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CULTURAL PATTERNS OF SOCIAL ENGAGEMENT AMONG THE ELDERLY  
AFTER THE LOSS OF A LONG-TERM SPOUSE

*Unwrinkled Passion or a Withering of Heart*

Saltzman Fleisher, Tara, N., M.Ed., Ph.D.  
Lynn University, 2004

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CULTURAL PATTERNS OF SOCIAL ENGAGEMENT AMONG THE ELDERLY  
AFTER THE LOSS OF A LONG-TERM SPOUSE

*Unwrinkled Passion or a Withering of Heart*

DISSERTATION

Presented in Partial Fulfillment of the Requirements  
for the Degree of Doctor of Philosophy  
in Global Leadership of Education

LYNN UNIVERSITY  
Boca Raton, Florida

By:  
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April 2004

LYNN UNIVERSITY

## Abstract

This study examines the cultural patterns of social engagement among the elderly following the loss of a long-term spouse. Even though the cultural patterns and quality of life of the elderly have changed dramatically as compared with previous generations, there has been little research into the question of how today's elderly cope with their increasing longevity. To establish a framework for analysis, this study identifies four key patterns of social engagement: friendship and companionship, sexuality, community networks, and family interaction.

Using a qualitative methodological approach, the importance of each pattern for coping with the loss of a long-term spouse is examined through interview data collected from a sample of 12 elderly male and female subjects residing in two senior residential living communities in the South Florida area. Following Shapiro, participants were divided into two groups: Aging Elderly (65-79) and Aged Elderly (80+). Duration of loss was broken into two categories: one-two years and three-eleven years since the death of a long-term spouse. In addition, this study examines how gender contributes to social adaptation behaviors.

The findings of this study support the conclusion that friendship and companionship as a cultural pattern offers tremendous support to both males and females after the loss of a long-term spouse. For both elderly males and elderly females, the community provided the primary vehicle for the patterns of social engagement following the loss of a long-term spouse, offering participants an opportunity to re-engage in society through organizational involvement and social

interaction. Contrary to existing literature, gender did not seem to play a role in whether or not males and females considered friendships.

This study also found that years of loss and age did not influence the level of involvement in any given pattern of social re-integration. However, the experience of anticipatory grief between the caregiver and the caretaker facilitated their transition phase following their loss.

Finally, this study clearly demonstrates that continuance of sexual expression after the loss of a spouse does exist among the elderly and may play an important role in their success at re-entering society. The recently widowed elderly can successfully re-integrate into society as vibrant, productive, and sexually active participants.

## Dedication

*This dissertation is dedicated to my father, Edward Victor Niego, who, although he left us far too young, will never be forgotten. Thank you for the gift of you as long as we were so lucky. For the fond memories I have of the night you sat with me and asked me what I wanted to be when I grew up. For the many nights you told me that education is so very important, especially for a woman in today's society - You live on in us every day in every way. You always instilled in my brother and me that we can do anything we put our mind to. During the endless nights when the task of completing my dissertation became tedious and tiresome, I would hear your words, "You must always finish what you start." The last graduation we shared was junior high school when you helped me write the speech as class valedictorian. This is for all the graduations you missed: high school, college, and graduate school. So it is DAD that I share this degree with you with honor and pride.*

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I have been so lucky to have Barry Seinfeld, M.D. as my father for the last 21 years. I could not have picked a better father. His fatherly talks, his words of encouragement, his constant support and guidance have been another motivating



factor that has led to my success. Thank you for always being there to share in the tears and smiles. I want to thank him for always listening to my ideas, encouraging me, and never saying no. Thank you for helping make this dream possible. Most of all, I want to thank him for being my Dad.

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Lacking a culturally viable ideal of old age,  
our civilization does not really harbor a concept of the whole of life.

— Erik Erickson

## CHAPTER ONE

### INTRODUCTION

The United States has been progressively aging for several decades. People over the age of 60 currently comprise the fastest growing segment of the population, and people over 80 represent the most rapidly expanding generation. According to recent statistics, there will be an explosive development in the number of people age 85 and older, possibly reaching 27 million by 2050, and the percentage of elderly age 65 and older will increase from 12.8% in 1995 to 18.5% in 2025 (National Institute on Aging, 2003, p. 104). As the 65 to 74 age group increases, the population over age 85 is expected to double (Clark & Weber, 1997, p.1). Experts predict that 20.7% of males and 40.2% of females born in 1990 will live to be 85 or older (Smith, 1997).

