined by the widowed people themselves, in terms of how they consider they are coping with life. The chapter explores the meanings of the relationship between solitary living (aloneness) and feeling desolate (loneliness) and how these might be experienced differently by older widows and widowers. It also examines the gendered meanings of independence and freedom and concludes that these concepts are age and gender specific.

The chapter sets up the analytical framework for understanding how older men and women adapt to life without a spouse in the long term. Particular reference has been made to Giddens' (1994) ontological security and Antonovsky's (1979) sense of coherence from his salutogenic paradigm, as was outlined in Chapter One. Both these concepts have been defined as a sense of stability and continuity brought about over a lifetime of positioning oneself in a known, predictable and comprehensible world. Widowhood can be described as a life event which brings chaos to this established sense of self. The chapter explores the differences, both inter- and intra-gender, in travelling what I have termed the ontological coherence - ontological chaos continuum. It looks at how their biographical assets (Chapter One) and their view of the world has influenced the coping strategies employed by these people.
8.1 Aloneness and Loneliness

In a couple companionate culture, being alone after a long term marriage was overwhelmingly described by the respondents as the hardest thing to bear. For both women and men, regardless of the quality of the relationship, solo living and loss of companionship was the most devastating aspect of widowhood, particularly in the early months.

Two important concepts are that of *aloneness* and *loneliness* as experienced by men and women who have lost a spouse. Coping with aloneness describes the more circumstantial and instrumental aspects of solitary living such as having to carry out tasks normally performed by the dead spouse. Loneliness involves the emotional aspect of coping with missing a person whose existence is central to the sense of self in society. There is considerable overlap in experiencing aloneness and loneliness and indeed they become fused when an older person becomes incapacitated as well as isolated. The research shows that this is particularly relevant in the lives of older men and women who are widowed and sick, but in the younger old, the experience is more likely to be gendered. Whilst "loneliness" is experienced by both widows and widowers, widows are seen to be better at coping with "aloneness".

*The Early Months*

There has been a substantial body of research carried out on the initial period of bereavement as exemplified by Murray Parkes whose work on stages of bereavement highlights the feelings of being lost, of anger and desperation felt by both widows and widowers, when first faced with the loss of a loved one (Parkes and Brown, 1972).

When asked about the time around the death of their spouse, all but one widow and all the widowers told of their devastation at being left alone.

**WIDOWS**

"I didn't think I'd ever live through it …"

"I was *desperate* when he died … "

"I lost my whole world … “

"I almost lost my mind … “
"When he died I was shattered ..."
"I was so angry ..."

WIDowers
"Why me?"
"I was floundering ..."
"Loneliness - something I thought I could bear - you can't ..."
"I thought I was going off my nut actually ..."
"I didn't know what to do ..."
"I think I was more cross than anything ..."

There is much commonality between men and women at this point, both using similar language to describe how they felt.

Antonovsky's (1984) sense of coherence means that a person understands his or her life in terms of comprehensibility, manageability and meaningfulness. The sense of coherence experienced in marriage - a known world, constructed around anticipated behaviour patterns - is thrown into chaos with the death of the most important "other" in life (Figure 8.1).

Figure 8.1 Antonovsky's Sense of Coherence and The Chaos of Early Bereavement

COHERENCE                      CHAOS
Antonovsky's description of understanding one's life in terms of:
comprehensibility:                    "I didn't know what to do"
manageability:                       "I didn't think I could live through it"
meaningfulness:                      "I lost my whole world"

Merging Giddens' (1994) concept of ontological security and Antonovsky's (1984) sense of coherence, I have developed an ontological coherence - ontological chaos continuum, representing the process of changing self-identity and adaptation to widowhood.
Murray Parkes (1972) identifies grief as a process encompassing a number of stages, namely: numbness, pining, depression and recovery. Individuals will show great variation in how and at what pace they pass through these stages, but, he concludes, the pattern will be discerned in almost all cases. These stages can be juxtaposed on the ontological cohesion - ontological chaos continuum, with the recovery status stabilised along the "acceptance zone" (Figure 8.2).

Figure 8.2  The Ontological Coherence-Ontological Chaos Continuum

In Figure 8.2, the continuous line in the 'acceptance zone' represents where most of the widowed people situated themselves, most commonly after two years following the loss of their spouse. The dotted line is where they placed themselves when they were first widowed and a small number of widows and widowers had remained or returned. There was movement both ways along the continuum - the later slide towards ontological chaos, although more likely to be associated with failing health, was often blamed on the loneliness of widowhood. As these people became less socially active because they were limited by ill health, they were inclined to reflect more on the past, on their marriage and on what they recalled as much happier times.

For the vast majority, although by no means all of the respondents, after the disorientation experienced with initial loss, when there seems to be no meaning to life, there was a gradual recovery of coherent existence. In line with well documented evidence, the widows and widowers in this study said that generally, they began to come to terms with life on their own after the second anniversary of the death of their spouse (Pollock, 1977; Bowling and Cartwright, 1982; Stroebe et al., 1988; Lund et al., 1993; Lowenstein et al., 1993-94; Stroebe, 1994; Parkes, 1996; Hyrkas et al., 1997).
8.2 Being Alone: Successful Independent Living

As noted in Chapter Five, 21 of the 26 widowers and 22 of the 25 widows lived alone and completely independently and most commonly in the marital home. Three widowers and 3 widows were in sheltered accommodation, one widower had moved into an annex at his daughter's house and one widower's unmarried son had moved in with him. Even so, these eight widowed people maintained a large degree of independence.

By virtue of the fact that all these widows and widowers lived independently, successful independent living had, to a greater or lesser extent been achieved. Ontological coherence is a sense of self garnered from the possession of a combination of biographical assets (see Chapter One), which are reiterated below:

- **Self-identity:** expressed satisfaction and self esteem
- **Physical and mental well-being:** health and functional abilities
- **Personal autonomy:** decision making and control
- **Socio-economic status:** income, former occupation and quality of environment
- **Social interaction:** social contacts, family and social roles
- **Gender:** which interacts with all above

The more positive the resource, the greater the degree of coherence. None of the assets can be viewed in isolation: there is inevitably a certain amount of association, for example, physical well-being is closely, although not essentially, allied to purposeful activity. That is, those people whose social recreation takes place in a Bowling Club, need to be sufficiently mobile firstly to get to the venue and secondly to play the game.

The death of a spouse is likely, temporarily at least and occasionally permanently, to cause the individual's slide towards ontological chaos. All of the widows and widowers I interviewed had been widowed for at least two years and the majority reported that they had come, or were coming to terms with living alone.
8.3 Self-Reported Coping and Gender

The question was asked about how they felt they were coping at the moment: "very well", "well", "quite well" or "not at all" (Table 8.1).

The gender differences are substantial in the "very well" category and balanced in the "not at all" category.

**Table 8.1 Self-Reported Coping by Widows And Widowers**

<table>
<thead>
<tr>
<th>Self-reported coping</th>
<th>Very Well</th>
<th>Well</th>
<th>Quite Well</th>
<th>Not at all</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Widows</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alice (80)</td>
<td>16</td>
<td>4</td>
<td></td>
<td>2</td>
<td>25</td>
</tr>
<tr>
<td>Cynthia (66)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Celia (75)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ethel (78)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Iris (88)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ingrid (74)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Janet (75)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>June (67)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Joy (92)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lily (76)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lotte (74)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mary (70)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sally (71)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Susan (65)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vi (87)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Winnie (78)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Widowers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cyril (85)</td>
<td>9</td>
<td>8</td>
<td></td>
<td>6</td>
<td>26</td>
</tr>
<tr>
<td>George (68)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jesse (80)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jock (70)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kevin (70)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Michael (91)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paul (73)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Richard (76)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tom (75)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eric (74)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Henry (74)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ian (72)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Les (68)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Malcolm (75)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reg (75)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Russell (79)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bill (92)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ernest (87)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Geoffry (75)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Howard (81)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jack (81)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Matt (84)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leo (86)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mikail (84)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mervyn (82)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sixteen of the 25 widows considered that they were coping "very well", four that they were coping "well", two that they were coping "quite well" and three said they were not coping with life alone. Nine of the 26 widowers considered that they were coping "very well", eight that they were coping "well", six that they were coping "quite well" and three said they were not coping with life alone.

**Gender Differences and Coping**

This section develops in more detail, some of the gender differences in coping and adaptation to widowhood and how self-perception may have altered over time. Lopata (1979) and Martin Matthews (1989) point out that the experience of widowhood is not static but a "process", and this process, it could be argued involves travelling back and forth along the ontological coherence-chaos continuum.
There was a perception, held by both widows and widowers, that women were emotionally stronger than men and therefore better able to cope with aloneness and loneliness:

Elizabeth: Women are much stronger, love. They've had to be, to cope with everything that goes on in their lives - all the changes.
(Mrs EJ, aged 78, m 49 years, w 4 years)

Celia: I think 99% women are stronger, I think. Mainly because they are doing things all the time. They don't stop doing things.
(Mrs CT, aged 75, m 28 years, w 12 years)

Howard: They seem to cope much better. I suppose they're better equipped. They do seem to be able to do things.
(Mr HW, aged 81, m 56 years, w 2 years)

The widows consistently spoke of their psychological strength and resilience in coping with all the changes in their lives, including widowhood, whereas the widowers saw women's practical abilities as contributing towards their greater adaptability:

Ingrid: I don't think men are so strong as women somehow, do you? I think probably that men probably feel much sorrier for themselves. Somehow. I think they are rather babies. Awful to say it. I think they want to be pampered more.
(Mrs IG, aged 74, m 41 years, w 7 years)

Iris: I think women are stronger than men. I think they can bear pain and everything more than men. Men need someone to look after them, really. They need someone.
(Mrs IB, aged 68, m 42 years, w 4 years)

Joe: I think women possibly can cope better with being on their own. In the house and everything, getting on with things.
(Mr JE, aged 65, 1): m 30 years, w 1 year, 2): m 3 years, w 2 years)

Both widows and widowers spoke of emotional loneliness, but a woman's relative strength is seen to come from her greater ability to cope with the "aloneness", especially in the private sphere of the home, where she may have spent long hours alone while her husband was in employment. In a couple orientated social world, a widow is more likely to feel "alone" in the public sphere where she had been accompanied by her husband. Her aloneness is therefore more likely to associated with what her husband stood for: financial security and social status, for example:
Elizabeth: Well, you can’t really go anywhere on your own, without a husband, can you? We used to go everywhere together, we did all that charity work together after he retired. They all loved him. I miss that, terribly.
(Mrs EJ, aged 78, m 49 years, w 4 years)

For the widowers, their sense of loneliness and aloneness comes from not only missing the person, but missing what she did for him:

Cyril: A man always misses a woman in the home. As I said to you, there is no home without a woman in it. The foundation is gone, the foundation of the home is gone. There is nobody there, it is not the same in a house.
(Mr CB, aged 85, m 53 years, w 6 years)

Eric: Widowers lose so much of what they’ve had over the years with their wives. Being taken care of.
(Mr EJ, aged 74, m 38 years, w 13 years)

Mikail: Man is lost without a wife. I think maybe man is more upset without a wife than the other case. The man misses the home.
(Mr MA, aged 84, m 37 years, w 2 years)

Therefore, although both men and women missed the person who has died, how well they coped with solitary living depended on what role that person played and whether it was predominantly in the public or the private sphere. My research indicates that men unused to being on their own in their house and looking after themselves within the home, are more likely to find the private isolation intolerable.

Although the men who had been carers possessed a degree of domestic competence which was seen as an important factor in coping particularly in the early months following bereavement, there was no concept of “continuity” of life unlike that expressed by the widows. With their wife gone, there seemed no point in carrying on without what had become the focus of their life.

For the women, the continuity of domestic tasks was seen to ameliorate the loss of role as carer: they had always carried out most of the domestic labour and looked after family members, in sickness and in health:

Celia: Oh, I think women get on with things because they have to. The house still needs to be cleaned, doesn’t it? You’ve still got to do the housework, that doesn’t change. ... She’s doing the same things as she was doing before. What changes is that she hasn’t got her husband to talk to.
(Mrs CT, aged 75, m 28 years, w 12 years)
Part of the reason why women could be seen to cope better and recover more quickly from the loss of the caring role than men is because their “taken for granted” and mostly “invisible” role within the home was not shattered to the same extent as it was for the men who, by and large, had taken on the role of carer of a sick spouse late in life. By this I mean that particularly for this generation of women, caring, home and domesticity were comprehensible, manageable and meaningful to them. Take away the caring aspect and there was still “safe ground” (home and domesticity): they are better able to cling on to an ontological cohesiveness learned over years.

This differs fundamentally from the men who had never looked after themselves, or who had only comparatively recently taken on the new roles of caring and domesticity. Latter life male spouse carers were not only highly “visible” but attracted a high degree of admiration, both in the private and public spheres. The loss of their spouse, and the loss of the “kudos” they enjoyed as a male carer, meant a serious fracturing of their sense of personhood. Without the “continuity” and normalcy of self-care, they were more likely to take longer to “pick up the pieces” of their lives.

There were also gender differences in the degree of self-reported coping, which emphasised what was important to the individual. For example, Jack (81) said he was only coping “quite well” compared to six months before the interview because arthritis in his wrist had prevented him playing his usual twice weekly game of squash. Sport and the Squash Club were extremely important to his well-being and he continued daily to attend the club on a social basis. Pam (67) on the other hand, considered she was still coping “quite well” despite rapidly deteriorating sight and health status as a result of her acute diabetic condition. She continued to look after her grandchildren during the school holidays and occasionally at the weekends, and felt important because she remained useful to her daughters. The contrast was in the significance of public and private spheres in the maintenance of self-esteem.

Widowers and Coping

It was easier to make general observations about the widowers and their reported coping than it was the widows, because they presented with more clearly defined patterns (Table 8.2).
Social activity and new partnership formation will be discussed more fully in the following two chapters, therefore, although these issues will be mentioned as they relate to how the widowers consider they are coping, they will not be developed in this chapter.

Table 8.2  **Widowers and Coping**

<table>
<thead>
<tr>
<th>Widowers who were coping</th>
<th>were and tended to be</th>
<th>across the age range (66-91)</th>
<th>in good health</th>
<th>competent domestically</th>
<th>financially secure</th>
<th>widowed over 5 years</th>
<th>car owner and driver</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;very well&quot; (9)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Widowers who were coping</td>
<td>tended to be</td>
<td>under the age of 75</td>
<td>in reasonable health</td>
<td>competent domestically</td>
<td>financially secure</td>
<td>widowed under 5 years</td>
<td>in a relationship</td>
</tr>
<tr>
<td>&quot;well&quot; (8)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Widowers who were coping</td>
<td>tended to be</td>
<td>over the age of 80</td>
<td>in poor health</td>
<td>quite competent domestically</td>
<td>on lower incomes</td>
<td>in rented accommodation</td>
<td>ceased driving</td>
</tr>
<tr>
<td>&quot;quite well&quot; (6)</td>
<td>and tended to have</td>
<td>widowed under 5 years</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Widowers who were coping</td>
<td>tended to be</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&quot;not at all&quot; (3)</td>
<td>and were</td>
<td>over the age of 80</td>
<td>in poor health</td>
<td>in need of domestic help</td>
<td>on low incomes</td>
<td>in rented accommodation</td>
<td>ceased driving</td>
</tr>
<tr>
<td></td>
<td>and had</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*The Significance of Biographical Assets*

The major factor in the positive self-reported coping and expressed satisfaction for men was financial security, the major negative factor being ill health. Wealthier widowers, even if they were not particularly healthy, as in the case of Michael (91), could either buy in services or had sufficient funds to attract a partner, or both. The widowers who were the least well off, had the least good health and were the oldest,
were the most isolated and tended to be further down towards ontological chaos end of the continuum.

Coping "very well": All of the nine widowers who reported that they were coping "very well" were financially secure with good pensions and most had equity in the form of savings, stocks and shares. Michael at 91 was in the least good health, but he was very wealthy, still drove his car and was the only one of this group in a relationship. All the others considered they had good health "for their age" and were involved in activities outside the home including sport and social clubs. Cyril (85) and Tom (76) were the only two without a car but both lived in central London and frequently used public transport with their bus passes.

Coping "well": Five of the eight who considered that they were coping "well" were in a cross-gender relationship (Eric, 74; Henry, 74; Ian, 72; Joe, 65 and Les, 68). They said they were able to look after themselves although they generally did not enjoy cooking. They tended to be financially secure and to be home owners, usually living in the marital home. However, in one case, Joe (65, and the youngest widower in the study) had recently bought a house with a smaller garden (his second wife had been a very keen gardener) and was cohabiting with a widow (he has married for the third time since the interview). All were car owners and drivers except Malcolm (75), who lived in central London and had a bus pass.

Coping "quite well": Four of the six who considered that they were coping "quite well" had moved soon after the death of their wife - Howard (81) into an annexe of his daughter's house; Ernest (87), Geoffrey (75) and Matthew (84) into a Christian brotherhood foundation which provided sheltered accommodation. These four (three of whom were over the age of 80) said they were could not bear living alone, they hated staying in the house that had so many memories, but the sheltered accommodation gave them the compromise of company when and if they needed it. Of the others, one was Jack (81) who was no longer playing squash, but was otherwise in good health. The other in this group, Bill (92) had poor health and had been coping "well" until a couple of months before the interview. Jack and Howard (both aged 81), and Bill (92) still drove, although Bill said this was now infrequently because it was so expensive.
Not coping: One of the three who said they were not coping at all well was Leo (86) who had recently had an unsuccessful hip replacement which was giving him great pain (subsequent to the interview, I discovered that he had been readmitted to hospital because it had not been a success):

Leo: The loneliness, that's the worst, I mean before I broke my leg I was busy the whole time, doing me own washing and ironing and all the cleaning. Now I'm so lonely. I don't see anybody really. Lonely.
(Mr LD, aged 86, 1): m 42 years, w 1 year; 2): cohab, 13 years, alone 3 years)

The loneliness of which he speaks did not include mention of missing his partner who died three years previously, with whom he cohabited for 13 years after the death of his wife of 42 years. Rather, it referred to his isolation, his aloneness as a result of his deterioration in health.

The remaining two, Mikail (84) and Mervyn (82) were widowed two and four years respectively before their interviews and both were housebound with leg ulcers. Neither of these had come to terms with the loss of their spouse, and, coincidentally, both wives had suffered from Alzheimer's. All were over the age of 80, lived in rented accommodation, had low incomes, but just enough to exclude them from the benefits system. All three were quite depressed but very willing to talk. They said that no one was really interested in them now, and were grateful for the opportunity to speak about their lives and their late wife.

Widows and Coping
Unlike the widowers, it was very difficult to construct a schema which illustrated why the widows responded as they did to the question of how they considered they were coping. It was hard to find any homogeneity among the widows in relation to their reported coping. All except two had either coped "very well" or "well" at some stage after widowhood.

Coping "very well": The group of sixteen widows who considered that they were coping "very well" were not homogenous, varying in age, length of widowhood, length of husband's last illness, access to financial resources, presence of adult children, and self-reported health status. However, their common ground was that they all said they "kept busy", "just got on with things": there was a determination not to stagnate:
Ethel: Not sit around moping.... You've got to keep going.  
(Mrs EH, aged 78, m 47 years, w 7 years)

Ingrid: You can't grieve for ever, you've got to - life goes on and if you keep on - you've got to make the effort yourself. You really have. Of course, nobody likes a moaner, when you keep on moaning. I mean I sort of - you've got to get up and go. Which I have done. And it does help.  
(Mrs IG, aged 74, m 41 years, w 7 years)

Nearly all the widows, however they considered they were coping at the time of the interview, volunteered that after the initial period of shock when they felt completely disorientated - usually a couple of months, they "pulled themselves together". They were anxious not to be thought of as "miserable moaners".

Table 8.3  Widows and Coping

<table>
<thead>
<tr>
<th>Widows who were coping</th>
<th>were and tended to be</th>
<th>across the age range (65-92)</th>
<th>in reasonable or good health</th>
<th>mostly financially secure</th>
<th>widowed over 5 years</th>
<th>car owners and drivers (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;very well&quot; (16)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&quot;well&quot; (4)</td>
<td>tended to be</td>
<td>over the age of 75</td>
<td>in reasonable health</td>
<td>reasonably financially secure</td>
<td>former car owner and driver (3)</td>
<td></td>
</tr>
<tr>
<td>&quot;quite well&quot; (2)</td>
<td>were and had</td>
<td>under the age of 70</td>
<td>non-drivers</td>
<td>rapidly deteriorating health (1)</td>
<td>just retired (1)</td>
<td></td>
</tr>
<tr>
<td>&quot;not at all&quot; (3)</td>
<td>were and had</td>
<td>across the age range (70-83)</td>
<td>in poor health</td>
<td>never come to terms with widowhood (2)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Paradoxically, there is also a societal and thus personal expectation that widows grieve deeply and inconsolably for the dead husband. Six of the widows who said they were coping "very well" admitted to feeling guilty because they no longer mourned the loss of the person to whom they had been married in the latter years. In fact, they felt relief at his death. The ones who expressed this, reported very
difficult final years of their marriage, particularly if the spouse suffered from Alzheimer's Disease or Dementia. For these women, their bereavement started before the death of their husband, when they felt they had "lost the man they married". It was the loss of what the husband stood for in society rather than his presence that they grieved. They felt loneliness as a result of loss of status as part of a couple in a couple orientated society, they felt loss of income as a result of a reduction in the late husband's pension and they felt vulnerable, especially at the prospect of being taken advantage of (for example with "cowboy" repairers).

