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## DEATH ACCEPTANCE IN WIDOWHOOD

Staci Ernsberger

*University of Kentucky*, [jsernsberger@gmail.com](mailto:jsernsberger@gmail.com)

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Staci Ernsberger, Student

Dr. Amy Hosier, Major Professor

Dr. Ronald Werner-Wilson, Director of Graduate Studies

DEATH ACCEPTANCE IN WIDOWHOOD

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THESIS

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A thesis submitted in partial fulfillment of the requirements for the degree of Master of Science in the College of Agriculture, Food and Environment, at the University of Kentucky.

By

Staci Ernsberger

Lexington, Kentucky

Director: Amy Hosier, Assistant Professor of Family Sciences

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## ABSTRACT OF THESIS

### DEATH ACCEPTANCE IN WIDOWHOOD

Death is a universal event that all living things experience. Older adults, in particular, are more mindful of death than younger generations because of their proximity and increased exposure to it. In addition, thoughts of one's own death often increase with the death of a spouse. Previous research has explored the role of social support in death acceptance and the effect of previous marital satisfaction on a widow's well-being. However, there is a lack of research regarding the experience of a widow's personal death acceptance relative to spousal death acceptance and marital satisfaction. This phenomenological study aims to better understand the personal death acceptance of eight older widows (age 65+) through their experiences with marital satisfaction and spousal death acceptance. Seven women and one man participated in two rounds of semi-structured telephone interviews and completed supplemental surveys regarding their marriage and death attitudes. Findings indicate that essential dimensions of recalled high marital satisfaction and spousal death acceptance relates to experiences of positive personal death acceptance.

**KEYWORDS:** Spousal Death, Death Acceptance, Marital Satisfaction,

Widowhood

Staci Ernsberger

May 30, 2014

DEATH ACCEPTANCE IN WIDOWHOOD

By

Staci Ernsberger

Dr. Amy Hosier  
Director of Thesis

Dr. Ronald Werner-Wilson  
Director of Graduate Studies

May 30, 2014

I lovingly dedicate this thesis in memory of my grandparents, Don and Bev Zimmerman.

## Acknowledgements

My deepest gratitude is extended to everyone who contributed to this project. Dr. Amy Hosier provided valuable support and expertise throughout the development of this process. I am grateful beyond words for her tireless guidance and support. I would like to extend a special thank you to my husband, Jay Ernsberger, who continually supported and encouraged me throughout this project. I would also like to thank my parents who provided patience, love, and mental guidance throughout this process.

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## **Chapter 1**

### **Introduction**

My grandmother met my grandfather when she was 17; they married at age 20. After successfully starting two businesses together while raising four children, my grandparent's marriage fell on hard times and they separated due to my grandfather's alcoholism. Separated, my grandfather lived in a cabin four hours away where he conquered his disease. Within six months he moved back home with my grandmother and remained sober until the day he died. My grandfather was diagnosed with multiple cancers, each of which he fought to the best of his ability. Unfortunately, he never fully recovered after his final surgery, and he lost his battle to cancer and his life when he developed pneumonia. Less than a year after his death, my grandmother suffered two heart attacks and chose to accept hospice care. She was accepting and eager for her impending death due to their love and her desire to be reunited with him in Heaven. Exactly three years to the date of my grandfather's surgery that ultimately ended his life, my grandmother passed away. I was captivated by my grandmother's ability to accept her own death in widowhood and it left me wondering if it was due to her high level of marital satisfaction. To see that kind of love for another person inspired me to learn more about spousal death acceptance and coping in widowhood.

### **Statement of Purpose**

Past research has explored psychological adjustment in widowhood as it relates to marital satisfaction in addition to the effects that spousal death has on physical and mental health (Fry, 2001). Examination of how marital satisfaction and spousal death relate to personal death acceptance is an important area to examine because it provides a

foundation for understanding the impact of a healthy marriage in relation to approaching death. The purpose of this study is to explore how personal death acceptance is experienced in widowhood relative to recalled marital satisfaction and spousal death acceptance. For simplicity, *widows* will be used throughout this paper to refer to both males and females who have experienced spousal death.

Through the lived experiences of the study participants, this study identified common measurements of marital satisfaction (spousal characteristics and conflict management) and spousal death acceptance (illness, loneliness, religiosity, and identity). It is important to identify and relate these dimensions to personal death acceptance in widowhood because they help us better understand the impact and connection of a healthy marriage on the acceptance of one's own death. Kubler-Ross' (1969) stage-theory of grief and Wong, Reker, and Gesser's (1994) theory of death acceptance further support this connection.

### **Theoretical Framework**

Kubler-Ross' stage theory of grief (1969) posits that when a person is faced with the reality of an impending death (or other extreme fate), a series of five emotional stages are experienced: denial, anger, bargaining, depression, and acceptance. Individuals in *denial* reject the reality of an impending death and put thoughts of death aside in order to live life. Those experiencing *anger* are typically irritable, uncooperative, and may create conflict. *Bargaining* occurs when individuals try to strike a deal with God, others, or with oneself in an attempt to extend life despite its inevitableness. *Depression* is associated with an immense sense of loss or distress and occurs with the realization that

the end of life is near. This study focuses on the fifth and final stage, *acceptance*, which is reached when an individual is finally able to acknowledge, believe, and bear the death.

Wong, Reker, and Gesser (1994) expanded Kubler-Ross' theory with their specific study regarding death attitudes. They proposed five theoretical dimensions of death acceptance: neutral acceptance, approach acceptance, escape acceptance, fear of death, and death avoidance. *Neutral acceptance* acknowledges that death is inevitable; *approach acceptance* focuses primarily on beliefs in the afterlife and how death is a pathway to a better existence; *escape acceptance* views death as a release from hardship; *fear of death* includes negative feelings and thoughts of death; and *death avoidance* entails evading the topic of death altogether. More recent findings suggest that neutral acceptance includes not only the recognition of death, but that it is also associated with legacy (Wong, 2008). Wong (2008) also believed that approach acceptance involves feelings of immortality because of transcendental beliefs. Widows may reach approach acceptance hoping to see their loved one again in another life. However, if an individual experiences high levels of marital satisfaction, the hardship of life as widow may be too difficult to endure (escape acceptance). While each dimension is uniquely experienced, individuals may live through more than one dimension of personal death acceptance along their journey (Wong, Reker, & Gesser, 1994).

## **Chapter 2**

### **Relevant Literature**

Thoughts of death can make people feel uncomfortable, but awareness and acceptance of one's own mortality holds the key to genuine living because "death defines personal meaning and determines how we live" (Wong, 2013, p. 2; see also Neimeyer, 2005; Tomer, 2000; Tomer, Eliason, & Wong, 2008). Personal death acceptance in widowhood as it relates to recalled experiences of marital satisfaction and spousal death acceptance has not been explored. Yet, with increased proximity to death based on age, older adults are likely to have more thoughts about mortality than younger people (Cicirelli, 2003; Pinquart et al., 2006; Wong et al., 1994). Furthermore, there are over three million widows over the age of 65 in the United States, a number that is expected to rise with the booming population of older adults over the next 40 years (U.S. Census, 2010). To better understand the connection between personal death acceptance, marital satisfaction, and spousal death acceptance, it is important to fully understand each of these dimensions and how they relate.

