Coping with bereavement in relation to different feminine gender roles

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The effect of gender role on coping with conjugal bereavement was studied in 44 Norwegian widows. A "traditional" and a "modern" feminine gender role were juxtaposed. Information was collected by two semi-structured interviews concerning coping with bereavement, and by a health inventory (UHI). The information was analysed qualitatively in relation to central elements in the coping process (appraisals, problems, coping strategies, self-evaluations of coping, future expectancies of coping, and relevance of external resources). The findings revealed considerable differences in coping between the two gender roles, favouring the modern feminine gender role.

Key words: Coping, gender roles, bereavement, qualitative.

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INTRODUCTION

The death of someone dear is one of the most afflicting events of life. The various ways of coping with bereavement have been given considerable attention, both with regard to what "coping mechanisms" the bereaved employ (Johnson *et al.*, 1986; Kim & Selby, 1991; Zisook & Shuchter, 1991), and with regard to how environmental factors may contribute to the bereaved persons' coping process (Akiyama *et al.*, 1986–1987; Stable, 1991; Steele, 1992).

Individual coping, however, is not only a function of individual capacities and external resources. It takes place within a historical-social context. This context constitutes the framework for both the development of individual coping capacities and the availability of external resources. The socially constructed gender roles are part of this context (Berger & Luckmann, 1987; Blieszner, 1993). It has long been established that gender roles directs attention, filters perception, directs interpretations, and offers socially prescribed repetoires of social, emotional and instrumental behavior, including preference of coping strategies and emotional expressivity (Beauvoir, 1949; Hoffner, 1995; Levant, 1996; Robertson & Fitzgerald, 1992). Therefore, it seems highly likely that the gender role of an individual should influence the coping process.

Gender role differences have been studied mostly as differences between women and men, despite the fact that there also exist great within-sex variations in gender roles (Brooks *et al.*, 1990; Hoffman & Kloska, 1995). When this intra-sex variation was taken into consideration, strong adherence to the traditional feminine gender role was found to be related to poorer coping in women compared to a more modern feminine, androgynous, masculine or flexible gender role (Long, 1989; McCall & Struthers, 1994; McDougall, 1993; Sorell *et al.*, 1993). This means that not gender alone, but variations in the feminine gender roles may be important determinants of women's coping. This study, therefore, addresses the question whether different feminine gender roles may influence the way women cope with the loss of their husband.

It is not simple to select an adequate criterion for a division between a traditional and a modern feminine gender role. The traditional role has been associated with economical dependence on the husband, housewife-career, and with interests centred around home, family, children, cooking, and hobbies such as gardening, embroidery and knitting. The modern role has been associated with economical independence and with more variations in choice of career and other interests. These gender roles are not fixed, however. They change over time and there are, even within Norway, subcultural differences as to what constitutes "a modern" versus "a traditional" gender role.

In this study, a single and simple role-indicator was preferred. The choice was based on the historical development of the modern feminine gender role. In this century, that development has centred around these major issues: the right to vote, economical independence based on the right to paid work, and the right to self-determined abortion. For the sample of this study, the right to vote was no longer an issue of debate, and the question over abortion was a late development. The question over work, however, is still a vital issue. It is still debated whether the home or a paid job is women's better choice. Therefore, the chosen indicator for different feminine gender roles was on different relations to work: "paid work" versus "housekeeping".

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METHOD

Subjects

Forty-eight widows participated in the first data collecting. This was 42 percent of all widows asked. Thirty-nine participated in the final data collecting. Information from those interviewed only once was also, to some extent, used in this report. The informants were widows selected from a major general hospital consecutively after the death of their husbands. In order to exclude acute deaths, after which bereavement may be particularly traumatic (Weisman, 1973), the criteria for selection was that their husbands had had a terminal hospitalization lasting for at least one week, or, if his last stay was shorter, frequent, but short hospitalizations during the last year.

Procedure

The names and addresses of the widows were obtained from several wards of a major general hospital. First, the widows received a letter presenting the project. Some days later they were contacted by phone and asked if they would participate. Data were collected twice: 4 to 6 weeks after the death of the husband, and 12 months thereafter. The interviews lasted between 2 to 4 hours, and were conducted in the widows' homes, except in three cases where the widows preferred to come to the author's office. The widows were interviewed by a psychologist or a graduate student in nursing or psychology. All interviewers were females. The two students were trained in interview technique by the author who had previous experience with interviewing bereaved persons.

The informants's statements were written down during the interview. The registration focused on statements that concerned the theme of the question which was posed. Statements about clearly extraneous issues were omitted. Observations were noted also (see below). The health inventory (UHI) (Ursin *et al.*, 1988) was filled out by a female engineer who visited each widow a couple of days after the interviews had been completed.

Definitions and operationalizations of central concepts

Gender roles – definitions. "Gender role" is close to "sex role". It is connected to the term "gender identity" which refers to an individual's self-conception of being male or female, as distinguished from actual biological sex. For most persons, gender identity and biological sex are the same. Gender role may be defined as: a socially defined set of prescriptions for behavior for people of a particular gender group (Worell, 1981). Here, the term "gender" was preferred to "sex" because it emphasizes the social construction of genders and gender roles in contrast to the biologically given sex of an individual. Two different feminine gender roles were used in the analysis: "traditional feminine gender role" and "modern feminine gender role". The difference was based on the women's relationship to paid work, with the assumption that other essential role differences (decision-making authority and involvement in household chores) followed from this relationship (Starrels, 1994).