Coping "well": Two of the four widows who considered that they were coping "well" had been widowed less than five years, (Beattie, 87 and Elizabeth, 78). Their husbands had either died suddenly, or had experienced a short illness. They said it took some time to accept their loss, but they were improving by the year. It appears that they are travelling back towards the coherence end of the ontological continuum. The other two had recently been unwell (Margaret, 74 and Rosie, 78) both with chest infections which meant they were restricted to the house and they felt a bit lonely. These last two had been coping "very well" until the recent onset of illness, therefore their feeling that they were not coping as well at the time of the interview appears more related to their current poor health than to being widowed. These two could be seen as sliding back down the ontological continuum. As mentioned before, feeling unwell, being restricted to the home and reduction in social contact can have the result of contemplation of the loneliness of widowhood. Former, happier days with a spouse are remembered.

Coping "quite well": The two who thought they were coping "quite well" said that they had been coping "well" until comparatively recently. Pam (67) mentioned above, who suffered from diabetes, still enjoyed looking after her grandchildren and was determined to stay active and independent for as long as possible.

Victoria (65) had recently retired from working in a school as a dining room assistant, where she had been paid cash, and since the death of her husband, had managed to pay most of her bills by cash. Her previous job, from which she had been made redundant, was as an administrator in a pharmaceutical company when her salary had been paid into a joint account which had been administered by her husband. Now, she had difficulties with organising her finances because she only had a Building Society account:
Victoria: Last night it took me over an hour, looking for a P60, 'cos my son-in-law is doing my tax form for me. So I had to literally empty everything in the desk upstairs, because I'm so haphazard. Instead of putting it all to one side in an envelope. And I always get the water rates and the council tax muddled. I have to take one to one bank, and one to the other, because I haven't got a bank account. So I take one to one bank where they don't charge you and the other one to the other bank. So I have to get the bank right.
(Mrs VH, aged 65, m 31 years, w 13 years)

Victoria felt that now she was retired, she was a little bit "lost" but thinks that she will feel better when she "gets used to it". The job she had, had kept her busy and so her self-reporting of a reduction in her coping related more to her retirement than to coping with widowhood. However, the need to organise herself and to get used to her aloneness when she and her husband had looked forward to retirement together, made her more reflective about life without him.

Not coping: Beryl (83) said she was depressed because she was so lonely without her husband, but really, it was related to the loneliness she felt since she gave up seeing a male companion with whom she had had a very enjoyable time for ten years. He was not in good health and had moved in with his daughter some miles away. Therefore, her unhappiness had more to do with her present emotional state than her widowhood:

Beryl Since G went to his daughter's, I just don't want to go out. ... I feel very lonely at times.
(Mrs BL, aged 83, m 50 years, w 10 years)

Unlike Beryl, who until recently had been happy, the other two who considered that they were not coping well "at all" said they had never come to terms with their loss and did not envisage a time when the pain would be less. Odette (79) had been widowed for 15 years, was financially secure but has never recovered from the shock of losing her 10 year younger husband in a car accident (he was 54 and she was 64 when he died). She spoke of him constantly, referring all the time to "when he was killed" rather than "when he died". She said he was never out of her mind. They had planned and built a large house together and for a while before the compensation for the accident came, it looked as if she would have to leave the house which she was desperate not to do:
Odette: He is very much with me still ... because everything I look at I can say "Oh, I remember when he did that". The only time I wouldn't be able to feel him around with me is if I had to leave. I see him all the time here.

(Mrs OD, aged 78, m 26 years, w 15 years)

Sarah (70) who had been widowed for 22 years, had never handled any financial matters, except cash housekeeping, before her husband had died intestate. He had been very ill for 18 months before he died, most of which time he spent in hospital. She told me he had been an excellent money manager and "paid every bill as soon as he got it". I tried to probe the reason for the lack of a Will, and her reluctance to take any financial responsibilities during his final illness, but she became very defensive and tearful. I decided not to pursue the subject. There had been a great deal of secrecy and controversy about the cause of death, the doctors having been convinced that his liver cirrhosis and cancer was as a result of alcohol abuse, which was then and continued to be, strenuously denied by Sarah. She told me that all "medical" people automatically assumed the worst. However, she did however admit to having a drink problem for about nine months following the death of her husband:

Sarah: Then I started to drink. Thinking that that was - oh it was bucking me up, yeah, no end. I could talk to people. I could go out. I could meet people on the street, it was great. Whisky, bottles of it. And my son-in-law tumbled to what I was doing. And my daughter. And of course, after what [daughter] had gone through with her dad, she was worried about me.

Int: Was your husband a drinker?
Sarah: No, NO! And of course. She [daughter] didn't want to see me drinking. And then she was waking up screaming in the night, having nightmares about me, about her Dad, about me drinking.

(Mrs SD, aged 70, m 28 years, w 22 years)

It is possible that a part of her continued unhappiness even after 22 years of widowhood is her inability to accept the cause of his death.

These two women, both widowed for many years, had never come to terms with living alone. The common experience was that neither was able to accept the manner of the dying of their husband. Both said that never a day went by without thinking about their late husband and how unhappy they were:

Sarah: Well, I'll tell you something, there's not a day go by but I think of him.

(Mrs SD, aged 70, m 28 years, w 22 years)
Widow’s self-reported coping therefore, appeared to be related more to “invisible” biographical assets of psychological strength, support systems and new-found personal autonomy. Men’s coping appeared to relate to the “visible”, “tangible” biographical assets, such as money, independent transport arrangements and good health.

Coping and Alcohol Use

Sarah was the only widow to have admitted the use alcohol as a prop after the loss of her spouse, and she stopped within about nine months. Cynthia on the other hand, had been a heavy drinker for several years before the death of her husband and admitted to continuing to drink heavily in widowhood. The other widows either drank very little, or not at all.

Five of the men admitted to having drunk much more heavily after they were widowed, but only Tom, who had been a lifelong heavy drinker said it could be considered a problem now. A recent fall after which he lost consciousness, and the wish to buy a computer made him determined to give it up:

Tom: Yeah, I’m trying to give it up now because I want to get an Apple Mac computer. I’m fed up with drinking. I drink Vodka. I’ve been a heavy drinker, especially after my wife died. When they took my bloods at the hospital [after the fall], the doctor said “Oh, this is the chap, isn’t it? You would need to put a bit of tonic with your blood.” I was a real Bloody Mary! [And I said] "It was as bad as that?" [And she said] "Oh yes, you’re a hard drinker aren’t you?" But I’m giving it up now.
(Mr TD, aged 76, m 43 years, w 8 years)

The older the widower, the less likely he was to drink anything at all, or more than five units of alcohol a week, although the younger widowers (under 75 years) said they usually had one or two drinks in the evening, and more if they were out socialising. This supports Cooper et al.’s (1998) findings on the decline in alcohol consumption with increasing age.

8.4 Widowhood and Self Esteem

Both the widows and the widowers said that in terms of “keeping going”, they thought women found it easier to carry on because “they’ve always got something to do, to get their minds off things” (Ingrid, 74). For women, both sexes argued, there was
much more a sense of continuity of tasks after widowhood. The men spoke of the
women being "competent, busy, immaculate, organised". However, successful
independent living means taking on some of the tasks carried out by the dead
spouse.

The widowers were proud of their achievements in looking after themselves after
the death of their spouse. In particular, the cooking of a Sunday meal was viewed as
an especially creditable accomplishment. However, if a daughter or son's family
were near, then the widowers tended to go there for the Sunday lunchtime meal on a
regular basis. For them it had become part of their weekly routine and an
expectation of both generations, one to have a good, well cooked meal once a week,
and the other to be happy that they provided it. It also meant that the widowed father
or father-in-law was seen regularly and monitored for his well-being:

Eric: Sunday lunches are almost a ritual, go to Sunday lunch if I'm not doing
something else.
(Mr EJ, aged 74, m 38 years, w 13 years)

Jock: I go there on Sundays, for lunch. He [son] lives in the village, so it isn't
far to go. ... If I'm over there on a Sunday and the weather's nice, I'll do a bit of
gardening for them. ... Sometimes, I have my grandson to stay on Saturday
night [his son's night off] and we go over together in the morning.
(Mr JS, aged 70, m 34 years, w 6 years)

Les: I see them virtually every weekend. I go there nearly every weekend for
lunch on Sunday, and I do quite a bit of babysitting, day time and evening.
(Mr LE, aged 68, m 36 years, w 3 years)

Both Jock and Les "sang for their supper", as did most of the widowers who lunched
with family on Sundays, by helping their adult children with gardening or babysitting
or doing "odd jobs" around the house. Eric (74) helped his adult and grandchildren
financially rather than practically, paying for special treats and outings and so on. It
was in this way that the widowers felt able to reciprocate the support and hospitality
given to them by their family. In this way too, they maintained an enjoyable
involvement with grandchildren.

None of the widows went regularly to an adult child for Sunday lunch, but did go
for family occasions and special days: Mothering Sunday, birthdays and so on:

Iris: You know, at first, every Sunday, J [daughter] used to say, "Come up for
lunch." So I did for about 8 weeks and then I thought, "No, I'm going to stop this".
It's the only day they have as a family and I'm not going to carry on doing this.
(Mrs IB, aged 68, m 42 years, w 4 years)
Celia: You can’t just keep going to your children all the time. You know, you’ve got to learn to live on your own.
(Mrs CT, aged 75, m 28 years, w 12 years)

Janet: I went to lunch on Sunday for the first few weeks, and then I thought “I’ve got to do this someday, so I’ll stop now”. They have their own lives to lead. I go for special days of course. I have them here, more often, actually.
(Mrs JB, aged 75, m 50 years, w 3 years)

The quotes above demonstrate the constant “thinking about others” that women do.

Cooking presented the most difficult challenge for some of the widowers, hence their great feeling of achievement when they made “proper” meals for themselves. All the widowers, including those who reported that they quite enjoyed cooking, admitted to buying ready-made meals, “take-aways” and sandwiches as well as at times, relying heavily on the frying pan for rapid meal preparation:

Henry: I start wondering half an hour before a meal, what I’m going to have for a meal. So I can’t work up any enthusiasm, doing stews and things like that. I tend to grill and fry. They keep saying that’s very bad for you. But I think, “so what?”
(Mr HT, aged 74, m 38 years, w 14 years)

The widows also admitted to occasionally buying prepared meals and “take-aways” but this was usually associated with periods of being so busy with other activities. For most of them, it was too expensive to do regularly, and besides, they could cook the food better, they considered, since they “knew what was in it”.

The widowers were also proud of their housekeeping skills, saying that they “kept the worst down” but did not always come up to the standard of their wife. They reported that they did not enjoy cleaning, washing and ironing, they thought it was tedious, but they recognised “that it had to be done”:

Cyril: You do your best, but your best is not up to the standard that a woman would be. No, no.
(Mr CB, aged 85, m 53 years, w 6 years)

Reg: Of course, again, that’s something I’ve done since she was ill. I did all the cleaning. I did the hoovering. I’m not saying now that it would be up to her standard.
(Mr RF, aged 75, 1): m 10 years d 10 years, 2): m 24 years w 2 years)

For most of the widows, their greatest achievement had been running the major finances after the death of their husband. Many said “I’d never written a cheque,
except for cash for myself”, “Never paid a bill”, “I didn't know where to start with the money”:

Pam: And of course, he used to do everything. I was a very spoilt lady. I didn't know what it was to worry about money, or how the bills were being paid or anything like that. He did the lot! And it came hard. And the girls never thought that I'd manage. But I did!
Int: You must have been quite proud of yourself.
Pam: Yes, yes! I mean it was quite easy for me to have said to the girls, “Well, you can take over where Daddy left off”. But I thought, “No, I mustn't; they've got their own life to lead”. So that was a big thing for me to do. But I did it.
(Mrs PR. aged 67, m 32 years, w 18 years)

Celia: But in those days, your husband had the money and that was it. You didn’t know what he had. The bills were paid and you were given the - I mean when G died, I hadn't paid a bill in my life because he just did the whole thing. You had your housekeeping money and that was it.
(Mrs CT, aged 75, m 28 years, w 12 years)

Some of the couples, when it became apparent that the man was not going to outlive his wife, organised their finances to make life simpler:

Ethel: He was very good. Soon as he got over the stroke, he said “Well, I'm going to make everything simple.” He was never one for shares, very much, but what he got, he sold and he got all the money side simple, you know, easy. So when he died, I, well, fortunately, and I would recommend this to anybody, all the accounts and everything were in joint names. So that all you have to do is go and have it all altered. ... So as far as that was concerned, all that sort of thing was tied up when he died. I didn't need a solicitor or anything.
(Mrs EH, aged 78, m 47 years, w 7 years)

Cynthia: As soon as he became ill. The first thing I did was, I drew money out of the Building Society, paid off the mortgage, paid off the bank. ... I got rid of lots of things, cut it right down to the minimum. Yes, I cope fine, all sorted out.
(Mrs CF, aged 66, m 40 years, w 5 years)

Taking over the finances was the most significant achievement for the widows in the study, most of whom had never made a major financial decision before the death or terminal illness of their husband. Although most reported having joint bank accounts and the deeds of the marital home were in joint names, they still did not make the major spending decisions. Having said that, three of the widows (Ingrid, 74; Susan, 65 and Odette, 79) said that they organised marital accounts, paying the bills and allocating resources such as holiday money. Also, Reg (75) said he had not paid a bill, or organised insurance since he married, as his wife had carried out all their financial transactions. He had to have his daughter and son-in-law to help him sort out a claim when he was burgled.
The main difference between taking on the domestic duties and taking over the finances, is that the widowers, even if they were well domesticated, said they did not enjoy the work whereas the widows ultimately enjoyed having financial control over their lives:

Celia: Not having someone to check up on you.
Int: Do you see that as an advantage, organising your own budget?
Celia: Yes, definitely. Most definitely. Controlling your money.
(Mrs CT, aged 75, m 28 years, w 12 years)

The finances were not the only area that the widows took on for the first time, either in anticipation of being alone, or after their spouse's death. A few were extremely proud that they had painted and decorated for the first time and all of them had, at some stage carried out household jobs with a hammer and screwdriver. Ethel (78) learned how to change a plug:

Ethel: You know, for instance, my husband couldn't put a plug on [any longer]. Well, I had to teach myself how to put a plug on, didn't I? I did all sorts of things around the house, still do now.
(Mrs EH, aged 78, m 47 years, w 7 years)

Iris (68), learned how to drive:

Iris: But of course, he couldn't see very well. He had to give up driving and everything. Do you know what I did? I learnt to drive. 64. I learnt to drive just before he died. He knew I could drive. Wasn't that lucky?
(Mrs IB, aged 68, m 42 years, w 4 years)

Whilst not diminishing the importance of driving to the nine widows in this study who continued to do so, the significance of owning and driving a car for the 17 widowers who continued to use their own transport, cannot be overstated.

Widowhood and Car Ownership
For men, whose lives have been spent in the public sphere, one of the most important elements of perceived coping was the ability to "get out of the house". An important feature of this was car ownership and the state of health which allowed them to drive. There were a number of 80+ and 90+ men who continued to drive in spite of having had heart attacks, mild strokes and failing sight. Rabbitt et al. (1996) examined current drivers' plans for retirement from driving and ex-drivers' reasons for having retired from driving. Results from the survey indicated that:
about a third of respondents who are still driving say that they intend to carry on driving until obliged to stop by circumstances which are both beyond their control and unforeseeable at present" (Rabbitt et al., 1996: 47).

The widows and widowers, both drivers and ex-drivers, in my study perceived driving as an aid to independence and mobility. For them, driving is associated with feelings of independence, control and an sense of identity. Rabbitt et al.'s study pointed out that a significant number of older drivers are reluctant to plan for driving cessation. Bill (92) had no plans to cease driving and is more likely to give it up because of financial considerations rather than ill health, even though he was not well at the time of the interview:

Bill: I don't use it very much. Not because I don't like driving, but buying petrol, paying the insurance - that's expensive, and I've got a bus pass. So I don't use it very much, and it's getting on in age and I won't get very much for it, so hell, I'll keep it. I still drive it. ... Mind you, the doctor's asked me several times "Are you still driving: Still got a car?" and I'm wondering whether she thinks I shouldn't be driving. And that's why she asks me.
(Mr BB, aged 92, m 49 years, w 9 years)

Michael (91), despite two minor strokes, still drove locally:

Michael: I'm not supposed to drive at night, and I'm not supposed to drive long distances. But I do drive. I do short journeys. ... For instance, I've got a favourite pub where I dine. Well, I get in the car and I drive there. I've got Orange Discs for Disabled Parking. Well, that's a most useful asset because I can go almost anywhere and get away with it. I'm still doing a bit of playing in the orchestra too. I can drive there. But it the weather's bad, I ring up one of the orchestra and say "Can you pick me up?" ... I mean, if I realised I was unsafe driving, I should give it up. But I'm not unsafe. The only thing is, I might be a bit of a nuisance to other motorists, because I'm on the slow side, shall we say. ... But I don't want to err on the side of getting over confident, that's the worst possible thing. My biggest trouble is balance really. I have to use a stick to balance.
(Mr MP, aged 91, 1): m 32 years, w 6 months; 2): m 19 years, w 10 years)

Yassuda et al. (1997) found that older drivers do acknowledge age-related driving difficulties and they attempt to ameliorate them by reducing risk-taking, such as avoiding night, long distance and poor weather driving. Rabbitt et al. (1996) found that there was a distinction between admitting to suffering from a problem, and admitting that a problem that one is aware of affects an activity like driving:

It seems likely that older drivers have gradually accommodated to slight problems and so rate them as not more significant, or even less significant than do younger drivers who have just begun to notice them (Rabbitt et al., 1996: 29).
Howard (81) only drove down to the local pub (about half a mile) and back and assured me he never drank more than two pints of beer. A recent knee operation limited his walking and the car was essential to him for his daily visit. Ernest (87) had only given up when his car was a “write-off” after an accident (he had driven into the back of a stationary lorry), and that had occurred less than two years before the interview, when he was 85 years old.

My research supports Rabbitt et al.'s (1996) UK study and Yassuda et al.'s (1997) US study which found no significant gender differences in reasons for driving cessation: health, safety or financial. However, my research reveals gender differences in those who have not ceased driving: no widows over the age of 78 years continued to drive, compared to four widowers over the age of 80 years. The women in my sample were also less likely than the men to have learned to drive, or they had learned to drive at a comparatively late stage in their life, in their 30s and 40s. Rabbitt et al. (1996) identified cessation of driving at a younger average age for those people who learned to drive in mid-life.

Issues of independence and coping were notably gendered: for the men, they were much more related to being able to get about outside the home; for the women, they were related to decision-making within the home.

8.5 Compensations in Widowhood
All the respondents were asked if there were any compensations in being widowed and the gender differences in their replies are stark.