Advances in technology and medical science, have significantly increased longevity. Current trends in life expectancy indicate that with medical and technological advances the average fifth-grader will live to at least the age of 72 (Larson, 2003, p. 875). Gerontology is an evolving discipline based on multiple factors such as inheritance, cell metabolism and tissue origin (Aging Under The Microscope, 2003). As a result, today's elderly can expect to experience a longer, more productive, and more active lifestyle for two to three decades beyond their 60s.



Even though the elderly population is living longer and having more productive lives, there is a gap in the available research on their actual habits and patterns of social affiliation. This gap exists as a result of unconfirmed and undocumented stereotypes that exist in society (Denmark, 2002). Little research exists on elderly forms of companionship and romantic relationships, particularly after the loss of a spouse. The purpose of this study is to remedy this gap by collecting data on how the elderly perceive themselves, and to show that they still have much to offer society.

Using McKay's (2003) definition of culture as a form or pattern for living, the lifestyle of the elderly can be said to have a pattern that is unique from other forms. For instance, marital relationships among the elder population are very significant. As a co-culture, the elderly can be distinguished from the larger culture and society by chronological age, companionship, needs, wants, desires, expectations, quality of life, and coping with the loss of a spouse (McKay, 2003, p. 155). A key purpose of this study is to bring society to view the elderly as an increasingly dominant co-culture. For many among the elderly, relationships with a spouse are long-term. Some have been married to the same person for more than 30 years. Yet increasing longevity often means outliving one's spouse. Studies by Schneider, Sledge, Shuster, and Ziscook (1996) recognize that re-entering society after spending an entire adult life with the same person can be very traumatic. In Western culture today, attitudes that revere our youth culture make it difficult for the elderly to find their place. As they try to re-enter society, they face social mores very different from those they once encountered. Unless we as a society work to gain a better understanding of the lives of our elder population, we will be unable to aid them through these transitions and

will prevent them from continuing to contribute to society's well-being (Pinsof, 2002, p. 1).

## **Purpose**

### *Purpose of this Research*

The primary purpose of this study is to collect data on the cultural patterns of social engagement among the elderly after the loss of a long-term spouse. These data can then serve as the basis for a better understanding of the social and emotional needs of the elderly by calling attention to the many instances where members of the elder population do establish vibrant romantic and associational lives after making the transition from a long-term relationship to the life of a single adult. It also hopes to shed light on the many difficulties faced by elders who attempt to re-enter a world with vastly different social mores from the one they knew several decades earlier.

More specifically, this study aims to dismiss the preconceptions, stereotypes, stigmas, and segregation that occur towards the elderly in our society. Much of society perceives the elderly as frail and useless. This study will lead to a better understanding of how the elderly perceive themselves and the positive effects on their quality of life in their last years of existence. It will also allow the researcher to understand the extent to which the elderly engage in sexual expression. Although the younger population of society may view the elderly as asexual, the elderly's desire for sexuality is in fact very strong (Denmark, 2002, p.1). This study should therefore help our youth-oriented culture reevaluate views toward the elderly regarding the way they form friendships, experience romance and sexuality, engage in social activities, and regard their families.

Another key aim of this study is to help redefine old age in a time of changing social demographics. It should assist the Baby Boomers in understanding that the way they experience the aging process is far different from the way their ancestors experienced it in the early 1920s and '30s. This study is also expected to enlighten educators to the changes that are occurring in the aging process in the hope that they will better inform Generation X. The researcher wants people to understand that, with the progress in medicine and technology, the lifestyle of the elderly in the 21<sup>st</sup> century is more advanced than we recognize (Dychtwald, 1999). The elderly are not frail and useless. They desire companionship just as the young do. The aged elderly today were those of yesterday that dealt with the war, depression, and the phenomenon of "till death due us part" (Pinsof, 2002). This study seeks to recognize the commitment of the aged elderly, their contributions to society, and what the future holds for them.