#### **Personal Death Acceptance**

Experiences with and reminders of death help make individuals more aware of the inevitability of mortality, including the ability to deny or accept it (Connelly, 2003). Wong et al. (1994) found that personal death acceptance includes (a) the understanding that everyone dies, and (b) the ability to embrace, or at least recognize, pending death. Older adults in general tend to have less fear of death than younger adults (Cicirelli, 2003). This may in part be due to wisdom (Erikson, 1963), age (proximity to death), physical decline, illness, diminishing social networks, or a pessimistic outlook regarding

the remaining years before death (Pinquart et al., 2006). According to Erickson's (1963) final psychosocial development stage, *integrity versus despair*, older adults successfully master this developmental crisis when they can recognize, through a process called life review, a life well lived and feel a sense of accomplishment and achievement (integrity). If one's life review reveals unrealized goals and disappointment, despair may result and lead to negative thoughts, anxiety of death, including *fear of death* and *death avoidance* (Wong et al., 1994). Because meaningful relationships can positively influence life review and contribute to life quality and well-being, high marital satisfaction can increase one's ability to accept death (Cicirelli, 2003).

### **Marital Satisfaction**

The average older adult, age 65+ years, was married prior to 1970 during a time when divorce was not as common as it is today. In fact, marriages occurring in the early 1960's have lasted longer than marriages occurring after 1975. This may be in part due to new divorce laws that were established during the 1970s (U.S. Census, 2011). A satisfactory marriage is not necessarily due to the length of the marriage, but longer marriages are associated with more life course transitions (e.g., childbirth, retirement) that can affect marital satisfaction. As a result, marital satisfaction tends to start high, decline once children are born, and then increase again after retirement (Chalmers & Milan, 2005). Personality changes also occur over time, which can affect compatibility between spouses and consequently affect marital satisfaction (Pineo, 1961; VanLaninham, Johnson & Amato, 2001).

Common dimensions that are often measured to determine marital satisfaction include conflict management and sexual satisfaction (Coyne et al., 2001; Greef, 2000; Rosen-Grandon, Myers, & Hattie, 2004).

**Conflict Management.** Conflict is not uncommon in intimate relationships (Cahn, 1992). In fact, over 90% of couples report discord at some point in their marriage (Frye & Karney, 2006). Conflict management involves solving problems in ways that allow for compromise and growth and lead to increased understanding, cohesion, and improved self-knowledge (Fincham, Beach, & Davila, 2004). When conflict management involves positive behavior in addition to healthy communication, including active listening, couples are more apt to report high marital satisfaction (Bradbury & Karney, 1993; Hunler, 2005). Fenell (1993) also found that spousal forgiveness is an important factor in conflict management and marital satisfaction.

Couples who have distressed communication styles (aggression, sadness, and withdrawal) often report higher levels of conflict and lower levels of marital satisfaction than those who report compromise, laughter, and approval. Interestingly, older married couples report higher ratios of positive versus negative daily interactions and lower levels of conflict with their marital partners than do younger married couples (Henry, Berg, Smith, & Florsheim, 2007). With lower levels of hostility reported, older adults are more likely to perceive their partner as warmer when they do engage in disagreements (Henry et al., 2007). Compared to their younger counterparts, older adults also describe their marital partner more often using positive characteristics (good listener, empathic, understanding, loving, nurturing and trusting), which is associated with higher levels of marital satisfaction (Henry et al., 2007) and intimacy.

**Sexual Intimacy.** Older adults report high levels of sexual satisfaction in their marriage, even though young married couples average as much as seven times more sexual activity than older married couples (Ashdown, Hackathorn, & Clark, 2011). While the number of sexual encounters often decline with age due to normal age-related physiological changes, sexual satisfaction often remains high due to intimacy which is a meaningful, close, familiar, affectionate and loving relationship. Intimate relationships play an important role in marital satisfaction, especially over time (Ashdown, et al., 2011). In old age, it is not uncommon for the desire or physical ability for sexual activity to evolve into a more emotional connection that can be expressed through hand holding, kissing, and providing comfort (Zeiss & Kasl-Godley, 2001). While intimacy leads to marital satisfaction, which relates to death acceptance, older intimate adults who feel as if they spent many of their “good” years of life (Carr, et al., 2000; Cicirelli, 2003) with their spouse may experience extreme loneliness, isolation and depression after their partner dies (Fry, 2001). A partner who can accept spousal death as a part of their life story and review their experience in marriage positively, may be better able to persevere as a widow without regret (Bower, 1997; Erikson, 1963; Haber, 2006).

### **Spousal Death Acceptance**

Spousal death acceptance occurs when a bereaved person accepts his or her spouse’s death and feels ready to continue life as a widow (Bower, 1997). Experiencing the death of a spouse can be a distressing and life-altering event at any age (Bisconti, Bergeman, & Boker, 2004; Janke, Nimrod, & Kleiber, 2008; Pai & Carr, 2010). Spousal death is often associated with lower social functioning, decreased life satisfaction, poor mental health, loss of will to live, and low self-esteem, as well as increased depression

and obesity (Fry, 2001; Janke et al., 2008). Adults over the age of 65 experience the highest rates of spousal death. For these older adults, spousal death results in increased awareness of personal mortality because of the increased proximity to their own death (Cicirelli, 2003; Pinguart et al., 2006; Wong et al., 1994). The death of a spouse also reminds widows about their inability to control tragedy (Kessler, 1987; Wong & Tomer, 2011). Although there are over three million widowed older adults in the United States (U.S. Census, 2010), current research on personal death acceptance focuses on teenagers versus senior adults (Neimeyer, Wittkowski, & Moser, 2003).

Accepting the death of one's spouse is often dependent upon the bereaved individual's feelings about the death itself and the deceased (Cicirelli, 2003). Widows who report high marital satisfaction and low levels of conflict throughout their marriage typically exhibit more symptoms of grief and depression and less of a positive attitude after the death of a spouse than those who report low marital satisfaction and high levels of marital conflict (Carr, et al., 2000; Ong et al., 2010).

Spousal death acceptance is more difficult when a widow views the death as "off-time" versus "on-time" or when the death was surrounded by tragedy (Chan & Chan, 2011, p. 152). "Off-time" or sudden deaths do not allow for the widow to discuss and understand the dying process with his or her spouse (Carr, 2003). Sudden spousal death can result in unfinished plans or unsaid words. Sudden death makes adjustment more difficult relative to on-time or anticipated deaths, which allow for some degree of psychological preparation (Carr, 2003). Even with time to adjust, however, anticipated deaths are often painful and involve caregiving and anticipatory grief (Carr, 2003). It is not uncommon for older adults to receive formal caregiving and/or medical care at the

end of life. The quality of medical care received prior to death can also influence the surviving spouse's psychological distress, as poor care is associated with negative psychological responses to death (Carr, 2003).