Twenty one of the 25 widows immediately volunteered that there were compensations, the most frequently expressed advantage being as sense of “freedom”. It was not just the freedom from the domestic practicalities of cooking, cleaning and caring for another person, in fact, many widows continued to do this not only for themselves, but for adult children and grandchildren. It was more involved with personal freedoms, not having to take someone else into consideration, not being accountable to another person was seen as of paramount importance:

Alice: Well, the freedom for a start. I can go where I like and when I like. You see, and see what I want on the television without someone saying “Oh, it's
football tonight, you can't have it tonight." You know, sort of thing. Not that I have ever been television mad. No, my husband was, he was television mad. If he wasn't playing darts he was watching television. As I say, I do what I like.
(Mrs AS, aged 80, m 40 years, w 20 years)

Beattie: Oh yes, because you're freer. The times when I went out without my husband, I felt guilty. Now, I'm a free agent to go if anyone asks me.
(Mrs BP, aged 87, m 59 years, w 3 years)

Celia: Yes, like, writing a cheque out and the husband saying "What's that cheque for?" And the other thing, you don't feel guilty if you want to go out, as I sometimes have to, three nights on the trot. Works out sometimes once a month, three nights running. If you were married, I mean I was very conscious when I was with my husband of doing things like that. So you've got the freedom of going out when you want to go out. You're not beholden to anybody.
(Mrs CT, aged 75, m 28 years, w 12 years)

Ethel: Well, I do what I like. If I don't want to go somewhere I don't have to go, but if I do, I do.
(Mrs EH, aged 78, m 47 years, w 7 years)

Lily: I can come, I can go. I'm not answerable to anybody.
(Mrs LH, aged 75, m 47 years, w 10 years)

Lotte: You can do as you like. Do whatever you like. I've travelled a lot since then. ... I've done all sorts of things I couldn't have done before.
(Mrs LM, aged 74, 1): m 17 years d 6 years, 2): m 17 years, w 12 years)

Mary: I've had seven years now of doing exactly what I like for the first time in my life. I mean it sounds a bit callous but because I've never had any freedom - I suppose I thought I'd never missed it. ... For instance. I only watched on TV in the evenings, what he wanted to watch.
(Mrs MB, aged 70, m 47 years, w 7 years)

Margaret: I can do things when I want to do them, I can have my meals when I want them. If I don't want to eat at lunchtime, I can eat tea time. I can go out when I want to, I can go to bed what time I want to. I haven't anybody else to consider other than myself, which is a selfish attitude perhaps but it's true.
(Mrs MC, aged 74, m 27 years, w 14 years)

Pam: I do like my own space now. I like my own company. I never thought I would say that.
(Mrs PR, aged 67, m 32 years, w 18 years)

Rosie: Oh yes!! There's lots of good things!! I wouldn't give this part of my life up now, for anything. I mean, I can put the tally on when I want to and I can go to bed at nine o'clock every night, hot water bottle and a glass of hot mild. You can't do that when you're married. "Don't like that programme, turn it off." You don't get that now. ... But it's true, you can do what you want.
(Mrs RD, aged 78, 1): 6 months, w 5 years 2): m 22 years, w 28 years)

These quotes are only a few of the many which came from the interviews with the widows. The notion of not being "answerable" or "beholden" to anyone permeated the responses. Autonomy in terms of personal decision making - when to eat, when and where to go out, what television to watch, was more important than the freedom from caring, either in the day-to-day of housekeeping and cooking or in nursing a
sick spouse. Only the widows who cared for a husband with mental health problems spoke of the relief from caring intimately as an advantage, or compensation in widowhood:

Cynthia: I mean for two years, he used to come up to me and say “Do you live here? My wife’s dead you know.” It’s the most soul destroying job, looking after somebody who doesn’t recognise you. ... I walked in this house, and as I walked in the back door, the phone was ringing and - he’s passed away. And do you know something. Quite honestly, it was just a relief. I thought. “Thank God it’s over”. ... But now, quite honestly, I enjoy the tranquillity, the lack of trauma. The peace and quiet. Being able to do what I want to do, when I want to do. Eat when I’m hungry, sleep when I’m tired.
(Mrs CF, aged 66, m 40 years, w 5 years)

Alice (80) was relieved and pleased when her husband died after a short illness. Pregnant when she married at 20, she went on to have four more children and although she described the latter years as more settled, she considered that her life only began when she became widowed:

Alice: I could breathe at last. I could do what I wanted. ... I’ve always had to be independent. Because he liked to go out all the time playing darts in the pubs. So I was left at home with, you know, the kids. Now I could be independent because I wanted to be. [Original emphasis]
(Mrs AS, aged 80, m 40 years, w 20 years)

It could be argued that Alice actually improved her position on the coherence-chaos continuum after the death of her husband. She told me that when she came home from the funeral, she said to her best friend "I’m a merry widow now!".

Freedom and Selfishness
For Sally, as for many of the widows, their new freedom equated to selfishness:

Sally: Yes, there is freedom to do what I want - but it’s being awfully selfish!
(Mrs SH, aged 71, m 31 years, w 14 years)

The word “selfish” was frequently used by the widows, when describing their lives now, as opposed to when they were married, and how they view the lives that men have always led. Parallel to this admission of selfishness, was a sense of guilt at enjoying the freedom and autonomy which accompanies their release from their responsibilities as a wife. It was from this standpoint, therefore, that they were able to make sense of their changing role after bereavement. After widowhood, selfishness to the widows meant doing what they wanted, when they wanted and not
having to consider the needs of a partner. Several said the primary reason for not wishing to look after another man, was because they had become so selfish:

Celia: Don’t worry, I am content leading my own life. I think it’s pure selfishness actually, not wanting to look after somebody again.
(Mrs CT, aged 75, m 28 years, w 12 years)

Generally speaking, the widows thought selfishness was a bad thing and expressed some guilt at having become so:

Int: Is there anything wrong with being selfish?
June: Oh, I think so. Consideration for other people. If you don’t, if you’re not thinking of other people, considering other people, life could be pretty empty really.
(Mrs JM, aged 67, m 40 years, w 4 years)

Cynthia: I don’t want to take the responsibility of washing for somebody and ironing for somebody. And I can do what I want to do. It is selfish, absolute selfishness.
Int: Is there anything wrong with being selfish?
Cynthia: Well, I feel a bit guilty sometimes. You know, that I can do what I want to do and go out when I want to go out. I do feel a bit guilty.
(Mrs CF, aged 66, m 40 years, w 5 years)

Eric said his selfishness emanated from the fact that he felt so sorry for himself:

Eric: I felt very angry and sorry for myself. I suppose that’s being really selfish.
(Mr EJ, aged 74, m 38 years, w 13 years)

Richard observed that doing what he wanted, without considering another person was selfish, but he did not express any feelings of guilt, nor did he see this as being an advantage of living alone:

Richard: From a selfish point of view, you can do exactly what you like. I mean, you know, you’re never considering anybody else because there’s nobody else to consider. But I wouldn’t say that was any great advantage.
(Mr RH, aged 76, m 30 years, w 9 years)

This approach contrasted with that of the widows who felt that not considering anybody else, or at least as intensely as a spouse, was a benefit of being widowed. For the women, selfishness was frequently allied to feelings of guilt because they were not “doing good offices” whereas for the men, selfishness was allied to their apparent failure in theirs and others’ eyes to be independent and strong in adversity. One of the obvious consequences of widowhood for women is that they are no longer required to look after another individual to the same degree as they did whilst
married. For the widows, relinquishing of the role of "chiefly taking trouble for others" and being in the position, for some for the first time in their lives, of having only themselves to consider, meant they had shifted from being selfless to selfish, a characteristic they would normally attribute to men.

Unlike widows, the widowers did not equate selfishness with freedom, or freedom with advantages in widowhood. The widowers who cared for their wife in the final months and years, did not see the cessation of caring as a "freedom" largely because they had not considered their caring role to be burdensome. It seemed that the men gained satisfaction from the presence of their wife, regardless of her condition.

**Little or No Compensation**

There were only four widows who could find no compensations at all with being widowed, and three of these Beryl (83), Odette (79) and Sarah (70) were the widows who reported that they were not coping at all well. As I have discussed, Beryl's unhappiness was due as much to the loss of her "gentleman friend" as to her state of widowhood. Iris (68) considered that she was coping very well but was adamant that there were no advantages to being on her own:

Iris: NO! None at all. Not possibly. I think if you've had a happy marriage, you can't visualise not being married. Do you know what I mean? And thinking, "Oh, I'd rather be on my own" 'cos I wouldn't. No, no I can't see any advantages at all, yet.
(Mrs IB, aged 68, m 42 years, w 4 years)

It is interesting that she added "yet" to her response, as if she was prepared to modify her how she felt in the future. What she experienced, she considered, were minor freedoms which were no compensation for being without her husband.

Only six of the 26 widowers could find any advantages at all in being widowed, and Paul (73) was the only one to volunteer that his quality of life had improved since he had been widowed, although he expressed no relief at the death of his wife. Paul's wife had suffered from insulin dependent diabetes and cancer and he had become almost entirely home based for her final two years. He had given up bowls and darts which formerly had taken him out of the house during both the day and the evening. He said that he had taken these activities up again:

Paul: Because, from my point of view, I've been getting out a lot more. You see, when you're married you're inclined to be together and keep here, you
know. ... Oh yes, I think so, compensations. But I find going out and meeting people is the answer, you've to get out of the house.
(Mr PD, aged 73, m 39 years, w 3 years)

George (66) described himself as having "small freedoms":

George: You think "Oh, I fancy going out". I go out. I can just please myself without - I haven't got to try and work anybody else into me schedule and so on. ... If I want something, I just go out and buy it. I mean in the old days, I might have had to think twice. I can please myself. But these are only small freedoms. I would give them up to have her back.
(Mr GH, aged 66, 1): m 16 d 4 years, 2): m 4 years, w 17 years)

This reflects the gendered issue of public and private independence: the widows found widowhood resulted in a degree of freedom and independence within the home and widowers outside it.

None of the other 20 widowers found any compensations in being alone again. When they were asked about these "freedoms", that is, if they wanted to go out, their choice of television programmes and timing of meals and going to bed, and so on, they said they had not been a problem when they were married:

Jock: Yeah, but I don't see you get much more freedom. In fact, I don't think you get so much. I admit, well, I could before, I could say "I'm going so and so" and I would go there if I wanted to.
(Mr JS, aged 70, m 34 years, w 6 years)

Ernest: Compensations, no. We very seldom disagreed anyway, so I can't say it's that.
(Mr EL, aged 87, m 45 years, w 9 years)

The subject of personal autonomy within the home was not an issue with the widowers, most of whom were not aware of any conflict of interests.

The widows who reported an increase in personal autonomy, that they were coping very well or well and who were proud of their achievements since the loss of their husband, could be described as having undergone a large degree of psychological adaptation from the couple-orientated world of "we" to the single-identity of "me". The effect of allowing themselves to be "selfish" had created an altered self-identity whereby living alone, they took central stage, rather than providing the constant vigilance and nourishment for a husband. According to the
observations of the widows, their husband had normally put himself first. The self-
identity of a widower, therefore, was likely to have changed from "me, with you" to
"me, without you" and this is why the men found no compensations in widowhood.

8.6 Conclusions
This chapter has examined how older widows and widowers consider they are
coping with living alone more than two years after the loss of their spouse. There
was a general consensus that women cope better with widowhood than men and this
is borne out by the self-reported coping levels of the respondents in the study.
Sixteen widows compared to nine widowers considered that they were coping very
well, however, only two widows and two widowers considered that they had never
coped at all.

Self-reported coping for a widow tended to be primarily predicated on her state of
mind and health status, rather than her age, financial status or length of widowhood.
Never having been able to accept the death of their husband and depression tended
to be the reason for the reported poor coping of the widows. For the widowers, self-
reported coping tended to depend more on financial status and the ability to self-
care: poor finances, poor health and very old age were the most likely determinants
of poor coping for widowers.

The chapter explored the possibility of positive aspects of living alone and
concluded that the widows found several compensations for solo living but that the
widowers found few. From this can be concluded that although the widows often still
reported that they were "lonely", they had adapted better to living "alone" than the
widowers. The widows spoke of enjoying freedom and independence which they
had not experienced in marriage whereas the widowers, who had always had
independence, did not view widowhood as liberating.

The primary explanation for the widows' feeling of liberation was because they
had become "selfish", about which they felt some guilt, having considered
themselves "selfless" in caring for their husband and children. However, they gave
themselves "permission" to be selfish, often for the first time in their lives, and were
reluctant to relinquish this new life-style. This is not to say that the widows did not
care for others. The women in this study spoke of extensive family and friend
involvement where there were considerable caring responsibilities. The next chapter explores these responsibilities and mutual support systems of widows and widowers and examines the degree of peer and inter-generational reciprocity experienced by the older widows and widowers in this sample.
CHAPTER NINE

Friends and Neighbours:
The Support Systems
Kith (friends) and kin (family) networks are of paramount importance in providing a sense of place and role in one's personal history, present life and likely future. Friendship links and family ties do not exist in a vacuum but are lodged in specific contexts and settings and mean different things to different people at different times of their lives. This chapter examines the meanings of friendship after the loss of a spouse and the gender differences in spheres of friendship activity of older men and women who are left on their own (Slater, 1995). Not only gender, but class, health and life history are determinants in the quantity and quality of relationships (Arber and Ginn, 1993). There has been considerable interest in the friendships of older women (Jerrome, 1981) but not a great deal in that of older men, particularly widowers (Campbell and Silverman, 1987).

To love and be loved is one of the most powerful and fundamental driving forces for sustaining self-esteem and self-identity. A sense of purpose in continuing in life is bound up with interpersonal relationships provided by friends and family. For older widowed people, social interaction is mostly achieved through both inter-generational and peer reciprocity: the former being more, although not exclusively, allied to family, and the latter, to friendship matrices. Reciprocity is not always symmetrical, but does involve a notion of fairness. The balance may alter in any given situation, setting up a "turn taking" scenario (Hashimoto, 1996) which may be compensated over the life course. With the loss of a spouse, the survivor initially turns to family for support (Martin Matthews, 1980; Martin Matthews, 1991; Pellman, 1992; Lopata, 1996; Seale, 1996).

All the widows and widowers in this study reported increased involvement with family during the first months of bereavement, whether or not they had children. During these first few months, the men and women described the help and support given as primarily one way, from the younger generation to them. As the period of widowhood lengthened, there normally involved what Finch (1989) calls a balance
sheet of mutual support. Although not mutually exclusive, it is useful to subdivide this support into "practical" and "material" as mutual support can also be a gendered activity.

9.1 Inter-generational Reciprocity

The practical support given by widowed women and men largely reflects the gender divided labour experienced in the marriages of this generation. For example, the majority of the widowed mothers provided child care particularly during the school holidays and especially for working daughters and daughters-in-law. Susan (65), for example, has two sons with four grandchildren who she looks after regularly:

Susan: You see, J, the elder one who is divorced, he hasn't a home, so every weekend when he has his children, he brings them here. So I see them every week and the other ones, I'm regularly asked to baby-sit every Thursday afternoon. So I'm useful to both of them.

(Mrs SM, aged 65, m 32 years, w 8 years)

It was very important for the widows in particular to feel they were "useful" as their self-worth was allied to looking after others. However, they felt able to exert control over the amount of help they gave to adult children. For example, Susan quoted above, was able to say to her elder son that she would be unable to look after him and the grandchildren for on a particular date, as she had made other arrangements that weekend.

Les (68) and his wife went annually to their daughter and son-in-law's farm to help with the lambing. His wife used to look after the children and he worked with the lambs. The February after her death, Les took over his wife's role on the farm:

Les: Come lambing, it's a very hectic time, a very wearing time. So we used to go down early February and stay for 5 or 6 weeks. After P died, I went down when J [daughter] had the second baby and sort of took over household duties - surrogate mother and grandmother. Came back from that and a couple of months later, did the same for C [daughter-in-law]. So that made quite a bonding.

(Mr LE, aged 68, m 36 years, w 3 years)

Jock (70) and Jesse (80) said how much they enjoyed helping by doing the garden for their children and "babysitting" their grandchildren. Tom (76) and Reg (76) said that they had recently helped their children move house. Widowers reported that daughters who lived near often cooked and froze meals for them. Some did
laundry for their fathers and Russell's daughter carried out a yearly "spring clean", doing all the curtains and upholstery, etc even though he paid a cleaner to come in weekly.

Material support tends to be one-way but it is not confined to one direction. Some widowed parents helped out financially with their children and particularly grandchildren, school fees or school outings and starting savings accounts, for example. Widows who had been left with a car and didn't drive, and widows and widowers who were no longer driving, more often than not gave the family car to a son or daughter.

Often, adult sons and daughters helped their parents materially, not so much with cash, but with special treats, such holidays or day trips, the theatre and concerts. Tired household appliances, such as vacuum cleaners and washing machines were replaced. In this study, the widowed mothers were helped materially more than the widowed fathers, and the widowed fathers were better placed to help their sons, daughters and grandchildren financially.

Most of the widows, regardless of age, tended to pick up the threads of their friendships within a few months of being widowed. They continued to have close contact with their adult children, but similar to the pattern established in marriage, their networks were wide and not exclusively family orientated. The oldest widowers, those over the age of 80, tended to maintain close relationships with their children or nieces and nephews. Generally, the younger widowers became more self-reliant and required less instrumental support from family and so, except for Sunday lunch if they lived near, they gradually decreased their intensive involvement with them. These widowers too, began to see more of their old friends.

9.2 Friendship Matrices
As discussed in Chapter Six, most of the widows and the widowers spoke of their spouse as being a "best friend" and a "lovely companion" and the loss of this most important person had been devastating in virtually all cases. The main difference however, was that as well as the special relationship enjoyed with their husband, the widows had many more same-sex friends than did the widowers both during the marriage and after bereavement. Figure 9.1 represents a model of gender
differences in the breadth kith and kin involvement compared to the height of spouse devotion.

Figure 9.1  Model of Gender Differences in Kith and Kin Involvement
Outside Marriage

Widows

Widowers

= Breadth of kith and kin involvement and width of safety net

The verticals in these two triangles represent the similar degree of love expressed by both men and women for their spouse as "best friend". The horizontals represent the breadth of kith and kin involvement outside the couple companionate relationship.

The women had been socialised into developing a wide range of inter-personal social skills and consequently tended not only to have a large number of female friends, but to have had them for many years. I describe this as a broad based friendship distribution of emotional sustenance which serves to provide a buffer during times of trauma.

The widowers' long term same-sex friendships hinged more on occupational contact which, for most of them, had been lost on retirement. The friends they had in marriage were mostly couples, the wives being the prime movers in maintaining contact. For the men, therefore, their primary source of emotional sustenance had been their wife. This friendship distribution can be described as narrow based. The greater reliance on one person renders the men more emotionally fragile than women who have larger friendship networks.

The broad based distribution of women's same-sex relationships provided a protective element, whereas the narrow based distribution for men left them more vulnerable when the main prop, their spouse, was removed. This is not to say that
the widows were less desolated than the widowers at the collapse of their primary support, but their larger "safety net" served to help in the restoration of ontological coherence more rapidly than for widowers.

Friendships, especially those of long standing, are characterised by voluntary involvement and mutual affection, and whilst this can be said of the vast majority of kinship networks reported in this study, good familial relations were not enjoyed by all the respondents as will be discussed in a later section. The following section discusses peer reciprocity: mutual support emotionally and instrumentally among people of similar age, and primarily that of same-sex friendships, as differentially experienced by older widowed men and women.

9.3 Peer Reciprocity
Peer reciprocity involves kin as well as kith, that is, not only friends but siblings and cousins. Martin Matthews (1991) found strong emotional bonds between widowed women and their sisters. Her studies in Canada found siblings in contact several times a month, and 54% of the widows were involved in social supports with a sister and listed a sister as the person to whom they felt closest. On the other hand, Lopata (1973) found Chicago area widows very unlikely to list a brother or sister within their close support systems. They tended to list adult children or neighbours.

In this study, both widows and widowers reported close contact or at the least, frequent communication with siblings, the widows having the closest relationship with sisters and, not infrequently, sisters-in-law, especially if they too were widowed. Because the widowers in this study tended to be older, and the average life expectancy for men is lower than for women, surviving siblings were generally sisters rather than brothers. The most frequent contact was by telephone, but for those widows and widowers who were living in the area in which they grew up, regular (weekly or monthly) meeting in either home was common. The importance was in providing a sense of long term, shared history, one source of continuity in a time of disjunction and chaos.

Friends and neighbours were also reported as providing stability in a period of emotional upheaval, and the widows in particular recognised them as instrumental in
re-establishing a sense of self and worth. Jerrome (1996) suggests that even an apparently asymmetrical relationship can be mutually rewarding, though different items are involved in the exchange. For example, a neighbour may drive an older person to do his or her weekly shopping, who in exchange, may feed the neighbour’s cat when they are away. The time and effort involved may seem unequal, but the services are mutually beneficial and rewarding for the two neighbours (not forgetting the cat).

**Friends and Neighbours**

Research has shown that good friends and neighbours are thought to be more important to retired people than family (Jerrome, 1981; Wenger, 1984; Pohjolainen, 1995). For the widows, multiple same-gender friendships were a great force in the reconstitution of identity in a world that is couple orientated. They expressed a greater feeling of equality in giving and taking than with their families: entertaining each other for coffee and meals, giving and receiving moral support, having mutual interests and life experiences and shared philosophies. The vast majority reported having maintained friendships, many of them with neighbours, for several decades, most from early marriage and when their children were small, but some from school and their first jobs before marriage. Iris spoke of her friends and the most important attribute was that they “didn’t interfere”, but “we’re there if we need each other”:

Iris: I’ve got very good neighbours. This one, she’s a widow, she was widowed before me and she was smashing when I lost J, she really was. I think if you’ve got good neighbours, this is - well, it’s half the battle, isn’t it really? This little corner ... the people in the next two houses, we’re all very much the same age, all widows. We’re quite good neighbours, but this one is a particularly good neighbour, really. You know, she doesn’t interfere, we’re not in and out the whole time, but we’re there if we need each other.