Gener roles – operationalizations. The traditional gender role widows (in the following shortened to TW) were operationalized as: "widows who had no paid work at the time of the interviews, and had not had paid work during most of their married years". The modern gender role widows (in the following shortened to MW) were operationalized as: "widows who had paid work at the time of the interviews, had had paid work during a considerable portion of their married years, or were retired from such work".

Coping behavior – definition and classifications. Coping behavior was defined as: "behavior directed at managing, solving, or avoiding a problem". The widows' appraisal of "a problem" was classified as: a loss, a threat, or a challenge (Lazarus & Folkman, 1991). In addition, "the problem" could be appraised as irrelevant or as a resource (non-problematic). Coping behavior was classified as: emotion focused, problem focused, and avoidance focused (Moos & Billings, 1982), with the addition of cognitive planful problem solving (Brooks *et al.*, 1990). Avoidance focused coping included both behavioral (active or passive avoidance) and cognitive avoidance (defence mechanisms).

Coping evaluation – operationalization. Coping evaluation was operationalized as "experienced success of coping and expectancy concerning future coping", as these were expressed by the widows.

Interviews

Data were collected by two semi-structured interviews. The widows were interviewed about how they had coped with the loss of their spouse (specified below, see "Analysis of the interviews"). The questions were posed in the following way: "How did you cope with . . . ? (a theme mentioned) How have you managed: thought, done or felt about it?" They were asked also to evaluate their coping with each theme, and to express how well they expected to cope in the future. The widows also spontaneously gave vivid descriptions, interpretations and evaluations of their lives and reactions, and were free to talk about other themes.

Reliability of the interviews

In the interview situation, the widows had ample opportunity to give a embellished presentation of themselves. However, they frequently described failures and struggles, experiences of "super-normal" phenomena (ghosts, clairvoyance, etc.), and emotional reactions which usually are regarded as "embarrassing". This degree of confidentiality gave credibility to the information given. The interviews were originally performed in order to register the widows' coping processes only. The possible effect of different feminine gender roles was later superimposed on the interview material. There is reason to believe that the reliability of the collected information was enhanced by the fact that gender related research questions were not contemplated before the data collecting.

Analysis of the interviews

The interviews were analyzed qualitatively (Kvale, 1987, 1996). In addition, one quantitative analysis (T-test) was implemented. Information selected for analysis was mainly the statements produced by the widows. In some cases registered observations made by the interviewer were used to support the interpretations. These observations could be: mode of expression, mood, body language, and ambiguous or contradictory expressions. The interviews were coded with regard to coping strategies more than a year before the present analysis took place. The coding was first done on each protocol by two of the three interviewers. The scorings were compared and problematic scorings were decided upon. Secondly, a check coding was done on 15% of the interview protocols by a clinical psychologist who was not involved in the project. The interrater reliability between the interviewers and the external psychologist was 0.87, and considered to be adequate. The present qualitative analysis was performed by the author.

The eighteen themes covered by the interviews were divided into four major themes based on their relatedness in content, and will in the following be treated as four themes. These were: "The past", including: managing the husband's terminal illness, his death, the funeral, dealing with the spouse's belongings, and visits to the grave; "the personal", including: emotional grief reactions, mood, acceptance of the loss, belief systems and philosophy of life, and health; "necessary obligations": daily chores, financial and legal matters, and work; and finally, "pleasures": hobbies and leisure

activities, holidays and weekends, anniversaries and family events, social life, and new love relationships.

For each of these four major themes, statements from the two gender role groups of widows were extracted from the interview protocols. The statements were then analysed in relation to the following five elements in the coping process: How was each theme appraised? (In the following called "appraisals"). What was experienced as problematic? (In the following called "problems"). How were they coped with? (In the following called "coping"). How was the perceived success of coping and the expectancies of future success evaluated? (In the following called "evaluations"). And finally, what external resources were relevant in the coping process? (In the following called "external resources"). This analysis then had twenty cells.

Statements from each widow concerning each cell were extracted. Each cell, as it appeared from the viewpoint of the two different gender roles was then described. This description represented a condensation of the most characteristic points of view. These descriptions with reference to the five elements in the coping process will be presented as results from the analysis. The presentation is a juxtaposition of the two gender roles. The most typical will be presented and described. Exceptions to the most typical behaviors will be commented upon in a separate section. In addition, areas of particular vulnerability for the two different feminine gender roles will be described.

Health measure

Ursin's Health Inventory (UHI) (Ursin *et al.*, 1988): In UHI health is operationalized and registered as "subjectively experienced health complaints" during the last month. This is an operationalization which encompasses medically diagnosed diseases as well as subjectively perceived somatic symptoms which have not been brought to medical attention. In this way both disease and well-being are included in the health measure. UHI gives a general health score, and scores on the following sub-scales: cold and flu symptoms, allergic reactions, gastro-intestinal symptoms, headache and muscle-pain, and somatic symptoms of anxiety and depression. Here, only the general health score was used.