Since aging is a rapidly changing process, the PEST (Political, Economic, Social and Technological) analysis provides the best framework to identify its impact. As noted in "Aging under the Microscope" (National Institute on Aging, 2003a), gerontology is a young science. The National Institute on Aging (NIA), part of the National Institute of Health (NIH), was created by Congress in 1974 to explore the shortcomings of gerontology. Knowledge of aging was clustered around specific diseases associated with advancing age (National Institute on Aging, 2003a, p. 1). Gerontologists' findings were based on single gene findings. Now science is able to discern many of the mechanisms which cause or react to age by studying multiple processes, such as cells, proteins, tissues, and organs, that interact and combine to

make up genes (National Institute on Aging, 2003a, p.1). These advances in science, medicine, and technology are providing the elderly the tools for successful aging over a longer life expectancy.

Politically, research has revealed negative stereotyping in the elderly by the younger generations. They have been looked at as frail and useless. One example of this stereotype is described by McKay (2003). McKay points out that during the 2000 Presidential election in Florida, the elderly were blamed for their inability to use the voting ballot when selecting a candidate. According to McKay, this election fiasco caused difficulties in assessing the final voting tally (p. 155). Yet in relation to the total voting population, the elderly constitute a significant proportion of participating voters. Stereotyping might function to unknowingly and unintentionally impose limitations or standards on a group of people such as the elderly (McKay, 2003, pp. 155, 160). This can be seen as a great challenge and frustration by the elderly.

Socially, the elderly make up a co-culture of their own by chronological age, friendships and their patterns of social engagement (McKay, 2003, p. 155). Proactive professional agencies, such as the American Society on Aging and the American Geriatrics Society, provide resources and support for the elderly. They promote a connection between the elderly and professionals. They also provide a forum to advocate practice, standards, and policy in care of the elderly.

Economically, the vast changes in health care interventions and technology have benefited the elderly to live longer and more productive lives. However, the cost of these privileges, including medicine and long-term care, are more than many among

the elderly on fixed incomes can afford. Finally, the existing health care system in the U.S. is not well designed for the “successful aging” (Glass 2003, p. 382).

The elderly have seen dramatic innovations in electronics and technology, television and computers (McKay, 2003, p. 162). Advances in science and technology provide them sharper and keener assistive technologies. The computer provides the mobile and not so mobile a world of promise. But as this population ages, it will be more difficult to keep up with these rapid changes. Even with all the external challenges the elderly face, they still have much to offer society. How they interact has not changed, but the society around them has. The experience and wisdom they bring with them as they re-engage in society after the loss of a long-term spouse demands greater study.

### *The Problem Defined*

With the Baby Boomer generation now beginning to reach their fifth decade of life, the elderly and their lifestyles will demand increasing importance and consideration as the demographics of our nation, and the world, change during the 21<sup>st</sup> century. These aging Baby Boomers will carry the most weight in society in terms of health care, family, and care giving needs. The emotional needs of the elderly, as well as how they view themselves, not just their physical and medical needs, must be taken into consideration by society as a whole. Not only do the elderly still have much to contribute to society; a better understanding of their emotional needs will help guide policy decisions as our society tries to determine how we can most effectively aid the elderly so that we may benefit from their continued contributions. More specifically,

greater knowledge about the emotional needs of elders will enable members of the helping professions to provide better care during their later years. The policy and practice implications of this study will offer the greatest benefit to the agencies and professionals that provide support and services to the elderly. Knowing how to deal with the increased longevity of this aging subculture will enable helping professionals to promote better networks of social engagement.

The current state of our knowledge about the emotional needs of the elderly and the forms of social affiliation that sustain them after the loss of a long-term spouse is inadequate to this increased relevance. According to Butler (1993), part of the problem is that there are many stereotypes about the elderly and myths of depressed elders that get in the way of further knowledge about them. Society tends to view the elderly as asexual, old, frail, and depressed. As a consequence, the needs, wants, and desires of the elderly are not generally considered by our youth-oriented culture; the elderly have become a forgotten population that is viewed in a negative light (Butler, Lewis, & Sutherland, 1991).

The generation that preceded the Baby Boomers believed in long-term marriage. Unlike the starter marriages of today, characterized by a high prevalence of divorce, these couples stayed together forever, no matter what, and shared a sense of comfort with one another. According to McKay (2003), relationships for these older couples reflect commitment, a shared history, and an ability to predict others' behavior. The only way a marriage ended was with the death of a spouse. Mortality rates show that women generally outlive men (Schneider et al., 1996). Yet there appears to be very little research on remarriage in the elderly. The ratio of widows to

widowers in the population has been reported to be 15:1 in people over 85 (Schneider et al., 1996). This is significant because the Baby Boomers, who will begin entering old age in 2011, will be the largest and most diverse cohort of the elder population (Adams & Blieszner, 1998, p.70). During the 20<sup>th</sup> century, the most common endpoint of marriage for them has become divorce (Pinsof, 2002, p. 1).