Regardless of the type of death or circumstances surrounding it, older widows typically adjust psychologically without therapy within one year following the death of their spouse (Itzhar-Nabarro & Smoski, 2012). However, younger widows are at higher risk for suicide than all other age populations (Luoma & Pearson, 2002). In sum, closeness in marriage and grief following spousal death is related to poorer adjustment in widowhood (Pruncho, Cartwright, & Wilson-Genderson, 2009). The goal of this study is to learn how personal death acceptance is experienced in widowhood, relative to recalled marital satisfaction and spousal death acceptance.

## **Chapter 3**

### **Method**

A phenomenological approach was utilized to explore widow's retrospective perspectives regarding the relationship between marital satisfaction, spousal death acceptance, and personal death acceptance. The phenomenological approach attempts to understand a phenomenon, as it is perceived by those who experienced it (Connelly, 2010; Moustakas, 1994). Experience thus becomes the ultimate basis for analysis (Husserl, 2003). Through phenomenology, the "noema" (that which is experienced) and the "noesis" (the way in which it is experienced) become unified (Moustakas, 1994). First person reports provide validity to the approach because people tell their own stories about the phenomena they have endured. It is important for the researcher to refrain from imposing biases or theories that could obscure or distort the participant's stories. One must accept the story being described to ultimately understand what the participant has experienced (Conroy, 2003). As each participant's description of their unique experience with marital satisfaction, spousal and personal death acceptance is reviewed, a fuller perspective on the experience as a whole is achieved (Conroy, 2003).

### **Sampling Procedures**

Upon receiving IRB approval, a subset of participants was recruited from an existing study that targeted baby boomers living in the Commonwealth of Kentucky. A list-assisted random-digit dialing method provided every household telephone exchange in Kentucky an equal probability of being contacted. Those participants over the age of 65 years and widowed over one year were asked if they could be contacted at a later date for this study regarding experiences of widowhood. Through this recruitment method,

contact information was obtained from 23 individuals. When these potential participants were contacted via telephone, the widowhood study was explained in greater detail and eight of the 23 individuals (one man and seven women) agreed to participate. Verbal consent was collected from each participant during this follow-up call, the first interview was scheduled, and an assessment packet was sent (see Appendices A, B, C, & D). Participants were asked to complete and return the packets prior to the scheduled interview. Data collection began in June 2012 and was completed in December 2012.

### **Sample**

Inclusion criteria included being (a) 65 years old or older; (b) widowed for at least one year, and (c) a resident of Kentucky. Each participant was assigned a confidential identification number and a pseudonym to protect identity. On average, participants were 78.5 years old, married for 49.38 years, and widowed for 6.69 years. (see Table 3.1 for participant demographic characteristics).

Table 3.1  
*Participant Demographics*

Pseudonym	Age	Children	Education	Gender	Income (thousands)	Race	Religion	Times married	Years married	Years widowed
Betty	83	12	High school	Female	100-150	White	Catholic	1	60	3
Cathy	73	3	High school	Female	30-50	White	Protestant	1	51	2
Fred	74	2	4 years of college; no degree	Male	30-50	White	Protestant	2	33	5
Gina	85	3	Grade School	Female	10-20	White	Protestant	1	53	16
Jenny	78	2	Graduated junior or community college	Female	50-100	White	Protestant	1	53	4
Patty	91	2	Graduated junior or community college	Female	10-20	White	Protestant	1	57	13
Paula	65	3	High School	Female	<10	White	-	1	38	7
Sara	79	2	Graduate degree	Female	-	White	Protestant	1	50	4

## Procedures

Data was collected in two waves. Wave One concentrated on semi-structured interviews and survey instruments. Wave Two included a second semi-structured interview that provided clarity and an opportunity to explore emerging themes discovered from Wave One data. The two-wave process enhanced validity and reliability by allowing participants to confirm findings and/or further explanations.

### *Wave One*

Wave One consisted of semi-structured telephone interviews and survey packets that included the *Death Attitudes Profile-Revised* and the *Kansas Marital Satisfaction Scale* (see Appendices A & B). The interview questions (see Appendix C) were written

to help participants focus on personal death acceptance. The assessments supplemented the interview data and quantified marital satisfaction and death attitudes. Each participant received a prepaid envelope to return the completed surveys. Upon completion of the first interview, participants were reminded that they would be contacted again to schedule a follow-up interview. They were also gently reminded to complete and return the mailed surveys.

There is much controversy surrounding the use of telephone interviews versus face-to-face interviews. However, studies are inconclusive in regards to the effectiveness of face-to-face interviews versus telephone interviews (Tourangeau and Ting, 2007). Telephone interviews can provide participants with a sense of control during the interview process by allowing them to be mobile during the interview. Telephone interviews also allow participants to more easily end the interview by simply hanging up, if desired (Vogl, 2013). Participants may be less vulnerable to interviewer bias during a telephone interview because they can only hear versus see the interviewer making them less vulnerable to the interviewer's non-verbal cues (Argyle and Dean, 1965). Utilizing telephone interviews in this study was essential due to time and financial constraints. Telephone interviews for this study also allowed access to participants across all of the Commonwealth of Kentucky (Opdenakker, 2006). Creating rapport over the telephone is a different process than face-to-face interviews. Establishing a trusting and comfortable relationship between the interviewer and interviewee is the first step in creating rapport (Sorrell & Redmond, 1995). Creating a relationship in qualitative research is important for obtaining quality results (Atkinson, 2005). Rapport often leads to deeper, more intimate levels of sharing (DiCicco-Bloom & Crabtree, 2006).

In an attempt to build rapport, I included a brief biography and photograph of myself with each assessment packet that was sent to participants (see Appendix D). The photo allowed participants to put a face to my name and voice. The interviews began with innocuous demographic questions to confirm information obtained from the baby boomer study and to ease the participants into interview mode. As the questions related to death acceptance were asked, I was conscious of letting participants know that I was listening. Without interrupting the interview, I demonstrated empathy and that I was listening with neutral phrases that included, “uh-huhs,” “ahs,” “okays” and “tell me more about that...” I would also ask participants to “Help me better understand what you mean” or I would insert, “That must have been difficult” to validate the participant’s feelings. Each interview explored participants’ experiences with marital satisfaction, spousal death, and attitudes towards their own death. Each interview lasted approximately 45 minutes. The semi-structured interview questions kept participants on track while allowing them to express and discuss their thoughts and feelings as much as they felt comfortable. Each interview was audio recorded, transcribed, and coded into common themes and categories.