Statistics

Age- and health differences (UHI) between the two gender roles were tested by *T*-tests (SPSS-X, 1990).

Ethical considerations

Permissions to do the investigation were granted from The Norwegian Data Inspectorate, from The Regional Ethical Committee for Medical Research, and from the hospital authorities where the widows' addresses were obtained. A detailed written description of the project was mailed to the widows. It emphasized that voluntary participation was required and that participants could quit the project any time. Confidentiality was guaranteed. All sensitive data were kept strictly confidential in accordance with the Helsinki-declaration (Beauchamp & Childress, 1994; Encyclopedia of Bioethics, 1978).

RESULTS AND ANALYSIS

Gender-role division and sample characteristics

Forty-four of forty-eight widows were included in the analysis. Four were excluded because information about their relation to work was unclear or missing. The omission of these widows may have had some influence on the results. Still, a sample of forty-four is still large for a qualitative analysis. There were 16 TW and 28 MW. Some of the widows had changed from a traditional to a modern role during their life-course, and four widows made this change during the husband's illness and their first year of widowhood. The changed widows were included in the MW group. The professions were: cleaning assistant (4), shop assistant (7), teacher (1), nurse (1), office clerk (4), post office manager (1), post office accountant (1), bank accountant (1), workshop manager (1), worker at a factory or workshop (4), binder of books (1), baby-caretaker (1), social worker with the elderly (1). The widows' level of education was relatively low compared to the present minimum of 12 years, but probably quite representative of their own cohorts. Teacher and nurse represented the highest levels of education. No widow had her education from a university. There were no striking differences in education or social class between the TW and the MW.

The mean age, at first data collecting, was 62.5 years, ranging from 44 to 79 years. The different gender roles were not related to age (*T*-value: 1.69, p: 0.98), nor to general health (UHI) (*T*-value: 1.39, p: 0.21 early in bereavement and *T*-value: 1.80, p: 0.09 one year later).

Appraisals

The husband's illness, death and funeral were appraised as a series of traumatic losses and threats by all the widows. Failure to accept the loss even after one year of bereavement was most frequent among the TW. The MW tended to accept the situation earlier and were more prepared for what had to come. They appraised as a challenge to try to be in control during the husband's illness, death and funeral.

The grief attacks and the general depressive mood were appraised as threats by all widows early in bereavement. The TW tended to continue to appraise emotional reactions as threats one year after the loss because they still were experienced as unpredictable, uncontrollable and socially unacceptable. The MW appraised their emotional reactions as less threatening and more controllable.

Great variations were found within the gender roles with regard to the content and importance of religion and philosophy in life. Usually, the widows appraised their religious faith as a resource offering comfort by promising a reunion with the dead in an after-life. However, this belief in an after-life was a double-edged sword: it comforted some, but led others into death-wishes and rejection of whatever could be enjoyed in this life. Some TW expressed that their belief in a caring and purposeful divinity had been profoundly shaken because of the loss of their husband, and appraised this as a profoundly threatening experience. The MW varied more as to whether they appraised their religious belief and philosophy of life as a resource, as irrelevant, or as offering a challenge. As resources, religion and philosophy in life gave meaning to the loss, and were imperative with regard to positive thinking and action.

No gender role differences were found in the appraisals of health status or health concerns. Daily chores, such as housekeeping, were appraised both as losses and challenges among all the widows. Financial and legal matters were very often appraised as losses and threats among the TW, and more as challenges among the MW. Work was appraised as an important resource among the MW.

For all the widows, anniversaries, family events, and social life were appraised both as resources and enjoyable events, but also as threatening events which could display their loss. Apart from this similarity, the way "the pleasures" were appraised and dealt with discriminated strikingly between the gender roles. The TW had very ambivalent appraisals concerning all "pleasures". Hobbies and leisure activities were appraised as resources because they consumed time and diverted sad emotions. Holidays and weekends were appraised mainly as representing losses and threats because the companion with whom they used to be shared with was lost. They were endured more than enjoyed. The typical TW had a social life which was centred around the family and neighbours. Usually, they were content with this, and the possibility of having a wider social circle, or a new love relationship, were appraised as irrelevant by these TW widows.

Among the MW all "pleasures" were appraised as such: as challenging opportunities and enjoyable resources. In addition to hobbies at home, they took part in activities which involved contacts with other people, and which challenged them both mentally and socially. The typical MW was less dependent on their family for company. Contrasting most TW, many MW regarded the possibility of a new love relationship as a challenging opportunity.

Problems

The MW had less problems accepting the coming loss, but on the other hand, their anticipatory grief reactions could be a strain. They often expressed that it was important for them to be in control, particularly with regard to the husband's care in the hospital and the funeral arrangements. Interferences were experienced as problematic. Difficulties accepting the loss, dealing with the spouse's belongings, uncontrollable emotional reactions, and crises in the belief system could trouble all widows both early in bereavement and one year later. However, these themes were reduced substantially one year later, particularly among the MW.

All widows complained that the daily household chores had lost much of their meaning since they no longer were done for somebody else. This problem was most pronounced among the TW. The role as a housewife lacked the complementary husband role. In contrast, the MW still had meaningful roles at work and suffered less from role loss. The death of the husband meant reduced income and problems regarding financial and legal matters for many widows. Particularly the TW were unprepared for this situation, and often could not perform simple financial transactions.