(Mrs IB, aged 68, m 42 years, w 4 years)

She and her neighbours belonged to what Lopata (1979) terms, "a society of widows", but not all her friends were widowed:

Iris: Because you know, it’s quite surprising. We were all younger mums and all our daughters went dancing together, to the dancing school. There’s 12 of us and we still meet once a fortnight for coffee. As a matter of fact, I did it yesterday, it was my turn. And that is lovely. And at least six of us are widowed. You see, I’m quite fortunate with friends, because you see, I worked for Telecom, right from I was 16 years old. And then I had seven years off and then I went back afterwards, so I stayed there until it closed down in East Grinstead, you see, I was 59 then. And so I’ve got quite a lot of friends on that side as well. ... On our birthdays we all six of us [from Telecom] go out for a meal, so the next one is my birthday in July. We go out and have a nice meal and then once a month, the ones that we worked with in latter years, there’s about 14 of us. We go to the
Greyhound pub and have a lunch. Usually, it's the first Friday of the month, which is nice.
(Mrs IB, aged 68, m 42 years, w 4 years)

Their feeling of self-worth was registered in terms of the quality and quantity of social contact, pride in the number of Christmas cards sent and received, and knowing that someone can depend on them. Over the years, as each woman has been widowed, the women from the groups (dancing, work and neighbours) rallied round, receiving and providing support as needed:

Bill: Well, I've seen a few along here. And they've got things more organised. They're more chummy than men, I think. Women together. More chummy. As a result, they give help more to each other. When they are widows, or spinsters. I think they help each other more. The man, the male's inclined I think, to go his own way a lot. ... I think they've got more companionship with each other. More than the male has. They go into each other's places more.
(Mr BB, aged 92, m 49 years, w 9 years)

Marital status in the group described by Bill, is not an issue, since they would have met for years without a husband present. This has the effect of providing a sense of continuity not felt when meeting with "still married" friends the widow and her former husband had known as a couple. These group dynamics also gave the widows permission to "laugh without feeling guilty".

When these women were first bereaved, they could not imagine ever enjoying themselves again, and indeed reported being upset when people around them did so. When they did start to enjoy themselves again, they were fearful that they would be considered a "merry widow". They admitted to feeling guilty at enjoying themselves whilst mourning a lost spouse. Their main fear was that they should appear to be reconciled with their loss and thus be seen either as "betraying" the memory of their lost love, or worse still, "available" for a new relationship. Widowed at 36, Winnie (78) said she was viewed as a "marriage wrecker" by some women, especially if she was seen to be laughing with a man. At home, with female friends, particularly other widows, they were more relaxed, and this enabled them to have an enjoyable time without invoking criticism.

The significance of "having a laugh" was emphasised by all the women who described meeting with, and going out with a group of friends. The theme of group support and shared enjoyment ran through all these accounts. I found little evidence
of this when men talked about their social lives: there was only one case of a
widower who met twice a year with old Air Force friends from the War, which is
discussed later.

The men did have enjoyable times but they were in the context of small, intimate
groupings, with immediate family or a cross-gendered relationship or alternatively as
cross-gender partner in recreational activities such as ballroom dancing, golf or
racquet games. This reflects the broad and narrow based friendship distributions
described at the beginning of the chapter.

As already pointed out, these patterns were established during marriage. Several
of the widowers spoke of their wife as "very sociable" and "gregarious" and how she
was loved by so many people. Some of them spoke of regrets at not having being
responsive to their wife's sociability:

Les: I'm very much a "home bird". Which used to annoy P. ... She did prefer
go to out more than I did. Looking back on it, I think I wish I had gone out more
with P. You know.
(Mr LE, aged 68, m 36 years, w 3 years)

Russell: She was extrovert, very go ahead. Loved going out, being with
people. I'm more of a "home bird" really. Now I'm home too much.
(Mr RH, aged 79, m 52 years, w 2 years)

Some widows also regretted that their husband was not as sociable as they.
They would have liked to have attended more evening gatherings and some of them
spoke of frustrations at not being able to travel, especially when the children had left
home:

Beattie: He died in May, if he'd lived 'til the June, it would have been 60 years.
He didn't like parties and I said to him "We're having a party". "Well," he said
"you won't expect me to be there, will you!". Of course he wasn't. But he didn't
like parties, no. ... I never met such a contented man. Didn't want to go
anywhere. And I didn't take easy to being confined and I was always thinking of
the things I was missing. Going out. I would love to travel, even travel, you see.
He wouldn't.
(Mrs BP, aged 87, m 59 years, w 3 years)

Int: So you got to your Ruby Wedding Anniversary?
Alice: We didn't have any anniversaries, my husband didn't want them. No. I
don't think he wanted to be reminded. He was just that type. He didn't want to
know anything about birthdays, anniversaries, anything. No. No parties or
celebrations.
(Mrs AS, aged 80, m 40 years, w 20 years)
Celia: I probably think that as time went on, we grew a little further apart. We were quite content. It was just contentment, that was it really and truly, I suppose we could say. Probably because I wanted to get out a lot more. ... He wouldn't come out. I tried to persuade him to come out with me, but he wouldn't do that. ... So I had to build my life outside. I had to go outside to do it. I'm not a person - I'm quite an extrovert in a way really.

(Mrs CT, aged 75, m 28 years, w 12 years)

However, the women were compensated by a large network of female friends with whom they met primarily during the day when the children were young, and more so in the evenings when they were older. This pattern set the scene for social contact after the death of their spouse. The quality as well as quantity of kith and kin networks is central to the debate around the need for the companionship of another partner and the following sections look at the gender differences in friendship patterns and how these friendships are maintained after the loss of a spouse.

**Gender Differences in Friendship Patterns**

It was widely recognised by both the widows and widowers that women had many more same-sex friends than did men. The women tended to have a long history and large networks of female friends with whom they kept in contact by letter, by telephone and by meeting, depending upon their proximity:

Beattie: Well, I've had friends - long before I was married, and that's over 60 years.
(Mrs BP, aged 87, m 59 years, w 3 years)

Beryl: There was three of us left school together at 14 and we all went into the dressmaking trade. And we've been friends all the that time. We were all at school together. Eve lived up in Yorkshire the last few years. I went up there once but it was very far. Now she recently died. She was lovely.
(Mrs BL, aged 83, m 50 years, w 10 years)

Ingrid: I mean I have this friend in New Malden, we have known one another 50 years now. It's lovely to have old friends. We're going to Madeira together, to look at the gardens.
(Mrs IG, aged 74, m 41 years, w 7 years)

The widowers said they had acquaintances at work, but these did not usually last into retirement. Reg (75) said he occasionally bumped into old workmates in the supermarket, but he did not ask them back to his home:

Int: What about friends from work?
Reg: That's a funny thing, you know. There's not many. There's a chap I 'phone regularly and he 'phones me - in the Isle of Wight and he's most amazed
that here I live in Sunbury where we worked and we had about 1000 people working there - and I see very, very few of them now. I go to Tesco's and I see one or two but I never see them socially.
(Mr RF, aged 75, 1): m 10 years d 10 years, 2): m 24 years w 2 years)

Reg’s primary source of friends was the local Cricket Club with which he had been involved for many years, as a player, then a coach and latterly a social member, and a Bowls Club he had joined on the recommendation of a Cricket Club friend soon after bereavement. When his wife was alive, they would entertain these friends at home but now he returns hospitality from married couples by taking them to a pub or restaurant.

As mentioned above, both widows and widowers tended to say of their spouses, “S/he was my best friend”, but the men, but not the women frequently added “I didn’t need anyone else” and their social life was largely maintained by their wife. Also, men’s employment histories may have left little time to develop other friendships, as well as little perceived “need” for anyone else. The widowers were more likely to have placed all their emotional “eggs in one basket” (Arber and Ginn, 1993: 169) and seem less adaptable to altered circumstances than the widows:

Ian: My biggest problem after the two to three years [when he retired from work], was realising I was really isolated. And I suppose, I make an excuse because of my great happy life with S. I didn’t have any close friends really, I isolated myself from everybody but S.
(Mr IC, aged 72, m 31 years, w 16 years)

Ian had been a career officer in the Royal Air Force, moving stations every two or three years:

Ian: My friends were “two year” friends. You flew with them for a while. You were all pilots together, sort of thing, then you were posted away. ... I kept her address book and literally, I go through it from A to Z.
(Mr IC, aged 72, m 31 years, w 16 years)

His wife often kept in contact with the wives of his pilot colleagues. He found names of people he knew from years before on her Christmas card list and was unaware that she still had contact with them.

With few exceptions, when the task was performed as a joint effort, Christmas cards were the responsibility of the woman. Like Ian, the widowers reported that after their spouse’s death, they just took the address book, or Christmas list and sent the cards. For the first year they included a note with their card, telling the news.
Usually the second, and most often by the third Christmas after her death, they ceased writing notes to all but their closest friends. They reported that the number they sent and received had dropped over the years, sometimes because the people they knew had died but mostly because they had lost contact. The widows' Christmas card list had changed because of death, but they said the numbers had stayed relatively stable because, except for the very old widows, they made new friends. These new friends came from a variety of sources: through family, existing friends, on holiday and at clubs.

The widowers made new friends too, at sports and leisure centres and club associations, where they met socially, often for a drink at the club or association premises. Their conversations were primarily confined to the subject or activity of the club. However, they were very unlikely to ask them home and even less likely to add them to the Christmas card list. The women who made new friends at clubs and so on, tended to develop their relationships outside the activity location, that is, they went to each others' houses or met as a group for lunch. Their conversations ranged beyond the specific club activity, to include life stories, disclosure and confidences. Therefore, even the friends of widows made in the public sphere, become part of their private lives, whereas for the men, they stay "at arm's length".

The importance of these friendships for older widowed women has been well documented (Arling, 1976; Lopata, 1979; Jerrome, 1981; Matthews, 1983; Ferraro et al., 1984; Morgan, 1989; Adams and Blieszner, 1995). The men saw women as being more fortunate than them in this respect. Richard spoke of his widowed sister-in-law:

Richard: I don't think loneliness is so much a problem [with her]. It might be with some people of course, but certainly not with the women I know. Always seem to have hundreds of friends all the time. Female ones, I mean. Obviously, she misses her husband very much 'cos they were a very devoted couple. But lots of friends, old ones, all around her.
(Mr RH, aged 76, m 30 years, w 9 years)

Richard's observation serves to summarise the situation of most of the widows. Surrounded by old friends, who they entertained, or were entertained within the home as well as outside, the widows reported the comfort of being able to "say what they liked", sharing their life experience of marriage as well as widowhood. The importance of a "confidant" was frequently stressed, and even the oldest widows
whose contact became increasingly by telephone and for some by letter writing, spoke of the ability to "pour their hearts out" to friends if they were feeling low.

**Confidants and Comrades**

For the widowers, their confidant was most likely to have been their wives, but this had not always been so. Most of the widowers had been in the forces during the Second World War and those who had been too young, unless they were exempted, had been called up for National Service. Bill (92) and Michael (91), in their 40s at the outbreak of the War, had been in Reserved Occupations during the War, but had both been involved in Home Defence (Fire-Fighting and Home Guard). The War had a profound affect on all of this generation but its significance to the men cannot be over-emphasised. Their pride in achievement, feeling of worth and self-esteem because of the part played in defeating the enemy, permeated the accounts. The camaraderie which emanated from the shared risks, joys, sorrows and uncertainties, bound young men. Disclosing fears and admitting vulnerability was acceptable for men experiencing similar emotions in a war time situation:

Russell: Well, it's so different, really, because you live with each other, cheek by jowl. And, you know, living with each other, sleeping with each other, and your lives depend on each other. It's all very different - friends in war time are very different from friends in civilian life.
(Mr RH, aged 79, m 52 years, w 2 years)

Almost all of the widowers spoke fondly of very best mates or pals, especially ones who had been killed. Long war stories were related and photographs produced, often accompanied by a high degree of emotion. Most of the widowers had lost touch with wartime comrades but their memories of them were sharp and poignant. However, Russell still met twice a year with some of these friends, old photographs of whom he showed me:

Russell: There's a group of us who when I was at Boreham Wood - and we had a weekend fishing up in North Wales. And we became friendly with a farmer up there with a little bungalow place. So we used to go up there. Now it was way back, what, 48 years ago. And there are about half a dozen of us and we still do it, even though we're all spread out, retired and goodness knows what. We still get together twice a year, in Spring and Autumn, we go up there. We're going again in September.
(Mr RH, aged 79, m 52 years, w 2 years)
The function of this group was different from that performed by the women’s groups. For the women, there was a sense of a contemporary support and for the men, a sense of historical confirmation: the women’s friendship groups had a feeling of continuity whereas this group of men got together primarily for reminiscence and to have a good “stag” weekend, without “the women”. Also, the men’s activity during the day was the “separate but proximal” pursuit of fishing, enjoyed, as described in Chapter Six, by several men in this generation. Their socialising was in the evening “with a few beers and memories”.

These close relationships tended not to have been replicated in peace time because self-disclosure to other men was considered “unmanly” (Segal, 1990). It was to their wives that they turned for emotional sustenance in the ensuing years.

My research shows that having a confidant was equally important for both sexes but the men, having relied on their wives for this, experienced a greater disruption after widowhood. Not having someone to confide in has a deleterious effect on mental well-being and having a confidant may help ward off depression (Slater, 1995). The widowers, unless they classified themselves as “loners”, were much more likely than the widows to seek another, individual cross-gender confidant, in order to ameliorate their feelings of loneliness.

As mentioned earlier, the widowers did have friends and these were predominantly maintained outside their home. The venues attended included the local pub, Bowls Clubs, leisure centres and sports clubs, Ballroom Dancing Clubs, the Freemasons, and social clubs such as Church Clubs and the Royal British Legion. Social activity was rarely carried on within the home. Richard (76) who continued to lecture about his life as a senior BBC executive and had a wide circle of acquaintances, rarely if ever asked male friends to his house:

Richard: I think women on the whole make friends quicker when they’re on their own. They always seem to have a lot of female friends. Men don’t. I mean the number of male friends whom I would sort of ask round here for a drink, could be counted on the fingers of one hand, I should think.
(Mr RH, aged 76, m 30 years, w 9 years)

Although he knew a great number of people, he did not count many as “real friends”, that is, ones he could confide in. His friends were still married, as indeed were most of the friends of most of the widowers. Unlike the widows who felt a kindred spirit
with other widows, very few of the widowers associated with other widowed men, therefore there was reduced opportunity for them, even if it was desired, to talk to a same-sex friend about the similar experience of widowhood. This was in contrast to the friendship support-disclosure networks of the widows who felt they could relate to married as well as widowed women. Not only that, the still married friend would hold an expectation of being widowed at some stage and the exchange of information worked on several levels: as support for the bereaved woman and as preparation for the still married. Men on the other hand, do not expect to pre-decease their wives and as a result, there is little or no support in place for them (Campbell and Silverman, 1987).

This is different from their wartime friendship experiences, where the likelihood of dying was equally distributed among the men and this shared risk element promoted disclosure and confidences. Older widowers, not having retained this same-sex friendship structure, are more likely to turn to the pattern of relationship they enjoyed with their wife, and pursue a similar kind of emotional support. What these widowers are seeking is someone to replace the role performed by their wife, as "best friend", "confidant", and many of the widowers achieved this without marriage, by having a two-centred, exclusive relationship. Attendance at clubs proved to be a means by which the widowers met people of both sexes.

9.4 Social Participation Outside the Home

Both men and women attended clubs which were sports activity orientated but more women attended courses, the University of the Third Age (U3A), a Horticultural Society course, or Arts Festival meetings for example, than did the men. Also, the women were more likely to meet outside the club or activity venue, usually in their homes, or at a coffee shop but not often in a pub, unless there were several of them. The widowers did meet friends at their "local" pub, not so much as an arranged appointment, unlike the widows, but because they visited there regularly. Howard (81), for example, went to his "local" every lunchtime and met four or five "regulars", all older, retired men, again, most of whom were still married:

Howard: And I go down to the pub every day, meet my friends. At lunch time, I usually have a sandwich. J [daughter] cooks at night. I eat with the
family, I am one of them. And I've got my own bedroom and bathroom. I live very comfortably.
(Mr HW, aged 81, m 56 years, w 2 years)

Howard lived with his daughter where he moved soon after he was widowed because he could not stand the loneliness. Again, most of these friends were still married and he did not feel he could talk to them about how he felt. He said the conversations in the pub were very "jovial" but superficial but it got him out of the house and he looked forward to his daily visit.

Figure 9.2 shows what types of out-of-home activities were reported by the respondents, by gender.

Figure 9.2   Social Participation Outside the Home by Gender

The circle on the left in Figure 9.2 shows the most commonly reported out-of-home activities of the widows, and the circle on the right, those of the widowers. Where
the two circles overlap are the areas of activity reported by both widows and widowers. The pub and library are mentioned both in the overlap section and as part of the widowers' activities. This is because they had different functions for the men and the women.

 Generally speaking, the library was used by both sexes for the exchange of books and as such was not considered particularly as "an activity". However, the library was used by Bill (92), Cyril (85) and Tom (76) as a place to go to get out of the house, to read the newspapers and often to discuss the news with other older men who also took advantage of the service. In a way, for them, the library took the place of a Day Centre or Luncheon Club which were spurned as being "too regimented" or staffed by people who talked to them as if they were "idiots":

Bill: Well, I think [at the Day Centre] they are inclined to treat you, treat you as if you're mentally deficient. And it doesn't in a way - when I look round and see what's happening. They bring out these childish little games and things, with cards and things. Don't think I'm thinking I'm too clever, but it's not for me. No, I haven't been for some time. ... No, I go to the library and have a look at all the newspapers. Go most days, to get out of the house.
(Mr BB, aged 92, m 49 years, w 9 years)

The widows who spoke of going to the library, did so not only to exchange books, but to visit the reference section in order to do research projects - for example, to help with their grandchildren's school project work, for the U3A, the Theatrical Society and so on, but not to "get out of the house". Therefore, similar to visiting the pub, the women went to the library as a secondary rather than a primary source of social participation.

The widows said they would never go alone to a pub, except for an arranged meeting:

Rosie: I wouldn't go to the pub by myself. I wouldn't even go into a restaurant. I'll go with someone. I go to the 'Over 60s' Club. There's the "Moon Under the Water" - they pay 50 pence a week and when we've got enough money, we go down there and book a table. About ten of us go down there for dinner. We have a drink and have a laugh.
(Mrs RD, aged 78, 1): 6 months, w 5 years 2): m 22 years, w 28 years)

Although both sexes did go to pubs, the main difference was that for the men, the pub was a primary source of social interaction whereas for the women, it was a
secondary source, inasmuch as their meeting in a pub was as a consequence of making contacts elsewhere.

From Figure 9.2 it can be seen that there was a markedly gendered club and association membership: the widows belonged to the Women’s Institute and the Townswomen’s Guild for example, and the widowers to the Royal British Legion, their Regimental Association and the Freemasons. However, occasionally, a wife had previously accompanied her husband to the social occasions organised by the male orientated associations. A few widows reported that they had been invited once or twice by their husband’s colleagues, but none of them went regularly after the loss of their husband. The Royal British Legion, Regimental Associations and Freemasons do look after the widows of members, but this is primarily instrumental in the form of financial advice and assistance rather than social. Men rarely attended meetings for the WI or TG unless they were speaking, as Richard, the retired BBC head of department occasionally did, and no widowers in this study went to such social gatherings after the death of their wife.

The women were much more involved with cultural activities than the men. Some society planning meetings were held in each other’s homes making it a social and business occasion. The group of women I interviewed in South London belonged to the U3A. Janet (75) was learning French because she had a French daughter-in-law and she wanted to speak to her grandchildren in both languages. Lotte (74) and Ingrid (74) were studying creative writing. Lotte, in order to record her life story for her grandchildren and Ingrid because she has always wanted to write and never seemed to have the time when she was married. Janet and Lotte went to Tai Chi lessons together as well as swimming. Janet and Ingrid go on holiday together with a Horticultural Society, in the UK and abroad, looking at gardens. These are examples of where activities extend beyond the boundaries of formalised classes or meetings. The widowers, despite involvement in several types of clubs, especially sport, did not report similar relationship patterns outside the organised activity.