### *Wave Two*

To prepare for Wave Two of data collection, a written summary of each participant’s interview was created as a means of summarizing his or her experience regarding death acceptance. Each summary was based on the Wave One interviews and written assessments. Coding the individual summaries helped highlight influential themes. Each participant was then sent his or her individual summary to review for completion and accuracy (Walters, 2006). Participants were contacted via telephone and

informed that the synopsis summaries had been mailed for review, and a follow-up telephone interview was scheduled. This second interview also served as a form of member checking as it provided opportunity to discuss and confirm the summary and further explore emerging themes. Wave Two interviews lasted approximately 60 minutes each.

## **Measures**

**Marital satisfaction.** The Kansas Marital Satisfaction Scale (KMSS; Schumm et al., 1986) consists of three questions concerning marital satisfaction, each with Likert-type response options anchored by *extremely dissatisfied* (1) and *extremely satisfied* (7). The KMSS was originally designed to assess one's current marital satisfaction, but the tense was modified for this study for widowed respondents. For example, "How satisfied are you with your marriage?" was modified to "How satisfied were you with your marriage?" The KMSS was used in this study to quantify feelings regarding marital satisfaction and to provide supplemental context for better understanding participants' experiences in widowhood. The original version of the KMSS has a reported internal consistency of  $\alpha.93$  (Schumm et al., 1986). Internal consistency with these widowed respondents was  $\alpha.96$ . The KMSS is scored by summing responses across the three questions, with possible scores ranging from 3 to 21. Higher scores indicate higher levels of marital satisfaction. The cut off for high marital satisfaction is 17, with scores under 16 indicating some degree of marital distress (Crane & Middleton, 2000). The average marital satisfaction score in this study was 18.5.

**Death attitudes.** The *Death Attitudes Profile-Revised* (DAP-R; Wong, Reker, & Gesser, 1994) is comprised of 32 items designed to measure five dimensions of death

attitudes: fear of death, death avoidance, approach acceptance, escape acceptance, and neutral acceptance. Example items include “Death will bring an end to all my troubles” and “I am disturbed by the finality of death.” The Likert scale response options for each item range from *strongly disagree* (1) to *strongly agree* (7). Mean scores are computed for each dimension, and higher scores indicate beliefs toward that death attitude. The DAP-R is a reliable and valid instrument of measurement (Clements & Rooda, 2000). Participant’s DAP-R scores helped confirm and validate the various dimensions of personal death acceptance that emerged during the interviews. Clements and Rooda (2000) reported internal consistency as  $\alpha.60$  for neutral acceptance,  $\alpha.91$  for approach acceptance,  $\alpha.81$  for escape acceptance,  $\alpha.82$  for fear of death, and  $\alpha.87$  for death avoidance. In the current study, internal consistency was  $\alpha.64$  for neutral acceptance,  $\alpha.92$  for approach acceptance,  $\alpha.94$  for escape acceptance,  $\alpha.87$  for fear of death, and  $\alpha.90$  for death avoidance.

### **Data Analysis**

Moustakas (1994) asserted that data analysis of phenomenological research includes phenomenological reduction, imaginative variation, and synthesis of meanings and essences. Because this study included two waves of interviews, Moustaka’s (1994) approach occurred across both waves. *Phenomenological reduction* is the process of describing first-person reports of experiences. In Wave One of this study, the KMSS and the DAP-R provided contextual information while the semi-structured interviews allowed for open discussion regarding marital satisfaction, spousal death acceptance, and personal death acceptance. All telephone interviews were recorded using digital audio recording software and then stored in a secure location available only to myself. Reflective notes

were also taken throughout the interview process to help me better explore and understand the data.

*Imaginative variation* is purely imaginative rather than empirical. It is employed by varying the frames of reference and the perspectives. In this study, the individual assessments were scored, each interview was transcribed verbatim and field notes were summarized into a single word document for each participant's data to be coded. Through imaginative variation, the research derives structural themes, which were identified by coding the semi-structured interviews. For this wave, I carefully read each transcription line by line in addition to the supplemental information provided by the assessments and field notes. Data was then divided into meaningful themes. Each of these themes were coded using descriptive category names that derived from either the pre-set, a priori codes (e.g., spousal death acceptance, neutral and approach death acceptance, and marital satisfaction, including conflict management and communication) or inductive codes, which emerged by directly examining the data (e.g., illness and concerns with the dying process). This process continued with each transcription until all of the data had complete initial coding. During this process, a master list of codes was created. Some data was coded with more than one code. Upon the completion of the initial coding, the data was summarized and organized as a way to refine and revise the codes.

Summaries for each participant were created from data analyzed in Wave One and mailed to each participant for Wave Two of the study. In Wave Two, I reviewed these summaries with each participant over the telephone, giving participants an opportunity to provide feedback and clarification in addition to time for further exploration.

Wave Two data was coded and analyzed using the same steps as in Wave One. With more in-depth information, I looked for relationships between the data. Moustaka's (1994) *synthesis of meanings and essences* focuses on the commonalities between participants so that the reader is better able to understand the phenomenon. The purpose of this study was to better understand personal death acceptance relative to marital satisfaction and spousal death acceptance. I therefore identified the common themes within each participant and across participants within each wave and across both waves. I identified the common patterns of experiences in regards to the a priori codes and inductive codes. Findings were cross-checked with the project advisor for validity and reliability.

## Chapter 4

### Results

Analysis revealed multiple patterns and relationships within the priori codes (spousal death acceptance, neutral and approach death acceptance, and marital satisfaction, including conflict management and communication) and inductive codes (illness and concerns with the dying process). Overall, participants reported high marital satisfaction and high spousal death acceptance, which related to positive dimensions of personal death acceptance in widowhood. Further supporting the literature, high marital satisfaction was based primarily on positive spousal characteristics and conflict management. A spouse's health status leading up to his/her death contributed positively to spousal death acceptance. In these cases, participants accepted the death because they no longer wanted to see their loved one in pain, and recognized the need to re-identify as a widow for the remainder of their lives due to their anticipated death. Marital satisfaction also contributed to a widow's acceptance of losing a spouse (spousal death acceptance), which, in this study, affected the widows' sense of loneliness, change in religious views, and ability to create a new identity in respect to the loss.

Spousal death acceptance and the dynamics associated with it (loneliness, religious views, and identity) ultimately led to aspects of neutral and approach death acceptance as participants increasingly realized that death is part of the natural lifecycle. Experiencing spousal death increased participants' thoughts of death, which in turn raised concerns with the dying process.

## High Marital Satisfaction

Consistent with self-report measures of recalled marital satisfaction (see Table 4.1), the code word “wonderful” was used interchangeably to describe participants’ marriage and their partners. In addition, participants described their partners as having a low temperament, being good parents, and hard workers. Marital satisfaction scores on the KMSS ranged from 12 to 21 ( $M = 18.5$ ;  $SD = 1.1$ ). Seven of the eight participants reported high recalled marital satisfaction (i.e., KMSS scores between 17 and 21); the other participant’s score of 12 indicated some degree of marital distress. Because virtually all participants experienced high recalled marital satisfaction, it was not possible to compare high marital satisfaction with low marital satisfaction in regards to personal death acceptance. Therefore, this study became a confirmatory study of what we already know about high marital satisfaction’s role in life review. However, Patty had a unique experience relative to this study, which will be discussed in turn.