Although hobbies were enjoyed by all the widows, the TW widows tended to have hobbies which were done in solitude. This contributed to the loneliness which they frequently experienced as a problem. Some of them lost contact with acquaintances outside the family, because the husband had served as the link to those social circles. It was also a problem for the TW to be single at social occasions and during holidays. They had defined themselves as part of a couple, and to approach the world as a single person required a change in self-definition as well as new skills. Most of them had no driver's licence, and if they could not or dared not use public communication, they were dependent on others to get around. In general, what should have been "pleasures" for the TW, often turned into problems, and exposed their incompetence. In striking contrast, the MW were used to do things on their own, and usually experienced these aspects of widowhood as unproblematic. Holidays however, could need some extra problem-solving, usually by making arrangements with friends, or deciding to travel alone. Those who experienced a new love relationship reported problems keeping the man at a desired distance. They treasured their new independence.

Coping

Flexibility in coping behavior differed between the gender roles. Among the TW avoidant coping was frequent and persistent. Cognitive avoidance (denial, repression, depersonalization), and avoidance in the form of having others take care of the funeral and other practical issues, or avoidance by using anxiety-reducing or sleep-inducing drugs, was common. The use of drugs may also be regarded as an emotion-focused way of coping. For some TW visits to the grave assumed a relevance proportional to visiting the husband at the hospital. These almost ritualized visits and retaining of all the husband's belongings in their usual place, may be seen as expressions of a denial of the husband's death, and be classified as an avoidance focused strategy. The MW used more problem-focused strategies and cognitive planful problem solving even early after the loss, and the use of avoidance-focused strategies was reduced drastically during their first year as widows. A "sense of purpose" or "meaning in life" was essential for coping among all. It provided direction and energy to their coping efforts. The TW tended to connect this to their religion and family, whereas the MW added broader philosophical issues and questions about self-development to their "meaning in life".

All the widows used the following emotion focused strategies directed at controlling emotional reactions: diverting attention by activity (make phone calls, take a walk, do something around the house), and exhaustion (crying until exhaustion). However, the MW also frequently visited

friends and used them actively as consultants regarding their bereavement reactions and new life situation. This strategy may be regarded as both emotion- and problem focused, but also represented a testing out of plans produced by cognitive planful problem solving.

All the widows used problem focused strategies with regard to the daily chores. The majority of the TW and some MW relied on help from others concerning financial and legal matters. This could be regarded as a problem focused- or an avoidance focused strategy. However, when trivial matters were "solved" by others, it should be regarded as avoidance.

Coping with "the pleasures" revealed profound differences between the gender roles. Many TW applied avoidant strategies: cars and cabins were sold, holidays spent at home, social occasions refrained from. A few used anxiety reducing drugs as a preparation for social events, which may be regarded as an emotion focused strategy. Hobbies had a positive effect on mood, and were used as emotion focused strategies. Unfortunately, they also functioned as avoidant strategies whenever solitary hobbies were used as bolsters against venturing on social activities. Also the TW used cognitive planful problem solving as a preparatory strategy for travelling, being more outgoing, and socially active, but often with modest results. Having to attend such activities alone was an obstacle to successful coping. More active, problem focused coping was ventured on, usually at the end of the first year of bereavement. The MW were considerably more used to enjoy and to cope successfully with "pleasures", and less problem solving was needed.

Evaluations

The TW widows generally evaluated their present and expected future coping as "poor" or "medium". If they voiced positive future expectancies, they were expressed more as uncertain hopes than as confident expectancies. Many TW feared the future and avoided thinking about it, particularly early in bereavement. The MW, on the other hand, tended to evaluate their coping as "medium" or "good", and had positive expectancies about future coping. Planning the future was a treasured activity.

All the widows regarded their coping with daily chores as fairly good and expected improvements in the future. For those who dealt with economy and legal matters themselves, this was a source of great satisfaction. Among those who relied on help with this, coping was paradoxically regarded as "good" if the helpers were successful. Hobbies performed at home always were regarded as well coped with by all the widows. TW also evaluated their coping as "medium" or "good" whenever "pleasures" were enjoyed together with family members or close friends. If having to do things on their own, however, avoidance prevailed, and coping was evaluated as "poor". TW who lacked close family or friends tended to evaluate their coping as particularly poor. MW evaluated their coping with "the pleasures" very positively particularly one year after bereavement. They began to see their widowhood as offering new possibilities in life.

External resources

The family, particularly adult children, were extremely important resources for the TW since many were dependent upon help in various ways. This dependency on the family was contrasted by the MW who wanted to make their own decisions, and tended to have a more mutual exchange of help with their children.

For all the widows, family, friends, and pets were very important resources to divert attention from depressive thoughts and emotions. Pets provided constant company. The TW tended to receive more than pay visits, contrasting the more reciprocal visiting of the MW. The MW used to have a wider circle of social resources, including more friends and colleagues. They were often used as consultants in the widows' coping process.