The most frequently reported out-of-home recreational activity of the widowers was organised around some sort of sport, whether participatory or as a spectator and social member. These clubs included golf, badminton, table tennis, squash, sailing and fishing, where all the widowers participated at some level; and football,
rugby and cricket where they were spectators and social members. The next most reported activity was with clubs with Armed Forces affiliation. Those who belonged to the Royal British Legion and a Regimental Association, more often than not also belonged to a sports club. Some of the widowers had been members of sports social clubs for many years and been very friendly with couples they knew there, and when married the sometimes went on holiday and socialised at each others’ home. After widowhood, they were invited to the homes of the couples for meals and gatherings, but they rarely returned the hospitality at their home if they were without a new partner, preferring to take them out to eat. Widowers without partners went alone to the club and met friends, mostly married men, there after the game(s). Again, it was unusual for them to entertain these friends at home.

Although several of the widows did participate in physical activities, they no longer played racquet sports, unlike the men (Figure 9.2), even though many of them had played as younger women with or without their husbands. This was partly because they did not think they could play well enough now that they were older and partly because they did not feel their figures appropriate for the sporting outfits. However, many of them enjoyed swimming regardless of age, and went with friends to the pool at special times designated for women or "seniors" when they felt comfortable in their bathing costumes and they avoided swimming with "all those rowdy youngsters". The other physical activities they enjoyed, dancing and bowling, meant they could dress, as they saw it, appropriately for their age, unlike for racquet sports.

Eric (74) went ballroom dancing regularly and said that he was much in demand at the club because more women attended than men. He had danced with his wife for several years at clubs and sometimes she would accompany him on cruise liners where he did work as a freelance photographer. In the year before the interview, he had worked on two, ten day cruises on the QE2 as a "gentleman host", to dance with unaccompanied women. They were not permitted to dance with a woman more than twice in a row and they were carefully monitored:

Eric: There are lots of widowers that do this sort of thing. There is a very strict discipline, though, there's no hanky panky of any description at all. You have to be a thorough gentleman. Never go to a lady's cabin and all that sort of thing. But after 20 days of ballroom dancing - dancing with ladies of different abilities, I had to go to the doctors with bad feet because my feet couldn't stand it. They wanted me to do some more but I couldn't because my feet couldn't take that sort of bashing. Twenty afternoons and 20 evenings was too much. I mean I go dancing once or twice a week, but to go dancing twice a day? Was too much.
(Mr EJ, aged 74, m 38 years, w 13 years)
Last Christmas he heard from two of the women passengers at Christmas, getting a card and some photographs, but other than that he had no involvement. On the two cruises, all but one of the unaccompanied women he “hosted” were widows (the other was divorced), some of whom went two, three or four times a year.

Eric: They all gave us 100%. They thought it was great fun. Of course we used to make a fuss of them - “Come on, you must dance”. It was quite an experience.
(Mr EJ, aged 74, m 38 years, w 13 years)

This suggests that the “thoroughly gentlemanly” behaviour of their hosts on board was particularly important for the single women on the cruise, most of whom were wealthy and would choose this type of holiday to enjoy themselves ballroom dancing and not feel threatened by being “propositioned”.

Many of the widows had always loved ballroom dancing and been members of clubs with or without their husband for years and continued to attend after he died. Ballroom dancing has sexual overtones not only because of the closeness of the hold, but because during their courting days, this was the only “respectable” way heterosexual couples could be in physical contact in public. Even those who had never joined ballroom dancing clubs, reminisced about dancehalls and the music of their courting days and early marriage.

At the clubs, the widows danced with women as well as men, and although they said they preferred dancing with the men, because it felt more “normal”, but they did say that sometimes the men held them a “little too closely”. They said this made them feel uncomfortable because they did not want “that sort of thing”. Importantly, they did not want to be talked about as “flirts”, since virtually all the male members of the club came with partners. This reaction suggests that this is how they viewed the unaccompanied women who came dancing when they went with their husband. Nevertheless, ballroom dancing was seen as a good way to see old friends and listen to “decent” music. It was also an activity that could be enjoyed largely at the individual’s pace and a way to stay fit. Another activity which allowed for age and degree of fitness, was bowling.

Of all the sporting activities the Bowling Club was the place which was equally regarded by widows and widowers as providing the greatest enjoyment. The bowling
games and competitions were mainly, but not always sex-segregated, but the social atmosphere was reported to be very friendly:

George: Any Bowls Club - doesn't matter where you go, any Bowls Club, you settle in. You get the occasional odd ball, but 95% make you very welcome. Doesn't matter where you've come from.
(Mr GH, aged 66, 1): m 16 d 4 years, 2): m 4 years, w 17 years)

Paul: I keep myself busy. I mean I'm always out. Bowling, bowling all the time, yes. You see, there's the winter programme coming in now, because outdoors is finishing. Indoors now. ... I'm out all the time, pretty well. And then we have our Club Night Tuesdays, Wednesday afternoon and Fridays down there. I'm not bored or anything, you know. Everybody's nice, everywhere you go.
(Mr PD, aged 73, m 39 years, w 3 years)

Ingrid: When B died, I thought, I've got to do something, and we'd always been sporty, played tennis and that sort of thing. Well, of course, that's lapsed in latter years. So I decided to take up Bowls. It's lovely, I really enjoy it. And the people at the Bowls Club are so caring. Of course, they're the older generations, you see. ... And there are a lot of widows. I 'spose that's why we've all got something in common, we can relate to one another. ... There are some very nice gentlemen there, there's nobody who's attracted me so far. I mean, you are as friendly with the men as you are with the ladies.
(Mrs IG, aged 74, m 41 years, w 7 years)

All three of these people belonged to different Bowls Clubs, although the two widowers knew each other from the local League they played, and so their accounts were not confined to one particularly good club experience. All six of the widows and widowers who played Bowls reported very friendly cross-gender relationships, devoid of the sexual overtones in some of the accounts of those who did ballroom dancing. As Ingrid indicated, the friendliness could be a cohort characteristic: the older generation did see themselves as more friendly and polite than succeeding generations. It could also be that the sort of people attracted to playing bowls would enjoy the company of someone else who plays.

I found that bowls was the least gendered and the most praised sport pursued by the widows and widowers in this research. It was also the only activity to be enjoyed almost exclusively by the older generation: all the others attract interest for a much wider age range. The image of bowls is that of gentility, skill and patience (Sir Francis Drake insisted on finishing his game before going to defeat the Spanish Armada) rather than strength and speed. The physical effort required to play the game covers a wide range of flexibility and fitness levels. In other words, a similar
standard of play can be achieved by people who have reduced mobility as well as those who are very fit. People who take up this sport, adopt the historical values and behaviour code of the game: smart uniform dress and the ritual of good manners. This is not to say that the game is not highly competitive, there is great rivalry within and between Clubs and leagues.

The main reason for the popularity of the game with older people is the greater feeling of sexual equality as a result of the blurring of gender divisions in later life. The diffusion of sex roles was discussed in Chapter Six and Seven, whereby what had been deemed appropriate masculine and feminine behaviour for men and women becomes less defined and less important with age. There is also the pragmatic acceptance that other sporting activities are now beyond their ability. Unlike most other team sports where sexual division as a result of physical prowess persists even when older people play them, bowls does not demand a reduction in application, rather, an extension of skill. Thus with playing bowls, the individual skill may improve with age, not deteriorate (at least until physical disability dictates otherwise). My research found that there were less gender differences in bowls than any other activity. The increasing homogeneity serves to provide an atmosphere of friendly companionship, not unlike the contented latter years of marriage described by some of the respondents.

9.5 Non-Participation in Social Clubs

All the widows participated in some sort of regular and frequent non-family orientated activity, that is, friendship group, club or association and none of them would describe their lives as "solitary". However, there were five widowers, Jock (70), Les (68), Tom (76), Geoffrey (75) and Kevin (70) who did not belong to any organised clubs or associations and considered themselves to be "loners", content with their own company:

Les ...I've always tended to be a bit of a loner, so ... I don't find my own company difficult.
(Mr LE, aged 68, m 36 years, w 3 years)

Jock spent long hours in the garden, also doing the garden for his son and daughter-in-law and he baby-sat his grandson at least once a week:
Jock  Until I got married I was a bit of a loner. Once I got married, I was all right, you know. I prefer to be a lot on me own now. I'm not gregarious, I don't want to be in a crowd all the time.
(Mr JS, aged 70, m 34 years, w 6 years)

Tom (76) enjoyed solitary hobbies like making “matchstick” models of historic ships and photography. He went for long walks, looking for likely subjects to photograph and was proud of his portfolio. He was in the process of saving his money for a computer at the time of interview:

Tom:  I'm very much a loner. Always have been. Even as a kid, even going to school. Same in the army. Except for one mate, I never got over him. He was killed and that's why I volunteered for the Desert Rats, you had to be a bit of a loner with them. It was a case of having to, forced to.
(Mr TD, aged 76, m 43 years, w 8 years)

All these men were under the age of 80 and considered that they were coping well or very well with living alone. Kevin (70) and Les (68) were the only two who owned and drove a car and all reported that they were in good health. George was the only widower without close, frequent and regular contact with adult children, all the others usually met with their adult children at Sunday lunch and sometimes during the week as well. However, he was living in a Christian Sheltered Housing Foundation and although he did not take daily lunch in the refectory with the other Brothers, he saw them most days in the Foundation grounds where he was working on developing a wild flower meadow.

The common factor was that although they missed their wife, they did not feel they needed anybody else and had always disliked the idea of organised activities. Socialised into separateness, self reliance and independence, they did not feel they needed another confidant. They attributed their independence to enjoying solitude and either to being able to look after themselves domestically, or as in the case of Kevin, having the resources to pay someone to carry out domestic tasks.

9.6  Widows, Widowers and Married Friends
For the widows, social contact with same-sex groups over the years conferred a degree of continuity, contact with married couples had to be renegotiated after widowhood. The friendships were transformed from the joint couple symmetry of
"two plus two" to the imbalance of "two plus one", what Lopata's (1973) Chicago widows described as becoming a "fifth wheel". This could cause problems both for the couple and the widowed woman. Winnie (78), widowed in the early 1950s at the age of 36, reported some very awkward encounters with couples with whom she and her late journalist husband had been friends. Treated with suspicion and sometimes antagonism by the wives and occasionally propositioned by the husbands, she eventually stopped socialising with them. She fell in love with a married man at work, but called the relationship off because of the anticipated scandal. She would like to have remarried but the only unattached man she would have considered, did not like children. Instead, she built up a circle of female friends through the children's school, at work and with an association she started to help young Irish women arriving in the country. She is still in contact with many of them:

Winnie: So I had some very good women friends and they were very supportive and we had some very good times together. We went out together and all that sort of thing.
(Mrs WF, aged 78, m 8 years, w 42 years)

She missed the male company but was not prepared to compromise the post-war social sexual mores. Rather than have the image of a young widow as a "marriage wrecker" reinforced, she withdrew from heterosexual social contact. In later years, a retired family friend came to lodge in her house. He had a car and they used to do the shopping together and go on occasional trips, but she never considered him for a partner. She said that by the time she was 50 years old, she had reconciled herself to single life and since then, would never have considered another relationship.

The widowers seemed to have far less problems with married couple friends. In fact, they reported an increased involvement during the first two years of widowhood, when they were invited around for meals and were frequently brought in cooked meals "for the freezer" by neighbouring wives. The widowers, unlike the experiences of some of the women who had been widowed before their 60s, did not seem to be considered a "threat" by the husband of the marriage. The invitation to the home was frequently extended by the wife, who often had been friendly with the widower's former wife. These friendships did tend to decrease after a while, partly because they tended to be "one way" towards the widower, who infrequently returned the meals, and rarely at home. A widower who felt he could not reciprocate, might eventually turn down invitations. Also, the widowers became increasingly involved with out-of-home activities, such as clubs, and derived
satisfaction from his socialising there where he could "return favours" with rounds of drinks, for example.

The withdrawal of contact can be mutually initiated, with the married friends feeling that they have little in common any longer with the widowed person. A widowed person may feel intrusive on a coupled scene, and prefer to be surrounded by people or partake in a group activity where marital status is unimportant. Married couples can feel uncomfortable with the altered emotions of a widowed person: the grief and sanctification of the late spouse may embarrass the former friends. As Russell (79) pointed out, widowed people can make themselves unwelcome:

Russell: When you're widowed, you can sometimes be very boring. I don't think that goes down very well, especially with family and friends. You get that with some people always wanting to talk about their illnesses and things that are boring for other people. You find you don't want to drop into that category. If people ask then it's a different matter. It's a bit like people who have been in the War, they're always banging on about their War experiences. And so forth.
(Mr RH, aged 79, m 52 years, w 2 years)

Friends and Acquaintances

The widows were more aware, or voiced greater awareness of the distinction between friends and acquaintances, probably because they had greater expectations of the behaviour of friends, that is, that they should be loyal and steadfast. The description "friend" was used liberally by both sexes, but the widows were more discriminating in the quality of the friendship. Whereas the widowers spoke of friends from work, despite their later loss of contact, the widows spoke of their husband's "acquaintances" at work:

Janet: So I think when - also another thing is, when they [men] retire, who they thought was their buddies at work, they never hear from them, whereas women have made their circle and have got friends from way back.
(Mrs JB, aged 75, m 50 years, w 3 years)

Widowers did report socialising with married men at the clubs, but as mentioned above, rarely asked them home and tended to keep the relationship on a superficial level. However, Henry (74) and Matt (84) did speak of "real friends" as distinct from "friends" who they had known from work (both were teachers) and to whom they wrote regularly.
Beattie said that within months of being widowed, contact with couples she had thought her friends, just faded away and this upset her:

Beattie: We used to go dancing a lot and we had a few dancing acquaintances, couples, you know. But we used to think they were friends and we were told by someone "No, they're not friends, they are only acquaintances". At his funeral, my sister said "I've never seen so many people!". They said they'd come and see me, but they didn't, very, very few. I could count on my fingers the ones who came. And looking back, the people were right, I mean there's not many stayed.
(Mrs BP, aged 87, m 59 years, w 3 years)

This account was typical of all of the widows and some of the widowers. All the widowers except Joe (65) reported some degree of reduction in social contact with married couples, although not necessarily with married men, whom they met socially, usually in a club or pub. Joe was the youngest widower and was cohabiting with his fiancée. They were both very involved in the local church (where they had met) and their social circle was increasing, typical of widowers' social network when they remarry (Greene, 1990).

The widows reported that as the length of their widowhood increased, their involvement with married people “as couples” decreased, although many of them retained married female friends who they met with, in single-sex social groups. They considered that the decrease in socialising with couples was partly because they felt like an intruder, or "odd one out" in their company, and partly because, in a couple orientated society, they had nothing in common any more. Although there was a feeling of "loss" expressed, the widows reported that they felt relaxed within their network of female friends.

The widowers maintained a longer lasting relationship with couples, but they still had a smaller circle of friends than did the widows. The widowers did not report feeling intrusive, but were more likely to feel that they were unable to reciprocate the couples' hospitality, which is why they might unilaterally reduce contact. The widowers were more likely to belong to clubs where they can socialise with other men, the marital status being unimportant. They are, however, much less likely to entertain old friends and new acquaintances in their home.
9.7 Conclusions

The presence of kith and kin give meaning to existence and to continuity in living especially when the most significant person in life is no longer there, regardless of the quality of the relationship. For the women in this study, self-worth was most frequently measured in the context of how others view their worth: how well they carry out their "good offices" and how "useful" they could be. The relationships with families and friends provided confirmation of self-worth and confirmation of existence as a person worth knowing and loving. Both widows and widowers reported greater family involvement when they were first widowed, and for all but the oldest widowers, this involvement reduced as they returned to their friendship networks.

The kinship networks and same-sex friendships of the widows offered satisfactory outlets for personal attachments. The infrastructure of these networks was nurtured by the emotional and instrumental support of friends and neighbours, providing mutual service and succour. Through the life course, the "good offices" were horizontally disseminated among family, husband, children, siblings, parents and other relatives as well as friends and neighbours, many of whom they had known for years. Long-term friendships operated within a shared frame of reference, cohort and experience driven, and they provided confidants who offered support during stressful periods such as during marital difficulties, at the time of bereavement and afterwards. These friendships were characterised by emotional intensity and self-disclosure. The widows' more robust broader base of continuous same-sex friendships offered more emotional protection than the fragile narrow basis common to men. The widows' more robust broader base of continuous same-sex friendships offers more emotional protection than the fragile narrow basis common to men.

On the death of the spouse, the widows not only had a large "safety net" of people who could offer emotional support but they were more likely than the widowers to make and maintain new friends.

The widowers' friendships tended to be sociable rather than intimate and focused on shared activities outside the home: in clubs, pubs or leisure centres. They maintained friendships made during marriage, often through Christmas cards, but were not inclined to replace them once they had fallen away. If they did make new acquaintances, they were most unlikely to invite them to their home. This was in contrast to the widows in whose homes the friendships were often cemented.
All but one of the fifty one respondents reported some degree reduction in social contact with former friends who were still married and this exception related to his planned remarriage. For the widows, this reduction had been upsetting at first but once they had dismissed them as “acquaintances” rather than “friends”, therefore in the lesser order of importance to their lives, they were able to let them go.

Virtually all the widows considered that their closest confidant had been their husband but the widowers said that their wife had been their only confidant. The widowers had experienced extremely close friendships, and these had primarily been forged during the Second World War. These friendships were of particular significance to the men, the intensity of which had not persisted or been replicated in peace time. They had made friends at work but, unlike those of the widows, these also had not generally endured into retirement or widowhood.

The widows, most of whom were satisfied with the mutual and more symmetrical emotional and instrumental support provided particularly by friends, did not wish to take on the role again as the principal intimate in a relationship. A certain degree of pragmatism, borne of understanding where they fitted in within family, neighbourhood and community, allowed them to realign their lives and act out their roles as “single again” members of society. This insight was not an overnight phenomenon, but one of process. In a couple orientated society, this process involves the transition from “we” to “me” and the gulf between these self identities is much wider for the women than for the men in this study. Once this process is established, there is a greater reluctance from the women than from the men to revert to the “we” status, since the “me” status brings with it a degree of freedom and permission, probably for the first time in their lives, to be what they identified as “selfish”.

CHAPTER TEN

The Second Time Around:
Romantic Relationship Choices
One of the main themes to come out of the literature review which was confirmed by the five unstructured pilot interviews, was that of remarriage: its desirability and the choices and constraints as differently experienced by the widows and widowers. The issue was markedly gendered, with the three widows adamant that they had no wish to remarry, and the two widowers neutral about the prospect, that is, if the opportunity arose, they would take it. With this in mind, for the rest of the interviews, the semi-structured interview schedule included a focus on the remarriage question, with reference to the description of the marriage, current health and economic status as well as reported coping with living alone. What emerged from the main body of the interview data was a far more complex interpersonal relationship matrix than the apparently simple dichotomy of the expressed desire, or not, to get married again.

The analysis in this chapter seeks to unravel this complexity and examines the factors influencing decisions about cross-gender relationships, and how these might be different for men and women. The term "relationship" in the analysis refers to an exclusive, romantic liaison, regardless of the degree of physical intimacy involved.

10.1 Remarriage Patterns
As was shown in Chapter Four, widowers over the age of 65 are, on average, over seven more times likely to get married again than widows over the age of 65. There are two principal reasons offered as to why the remarriage rate of widowers is so much greater than that of widows: one is demographic and the other is cultural. Demographically, there are many more widows than there are widowers and even should a widow wish to establish a new relationship, her opportunities are reduced.
This is compounded by the culturally accepted norm of men marrying younger women and therefore, the older the widow, the less likely she is to remarry (Haskey, 1982). However, although the remarriage rate of older widowers far exceeds that of older widows, the majority of widowed people do not remarry.

Dixon's (1971) three intervening conditions between the social structure and marriage patterns: availability of mates, the feasibility of marriage, and the desirability of marriage, can be applied to examine new partnership formation of older widows and widowers. Availability of mates is primarily a result of the sex ratio of persons in a given population. Feasibility is determined not only by familial and societal expectations, but age, health status and financial resources. Desirability, or the intensity of the motivation to marry, depends on the wish of an individual, which for some older widowed people, needs to be contextualised within the constraints of availability (I wouldn't want to, even if there were accessible partners), or feasibility (I wouldn't want to, even though I'm frail/old/poor). This study's key focus is on individual choices and constraints for new partnership formation and the analysis develops the third intervening condition: desirability, or motivation for embarking upon another relationship.

Consideration of Remarriage
The following section contains analysis of replies to questions asked specifically about remarriage. Later sections will deal with the considerations of cross-gender relationships which are particularly relevant to this sample of older widows and widowers.

The sample was designed such that all the respondents in this study had been widowed for at least two years and none had remarried. When asked if they had considered getting married again, very much in keeping with the demographic data and research findings, the widows were more likely than the widowers to say that they had not considered remarriage (Table 10.1).