Table 4.1  
*Total KMSS and Mean DAP-R for Each Participant*

Pseudonym	KMSS	FD	DA	EA	AA	NA
Betty	19	2.7	3.2	3.2	4.7	3.2
Cathy	21	5.7	4.6	3.8	5.9	3.8
Fred	17	3.3	3.0	4.0	4.3	4.0
Gina	21	3.3	3.0	6.6	6.8	6.6
Jenny	19	1.7	1.0	7.0	5.4	7.0
Patty	12	2.0	1.6	6.2	6.4	6.2
Paula	18	1.7	2.8	2.0	6.5	2.0
Sara	21	1.9	1.0	2.4	4.7	2.4

*Note:* FD = Fear of Death; DA = Death Avoidance; EA = Escape Acceptance; AA = Approach Acceptance; NA = Neutral Acceptance

**Spousal characteristics.** Participants discussed the importance of their spouse’s positive characteristics when describing experiences with recalled marital satisfaction and their marital success. It became apparent that code words such as “temperament,” “good

parent,” and “hard worker” described positive spousal characteristics. When asked what contributed to a successful marriage, Cathy shared “He had a very even temperament and . . . I was more high strung so I think, you know, he leveled me out . . .”

Spousal characteristics were often described with aspects of temperament, which in turn also helped when the couple had disagreements.

I typically got angry over things easier than he did. . . . He would just try to do something funny and then I would get more mad but then I would realize how stupid it was to get mad. (Gina)

Participant’s often described their partners using positive characteristics, such as being a good parent and a hard worker.

He was very kind and patient with the children . . . he would do things with them, go to ball games and go to the things that. My daughter was in piano recitals and he would always attend those. He was interested in their report cards and how well they were doing and we would do things as a family and we all attended church and Sunday school and our children were in the youth groups there and he was supportive of that so I would say he was a good father. (Patty)

When participant’s disclosed their partner was a hard worker, finances were the main component of the discussion.

Well, he was a good man . . . he made sure the family was taken care of and he made sure that we didn’t have to worry about money . . . He had arthritis really bad and his body constantly hurt him because he worked in a factory all his life which made good money but it just wasn’t good on his body. (Betty)

**Conflict management.** While participants reported high levels of reported recalled marital satisfaction, they recognized that their marriages were not void of disagreement. All participants reported that arguments were rarely severe and that they were handled in healthy manner, such as talking with one another about the problem. Participants described conflict management as they discussed the ways in which they handled disagreements. Code words such as “communication,” “talked,” and “discussion” described aspects of healthy conflict management. Participants referred to conflict management when they discussed ways in which they resolved arguments. Sara, for example, said: “Of course you know there were bumps along the way but . . . if something came up we just talked about it and worked it out because we knew we were going to be together no matter what.”

### **High Marital Satisfaction Influences Spousal Death Acceptance**

Participants in this study experienced long lasting marriages. The bonds within these successful marriages were due to positive spousal characteristics and conflict management, which in turn influenced the acceptance of losing a spouse. Because of marital satisfaction, spouses did not want to see their loved one suffer as a result of illness or age related decline. As a result of the death, widows are left to cope positively or negatively with new identities, loneliness, and changes in religious views.

I think the sense of loss will always be there but as far as grieving I’m not sure what grieving would mean for me. I don’t sit around and stew about it [spousal death] . . . certain things come up where I miss his company . . . I would think it [grieving] would be if you are not going on with a normal routine that you are depressed and all that and that is not the way that I feel. (Jenny)

**Losing a spouse to illness.** Health status plays a role in spousal death acceptance (Carr, 2003). All participants experienced losing an older spouse (age 65+) who was sick leading up to his or her death. Some had experienced chronically deteriorating health over a long period of time and others had more pronounced turning points in health status, but all participants reported feeling relieved when their spouse was no longer in pain once death occurred. References to “cancer,” “relief,” “hospice,” “sudden,” “peaceful,” and “pain” described how participants experienced spousal death acceptance. One participant described how his marriage influenced the grieving process following his spouse’s death:

My outlook for year and years, before my wife died, was looking up because there are other things we can do and other places we can go, but now that she’s dead I’m looking down. I don’t have an outlook I have a down look. I don’t look forward to anything. I don’t look forward to going to work and seeing her when I come home. I don’t look forward to going to church with her on Sunday and going to lunch on Sunday . . . there is nothing that I’m looking forward to as far as she is concerned or as far as life is concerned. (Fred)

This participant also provided explicit details of his spouse’s dying process, exemplifying how significant it is to experience spousal death.

We moved in this house in January 06, and the first day of October in 06 after Sunday school at church she got dizzy . . . she had a cancerous brain tumor. And the doctor said that’s not the original cause of the cancer and they found it in her lungs and he operated on the 8<sup>th</sup> of March which was on Thursday. On Sunday he said he’s going to take the chest tube out so she can go home tomorrow. They

took the chest tube out and it caused a large vacuum. And he kept saying . . . she's doing a little better. She was not conscious after that . . . Finally my son called like 48 days later. Papa, that's enough. We went ahead and unplugged her.  
(Fred)

Upon losing a husband/wife, participants fell victims to loneliness or pursued a healthy way to adjust by creating a new identity as a widow.

**Loneliness.** The death of a lifelong partner left participants with feelings of loneliness, despite connections with nearby family. Participant descriptions of loneliness included "alone," "isolation," and "busy families." Many participants became emotional when describing their loneliness.

I haven't really [adjusted to being alone]. I try to keep busy and all and keep my mind occupied but I just miss him so much. I miss his company and having someone to talk to. I miss coming home to someone every night just to sit with and watch TV. (Betty)

At the age of 65, the youngest participant discussed her experiences with loneliness and identity as a widow. Her experience was different than that of other participants because she was substantially younger when her spouse died.

It gets lonesome sometimes because there isn't someone to go do things with . . . so if I want to go somewhere or do something I have to do it by myself or get a hold of a friend, but their husbands are still alive so they have their own families, so that is sometimes hard. (Paula)

Loneliness was also expressed through the ongoing conversations many participants reported having continued with their deceased spouse. Some participants ask their deceased spouse about death and the dying process.