Work was regarded as a very important resource among the MW. The widows benefited from having a job regardless of differences in status and income from the job. The job provided a daily and weekly rhythm of activities, social resources, and a divertimento of sad thoughts and emotions. A car and a driver's licence were also useful resources, mostly held by the MW. Affluence was not an essential resource in coping. Wealth in itself could not mend social anxiety, dependency on other people, or practical incompetency. Some of the poorest widows enjoyed more social life and participated in more activities outside the home, than some of the richest.

Vulnerability in the two gender roles

The TW could function very well within their world of close family and neighbor relations. They were vulnerable if family closeness as a contextual factor was missing.

The vulnerability of the MW was connected more to their need to exert control. The context of a public hospital service and home service for the sick could cause discontent and conflict as the MW tended to express their opinion and demand proper service. Similarly, they would tolerate help, but not "interference" in the funeral arrangements. If engaging in a new love relationship, they wanted to keep the man at a distance, fearing that he might start to dominate the relationship. Their reliance on friends could also render them vulnerable. In some contrast to family relations, friendships must be tended in order to be kept. This necessity of social initiative could be experienced as demanding, but also "pushed" the widows towards adaptation.

Exceptions

The most important exceptions were found in relation to acceptance of the loss and in dealing with financial issues. Early acceptance of the loss could be found among the TW,

and slow acceptance among the MW. The accepting TW tended to re-direct their devotion from their husband to their family earlier in bereavement. Some TW were very competent with economical matters, as some MW were not. However, those who started to manage these issues themselves during the first year of bereavement, were mostly MW. There also were TW who enjoyed "the pleasures" quite well, but usually within a narrower range of activities than the MW.

Concerning "exceptions", it should also be stressed that the results presented here, represented polarized tendencies. Not all the MW were exceptionally independent, self-sufficient, and happily coping, just as not all TW were dependent, in need of help, and coping poorly. There were considerable within group variations. There were, for instance, MW who had difficulties managing alone, and TW who had been quite independent economically and socially, and managed well. Still, the presented different patterns of coping, in the two groups of widows, was sufficiently strong, consistent, and frequent, to be convincing.

Additional gender roles: the matriarchal and the symbiotic

Despite the small number of such cases, two special gender role variations may be separated: a "matriarchal gender role" and a "symbiotic gender role". The matriarchal role was based on a system of matrilineally related women living with their nuclear families in the same house or in close standing houses. Two of these three widows were, or had been working. The matriarchal widows suffered less from loneliness because company was always available, and less from role loss since they daily continued their roles as mother and grandmother. The symbiotic role was based on an extreme closeness and inter-dependency between the spouses. All the four symbiotic widows were TW. The symbiotic widows were decidedly worst off emotionally, socially, and practically. Successful coping seemed to symbolize an acceptance of the husband's death, and thereby a betrayal of their husband. In this way, even successful coping was appraised as threatening. The loss of a symbiotic other represents a partial loss of self. These widows frequently expressed a death-wish based on an expected reunion with their dead husband.

Conclusion

Apart from the similar emotional reactions to the loss of a loved person, the life worlds of TW and MW were different. The TW reported more threat- and loss appraisals, and more problems resulting from limited competency and experience. They also reported poorer coping: More avoidance- and emotion focused strategies, poorer evaluation of coping, poorer expectations and sometimes outright fear of the future. Close family ties were important external resources for the TW, whereas work and close friends were important external resources for the MW. It should be noted that the criterion for "good coping" tended to be different among TW and MW. TW regarded their coping as "good" if they managed to live "as before" their husband died, or if they received adequate help. The MW on the other hand, usually evaluated their coping as "good" only if it implied new and enjoyable developments, and if it relied on their own skill and enterprise.

DISCUSSION

The professions: teacher, nurse, workshop manager, and post office manager were the professions of highest "status" in the sample of MW. Still, none of them represented "high-status-professions" or education at a university level. It may therefore be concluded that the positive effects of the role of the MW, was not due to economical-, status-, or educational-differences related to their work.

Surprisingly, the different gender roles were not related to age or to health. A prior analysis had shown that age was not related to general health in this sample of widows (Lindstrøm, 1997). This implied that the gender role-related differences in the coping process could not be attributable to age- or health-differences. This seemed odd. Other studies have firmly established relationships between coping and health (Ursin & Olff, 1993). The MW were generally better copers, and should be expected to have better health. When this was not found to be the case, it may be explained by two factors: First, people who work meet more people, and therefore are exposed to more bacteria and viri, than people who stay at home most of the time. This may have increased the number of reported health problems among the MW. Secondly, the MW included not only working widows, but also widows who were retired from work. This may have blurred the differences between the TW and the MW.

The TW generally coped poorer with conjugal bereavement than the MW. This finding agrees with previous research which has proposed that women of the traditional gender role have an extra risk of developing helplessness (McKean, 1994), and tend to give up control (Sayers *et al.*, 1993). Here, the TW appreciated that other people took control, whereas it was important for the MW to exert control themselves. The experience of control is the opposite of helplessness (Seligman, 1975).