Importantly, demographic experts note that a large number of people born in the Baby Boom period after World War II are redefining what is considered “old.” In the 1970s and 1980s, those in their 20s and 30s viewed people in their 50s as “oldsters.” A sign of the changing times, these same people, now entering their 40s and 50s, refuse to inherit these labels. These Baby Boomers are pushing the label of “Senior Citizen” to extend through the 70s and 80s (“Getting Older and Having Sex,” p. 2). Collecting data on these changes and establishing a basis for how to analyze them are the guiding aims of this study.

### *Research Questions*

This study examined three specific research questions:

1. How do the patterns of social engagement, and the factors that contribute to those patterns, affect the elderly when they are forced to re-enter society as single people after the loss of a long-term spouse?
2. How does gender contribute to social adaptation behaviors with respect to men and women individually, and men and women together, after the loss of a long-term spouse?

3. Do these social patterns of engagement differ among those one to two years and three to eleven years after a loss?

## **Methodology**

### *Design*

This study utilized a qualitative method of research. Qualitative research provides a better understanding into the actions of a subject and can offer improvement of arguments for practice and hence greater effect on practice (Fenstermacher as cited in Maxwell, 1996). To understand practice, the researcher investigated the relationship of the elderly and their cultural patterns of social engagement as they re-entered society after the loss of a long-term spouse. Qualitative research allowed the researcher to collect “within-case” and “across-case” sampling by looking at the activities, roles, and events the elderly engage in (Miles & Huberman, 1994, p. 29). This allowed the researcher to study, learn, and analyze the elderly participants in their own setting. The researcher learned from the study’s elderly subjects through observation and interview.

As defined in Miles and Huberman (1994), qualitative research examines a phenomenon embedded in a setting and works with small samples of people. Using qualitative research allowed the researcher to view the elderly as their own co-culture. Understanding the patterns of social engagement has helped dismiss negative stereotypes of the aging/aged elderly.



### *Frame of Reference*

The frame of reference for this study has been the American Society on Aging and the American Geriatrics Society database. The researcher used the available websites and publications of relevant information in the field of aging, emphasizing research, standards, and practice in assimilating the cultural patterns of the elderly in a changing society. These professional organizations provide a network that promotes development and awareness through the employment of cutting-edge resources available in the field of aging. They have also provided the framework for assessing the elderly's psychosocial patterns of social engagement in everyday life.

Understanding when the aging process begins is the key to accepting the elderly. The terminology that has been used in this study is that of Shapiro (2000). Shapiro employs the categories of Aging Elderly (65-79) and Aged Elderly (80+) (2000, pp. 56-61). This manner of conceptualizing patterns of social engagement among the elderly is most reflective of the research of Butler (1969). Butler defines stereotypic and often negative bias against adults as "ageism." By allowing younger generations to see older people as different from themselves, they subtly cease to identify with their elders as human beings. Ageism can then be defined as "any attitude, action, or institutional structure which subordinates a person or group because of age or any assignment of roles in society purely on the basis of age" (Traxler, 1980, p. 4). The frame of reference for this study is built on these constants.

### *Data Collection*

Empirical data on how the elderly view themselves have been collected through qualitative sampling. In this study, the researcher interviewed a sample of 12 elderly male and female subjects residing in two senior residential living communities in the South Florida area. The data collected have undergone a qualitative analysis to identify dominant cultural patterns of social engagement following the loss of a long-term spouse. The subjects were required to meet the following criteria:

1. They must have been 65 years of age or older.
2. They must have fallen into one of the two categories of having lost a spouse within either 1-2 years or 3-11 years.
3. They must have been in a married relationship for at least 28 years.
4. They must have been functional and self-sufficient in the activities of daily living.
5. They must have been willing to freely participate in this study.