I am sitting on the right end of the couch right now and my wife always sat on the left. And I talk to her. I know that's dumb too, but I tell her when I go to bed at night that its bedtime and I'll see you in the morning. And when I leave the house in the morning I tell her I'll see you later. I know she's not going to answer but I don't have anyone else to talk to. And I ask her where she is. I know where your body is: Just long hair and bones in a casket. But where are you? Can you hear me? Do you know what I'm saying? Do you know how I'm feeling? Are you waiting for me somewhere? When I die will I get to see her? When I die will I want to see her? But there are no answers. (Fred)

Talking with the deceased spouse became a coping mechanism that the participants used to help them move forward with their lives while holding on to an important part of their past. It also helped the widows minimize their feelings of loneliness following their spouse's death. However, because an individual's experiences after their own death cannot be explained or explored, anxiety can increase due to the unknown and, perhaps not coincidentally, participants' religious views changed after experiencing their spouse's death.

**Changes in religious views.** Beliefs in an afterlife changed among some participants from experiencing the death of their spouses. These changes usually occurred with participants who reported previously having strong beliefs in experiencing

afterlife following death. One participant who attended church every Sunday and taught Bible school explained changes in religious beliefs following his wife's death.

I used to think that when I died I would be with God, but here lately I really don't know. . . . I think that Jesus was a good person but I think about God and nobody has seen him, no one knows him, no one has shaken his hand, is he really there or is he just in your brain? . . . Since she died I keep thinking about it. (Fred)

**New identity.** Many participants had difficulty with building a new identity following the death of their spouse. These experiences happened with social networks, families, and everyday life. Descriptions involving "friends," "groups," "myself," "widow," and "no longer a couple" shed light on issues with creating a new identity. One participant was emotional when sharing her story of being labeled as a widow:

I got a phone call from the insurance company right after he died and he said "Well you didn't ask for it, you don't like it, but it doesn't make any difference. You're not a wife anymore; you're a widow." It was one of the most cruel things anyone has ever said really. (Sara)

Along with becoming a widow, most of the participants discussed changes in their social life due to no longer being part of a couple. Fred said, "During the weekends we would go out and eat together. When you're widowed there is no more togetherness so I don't do those things anymore."

Only one participant described a positive experience with becoming a widow. Interestingly, this was the only widow who, at age 91 (the oldest participant in the study), did not report her marriage as highly satisfying in interviews and when filing out the KMSS.

It was the first time in my life that I was ever my own person. I started out as my parent's child, then I was somebody's wife, then I was somebody's mother, so for the first time in my life I was really me, my own person. (Patty)

Although this particular participant expressed feelings of liberation due to her spouse's death, she and all the other participants still felt the experience of the death of their spouse was an enormous loss.

Illness, loneliness, and creating a new identity influenced how personal death acceptance was experienced. Spousal death acceptance also caused changes in religious views by participants questioning aspects of religion. For example, because of experiences with spousal death, some participants questioned if God even exists. These changes influenced how dimensions of personal death acceptance were experienced by participants.

### **Spousal Death Acceptance Leads to Positive Dimensions of Personal Death Acceptance**

Consistent with self-report measures of attitudes towards personal death acceptance (see Table 4.1), participants described aspects of neutral acceptance and approach acceptance. While participants were able to acknowledge their attitudes on death, concerns with the dying process were also discussed.

**Dimensions of death acceptance.** Participants shared their beliefs that death is inevitable (neutral death acceptance) and that focusing on a pathway to a better existence (approach acceptance) helps them both prepare for and accept their own mortality. Even when participants expressed concerns with the dying process, it was still recognized that

death was unavoidable (neutral acceptance). Phrases including “inevitable,” “it’s going to happen,” “can’t avoid it,” and “everyone dies” describe aspects of neutral acceptance.

It’s inevitable . . . death comes to us all . . . My faith has made death less fearful I guess you could say. I know that sounds weird, but since I have grown closer with God I know I will see Phil again. (Paula)

It was not uncommon for participants to discuss more than one dimension of personal death acceptance during their interviews. The DAP-R was used to provide additional insight into the participants’ experiences with personal death acceptance in widowhood (see Table 4.1 for survey statistics).

All participants expressed concerns with experiences after one dies, which was usually related to concerns with religious beliefs corresponding with approach acceptance. Code words including “God,” “afterlife,” “Christian,” and “religious” described aspects of approach acceptance.

None of us know what happens after death. So I’ve wondered about that and . . . I don’t believe that some of us are going to be down in the hole shoveling coal. I [also] don’t believe God is sitting up there in a big gold chair waiting for us to come around or whatever. (Sara)

**Concerns with the dying process.** Participants expressed concerns about the process prior to death rather than the experience of death itself. Participants did not want to become a burden on their family members, especially given that their spouse was no longer alive to help them. They were mostly concerned with declining health and the need for relocation. Code words including “care,” “burden,” “family,” “sick,” and

“health” describe concerns with the dying process. One participant, whose son was a doctor, explained his fears about approaching death.

I never took medication until a year ago in January . . . I’ve probably had 48 appointments since then. You know I’m not that sick but when I get real bad sick I told my son I want you to send me some pills because I’m not going to be an old fart laying around here and having one of the kids move back here or my step-daughter coming and taking care of me. I’m not going to be a burden to someone else. So when I get in a position like that I’ll be gone. (Fred)

### **Personal Death Acceptance as a Result of High Marriage Satisfaction and Spousal Death Acceptance**

One of the most important findings was how recalled high marital satisfaction and spousal death experiences related to personal death acceptance. Although only one participant expressed an eagerness to die because of experiencing her husband’s death, all other participants described increased thoughts of death with no specific degree of positive or negative feelings.

High recalled marital satisfaction influenced participant’s feelings on death. While most participants did not express an eagerness to die, loneliness influenced personal death acceptance. Gina shared “I’m just ready to die and go be with my husband.”

Code words including “watch,” “experience,” and “go through” describe how participants utilized experiencing spousal death acceptance to describe feelings about their own death.

If you watch a loved one die you realize that [death is] not as horrible as you're lead to believe sometimes. (Patty)

By experiencing spousal death, some participants were active in planning their funeral activities. This behavior demonstrates embracing death as a part of the normal life cycle corresponding with personal death acceptance.

Since Earl died I made all my arrangements . . . We already had our grave site picked out, but I picked out my casket and flowers and everything and I paid for everything. (Betty)

While participants acknowledged that death was unavoidable, experiencing spousal death caused increased thoughts about dying.

I didn't really dwell on death before my husband died. I hardly thought about it. I think as I get older I think more about it, because you have to . . . It is just so final. I won't be able to see my children anymore or my grandchildren and all the people that I love. (Cathy)

The data revealed many themes within experiences of high recalled marital satisfaction, spousal death acceptance, and personal death acceptance, yet all of these themes linked together formed a positive outlook on death. Personal death acceptance is important to achieve in one's life and the participants revealed essences within experiences of marital satisfaction and spousal death acceptance, which influenced how personal death acceptance is experienced in widowhood.