Table 10.1 is divided into three broad answers "Yes", "Perhaps" and "No". "Perhaps" was sub-divided for replies that involved widows and widowers who had also at some time considered remarriage but no longer.
Table 10.1  
In Answer to the Question  
"Have you considered getting married again?"

<table>
<thead>
<tr>
<th>No.</th>
<th>Response</th>
<th>Widows n=25</th>
<th>Widowers n=26</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td>Ingrid (74)</td>
<td>Joe (65) Richard (76)</td>
</tr>
<tr>
<td>2</td>
<td>Perhaps in the past (if I had found the right person)</td>
<td>Cynthia (66) Sarah (70) Winnie (78) Rosie (78)</td>
<td>Henry (74) Geoffrey (75) Malcolm (75) Tom (76)</td>
</tr>
<tr>
<td>2b</td>
<td>Perhaps now (if I find the right person)</td>
<td></td>
<td>George (66)Les (68) Kevin (70) Paul (73) Eric (74) Reg (75) Russell (79)</td>
</tr>
<tr>
<td>3</td>
<td>No</td>
<td>Susan (65) Victoria (65) June (87) Pam (67) Iris (88) Mary (70) Margaret (70) Sally (71) Lotto (74) Lily (75) Janet (75) Celia (75) Ethel (73) Elizabeth (79) Odette (79) Alice (68) Beryl (83) Beattie (87) Vi (87) Joy (92)</td>
<td>Jock (70) Ian (72) Jesse (80) Jack (81) Howard (81) Mervyn (82) Matt (84) Mikail (84) Cyril (85) Leo (86) Ernest (87) Michael (91) Bernard (92)</td>
</tr>
</tbody>
</table>

Yes, I have considered remarriage: Only one widow, Ingrid (74) and two widowers, Robert (76) and Joe (65) were positive that they would like to get married again. Wealthy and childless, Ingrid and her husband had enjoyed a full social life before the bouts of severe depression he suffered for ten years and the diagnosis of Alzheimer's disease three years before his death. She continued to socialise in mixed-sex groups, the Bowls Club and a Bridge Club, as well as have good contact with female friends, but she felt that in remarriage she would regain the status which permits, or rather, is central to, the inclusion in a couple orientated social life. Ingrid wanted someone with whom she could go out, and considered her aloneness rather than her loneliness to be the problem:

Ingrid: I think I would quite like to, if I found the right person. For the companionship really. It's awful - you never get invited as a single woman anywhere. Or if you do you think "Oh Lord, I'm a bit de trop, on my own". But if Mr Right came along I might consider it.  
(Mrs IG, aged 74, m 41 years, w 7 years)

For Richard and Joe, on the other hand, it was the loneliness they found unbearable:
Richard: Yes, I'd be delighted to. I mean, the trouble about being on your own is, it doesn't matter how busy you are, at times, you are very lonely. And certainly if the right person came along, I would be only too pleased to get married. Just like that.
(Mr RH, aged 76, m 30 years, w 9 years)

Joe (65), had been widowed twice, both his former wives having died of cancer. He was cohabiting (a recent decision) with a widow aged 62, with whom he had struck up a friendship within weeks of being widowed for the second time just over two years previously. Six months after the interview, I received a Christmas card telling me they had married. Although well able to look after himself, which he had done whilst both his former wives had been ill and subsequent to their deaths, he said he hated living alone and actively looked for someone with whom to share his life. Joe had gone to a dating agency after the death of his first wife and through them had met his second wife:

Joe: 'Cos I didn't like being on my own. This being on my own, I found it very difficult. You can easily slide into the drinking, which I did. I was back at work and I enjoyed my work and, but I would come home at night. I was going stir crazy of an evening, so I thought "I've got to meet someone". And that's why I did that [contact a dating agency]. ... I can live on my own, I can do everything, I can cook and everything. But I like company. I think loneliness - to be on your own. I thought, there's other people out there like me, so why not two people to be happy?
(Mr JE, aged 65, 1): m 30 years, w ; 1 year, 2): m 3 years, w 2 years)

He bought a smaller house after the death of his second wife and met his present partner through Church which he started attending after his move.

Even though these three people expressed a strong desire to remarry, there were gender differences inasmuch as Ingrid wanted someone to go out with, whereas Richard and Joe wanted somebody to come home to. This difference can be translated into what has previously been discussed: that women are more likely to miss what their husband stood for and the men are more likely to miss what their wife did for them.

Perhaps I would have remarried: Equal numbers (four) of the widowers and widows said they would have considered getting married again when they were younger, if they had found the right person. Geoffrey (75), Tom (76), Malcolm (75) and Henry (74), considered they were now "too set in my ways" or "nobody would want me now". These men had been widowed between six and 15 years and all had been
widowed before they were 70. As their length of widowhood extended, they became accustomed to solo living, and they became less inclined to want to remarry. The men did not volunteer, and I did not think to ask, if they had proposed marriage to a woman and had been rejected. Only Henry said that marriage had been suggested to him by his present partner, but he was now unwilling to remarry.

These men had settled with equilibrium, in the "acceptance zone" of the ontological coherence - ontological chaos continuum (Chapter Eight, Figure 8.1). The sense of selfhood is derived from the achievement of independence, exemplified by being "set in my ways" from which derives a sense of security and continuity. Remarriage also becomes unfeasible, because the widowed person and the new partner would be required to accommodate to, or alter the "set ways".

Four widows also no longer entertained the possibility of forming a new exclusive relationship. Cynthia (66) had gone to a dating agency and Rosie (78) had gone to "singles" parties, and both spoke of disappointment. Cynthia's husband suffered from Alzheimer's eight years before his death five years previously. Ten years before her husband's diagnosis, her eldest son was involved in a hang-gliding accident and was now tetraplegic. She nursed her son when he came out of Stoke Mandeville Hospital until her husband required constant care. She felt she had "missed out a lot of fun" during the almost 20 years she had cared for the two men. She had met several men through the dating agency and was looking for some romance, to go out to meals, to receive flowers and have some male friendship:

Cynthia: I met these men, they either had arthritis of the ankle, or they wanted to go to bed with you, and anything like that doesn't interest me any more. My husband went impotent when I was 42. So I'm not interested in sex. ... They'd drink your coffee and they'd have a night cap. They'd come out and eat your food, have a couple of whiskies after - that's all they wanted. Never wanted to take you out for a meal. Never wanted to bring you a bunch of flowers. Int: So you gave up on that? Cynthia: The widowers did nothing but talk about their dead wives. What an experience, I could write a book about it!
(Mrs CF, aged 66, m 40 years, w 5 years)

She had no particular wish to remarry when she joined the agency, but wanted some fun in her life again, and if she found someone, she said she would consider remarriage. She stopped seeing these men as she felt they were "using" her not only to get a decent home cooked meal but to provide a shoulder to cry on. Once more the above quote highlights the different gender expectations from a
relationship: for a women it was the wish for companion to go out, and for a man, a companion for staying at home.

Rosie, originally a war widow, was aged 50 when her second husband was killed in a car accident, and was persuaded by friends to go to some “singles” meetings:

Rosie: Holy smoke - that put me off men for ever! The most revolting lot of things you have ever seen in your life. I mean, what do they want? One thing! “Let me take you back to have coffee”. Not my scene at all. I love a laugh and a joke. I’ll have a drink with anybody and that’s that.

Mrs RD, aged 78, 1): 6 months, w 5 years 2): m 22 years, w 28 years)

Winnie (78), was widowed at the age of 36 and left with two school aged daughters. She would very much have liked to get married again but she either liked (or was pursued by) men who were already married, or men who did not want to take on the responsibility of children:

Winnie: They wanted to marry me. But I used to say “Well, I’ve got two little girls.” And they would never mention the girls, never even ask to see them. ... And if you can’t get on with the children, or won’t accept them, it’s out. ... [With the married men], either I didn’t want to be the “other woman” or I didn’t want to bring the children into that kind of situation. The children were my first priority. And that’s really why I never married again.

Mrs WF, aged 78, m 8 years, w 42 years)

As her daughters came first in her life, she decided against remarriage at the time and then later considered she was contented living alone.

Cynthia and Rosie were not alone in believing that the men they met were pursuing them out of self interest, which included sex as well as being a housekeeper:

Sarah: I could have. I had three proposals of marriage. But one I found out - and I’m glad I didn’t.

Int: One you found out - ?

Sarah: One of them was a gambler, which I never knew. Kept it very quiet from me until just accidental, somebody said to me “Did you know...?”. And then the other one was ...Oh Lor! When he was with me he was all over me and that kind of thing but he was just for himself, self, self, self. Wanted somebody to marry to look after and to wash his clothes, iron, cook and look after him while he went out.

(Mrs SD, aged 70, m 28 years, w 22 years)

All four of these women were widowed comparatively young, Winnie at 38, Sarah at 48, Rosie at 50 and Cynthia at 61. None had found a man to whom they felt they could get married and none expressed any regret at not having done so. Sarah's
daughter did not approve of her mother's wish for a new relationship and this was also a deterrent for her.

All these women, except Sarah, had settled in the "acceptance zone" on the ontological coherence - ontological chaos continuum. Part of the re-alignment of self-identity was as a result of rejecting the prospect of repartnership because it did not match with their ideals of a workable relationship. In other words, they knew what they did not want and so were better able to come to terms with their choice around remarriage.

The common factors with this group of men and women is that they were widowed at a comparatively young age, when they considered it feasible to get married again, and they had been widowed for some years at the time of interview. They were all reconciled to having failed in forming a new, lasting relationship. The gender differences were in the narrative: the men tended to say that "it just didn't happen", in a neutral or negative manner, whereas the women were more positive inasmuch as they said "I wouldn't let it happen". The women were much more descriptive and explanatory about their experiences of liaisons, and motivations for remarriage and its subsequent rejection. In other words, it was a conscious decision for the women but the men just accepted that it had not happened, and closed out the conversation.

Perhaps I will remarry: Seven widowers but no widows were still prepared to consider getting married again, should they find the "right person". They were not necessarily looking for a partner but if they found the right person, they would not dismiss the idea. Except for Russell (79), these widowers were aged 75 years or under. Also, with the exception of George (66) and Eric (74), who had been widowed 17 and 13 years respectively, all had been widowed for three years or less. All said they would not marry "for the sake of having someone there": a woman they found would "have to be something special". Eric, like Henry above, was in a relationship but he had no wish to marry his current partner. He also expressed concerns about inheritance problems with his adult children, but said that would not have deterred him in previous years.

No I would not consider remarriage: Only 13 widowers compared to 20 widows said that they would definitely not like to get married again. Eleven of the 13 widowers
(85%) were over the age of 80 years and of these 11, the median length of widowhood was six years (2 to 10 years). Of the two younger men, Jock (70) who had cared many years for a sick wife, was very independent and did not wish for another relationship. Ian (72) had a relationship but had no desire to remarry. Among the eleven older widowers are the seven who had celebrated their Golden Wedding Anniversary (Chapter Five, Table 5.3). Therefore, the older the widower and the longer he had been married, the less likely he was to wish to remarry.

Demographically, the 20 women who had no wish to remarry presented with less commonality than did the 13 men. Their ages included the entire range of the sample: from 65 to 92 years. Their length of widowhood was also across the range as was how well they considered they were coping with living alone. Thirteen of the women had been widowed comparatively young, that is, in their early 60s or before, and all told of propositions of marriage at some point. Their dialogue was peppered with "he just wanted someone to look after him", "I knew what he was after" and "they only want one thing". However, they were obviously proud of having been pursued, either overtly or covertly. Vi (87), widowed at 55, and a year later went touring as a "housemother" to the juvenile cast of a theatre company performing "Oliver!":

Vi: I had the opportunity a couple of times. Their [the juvenile cast's] school master at Manchester, he was very keen on taking me out. I had a hard job to push him off my back. And then, the next one that was very keen, was one of the actors in "Oliver!", he was the doctor - on the stage. He bought me a lovely brooch when we left. Pearls. He said "You'll always remember me, even if you won't have me." And he was very nice. I still have it [the brooch].
(Mrs VH, aged 87, m 33 years, w 32 years)

Even some who had been widowed when they were older, said that they had "had their chances". Odette (79), Joy (92) and Alice (80) spoke of widowers with whom they were friendly, and whom, had they chosen to pursue the matter, they could have married even though the widowers had said nothing openly:

Odette: He never actually asked me but I am sure I could have married him if I had wanted to. But I didn't want to.
(Mrs OD, aged 79, m 26 years, w 15 years)

Joy: From the Dancing Club, yes. I could have had him, if I'd wanted. But I didn't want to.
(Mrs JW, aged 92, m 37 years, w 27 years)
They spoke of female friends and acquaintances who had remarried and who had experienced unhappiness as a result:

Joy: Well, it’s up to them if they want to take a chance. Some people I know have married again and they’ve regretted it.
(Mrs JW, aged 92, m 37 years, w 27 years)

Some related at length, “cautionary tales” of these unsuccessful remarriages of widows in justifying their decision to remain alone, despite the pressures from men they knew and perceived normalcy of a couple orientated society. The “cautionary tales” were not so much about marital or familial conflict, but frequently about the fact that these women ended up looking after sick men.

10.2 The Reasons For Not Remarrying

All 25 widows and 26 widowers were asked why they had not remarried. The widows usually volunteered several reasons, often repeating them for emphasis, whereas the widowers tended to give one reason and then close down the subject. Table 10.2 lists the frequency of reasons given for not having remarried, by gender.

From Table 10.2 it can be seen that the widows were far more prepared than the widowers to engage in a discussion about their reasons for not having remarried, volunteering 78 responses compared with 26. Most of the widows gave several reasons and the most frequently offered was that they did not want to look after another man (90%), followed by the contention that nobody could take their dead husband’s place (80%). Most of them said they had been happy to care for the spouse they married when young, with whom they had grown old. It was not just the prospect of nursing a sick partner to which they objected, but also the day-to-day work entailed in cooking, cleaning and washing which they were unprepared to take on.
Table 10.2 Frequency of Reasons Given For Not Having Remarried by Gender.

<table>
<thead>
<tr>
<th>Reason given</th>
<th>Widows n=25</th>
<th>Widowers n=26</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does not want to look after another</td>
<td>22</td>
<td>0</td>
</tr>
<tr>
<td>Cannot replace spouse</td>
<td>20</td>
<td>9</td>
</tr>
<tr>
<td>Enjoyment of freedom</td>
<td>14</td>
<td>0</td>
</tr>
<tr>
<td>Not want to repeat unhappy marriage</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Never fancied anyone (widows)</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>Not met the right person (yet) (widowers)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discouraged by adult children</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Too set in ways</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Not want sex</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Nobody would want me</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Problems of inheritance</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Total number of responses</td>
<td>78</td>
<td>26</td>
</tr>
<tr>
<td>Average number of responses</td>
<td>3:1</td>
<td>1:1</td>
</tr>
</tbody>
</table>

A typical widow’s response came from Alice (80):

Alice: A man can be a pest especially when he gets older. A widower moved into the flat upstairs a few months ago and he has been very friendly indeed. I thought to myself “He’s not getting his feet under my table and that’s definite”. You know what I mean. I had a husband and five children and that’s enough in any woman’s lifetime.
(Mrs AS, aged 80, m 40 years, w 20 years)

Janet was amusing:

Janet: No, I wouldn’t want to marry again. You know, if you get “life” you only do 25 years. I did 50!!
(Mrs JB, aged 75, m 50 years, w 3 years)
Interestingly, four widows but no widowers said they had been discouraged from remarriage by adult children, and in this study, it was exclusively daughters. Sarah's daughter felt so strongly that she could not bear the thought of another man taking their father's place, she threatened to prevent her mother from seeing her grandson if she remarried. There were no reports of sons objecting to either widows or widowers having a new relationship, and widowers (but no widows), spoke of encouragement of adult children when they found a companion.

This could be interpreted as reflecting the "double standard" of male and female codes of fidelity and monogamy. Coupled with this is the perception that men need women more than women need men, as expressed by both men and women in this study. Several of the widowers said that "they were never meant to live alone". It could also be argued that since men usually require more "looking after", an adult child might feel happier if a widowed father has a companion to look after and look out for him. Only one widower Eric (74), gave problems of inheritance as a reason for not getting married again and it was a factor in his choice to stay in a two-centred relationship, rather than remarry. However, he said that if he found "the right person" it would not be a consideration.

Mary (70) sums up the response of many of the widows to the prospect of remarriage:

Mary: I just couldn't be bothered, I mean. It would have to be an old man for a start, I mean I'm 70. Who wants to marry a man about 75? Oh, I couldn't go to bed with an old man like that. I couldn't bear the thought of it. No. No thanks. Yes, and why should I lumber myself with another man? I'll have to cook for him, wash for him, go to bed with him. Oh no I couldn't be bothered with that.
(Mrs MB, aged 70, m 47 years, w 7 years)

Most of the widows could not imagine taking on the responsibility of "an old man". In this was the assumption that the person who they would marry, would be older than themselves, thus reflecting the culturally accepted norm of a man marrying a younger woman.

Widows also did not want to repeat the process of accruing what Howard and Hollander (1997) refer to as a "homemaker's investments" such as learning, over a period of time, the likes and dislikes of a new husband or promoting and maintaining bonds with his family. These "investments", they point out, are not easily
transferable to another relationship. The “capital” brought into a marriage by a man, namely, financial resources, prestige and social status, is more easily transferred to another relationship. When men remarry, they feel they can offer financial security, protection and security at home. For example, Richard, wealthy and childless, wanted to remarry. He said he would like to leave his money "somewhere nearer home" than nieces, nephews and godchildren:

Richard: I would be delighted. ... As I’ve already said. Because I feel I could create a good deal of happiness. And I also have quite a lot of money. You know, it seems a waste.
(Mr RH, aged 76, m 30 years, w 9 years)

The difference between what is brought to a relationship (“marriage capital” of men) and what is subsequently put into a relationship (“homemaker’s investment” of women) proved to be fundamental to gender difference in remarriage choices and constraints for the widowed men and women in this study. The women did not want the “bother” of acquiring this new information and associated work, and were adamant that they were enjoying a freedom they had no wish to relinquish.

As discussed in Chapter Eight, Paul (73) was the only widower to say that his quality of life had improved since the death of his severely disabled wife. None of the widowers had volunteered "freedom" as an advantage of living alone and only one, George (66) who had been widowed for 17 years, admitted to enjoying what he described as "small freedoms", when asked. However, he indicated that these small freedoms, such as not having to worry about what time he got home, were no compensation for solo living. In a patriarchal society, the men did not sense they gained any freedom when widowed because they had never lost freedom when they married. In fact, some of the widowers considered they now had less freedom because they had to carry out the domestic tasks formally contributed by their wife. This was in contrast to the women, who, although the death of their spouse undoubtedly produced an enormous sense of loss, the reduced need to look after a person other than themselves gave them a greater sense of freedom.

10.3 New Partnerships After Widowhood
It has been discussed above, that the widows had no desire to get married again because they had no wish to look after another man and also because they considered that their dead husband could not be replaced. The word “replaced”
here is at the crux of the difference between how men and women viewed a new cross-gender relationship. Although both genders used the words “cannot replace”, it had different meanings for men and women. For many of the widows, it meant that there could be no other person at all, in any capacity: there could be nobody instead of their husband. For the widowers, it meant that they would not find another person like their dead wife, but there may be somebody they could care about and love in addition to their dead wife. In other words, for the widowers, the person was irreplaceable, but not the role they carried out as wife.

It would seem then, that widowers in this study were more prepared than the widows to embark, or “take a chance” on a new relationship. These exclusive cross-gender relationships included remarriage, cohabitation and what I have termed a two-centred relationship. All these relationships included some degree of physical intimacy and the younger the widowed person, the more likely it was to involve sexual intercourse.

Roberts and Sinclair (1978) described a similar arrangement for younger Jamaican couples, as a “visiting union”. There are some parallels with the two-centred relationships of older people, with the exceptions of the presence of young children and the Jamaican “visiting union”, more frequently leads to marriage than does the two-centred relationship of older people. Levin and Trost (1998) and Ariza and De Oliveira (1998) identify an increase in “living apart together” relationships in northern Europe. These non-coresidential arrangements are frequently made by divorced couples, but also by people who are widowed, who desire a relationship but wish to retain independence and autonomy.

**Partnership Histories of the Sample**

Table 10.3 shows the marital and partnership histories of the widow and eight widowers in the sample who had relationships subsequent to widowhood.

There were two widows and two widowers who had married twice and have not been included in this table. Rosie (78), a war widow, had lost her young husband after six months of marriage. Lotte (74) and Reg (75) had been divorced and remarried before 1965 (more than 30 years before the interview) and George (66) had been divorced and remarried 25 years before the interview. None of them had
established a relationship since the death of their second spouse and therefore are not relevant to the analysis in Table 10.3, or the discussion in this section.