The use of problem-focused coping strategies is related to a belief in personal control (Olff *et al.*, 1993). Women with low traditional gender role identification have been reported to use more problem-focused strategies (Sebastian-Herranz & del Valle-Cancela, 1988; Long, 1989), as did the MW in this sample. Their extensive use of cognitive planful problem solving including selective information seeking before venturing on problem-focused strategies is also typical of "non-helpless" individuals according to the cognitive exhaustion model of helplessness (Sedek *et al.*, 1993). It should be noted, however, that all the widows employed emotion focused and avoidance focused coping strategies,

particularly early in bereavement. It was the persistence of these less instrumental strategies over time, and their relative proportion to problem-focused strategies which differentiated between the two feminine gender roles.

The ''matriarchal gender role'' and family system possibly represents a mode of living with special adaptive potentials. The ''symbiotic gender role'' possibly is an extreme sub-role of the ''traditional gender role''. These gender roles ought to be further studied.

Here, the division between TW and MW was based on paid work. It is possible that this difference in itself may have contributed to the differences in coping. To have a paid work-role identity has been reported to help widows cope (McCallum *et al*., 1993), and to function as a ''resistance resource'' against health problems after bereavement (Aber, 1992). It has been suggested that to have a ''paid work identity'' increases women's self-confidence and belief in their coping abilities (Aber, 1992). It is, however, also possible that women with strong personal qualities are more likely to have paid work, or that there exist mutual positive feedback-loops between work and personality.

To have a job was an important resource for the MW, regardless of the amount of status, education, and income connected to the job. This finding, along with the finding that affluence did not differ among the good and poorly coping widows, or between the TW and MW, showed that social class was not a confounding factor.

A ''meaning in life'' (belief system or life-philosophy) has been proposed as an essential factor in adaptation to traumatic life events (Frankl, 1962). Effective coping with stressful life events has been predicted from persons' ''meaning in life'' (Debats *et al*., 1995). If, however, that ''meaning'' was based on religion, it has been reported to both facilitate and impede coping depending on differences in the religious involvement (Jenkins & Pargament, 1995; Park & Cohen, 1993). Similarly, here, religion (Christian faith) was a coping resource for the majority of the widows, but counteracted coping in others. ''Meaning in life'', whether religious or philosophical, covers a variety of convictions and doctrines, and implies very different guidelines for living. The MW were quite explicit in defining their personal ''meaning in life'' as self-chosen. It is possible that this required a cognitive awareness which was beneficial for other coping processes. They also tended to have ''meanings in life'' which implied imperatives such as: ''accept life's blows'', ''use your will-power'', ''take responsibility'' or ''take the chance''. This clearly aided their active coping style.

Other general factors underlying adaptive coping have been proposed. Major theoretical concepts are: ''internal locus of control'' (Rotter, 1966), ''hardiness'' (Kobasa, 1979), ''self-efficacy'' (Bandura, 1977), ''sense of coherence'' (Antonovsky, 1987), and ''generalized positive response outcome expectancy'' (Ursin, 1988). Although developed within different psychological traditions, these concepts share several propensities. They all imply a cognitive understanding of ''how the world works'', they all imply a tendency to perform acts which will have an impact on ''the world'', and they all imply a generalized expectation of success.

A traditional gender role marriage implies a dependency on the spouse which may limit the learning of ''how the world works'', limit the performance of acts which will have an impact on ''the world'', and therefore limit the development of a generalized expectation of personal success. In other words, outstanding amounts of ''internal locus of control'', ''hardiness'', ''self-efficacy'', ''sense of coherence'', and ''generalized positive response outcome expectancy'' can not be expected. In addition to the painful emotional reactions of grief, the TW of this study encountered enumerable problems with trivial practical matters. Their lack of independence was their major problem.

It may be concluded that the effect of gender-role on coping with conjugal bereavement was convincing. Characteristic differences in coping ''clustered'' in relation to different gender roles. The division between a traditional and a more modern gender role matched the distinction between poorly and effectively coping widows fairly well. The exceptions were few. Their way of living as married wives greatly affected their lives as widows. The traditional gender roles for wives and husbands are complementary and mutually interdependent. They limit learning and performing skills to those required by the role. A ''traditional'' couple may function very well and may experience few discussions over decision-making authority and division of labour. But when left alone, both widow and widower will be bereft the other's complementary role functions and their traditional roles will be less adaptive (Blieszner, 1993). Since most wives outlive their husbands, women usually become losers in this risky ''game''.

Discussion of methodological limitations

The data analysis involved a reduction of the original material in the sense that the most typical and characteristic was focused upon, and general trends presented. This limitation is equal to the methodological limitation of quantitative analyses. Accepting this limitation, it could have been possible to quantify some of the data of this study. In that case, however, some essential information might have been lost. For instance, that the ''matriarchal'' and the ''symbiotic'' gender roles existed in a sample of Norwegian widows, and that ''good coping'' generally meant different things for the two groups of widows. Such details are hard to discover within quantitative data. As such, the qualitative analysis which was used, seemed satisfactory.

It could be argued, however, that this study has severe methodological limitations compared to the qualitative methods of phenomenology (Giorgi, 1975) or grounded theory (Strauss & Corbin, 1990). Such methods offer richer pools of data, and require more detailed analyses and data

presentation. They also require particular procedures of interviewing. Since the interviews already had been completed before the present analysis was contemplated, the present kind of analysis seemed more fit.