## Chapter 5

### Discussion

This phenomenological study provided in-depth knowledge of how experiences with marital satisfaction and spousal death acceptance can contribute to personal death acceptance. A total of eight older adults shared their stories and experiences of losing a spouse and thoughts about death. Based on my personal experience with death acceptance in widowhood, I expected participants to be eager for their impending death so that they could be reunited with their loved one or so that they no longer had to live alone. I found that high marital satisfaction affected the way widow's viewed and accepted their spouse's death, which in turn contributed to their own death acceptance. In regards to marital satisfaction, positive spousal characteristics and conflict management styles were common themes participants experienced influencing spousal death acceptance and personal death acceptance which reinforces previous research (Frye & Karney, 2006; Fincham, Beach, & Davila, 2004; Bradbury & Karney, 1993; Hunler, 2005; & Henry et al., 2007). Despite prior findings, sexual satisfaction was not a factor discussed by participants regarding marital satisfaction (Ashdown et al., 2011). Because participants were asked to retrospectively think about their marriage, it is possible they rated their marriage higher than they would have when their spouse was alive. However, due to contradictions with how marital satisfaction occurs across the life course, it is not possible to make a generalization of how marital satisfaction is experienced in older adulthood based on past research or this study. Because participant responses are influenced by the participant's mood at the time of data collection, positive recalled marital satisfaction shows that these participants are mentally in a good place, which was

displayed by achieving personal death acceptance. Creating a new identity as a widow was a result of experiencing spousal death, and even if the new identity of “widow” was embraced, feelings of loneliness still occurred.

Previous research has found adjustment in widowhood to be most difficult for those who experienced high marital satisfaction (Pruncho, et al., 2009). While widowhood may have initially been a difficult adjustment for participants (illness, loneliness, changes in religious views, and creating a new identity), all participants persevered and achieved personal death acceptance. However, the relationship between experiencing spousal death acceptance and how widows experience personal death acceptance related more to the process before death rather than death itself. Personal death acceptance did not rely on whether a person accepts the finality of death, but rather what happens prior to their death. Concerns with the dying process may be due to all participants spouse’s experiencing sickness prior to death. Although this period of sickness allowed participants to prepare for the death of their spouse, they also watched someone they love suffer prior to death, creating questions about how their own death will occur.

Participants in this study reported high marital satisfaction and positive dimensions of personal death acceptance in widowhood. Although I could not compare high marital satisfaction with low marital satisfaction due to the experiences of this sample, we can assume low marital satisfaction would relate to feelings of death avoidance and fear of death. Widows who experience low marital satisfaction tend to have an easier time adjusting to widowhood (Pruncho et al., 2009), which may lead to feelings of liberation with spousal death acceptance. The sample was unique in which it

followed a very traditional life course, reporting long, happy marriages with spousal death later in life. According to Erikson's (1963) psychosocial development theory, participants demonstrated a sense of mastery regarding the final life stage, integrity versus despair. This means they did not look back on life and feel regret, despite becoming a widow. Instead, they accepted and coped with the death (Kubler-Ross, 1969), which helped them experience general feelings of satisfaction and the ability to accept their own death. However, it is also possible that a new identity could cause fear of death or death avoidance as it did for Patty, the 91-year-old participant. I thought my grandmother's experience was unique because she experienced spousal death acceptance despite high marital satisfaction, so I am surprised that my participants experienced spousal death acceptance because they had talked so highly of their marriages. Unlike previous research, my participants experienced spousal death acceptance after experiencing high marital satisfaction. Most participants reported a period of grief following the death, but no participant reported difficulty in the final moments of their spouse's life.

### **Study Limitations**

There are critics of Kubler-Ross' (1969) theoretical model even though it remains one of the most popular death attitude theories. Critics believe that the complexity of death cannot be explained in a single, theoretical model (Power, 1996; Kastenbaum 2000). Kubler-Ross herself had concerns that her model was interpreted too rigidly as she was not implying one universal way to die (Kubler-Ross, 1969). Despite the critique, Kubler-Ross was a pioneer in death research and her work regarding the emotional

process of death has paved the way for more open discussions on death and loss (Bosk, 1999).

Phone interviews both positively and negatively influenced this study. Telephone interviews were utilized due to sampling methods, time frame, and financial resources. While a certain level of rapport was established with participants during phone interviews, face-to-face interviews would have likely lead to higher levels of rapport resulting in richer feedback from the participants such as discussing sexual intimacy in marriage, a component in past research that was not found in this study. In an effort to increase rapport and trust, a brief summary of the researcher's biography including personal experience, contact information, and a photo was included in the survey packet (see Appendix D). One of the positive aspects of a phone interview is that participants may feel more comfortable discussing sensitive topics over the phone rather than having the pressure of a face-to-face interview. Many participants admitted to sharing feelings and stories over the phone that they had never told anyone else.

Participant characteristics were not diverse in sex, race, religion, education, or income creating a limit on generalizability. Inclusion criteria only restricted participants by age and marital status, although it was later recognized that religion, income, and family demographics may have contributed to how one views their future outlook on life. However, random digit dialing gave every Kentucky resident an equal opportunity to participate. Also, due to virtually all ( $n=7$ ) participants reporting extremely high marital satisfaction, it was impossible to compare dimensions of personal death acceptance between participants with low marital satisfaction and high marital satisfaction. However, this knowledge can be used to demonstrate the importance of a healthy

marriage on one's outlook on life and death. The knowledge acquired from this study can be implemented into marital therapy settings to reinforce the importance of a healthy marriage throughout one's life course. This information would also be helpful in a community education setting, in an effort to prepare older adults for widowhood experiences.

### **Future Research**

Because this was an exploratory study, future research needs to deeper explore the components of personal death acceptance relative to marital satisfaction and spousal death acceptance. A nationwide, larger sample needs to be recruited to discuss these aspects of life in older adulthood as well as other components that could have caused mediating effects. Future research should attempt to compare how personal death acceptance is experienced relative to low marital satisfaction or high marital satisfaction as well as widowhood experiences between younger generations and older generations. Because young widows are at the highest suicide rate than all other populations, studying personal death acceptance would help these individuals adjust and move forward with their lives in healthy ways. It would also be interesting to further explore and compare how personal death acceptance is experienced before and after spousal death.

*Appendix A*

**Death Attitude Profile-Revised (DAP-R)**

This questionnaire contains statements related to different attitudes toward death. Read each statement carefully, then decide the extent to which you agree or disagree. If you strongly agreed with the statement, you would circle **SA**. If you strongly disagreed you would circle **SD**. If you are undecided, circle **U**. However, try to use the undecided category sparingly.

Many of the statements will seem alike, but all are necessary to show slight differences in attitudes so it is important that you work through the statements and answer each one.