Table 10.3  
Partnership History of the Widows and Widowers  
Since Widowhood

<table>
<thead>
<tr>
<th></th>
<th>first marriage (yrs)</th>
<th>not married (yrs)</th>
<th>second marriage (yrs)</th>
<th>not married (yrs)</th>
<th>cohabitation (yrs)</th>
<th>two-centre (yrs)</th>
<th>alone (yrs)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Widows</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Beryl (83)</td>
<td>50</td>
<td>w: 10</td>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td>&lt;1*</td>
</tr>
</tbody>
</table>

|                  |                      |                   |                       |                   |                   |                 |             |
| **Widowers**     |                      |                   |                       |                   |                   |                 |             |
| Joe (65)         | 30                   | w: <1             | 3                     | w: 2              | 1* (now remarried)|                 |             |
| Les (68)         | 36                   | w: 3              |                       |                   |                   | 6 & 5*          |             |
| Ian (72)         | 31                   | w: 16             |                       |                   |                   |                 |             |
| Paul (73)        | 39                   | w: 3              |                       |                   |                   | 2*              |             |
| Eric (74)        | 38                   | w: 13             |                       |                   |                   | 7 & 3*          |             |
| Henry (74)       | 38                   | w: 14             |                       |                   |                   | 12*             |             |
| Leo (86)         | 42                   | w: <1             |                       |                   | 13 (died)         |                 | 9*          |
| Michael (91)     | 32                   | w: <1             | 19                    | w: 10             |                   |                 |             |

w = widowed  
* = present status

Seven of the widowers and none of the widows had a cross-gendered relationship at the time of interview and all but Michael (91) were under the age of 75 (Table 10.3). In the sample of widowers, there were eight aged 74 or under, and six of these currently had a cross-gender relationship. All six of the widowers were home owner-occupiers and had occupational pensions and five of them considered themselves to be "very comfortable" financially and enjoying good health. Only one of these relationships was cohabitational, the other five were "two-centred".

None of the six men in a two-centred relationship wished to get married again at the time of interview. Eric (74) and Paul (73) would not rule out the possibility but at
present it was not what either him or his partner wanted. Les (68) said his partner would very much like to get married, but it was he who was unwilling:

Int: Do you think she would like to get married?
Les: She wants to, yes. I don't want to. It's very difficult. I don't want to hurt her, but the whole time I have to sort of hold her back, you know. ... Friendship, fine, but that's it. She wants marriage, but there's no way.
(Mr LE, aged 68, m 36 years, w 3 years)

Henry (74) said his partner had discussed marriage, but he was no longer interested in remarrying because he had grown accustomed to living alone and "doing his own thing". The primary reason given is because marriage "didn't feel right" although they were happy to have a friendship and in Ian's (72) case, a sexual relationship which did not involve marriage:

Ian: I can accept a relationship, sure. Marriage, no, I can't imagine it. I can't. Because I'd compare all the time. And I'd feel guilty. ... I'd feel guilty that I wasn't in love with the person that I married.
(Mr IC, aged 72, m 31 years, w 16 years)

The pattern in this study supports the findings in the literature review, that a younger (ie under 75 years) wealthy widower is more likely to attract a partner than an older poorer one. Michael at 91 was quite frail, although this was a comparatively recent development, but he was very wealthy and childless, and had a two-centred relationship with a spinster of 45. Asked if he had considered remarriage:

Michael: No, it's wrong. I'm so much older than she is. She's about 45 - it's not right. She's got quite a good career as a teacher, and it's never been mentioned. It's obvious to me that it's not right. We go round together. We go to musical performances and all that sort of thing. Out to dinner. Very nice relationship.
(Mr MP, aged 91, 1): m 32 years, w 6 months; 2): m 19 years, w 10 years)

The need for companionship and the wish to have someone "to talk to" were put forward by the widowers as the most important reasons for their relationship. In Jamaica, the preference for meeting in the home of the woman rests with the likelihood of her having children and it is seen as more convenient (Roberts and Sinclair, 1978). For the older men in this study, the preference is also the woman's home because she offers the more "homely" surroundings and she is familiar with her kitchen when she produced meals. The outside entertainment also often revolved around going out for a meal, and the men saw this as a way of
reciprocating meals they received from their partners, particularly if the men were not keen to cook themselves.

Beryl was the only widow in this study to have had a relationship following bereavement, ten years before the interview:

Beryl: Well, so see up 'til a little while ago, a few weeks, I had this gentleman friend. It was a very nice way of living. We shared our lives. He lived not far from here and he got a very nice little house, little garden. Very nice and he's a very, very nice gentleman to be with.
(Mrs BL, aged 83, m 50 years, w 10 years)

The "gentleman friend" had been a neighbour for several years and his wife had died about six months before Beryl's husband. They gave each other support and help during that year and they had started an exclusive friendship. He moved out of his marital home within months and bought a small bungalow. She moved from her home four years later, to sheltered accommodation near him. She described the pattern of their lives:

Beryl: He would come here. I would cook the meal but then we'd go back to his house in the evening. I would go and sleep in his house, he had three bedrooms, plenty of room. And we'd rise in the morning, then we'd have breakfast in his house. ... If we weren't going anywhere special, like, he'd run me home to do whatever I liked, see my friends or what. ... It was a very nice way of living. See, I had the freedom of the car and a nice - and we had lots of holidays together, him and I. We went to New Zealand to see my brother.
Int: Did you ever think of getting married?
Beryl: G's family said, "Why don't you..?" No, I didn't want to ... I don't know why. There was only one person I married and I was happy about that. I don't know why, 'cos it might have worked out good. But then again it couldn't have done because G wasn't able to look after himself and I was a bit worried. I thought, well, I can't look after ... well, as you get older, can you. Your husband, that you've had for years, you don't think about nursing do you. But that's it.
(Mrs BL, aged 83, m 50 years, w 10 years)

She was aware that his health was failing and reluctant to "take him on".

Int: So what do you do now that you aren't seeing him every day?
Beryl: That's what I mean, I'm lost.
(Mrs BL, aged 83, m 50 years, w 10 years)

She was feeling depressed at the time of the interview, and was missing her companion, even though she knew she would be unable to care for him.
Gender Differences in Reporting New Partnership Formation

The principal gender difference in the reporting of experiences of new relationships after widowhood, was in the narrative. Beryl spoke extensively about her relationship with G: their routine, their holidays, everything they did together. The seven widowers with cross-gender partners were much less forthcoming about their relationships, most of them not mentioning the first name of the woman involved. However, as noted in Chapter Five, many of the widowers did not mention the first name of their wife until I asked them, referring to her as "my wife" or "the wife". The men spoke of socialising together, but not in the detail described by Beryl. Although she talked frequently and fondly of G, every mention was followed by how wonderful her husband had been:

Beryl: When I go to bed at night. I never think of G though, because G and I never lived that kind of life [sexual intimacy]. I think it's J [her late husband] here with me. (Mrs BL, aged 83, m 50 years, w 10 years)

The Sexual Taboo

No questions were asked about sex but a few of the respondents volunteered information. The men were more likely to mention it than the women. The widows talked about not wanting sex any more and it being a factor, although not the major reason for not wishing another relationship. The widowers who spoke about their sexuality, said that they tended not to miss it any more, mostly because their wives had "gone off it" usually during their 50s, or if they had been chronically sick. Much more important to them was the comfort and companionship of sleeping together like "spoons", and this is what they missed the most. Both the widows and the widowers spoke of the loneliness of an empty bed, where they still often put out their hands, thinking their spouse is there. The younger widowers, those under the age of 75 and in relationships, did say that they "slept" with their partners. Cyril, at 85, assured me he could "still do it".

10.4 The Desirability of a New Partnership

The final section of this chapter analyses the outcomes of desirability for or against a new cross-gender relationship, its purpose being to establish the degree of control exerted by this sample of widows and widowers, over their present lives. Table 10.4 describes the relationship preferences at the time of the interviews and differs from
Table 10.1 because it is concerned not only with the issue of remarriage, but with all cross-gender relationships: marriage, cohabitation and two-centred.

Table 10.4  Outcomes and Typology of the Desirability of a Cross-Gender Relationship

<table>
<thead>
<tr>
<th>POSITIVE OUTCOMES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type 1: IDEAL</strong></td>
</tr>
<tr>
<td>The wish for a new partnership followed by a successful formation of a relationship: Widows (0) Widowers (7)</td>
</tr>
<tr>
<td>Joe (65)  Les (68)  Ian (72)  Paul (73)  Eric (74)  Henry (74)  Michael (91)</td>
</tr>
</tbody>
</table>

| **Type 2: NEVER** |
| No wish to embark on a new relationship: Widows (24) Widowers (14) |

<table>
<thead>
<tr>
<th>NEUTRAL OUTCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type 3: OPPORTUNIST</strong></td>
</tr>
<tr>
<td>No particular wish to form a new relationship, but the possibility might arise: Widows (0) Widowers (4)</td>
</tr>
<tr>
<td>George (66)  Kevin (70)  Reg (75)  Russell (79)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NEGATIVE OUTCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type 4: UNREALISED</strong></td>
</tr>
<tr>
<td>The wish for a new relationship without a successful resolution: Widows (1) Widowers (1)</td>
</tr>
<tr>
<td>Ingrid (74)  Richard (76)</td>
</tr>
</tbody>
</table>

Table 10.4 shows that 45 out of 51 respondents (88%) made positive choices about their present lives regarding the formation, or not, of cross-gender relationships. Four (8%) were neutral and only two (4%) did not have their preference realised. This means that the overwhelming majority of these older widowed people, although they had had no control over the death of their spouse, exerted positive control over
their present partnership status. However, the gender differences in these positive choices are important.

Almost all (96%) the widows compared to half (54%) the widowers said that at the time of interview, they had no intention of forming a cross-gender relationship. Interestingly, 12 of the widows said they would like to have a male friend, especially if he had a car, for shopping and outings. When I asked them why they did not pursue such a friendship, they said that they did not want to put themselves in a position where they might eventually be required to "look after" a man. They did not want any more cross-gender "obligations". This might entail doing his ironing and cleaning his house, and having intimate sexual relations with them:

Cynthia: First it's the "home cooked meal", then it's the shirt that needs ironing. No. And I couldn't bear to have an old man kiss me or anything. Oh no. Not any more. So I'd rather just live my life as it is now. No obligations. I've done my bit. (Mrs CF, aged 66, m 40 years, w 5 years)

Overwhelmingly, they saw "strings attached" to any relationship and were not prepared to compromise their current freedom.

The most important factors in determining wish to form a new partnership were gender and age: these older widows, regardless of present age, age at spouse loss, or length of widowhood, by and large, did not wish to form an exclusive relationship. For the widowers, the decision was largely predicated on their age and health status: the older and frailer the widower, the less feasible the prospect of a new cross-gender relationship. Also, the longer he had been married before loss, the less he wished for another woman in his life.

10.5 Conclusions
As revealed in the review of the literature, the two principal reasons offered as to why the remarriage rate of widowers is so much greater than that of widows are demographic and cultural. The analysis has shown that there is a third very important reason, that of choice, or desirability. The widows in this study, with one exception did not wish for remarriage or repartnering. Cohabitation among the widows was not seen as an option because it primarily was viewed as a transitional period before remarriage, which was not wanted. Many of the widows would have enjoyed a two-centred cross-gender friendship but were wary of the "strings
attached", that is, that they would have to look after the man in a domestic as well as (perhaps eventually) a nursing capacity, and therefore were reluctant to embark on a relationship. In this way, older widowers - and bearing in mind that the women assumed any relationship would be with a man older than themselves - were selected out of the frame.

The widowers were more likely to consider remarriage or an exclusive cross-gendered relationship as an option particularly if they were under the age of 80. In this study, two thirds of the widowers under the age of 75 had a two-centred relationship which they did not wish to develop into a marital relationship at the time of interview. At the risk of stating the obvious, younger widowers who had opted for remarriage would not of course been included in the study. The older, poorer and frailer the widower, the less realistic it became to form a new partnership, although this did not mean that one was not wanted.

The fundamental gender difference, therefore, in the decision making process regarding the formation of an exclusive relationship, is the perception of the costs and benefits associated with taking on a new partner. For the widows, the cost of providing personal services with the concomitant loss personal freedom, outweighed the benefits of companionship and the likelihood of increased financial security. For the widowers, the benefits of receiving companionship with domestic and caring attention at the cost of transferring their “marriage capital” to the new relationship was viewed as a fair exchange. There was no perception of a loss of freedom for the men because even within marriage they had never lost their power and autonomy, as discussed in Chapter Six. If anything, widowhood for men reduced their sense of personal freedom as they were now obliged to look after themselves, or in some cases to organise and pay for a surrogate housekeeper.

Paradoxically, it is the loss of freedom of bachelorhood which brings to mind the picture of the reluctant groom at the altar. The notion of a young man being “trapped” into marriage by a determined woman still pervades literature and media entertainment. However, in later life, this concept is turned on its head, with women unprepared to relinquish their late life freedom in order to be “trapped” into a caring role again and men expressing the wish to return to the care and security offered by an exclusive, cross-gender relationship, which in turn gives them increased personal freedom.

232
PART IV

CHAPTER ELEVEN

Look for the Silver Lining:
CONCLUSIONS
This chapter summarises the thesis and draws together the findings of the study, integrating them with the theoretical issues raised in the literature review. The study has been cohort specific, examining the gendered meanings of widowhood to a group of men and women over the age of 65 years, and widowed for at least two years. The conclusions therefore must be viewed within an historical perspective: the experiences of this group of people, socialised by Victorian parents and growing old in the late 20th century.

The research has used a qualitative methodology to explore how these older widows and widowers have realigned their lives in the medium and long term after the loss of their spouse and what strategies they have set in place to cope with living alone, sometimes for the first time. The research focuses on the choices and constraints relating to new partnership formation for a cohort of older men and women living in a society which gives value and status to heterosexual couples.

No comparable study of gender differences in the realignment of the lives of older widows and widowers was found in an extensive literature search. The lives of older widows have been the subject of qualitative research in the UK (Chambers, 1993), but there have been no studies of widowers.

The three research questions posed at the beginning of the thesis were:

1. To explore the gendered ways in which the lived reality of widowhood is influenced by the nature of the previous marriage and caring relationship.

2. To explore the gendered ways that men and women negotiate a changed world from couple-companionate to solo living.

3. To examine choices and constraints in repartnering and how these are influenced by age, gender and resources.
The analysis chapters approached the gendered meanings of the lives of older widows and widowers in a chronological pattern. However, because people make sense of the present by understanding their past, the “then” and “now” are interwoven in the conclusions. There is no claim that the conclusions can be generalisable. The sampling method of approaching professional colleagues, friends and relatives to identify prospective respondents meant that the respondents provided a fortuitous sample.

The widows and widowers I interviewed could not be considered representative of the widowed population of the UK. I did not interview anyone in residential or nursing home accommodation, or anyone who was very ill or socially isolated. Nor do I have a record of those who refused to be interviewed. The sample held predominantly middle-class values, although their backgrounds were quite diverse. Most spoke of “humble origins” and financial struggles when they were first married, and wanting “a better life for their children”. Although the widows were more likely than the widowers to be in receipt of social security benefits, everyone I interviewed considered that they were managing their budgets well and none reported extreme poverty. The widows in this sample therefore, did not conform to the depressing portrayal of poverty, ill health and grief, as reported in most literature on widowhood (Adlersberg and Thorne, 1990).

There were “pockets” of homogeneity especially with the widows, since, as the study reveals, a number tended to socialise with each other. The widowers were identified from a broader base of referrals, but these widowers were “selected” by intermediaries, possibly because they knew the men would agree to be interviewed. However, I consider there was sufficient similarity in the responses to make gendered comparisons on the experience of older widowhood.

11.1 Marriage and Caring
The single historical event which exerted the most profound effect on the lives of men and women born in the first three decades of the 20th century was the Second World War, from 1939 to 1945. Although there are references to increased wartime and post-war divorce rates in the UK, the increase being attributed to marriages which did not survive separations (Burgoyne et al., 1987), the importance of the War
and its impact on the nature of changed relationships between women and men has not been discussed in the literature on long-term marriage and late life widowhood. Perhaps this is not surprising, since most of the research on older widows and widowers has emanated from the US where the experience of War was very different from the UK. Both the men and the women in the study attached great importance to their war-time experiences and said that after the War, they knew that nothing would be the same again. The men spoke of a fairer social world, with a reduction in class distinctions and increased opportunities. The women who were adult at the outbreak of hostilities, tended to view the War as a liberating experience and were determined that they would have a more equal marital partnership than their mother had experienced.

The widows in the study were far more forthcoming with their reminiscences about their marriage, both in volume and detail, than were the widowers. The men were more likely to reminisce about their wartime experiences or their occupational achievements. As Webster (1995) points out, the reminiscences of women emphasise the social and intimate nature of their lives. Men on the other hand, have a more pragmatic focus, which attempts to convey correct autobiographical facts. Reminiscences are at risk of being bowdlerised by the narrator, but, as Bornat (1994) argues, it is not the "accuracy" of the account that is important, but how the memories are used to interpret current experiences. This study found that the men and women used memories in different ways in order to relate to their present experience. For example, the widows would say of their days alone, "you were used to being alone all day when your husband was out at work" and widowers were more likely to say "a man had to be self-reliant during the War, so I can be again." The way people understand their past, influences and makes sense of their self-identity in the present.

In the post-war years, there was extensive sociological study of marriage and the family. A number of research studies have reported that marriage had changed from the Victorian legacy of the "patriarchal institution" to a "companionate relationship" in the "Brave New World" of post-war prosperity (Parsons, 1956; Gillis, 1985). This companionate marriage was based on a gendered division of mutual dependency and respect: there was a "fair exchange" of a woman's provision of domestic labour for a man's provision of financial security (Fletcher, 1973). Young and Willmott (1973: 31) identified what they termed the "symmetrical marriage" in the 1960s,
which they described as a more egalitarian relationship, with "some role-segregation", brought about by the increased participation of married women in the labour force. However, my study supports Edgell's (1980) findings that despite the post-war ideology of egalitarianism and symmetry in marriage, a husband continued to make the major life-style decisions primarily because he was the principal "breadwinner". The study also supports Bernard's (1976) concept of "his and hers" marital experience and Oakley's (1975) findings, that wives continued to carry out the major domestic tasks even if they were in paid employment.

The older women in this study reported that although they carried out strictly role-segregated tasks, especially in the early years of marriage, their marriage was based more on companionship than had been generally experienced by their parents. This supports the findings of Clark (1991) Crowley (1992) Finch (1991) and Morgan (1991) who discuss the social changes in marriage relations in the post-war years. My study extrapolates the notion of the companionate relationship as it relates to joint activities. The widows, but not the widowers, reported that they did "everything together". On further probing, this "togetherness" was predicated on what their husband wanted to do. Often, the joint ventures included separate activities: he fished, she read a book on the river bank; he played cricket, she made sandwiches in the pavilion. The widows generally enjoyed these parallel, "side-by-side" activities, because it meant spending leisure time together, which they said their parents had not done.

I concluded from these narratives that the widows were more aware of their lives as they revolved around the wishes of their husband, whereas the widowers were more likely to take for granted the emotional and instrumental support provided by their spouse. The women constantly nourished the needs of the men during marriage, giving what Mason (1996) terms "invisible support", which frequently went unnoticed by the recipient.

Selfishness and Selflessness
Even though the widows said they enjoyed the side-by-side activities, they were aware that they acquiesced to the interests of their husband, rather than their own. The widows considered the behaviour of their husband to have been "selfish" and their own response to his wishes as "selfless". Howard and Hollander (1997) argue that selfish behaviour is characteristic of the "separative" self, which emphasises
independence and autonomy whereas the "connective" self values empathy and caring, which I would argue, is characterised by the selflessness articulated by the widows.

This study extends the research literature which has not previously addressed the gendered nature of selfishness as it applies to people who no longer either provide, or depend on, the constant "invisible support"; as happens when a person becomes widowed. There is a perceptual difference in dependency: for women, their dependent status is contingent upon their being depended on by their husband. So for most of these women as wives, being dependent meant giving care, rather than receiving it (Graham, 1983). In widowhood, independence for women means not having to provide care. The widows in this study said, that in the absence of having someone who required constant looking after, they had become "selfish". This selfishness allowed them freedom to do "what they wanted, when they wanted", and for some, this was their first experience of having independence and autonomy. They also expressed guilt at enjoying this "selfishness", which seemed to contradict all their gendered socialisation towards empathy and caring. However much the widows missed their husband, the overwhelming majority of them expressed no wish to relinquish what they saw as late life liberation. This feeling was most strongly voiced by those widows who had cared for a sick husband over a lengthy time period.