Clinical implications

In an epoch where political forces try to revive the traditional housewife, psychologist should warn young girls/women against the potential negative consequences of the traditional gender roles. Young boys/men should also be warned—the fate of the traditional widower is even worse than that of the traditional widow (Arens, 1982–1983; Bowling & Windsor, 1995).

In addition, it seems clear that among those widows who seek professional psychological help, many of the more traditional women suffer not only from the loss, but often have profound additional difficulties. These problems may be so trivial that they may easily be ignored even by a skilled psychologist. Therefore, it is important to focus on the widow's competency in practical matters, her social skills, and her self-confidence, perhaps even more than on her grief-reactions. The more "traditional" the widow is, the more she may need help in these areas.

REFERENCES

Aber, C. S. (1992). Spousal death, a threat to women's health: Paid work as a "resistance resource". *Image. Journal of Nursing Scholarship*, *24*, 95–99.

Akiyama, H., Holtzman, J. M. & Britz, W. E. (1986–1987). Pet ownership and health status during bereavement. *Omega: Journal of Death and Dying*, *17*, 187–193.

Antonovsky, A. (1987). *Unraveling the mystery of health: How people manage stress and stay well*. San Francisco: Jossey-Bass.

Arens, D. A. (1982–1983). Widowhood and well-being: An examination of sex differences within a causal model. *International Journal of Aging and Human Development*, *15*, 27–40.

Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. *Psychological Review*, *84*, 191–215.

Banyard, V. L. & Graham-Bermann, S. A. (1993). Can women cope? A gender analysis of coping with stress. *Psychology of Women Quarterly*, *17*, 303–318.

Beauchamp, T. L. & Childress, J. F. (1994). *Principles of biomedical ethics*, *4th edition*. Oxford: Oxford University Press.

Beauvoir, S. de (1949). *Le deuxième sexe*. Paris: Les Editions Gallimard.

Berger, P. L. & Luckmann, T. (1987). *The social construction of reality. A treatise in the sociology of knowledge*. Harmondsworth: Penguin Books.

Blieszner, R. (1993). A socialist-feminist perspective on widowhood. *Journal of Aging Studies*, *7*, 171–182.

Bowling, A. & Windsor, J. (1995). Death after widow(er)hood: An analysis of mortality rates up to 13 years after bereavement. *Omega: Journal of Death and Dying*, *31*, 35–49.

Brooks, P. R., Morgan, G. S. & Scherer, R. F. (1990). Sex role orientation and type of stressful situation: Effects on coping behaviors. *Journal of Social Behavior and Personality*, *5*, 627–639.

Debats, D. L., Drost, J. & Hansen, P. (1995). Experiences of meaning in life: A combined qualitative and quantitative approach. *British Journal of Psychology*, *86*, 359–375.

Encyclopedia of bioethics. vol. 4. New York: The Free Press, 1978.

Firth-Cozen, J. & Morrison, L. A. (1989). Sources of stress and ways of coping in junior house officers. *Stress Medicine*, *5*, 121–126.

Frankl, V. (1962). *Man's search for meaning. An introduction to Logotherapy*. New York: Bantam Book.

Giorgi, A. (1975). An application of phenomenological method in psychology. In: A. Giorgi, C. Fischer & E. Murray (Eds.) *Duquesne studies in phenomenological psychology*. (pp. 82–103). Pittsburg: Duquesne University Press.

Hobfoll, S. E., Dunahoo, C. L., Ben-Porath, Y. & Monnier, J. (1994). Gender and coping. The dual axis model of coping. *American Journal of Community Psychology*, *22*, 49–82.

Hoffman, L. W. & Kloska, D. D. (1995). Parents' gender-based attitudes toward marital roles and child rearing: Development and validation of new measures. *Sex Roles*, *32*, 273–295.

Hoffner, C. (1995). Adolescents' coping with frightening mass media. *Communication Research*, *22*, 325–346.

Jenkins, R. A. & Pargament, K. I. (1995). Religion and spirituality as resources for coping with cancer. Special issue: Psychosocial resource variables in cancer studies: Conceptual and measurement issues. *Journal of Psychosocial Oncology*, *13*, 51–74.

Johnson, R. J., Lund, D. A. & Dimond, M. F. (1986). Stress, self-esteem and coping during bereavement among the elderly. *Social Psychology Quarterly*, *49*, 273–279.

Keller, C. (1988). Psychological and physical variables as predictors of coping strategies. *Perceptual and Motor Development*, *67*, 95–100.

Kim, K. & Selby, J. (1991). Coping styles, ego defenses and neuroendocrine measures following bereavement. Paper presented at "*Third International Conference on Grief and Bereavement in Comtemporary Society*", June 20–July 4. Sydney, Australia.

Kobasa, S. C. (1979). Stressful life events, personality, and health: An inquiry into hardiness. *Journal of Personality and Social Psychology*, *37*, 1–11.

Kvale, S. (1987). Interpretation of the qualitative research interview. In: F. J. van Zuuren, F. J. Wertz & B. Mook (Eds.) *Advances in qualitative psychology: Themes and variations*. (pp. 25–40). Berwyn: Swets North America Inc.

Kvale, S. (1996). *InterViews*. Thousand Oaks: Sage Publicatioins.