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Moderately Disagree</b>	<b>Undecided</b>	<b>Moderately Agree</b>	<b>Agree</b>	<b>Strongly Agree</b>
1. Death is no doubt a grim experience.	SD	D	MD	U	MA	A	SA
2. The prospects of my own death arouses anxiety in me.	SD	D	MD	U	MA	A	SA
3. I avoid death thoughts at all costs.	SD	D	MD	U	MA	A	SA
4. I believe that I will be in heaven after I die.	SD	D	MD	U	MA	A	SA
5. Death will bring an end to all my troubles.	SD	D	MD	U	MA	A	SA
6. Death should be viewed as a natural, undeniable, and unavoidable event.	SD	D	MD	U	MA	A	SA
7. I am disturbed by the finality of death.	SD	D	MD	U	MA	A	SA
8. Death is an entrance to a place of ultimate satisfaction.	SD	D	MD	U	MA	A	SA
9. Death provides an escape from this terrible world.	SD	D	MD	U	MA	A	SA
10. Whenever the thought of death enters my mind, I try to push it away.	SD	D	MD	U	MA	A	SA
11. Death is deliverance from pain and suffering.	SD	D	MD	U	MA	A	SA
12. I always try not to think about death.	SD	D	MD	U	MA	A	SA

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Moderately Disagree</b>	<b>Undecided</b>	<b>Moderately Agree</b>	<b>Agree</b>	<b>Strongly Agree</b>
13. I believe that heaven will be a much better place than this world.	SD	D	MD	U	MA	A	SA
14. Death is a natural aspect of life.	SD	D	MD	U	MA	A	SA
15. Death is a union with God and eternal bliss.	SD	D	MD	U	MA	A	SA
16. Death brings a promise of a new and glorious life.	SD	D	MD	U	MA	A	SA
17. I would neither fear death nor welcome it.	SD	D	MD	U	MA	A	SA
18. I have an intense fear of death.	SD	D	MD	U	MA	A	SA
19. I avoid thinking about death altogether.	SD	D	MD	U	MA	A	SA
20. The subject of life after death troubles me greatly.	SD	D	MD	U	MA	A	SA
21. The fact that death will mean the end of everything as I know it frightens me.	SD	D	MD	U	MA	A	SA
22. I look forward to a reunion with my loved ones after I die.	SD	D	MD	U	MA	A	SA
23. I view death as a relief from earthly suffering.	SD	D	MD	U	MA	A	SA
24. Death is simply a part of the process of life.	SD	D	MD	U	MA	A	SA
25. I see death as a passage to an eternal and blessed place.	SD	D	MD	U	MA	A	SA
26. I try to have nothing to do with the subject of death.	SD	D	MD	U	MA	A	SA
27. Death offers a wonderful release of the soul.	SD	D	MD	U	MA	A	SA

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Moderately Disagree</b>	<b>Undecided</b>	<b>Moderately Agree</b>	<b>Agree</b>	<b>Strongly Agree</b>
28. One thing that gives me comfort in facing death is my belief in the afterlife.	SD	D	MD	U	MA	A	SA
29. I see death as a relief from the burden of this life.	SD	D	MD	U	MA	A	SA
30. Death is neither good nor bad.	SD	D	MD	U	MA	A	SA
31. I look forward to life after death.	SD	D	MD	U	MA	A	SA
32. The uncertainty of not knowing what happens after death worries me.	SD	D	MD	U	MA	A	SA

**Scoring Key for the Death Attitude Profile-Revised**

Dimension	Items
Fear of Death (7 items)	1,2,7,18,20,21,32
Death Avoidance (5 items)	3,10,12,19,26
Neutral Acceptance (5 items)	6,14,17,24,30
Approach Acceptance (10 items)	4,8,13,15,16,22,25,27,28,31
Escape Acceptance (5 items)	5,9,11,23,29

Scores for all items are from 1 to 7 in the direction of strongly disagree (1) to strongly agree (7). For each dimension, a mean scale score can be computed by dividing the total scale score by the number of items forming each scale.

Appendix B

Kansas Marital Satisfaction Scale

In general, please think about your marriage to your late spouse. Then, please circle the appropriate response to each question.

	<b>Extremely Dissatisfied</b>	<b>Very Dissatisfied</b>	<b>Somewhat Dissatisfied</b>	<b>Mixed</b>	<b>Somewhat Satisfied</b>	<b>Very Satisfied</b>	<b>Extremely Satisfied</b>
How satisfied were you with your marriage?	1	2	3	4	5	6	7
How satisfied were you with your husband/wife	1	2	3	4	5	6	7
How satisfied were you with your relation with your husband/wife?	1	2	3	4	5	6	7

**Kansas Marital Satisfaction Scale:**

- Extremely dissatisfied = 1
- Very dissatisfied = 2
- Somewhat dissatisfied = 3
- Mixed = 4
- Somewhat satisfied = 5
- Very satisfied = 6
- Extremely satisfied = 7

*Appendix C*

Interview Script

1. How many times have you been married? \_\_\_\_\_
2. How long were you married? \_\_\_\_\_
3. How long have you been widowed? \_\_\_\_\_
4. Thinking back, how would you describe your marriage to your late spouse?  
**Probes:**  
How satisfying was your marriage?  
Did you ever considered divorce, separation, or terminating your relationship?  
How often did you and your partner quarrel?
5. What does it mean to be widowed?  
**Probes:**  
Do you feel “free”?  
Do you feel “relieved”?  
Do you feel alone?
6. How has your emotional journey been since the death of your spouse?  
**Probes:**  
Do you feel you are grieving?  
What emotions have you been feeling?
7. Thinking back before the death of your spouse, what was your outlook on life?  
**Probe:**  
What were things you were hoping to achieve?
8. What is your outlook on life now?  
**Probe:**  
What are things you want to achieve?
9. What are your feelings on death?  
**Probes:**  
Do you view death as inevitable?  
Do you view death as an escape from hardship?  
Do you view death as path way to a better existence?

**Probe for general use:**

-What was that experience like?

## *Appendix D*

### Personal Summary



My name is Staci Zimmerman and I am currently a master's student in Family Sciences at the University of Kentucky. I am originally from Fremont, Ohio and have one brother. I graduated from The Ohio State University in March of 2011 with a bachelor's degree in human ecology. My personal interest in studying widowhood was inspired by my grandparents. My grandparents were married for over 50 years when my

grandfather passed away due to phenomena. My grandmother was a widow for two years when she passed away. In those two years, I became even closer with my grandmother than I was before. I helped her with grocery shopping, doctor's appointments, cleaning the house, and many other things. My grandmother taught me many lessons in life that I use daily. Where I am today is because of the support and guidance of my grandparents. Thank you for participating in my study on widowhood.

### Contact Information

Phone: (419)-680-6960

Email: [zimmerman.306@uky.edu](mailto:zimmerman.306@uky.edu)

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## VITA

Staci Ernsberger was born in Fremont, OH.

### EDUCATION

The Ohio State University, Columbus, OH  
B.S. in Human Ecology, 2011  
Minors in Sexuality Studies

University of Kentucky, Lexington, KY  
M.S. in Family Sciences, 2014

### PROFESSIONAL EXPERIENCE

Department of Family Studies, University of Kentucky  
Teaching Assistant, 2011-2012