The issue of selfishness was barely mentioned by the widowers, and when it was, it had far more relevance to the "self-pity" they felt at missing their wife and what she did for them. The widowers expressed guilt at feeling "sorry for themselves" which they saw as a sign of weakness: they thought they should have been more brave. Any selfishness they did admit to was not accompanied by any feeling of a sense of freedom. On the contrary, they considered that widowhood had rendered them less free because of the amount of self care they now had to carry out. As married men, their independence hinged on their being looked after, which freed them to go out into the public sphere. In widowhood, some men lose this independence and become at least partially dependent on outside instrumental help.

Unlike some of the widows, who admitted to feeling relief at the death of their sick and sometimes very difficult husband, the widowers expressed no feeling of relief at not having to look after an ailing wife. The analysis showed that men maintained
control whether they were the person cared for, or the carer. There is no sense of gaining control of one's life, if the individual has always exerted control. The freedom and independence reported by the widows as a benefit of living alone did not apply to the widowers, who considered there were no benefits at all in living alone.

*Gender, Caring and the Marriage Vows*

The majority of the widows and all the widowers said they had had a happy marriage and they were proud that they had honoured their marriage vows. This study supports previous literature which has shown that most men and women care for an ailing spouse from a combination of love, gratitude and duty (Finch and Groves, 1983; Graham, 1983; Dalley, 1993; Finch and Mason, 1993). The widowers who cared for a sick wife in latter years, provided highly visible support for which they received differential esteem from their spouse and welfare and health professionals compared to that received by widows, as observed by Parker (1993), Rose and Bruce (1995) and Lewis (1998). My study extends the literature on the gendered meanings of caring by analysing the gendered interpretation of the marriage vows.

Most of the widows said they had been happy to care for an ailing husband because "in sickness and in health" is what is promised in the wedding ceremony. For these women, nursing a sick husband was an extension of having looked after him when he was healthy. Only a few widows said they had promised to stay with their husband "for better, for worse", and these had all cared for a husband with severe dementia and spoke of having had a "terrible time" with him in the final years.

None of the widowers reported that their caring experience had been onerous even if they cared for a wife with dementia, and none of them expressed relief when she died. Despite this apparent difference in the caring experience, all the widowers said that they were looking after their wife, "for better, for worse". For women, caring was only "worse" if the experience was unhappy and it was only these widows who admitted to feeling any relief when their spouse died. The gendered interpretation of the marriage vows leads to the conclusion that caring for a sick spouse is what women "do" as a normal extension of their traditional "looking after" capacity. For men, caring for an ailing spouse is what they "endure" during what they perceive as possibly the "less good" period in their marriage.
11.2 Gendered Meanings of Widowhood

There was a far greater variability in response to the loss of a spouse than the prevailing view would imply, with some widows and widowers showing relatively little distress following the loss and others experiencing enduring problems. The current view of "successful" bereavement equates mastery with homeostasis (Parkes, 1996), or return to normal functioning, but this study shows that it also includes growth and positive change. Martin Matthews (1991) does not see widowhood as a static state, rather, there is a continuous realignment which she identifies as the "process" of self-conceptualisation which involves renegotiation of roles as parent, kin member, friend and participant in society.

Women lose both status as the "wife of" and the role "of wife" as specialised caretaker (Lopata, 1996). In the years following widowhood, through social interaction with kin, friends and the wider community, they realign their self-concept and develop beyond the identity "of wife". What is not always addressed in bereavement studies is whether the manifestations of the grief of widows: sanctification of the late spouse and the sanitisation of the marriage, are a function of the loss of role as wife as well as the person missed. The "two year" time-scale has as much to do with identity redefinition through the renegotiation of self-concept during this process as with getting used to not having her husband around.

The widows in this study moved towards independence and autonomy which fostered a degree of "separateness". It is this separateness which gave the widows permission to be selfish. Caring about people did not cease at the death of a husband. In some areas, it increased: looking after grandchildren, for example, which may not have been possible when still married because of the needs of the husband. The difference is that, by and large, there was a greater element of choice in the negotiation around how often and how long she would look after her grandchildren. This contrasts with the lack of any option other than to look after a husband within the marital relationship. The realignment of "we" in terms of the provision of the constant nourishment, caring about and caring for a partner, to "me" in terms of "doing what I like when I like", needed a much greater adjustment in self-conceptualisation for the widows than it did for the widowers.
Men have already developed a keen sense of who they are as “separate”. A man, whose identity is not inextricably bound up with “role of husband”, misses what his wife did for him, not only instrumentally, but emotionally, as carer, caretaker of his health, confidant and best friend. When a man retires, along with the reduction in income, he loses his status as an economic producer. When a husband loses a wife, he loses a person, but not a status. Although there is undeniably role transition from couple to singleton, it has less to do with redefining the “we” into “me” than it has to do with togetherness and aloneness.

Loneliness and Aloneness
Although both widows and widowers reported that one of the worst aspects of widowhood is loneliness, the widows found several compensations for solo living and they had adapted better to living “alone” than the widowers. The widows thought their better adaptation was as a result of their being “psychologically stronger” than men, and better able to look after themselves domestically. The continuity of domestic tasks for women was a factor in their regaining a sense of what Giddens (1994) refers to as ontological security. After the initial shattering of their “known” world, in domesticity, they regained a sense of what Antonovsky (1984) termed comprehensibility, manageability and meaningfulness to their lives and spoke of “just getting on with things”. The widows felt that in this respect, they were better able than men to cope with life’s stressors.

Moreover, the widows perceived widowers as helpless without a woman. In fact, most of the widowers felt they were coping well with the instrumental side of living alone. Some had taken responsibility for the domestic labour before the death of their wife because of her illness, and considered themselves competent to look after themselves. While they knew their “standards” of housekeeping and cooking were not as high as those of their late wife, they considered they were adequate. Some of the men were in a position to pay for someone to cook and clean for them. In retirement, many of the men had carried out some domestic chores, most frequently washing up and vacuuming. The men who did look after themselves expressed pride in their abilities, particularly with preparing a Sunday lunch, since most of them had never cooked before. The widows too, were proud of taking over responsibilities for tasks formerly performed by their spouse, such as organising their finances, decorating the home or changing an electric plug. A sense
of achievement in doing tasks traditionally carried out by a partner, was a factor in the "recovery" along the ontological chaos-coherence continuum.

Social Networks and Widowhood
The study supports the literature on the differential social support networks of older men and women (Phillipson et al., 1998). The widows tended to have many friends, mostly female, some of them very long standing, and they socialised with them primarily in the context of the home. These friendships provided a broad base of contacts which acted as a large "safety net" and were part of the support system which promoted the restoration of ontological coherence after widowhood.

The widowers had many acquaintances, of both sexes, mostly in the context of outside the home, at social and sports clubs, for example. Many of the widowers reported that they had relied almost exclusively on their wife for emotional sustenance and did not have an infrastructure of intimate friends, which supports the observations of Pleck (1975), Ferraro (1984) and Adams (1995). This meant that on his wife's death, a widower's sense of ontological coherence was often severely fractured. The social support networks were a major factor in the gender differences in the desirability of forming a new relationship.

11.3 Gender and Repartnering
Dixon's (1971) analytical framework which identified three intervening conditions to explain age at marriage and proportions never marrying: availability of mates, feasibility and desirability, was used in this study to examine the choices and constraints of repartnering for older widows and widowers. My research has shown that these intervening conditions are gendered when applied to relationship choices of older widowed people.

Availability of mates affects women: there are far fewer partners available for older widows than older widowers, given cultural norms about gender differences in the age of partners. Older widowers are much more likely than widows to desire a new relationship, therefore, feasibility is more likely to affect widowers who would like to establish a new relationship: the older, frailer and poorer the widower, the less likely he is to attract a partner. Virtually all the widows in this study did not wish for a
new relationship, regardless of age, health or wealth status. This leads me to conclude that contrary to the commonly held view that widows do not have new partnerships because of the lack of available mates (Burch, 1990; Blom, 1991; Askham et al., 1992; Hatch, 1995), the primary intervening condition is choice: older widows do not desire a new relationship.

The principal reasons advanced by the widows for not wanting a new relationship was that they did not wish to look after another man, that they had had a happy marriage and their late spouse could not be replaced. In order to care for and care about another man, they would have to relinquish the freedom and independence they had enjoyed since coming to terms with living alone. The large network of female friends and the support from a "society of widows" (Lopata, 1973), help ameliorate the loneliness experienced by widows and lessen the need for another cross-gender relationship.

The widowers' repartnering choices and constraints were more complex than the widows'. The overwhelming majority of widowers did not see any benefits in living alone. The four widowers who said they could not live alone, and for whom it was not feasible or desirable to have a new relationship, moved within six months of bereavement into sheltered accommodation, or to share a house with an adult child. The older the widower, the less likely he was to desire another relationship, or if he did desire one, he tended to admit that it was not feasible. The widowers under the age of 75 were likely to have a two-centred relationship which they did not wish to convert to marriage because they said that they had had a happy marriage and that their late wife could not be replaced. In the absence of a close confidant, a widower was more likely than a widow to seek an exclusive, emotionally (and perhaps sexually) intimate relationship. They did not consider that the new partner was a "replacement" for their late wife, but an "add on".

The study found that relationship choices were influenced by the gendered experience of the previous marriage, and were related to present emotional rather than practical needs. Contrary to the conviction of the widows, the widowers' main motive for seeking a new partnership was not to have instrumental help from a housekeeper, but to assuage the loneliness they felt at the death of the most central person in their life. It is ironic that the men, socialised into independence and
autonomy, were the ones who were least psychologically prepared to cope with aloneness.

11.4 And Finally
Finally, the purpose of this study has not been to establish whether widows or widowers fare worse after widowhood. The "competition" for the most miserable life after bereavement is counterproductive because it serves to confirm the notion of old age, and widowhood in particular, as one of sadness and deprivation. It was found that the older widows and widowers in this study did not lead a life of unrelenting misery. The vast majority had realigned their lives from "we" to "me" and understood where and how they fitted in within family, neighbourhood and community.

My study has contributed substantially to the theoretical understanding of gendered meanings of widowhood, and has been particularly valuable in its exposition of the narratives of older widowers, who have been neglected in previous research. The utilisation of a qualitative methodology also showed the decision making processes on new partnership formation is more complex than the quantitative data suggest. In particular, the chosen methodology revealed issues of selflessness and selfishness as they relate to the costs and benefits attached to the formation of a new partnership.

The findings cannot be generalised to the present population of older widows and widowers, nor to other cohorts. However, an interesting project would be to compare this study with the narratives of later generations of widowed people who are less likely to have experienced gendered role-segregation in both the public and private spheres. Rising generations of men are more likely to be competent domestically and women more able to organise their finances and be car owners and drivers. My findings suggest that as long as female and male children are differently socialised into "connectedness" and "separateness", future older widows and widowers may report similar gender differences in coping with the emotional gap left by their late spouse, as have the men and women in this study.
REFERENCES


251


261


I am a mature post-graduate student doing a PhD at the University of Surrey. I am carrying out some research in the community and am particularly interested in how older widowed men and women have reorganised their lives.

I am writing to ask if you would agree to be interviewed at home so that you can tell me something about your life and views. Older people's opinions are heard so little and it is important to consider the views of a wide cross-section of the community.

My background as a nurse and Health Visitor means that I am used to talking to people and I hope, am sensitive to their feelings. Of course, everything you say will be treated in strict confidence and you will not be able to be identified in anything I write.

I do hope you will agree to be interviewed. If you don't want to take part in this study, please drop me a line or telephone me on 01932 567183 (local to London). If I don't hear from you in a week or so, I will telephone you and we can discuss when might be a convenient time for me to visit you.

Yours sincerely
Dear .........

I am a mature post-graduate student doing a PhD at the University of Surrey. I am carrying out some research in the community and am particularly interested in how older widowed men and women cope with life on their own. I obtained your name from Dr ........... who thinks you may be able to help me.

I am writing to ask if you would agree to be interviewed at home so that you can tell me something about your life and views. Older people's opinions are heard so little and it is important to consider the views of a wide cross-section of the community.

My background as a nurse and Health Visitor means that I am used to talking to people and I hope, am sensitive to their feelings. Of course, everything you say will be treated in strict confidence and you will not be able to be identified in anything I write.

I do hope you will agree to be interviewed. If you don't want to take part in this study, please drop me a line or telephone me 01932 567183. If I don't hear from you in a week or so, I will contact you and we can discuss when might be a convenient time for me to visit you.

Yours sincerely
CONSENT FORM

I ................................................. agree to being interviewed by Kate Davidson as part of her post graduate research on older people in the community.

I understand that everything I say will be treated in strict confidence and it will not be possible to identify me from anything she might write.

I reserve the right to withdraw from the study at any point during the interview, without having to give a reason.

Signed

..........................................................

Interviewer
Kate Davidson RGN, RHV, BSc (Hons)
Green Lane Farm
Green Lane
CHERTSEY
Surrey
KT16 9QL

01932 567183
APPENDIX D

INTERVIEW SCHEDULE

Participants details: (from prior information)

Sex:

Age:

Introductory chat, thanking the respondent, explaining the purpose of the study and reassuring confidentiality, anonymity and the right to withdraw at any time without having to give a reason. Consent form to be signed.

[May not be in this order]

Some Background information:
How long have you been widowed?

How long were you married?

How would you describe your marriage? [Reassure that the information is completely confidential]

Occupation
Widows: Did you have a job?
What was it?

What was your husband's job?

Widowers: What was your job?
Did your wife work?
If so: What did she do?

Family

Do you have any children?
If so: number, age, sex and occupations

Do you have any grandchildren
If so: number, age, sex

How many times a week do you usually have contact with your family
in person
by phone
by letter

Do you have any brothers and sisters?
Are they still alive?
If so: What contact do you have with them?

[Probe about siblings, nieces and nephews]
Social Contacts
What about people other than family. Friends and so on, how many times a week do you talk to them on the telephone?

Any new ones since you have lived alone?

Do you write any letters?
How many say, in a month?

What about Christmas cards. About how many do you get and send?

Do you belong to any clubs, organisations, groups, etc?
 [Probe, which, why, how often attended ]

Do you do any voluntary work?

Do you have any hobbies?

Religion
What is your religion?
How important is your religion to you personally?
 [Probe, in what ways? Why?]

Finances
[If appropriate, and has not already come up in responses.]
Could you tell me a little about how you have managed financially. [State pension alone, occupational pension, trusts, savings etc]

Method of Transport
Do you drive a car? If yes: Do you have a car?
If no: Why?

If not: How do you usually get to places?
[Probe: public transport, taxi, friends, family, special transport ]

I'd like to know a little bit about your husband/wife
Tell me a little about what happened around the time of his/her death.
 [Probe for length of illness, cause of death, length of 'preparation' time]

Who rallied round?

Has your contact with these people been maintained?

Coping alone
How do you think you are coping?
[Very well, well, quite well, not at all]

Has this changed recently?
Problems
In thinking over all your experiences since you were widowed, what do you think is the most important problem of being a widow? (widower?)

What do you consider to be the biggest problem for a widower? (widow?)

Considerations of remarriage
Would you like to remarry?

Do you think you ever will?

Why is that? [Probe fully: advantages, disadvantages. Obstacles: loyalty to spouse, financial, health, children, what people think]

Statistically speaking, more widowers remarry than widows. Why do you think this may be so? [Probe fully]

Any Advantages
In spite of the problems of widowhood several people have told me that there are some compensations. Can you think of any advantages of being widowed? [Probe fully]

Thank you very much for taking time to talk to me and for contributing your experience and opinions to my study, I am very grateful.
WIDOWED?

CAN YOU HELP?

I am postgraduate student doing research to find out how older widowed men and women have reorganised their lives in the longer term.

All the interviews are absolutely confidential and your name won’t appear anywhere.

If you are over the age of 65 and have been widowed for at least two years, I would very much like to hear from you.

For further information please contact:-

Kate Davidson
SRN, Health Visitor, BSc (Hons)
01932 567183

I shall be interviewing until the end of June 1996
I am a mature post-graduate student doing a PhD at the University of Surrey. I am carrying out some research in the community and am interested in how older widowed men and women have reorganised their lives. I am particularly interested in their motives for desiring or rejecting remarriage. I am also very keen to interview people who have remarried or established new relationships after being widowed in later life.

I am looking for men and women over the age of 65 who have been widowed for at least two years who will agree to being interviewed at home so that they can tell me something about their lives and thoughts. Older people’s opinions are heard so little and it is important to consider the views of a wide cross-section of the community. The interviews should take about an hour and a half, but can be longer as things develop.

My background as a nurse and Health Visitor means that I am used to talking to people and I hope, am sensitive to their feelings. Of course, everything they say will be treated in absolutely strict confidence and I promise, they will not be able to be identified in anything I write. If at any point during the interview, the person wishes to withdraw, he or she will of course be able to do so without having to give a reason. So far I have experienced no problems with my interviews and everybody has said how much they have enjoyed just talking and discussing their lives.
APPENDIX G

WIDOWS

(Mrs AS, aged 80, m 40 years, w 20 years) Alice
(Mrs BL, aged 83, m 50 years, w 10 years) Beryl
(Mrs BP, aged 87, m 59 years, w 3 years) Beattie
(Mrs CF, aged 66, m 40 years, w 5 years) Cynthia
(Mrs CT, aged 76, m 28 years, w 12 years) Celia
(Mrs EH, aged 78, m 47 years, w 7 years) Ethel
(Mrs EJ, aged 78, m 49 years, w 4 years) Elizabeth
(Mrs IB, aged 68, m 42 years, w 4 years) Iris
(Mrs IG, aged 74, m 41 years, w 7 years) Ingrid
(Mrs JB, aged 75, m 50 years, w 3 years) Janet
(Mrs JM, aged 67, m 40 years, w 4 years) June
(Mrs JW, aged 92, m 37 years, w 27 years) Joy
(Mrs LH, aged 75, m 47 years, w 10 years) Lily
(Mrs LM, aged 74, 1): m 17 years d 6 years, 2): m 17 years, w 12 years) Lotte
(Mrs MB, aged 70, m 47 years, w 7 years) Mary
(Mrs MC, aged 74, m 27 years, w 14 years) Margaret
(Mrs OD, aged 79, m 26 years, w 15 years) Odette
(Mrs PR, Aged 67, m 32 years, w 18 years) Pam
(Mrs RD, aged 78, 1): 6 months, w 5 years 2): m 22 years, w 28 years) Rosie
(Mrs SD, aged 70, m 28 years, w 22 years) Sarah
(Mrs SH, aged 71, m 31 years, w 14 years) Sally
(Mrs SM, aged 65, m 32 years, w 8 years) Susan
(Mrs VH, aged 87, m 33 years, w 32 years) Vi
(Mrs VH, aged 65, m 31 years, w 13 years) Victoria
(Mrs WF, aged 78, m 8 years, w 42 years) Winnie
WIDOWERS

(Mr BB, aged 92, m 49 years, w 9 years) Bill
(Mr CB, aged 85, m 53 years, w 6 years) Cyril
(Mr EJ, aged 74, m 38 years, w 13 years) Eric
(Mr EL, aged 87, m 45 years, w 9 years) Earnest
(Mr GH, aged 66, 1): m 16 d 4 years, 2): m 4 years, w 17 years) George
(Mr GL, aged 75, m 43 years, w 6 years) Geoffrey
(Mr HT, aged 74, m 38 years, w 14 years) Henry
(Mr HW, aged 81, m 56 years, w 2 years) Howard
(Mr IC, aged 72, m 31 years, w 16 years) Ian
(Mr JB, aged 81, m 53 years, w 4 years) Jack
(Mr JE, aged 65, 1): m 30 years, w 1 year, 2): m 3 years, w 2 years) Joe
(Mr JP, aged 80, m 55 years, w 2 years) Jesse
(Mr JS, aged 70, m 34 years, w 6 years) Jock
(Mr KL, aged 70, m 43 years, w 3 years) Kevin
(Mr LD, aged 86, 1): m 42 years, w 1 year, 2): cohab, 13 years, alone 3 years) Leo
(Mr LE, aged 68, m 36 years, w 3 years) Les
(Mr MA, aged 84, m 50 years, w 6 years) Matt
(Mr MA, aged 84, m 37 years, w 2 years) Mikail
(Mr MB, aged 82, m 50 years, w 4 years) Mervyn
(Mr MD, aged 75, m 25 years, w 15 years) Malcolm
(Mr MP, aged 91, 1): m 32 years, w 6 months; 2): m 19 years, w 10 years) Michael
(Mr PD, aged 73, m 39 years, w 3 years) Paul
(Mr RF, aged 75, 1): m 10 years d 10 years, 2): m 24 years w 2 years) Reg
(Mr RH, aged 76, m 30 years, w 9 years) Richard
(Mr RH, aged 79, m 52 years, w 2 years) Russell
(Mr TD, aged 76, m 43 years, w 8 years) Tom