Lazarus, R. S. & Folkman, S. (1991). The concept of coping. In: A. Monat & R. S. Lazarus (Eds.) *Stress and coping: An anthology*. (pp. 189–205). New York: Columbia University Press.

Levant, R. F. (1996). The new psychology of men. *Professional Psychology*, *Research and Practice*, *27*, 259–265.

Lindstrom, T. C. (1997). Immunity and somatic health in bereavement. A prospective study of 39 Norwegian widows. *Omega: Journal of Death and Dying*, *35*, 231–241.

Long, B. C. (1989). Sex-role orientation, coping strategies, and self-efficacy of women in traditional and nontraditional occupations. *Psychology of Women Quarterly*, *13*, 307–324.

McCall, M. E. & Struthers, N. J. (1994). Sex, sex-role orientation and self-esteem as predictors of coping style. *Journal of Social Behavior and Personality*, *9*, 801–810.

McCallum, M., Piper, W. E. & Morin, H. (1993). Affect and outcome in short-term therapy for loss. *International Journal of Group Therapy*, *43*, 303–319.

McDougall, G. J. (1993). Therapeutic issues with gay and lesbian elders. Special issue: The forgotten aged: Ethnic, psychiatric, and societal minorities. *Clinical Gerontologist*, *41*, 45–57.

McKean, K. J. (1994). Academic helplessness: Applying learned helplessness theory to undergraduates who give up with faced with academic setbacks. *College Student Journal*, *28*, 456–462.

Moos, R. H. & Billings, A. (1982). Conceptualizing and measuring coping resources and processes. In: L. Goldberg & S. Breznitz (Eds.) *Handbook of stress: Theoretical and clinical aspects*. (pp. 212–251). New York: Free Press.

Olff, M., Brosschot, J. F. & Godaert, G. (1993). Coping styles and health. *Personality and Individual Differences*, *15*, 81–90.

Park, C. L. & Cohen, L. H. (1993). Religious and nonreligious coping with the death of a friend. *Cognitive Therapy and Research*, *17*, 561–577.

Robertson, J. M. & Fitzgerald, L. F. (1992). Overcoming the masculine mystique: Preferences for alternative forms of assistance among men who avoid counseling. *Journal of Counceling Psychology*, *39*, 240–246.

Rotter, J. B. (1966). General expectancies for internal versus external control of reinforcement. *Psychological Monographs: General and Applied*, *80*, 609.

Sable, P. (1991). Attachment, loss of spouse, and grief in elderly adults. *Omega: Journal of Death and Dying*, *23*, 129–142.

Sayers, S. L., Baucom, D. H. & Tierney, A. M. (1993). Sex roles, interpersonal control, and depression: Who can get their way? *Journal in Research in Personality*, *27*, 377–395.

Sebastian-Herranz, J. & del Valle-Cancela, V. (1988). Implicaciones de la androginia psicologica en el campo del ajuste y la salud mental: una revision. (Eng.: ''Implications of psychological androgyny in the field of adjustment and mental health: A review''). *Psiquis Revista de Psiquiatria*, *Psicologia y Psicosomatica*, *9*, 52–64.

Sedek, G., Kofta, M. & Tyszka, T. (1993). Effects of uncontrollability on subsequent decision making: Testing the cognitive exhaustion hypothesis. *Journal of Personality and Social Psychology*, *65*, 1270–1281.

Seligman, M. E. P. (1975). *Helplessness: On depression*, *development and death*. San Francisco: W. H. Freeman and company.

Sorell, G. T., Silvia, L. Y. & Busch-Rossnagel, N. A. (1993). Sex-role orientation and self-esteem in alcoholic and nonalcoholic women. *Journal of Studies of Alcohol*, *54*, 566–573.

SPSS-X For The Machintosh: Operations guide. (1990). Chicago: SPSS Incorporation.

Starrels, M. E. (1994). Husbands' involvement in female gender-typed household chores. *Sex Roles*, *31*, 473–491.

Steele, L. (1992). Risk factor profile for bereaved spouses. *Death Studies*, *16*, 387–399.

Strauss, A. & Corbin, J. (1990). *Basics of qualitative research. Grounded theory procedures and techniques*. Newbury Park: Sage Publications.

Ursin, H. (1988). Expectancy and activation: An attempt to systematize stress theory. In: D. Hellhammer, I. Florin and H. Weiner (Eds.) *Neurobiologial Approaches to Human Disease*. (pp. 313–334). Toronto: Hans Huber.

Ursin, H., Endresen, I. & Ursin, G. (1988). Psychological factors and self-reports of muscle pain. *European Journal of Applied Physiology*, *57*, 282–290.

Ursin, H. & Olff, M. (1993). Psychobiology of coping and defence strategies. *Neuropsychobiology*, *28*, 66–71.

Weisman, A. (1973). Coping with untimely death. *Psychiatry*, *36*, 360–378.

Worell, J. (1981). Life-span sex roles: Development, continuity, and change. In: R. M. Lerner & N. A. Busch-Rossnagel (Eds.) *Individuals as producers of their development: A life-span perspective*. (pp. 67–72). New York: Academic Press.

Zisook, S. & Shuchter, S. R. (1991). Early psychological reactions to the stress of widowhood. *Psychiatry*, *54*, 320–333.

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