### **Significance**

This study was intended to establish a relationship between how the elderly perceive themselves and the significant role they establish within our society. As they find themselves in a change of life circumstance and the shared activities of social engagement, the elderly can learn to adopt significance upon re-entry to society. These patterns of social engagements include friendship and companionship, sexuality, community networks and family interaction. This research has examined how gender contributes to the social adaptation behaviors in men and women individually and men and women together during two time periods: one-two years and three-eleven years after the loss of a long-term spouse. Lastly, this research has tried to prompt the

positive and negative roles of change in social engagement amongst the elderly.

Looking at the concept of aging, longevity amongst elderly, and the factors that have been addressed in this research should allow future gerontologists and clinicians to consider the elderly as not stricken with age, but yet still embarking on one more passage of ageism - social engagement.

### *Significance to Personal Development*

On a personal level, conducting this research study has offered this researcher greater insight into the life, attitudes, and transitions of the elderly. One of the most profound revelations this research has already yielded is that the elderly do not perceive themselves as old. This study has hoped to provide a bridge between personal observations and the existing knowledge on the elderly. It also has highlighted the personal struggles, challenges, and choices the elderly face in everyday life. The principle objective has been to provide a framework for conceptualizing what many of us already know the elderly do offer: wisdom, family attachments, and social relationships.

### *Revisions to Existing Knowledge*

Scholarly studies of how the elderly find friendship and companionship upon re-entering society after a significant amount of time are almost non-existent. The determination of what is considered old age remains an enigma for many researchers. Widespread negative attitudes exist toward the elderly in our culture. This is due in part to the media and the perception of the elderly by our youth-driven culture. Important studies by Huyck (2001), Traxler (1980), and Denmark (2002) document

this dynamic. The depiction of these elements of stereotypic behavior known as ageism is well recognized in the work of Butler (1969). Gerontologists are recognizing a shift in these views as the life expectancy of the elderly continues to increase.

According to The National Institute on Aging, women outlive men. Because of this factor, researchers believe it is difficult to assess whether adjustment patterns vary by gender. Men's ability to deal with the loss of a spouse has been questioned, but again little research has been conducted (Crummy, 2002), although Dr. Kubler-Ross (1997) has studied the stages of bereavement. Additionally, there is limited information addressing the elderly after years of marriage to one person.

Few studies have succeeded in bridging the gap between cultural patterns and social engagement. Findings by Moss and Schwebel (1993) and Huyck (2001) outline four areas of social engagement after the loss of a spouse: friendship and companionship, sexuality, community networks, and family interaction. Little has been found to support courtship and remarriage in the elderly. In addition, the research on gender differences in the incidence of various types of attachment is relatively weak. Gruber and Partridge (1990) concur that there are gender differences in the rates of remarriage and the time it takes, but they do not connect these differences to the discussions of the different types of attachments that exist.

A qualitative study has been needed to examine the cultural patterns of the aging/aged elderly. This study was designed to support the theory that friendship, companionship, courtship, and/or remarriage does exist among the elderly. The use of qualitative discovery allowed the elderly to identify their patterns of social engagements and the positive effects of their psychological well-being.

### **Scope and Limitations**

The scope of this study is defined by the psychosocial perceptions of the elderly and by the cultural patterns of social engagement after the loss of a long-term spouse. Additionally, the reader should note that this study specifically excluded issues concerning changes in sexual physiology, sexual dysfunction, and alternative sexual lifestyles. This study also excluded elderly individuals with significant cognitive impairment, chronic debilitating illness, or those isolated and living on their own in a non-residential senior or adult living environment.

As the elderly increase in chronological age, they face many issues with regard to their mental and physical health. Much research has been conducted in the areas of physical and mental limitations amongst the elderly. However, the study of gerontology has changed over time with advances in medicine, technology, longevity, and increased life expectancy. There have been few contributions to the research that depict the elderly as a strong, wise sub-culture (Levy, 1994). Similarly, little research addresses how the elderly age, how they cope, how they interact, and how they express their sexuality (Levy & Albrecht, 1989). Not enough thought has been given to the increasing longevity of the elderly and their need to re-enter society after the loss of a spouse. This geriatric set of the population, having spent their lives in monogamous relationships, must now be educated to the new sexuality and new mores of the 21<sup>st</sup> century.

## **Overview of the Remainder of the Study**

Chapters two and three discuss the review of the literature and the research design, respectively. The literature review draws on a diminutive but a developing bank of existing research. It aims to address the challenges, stereotypes, and cultural patterns of social and sexual engagement that has surrounded the elderly population. The research design provides a vehicle for examining observations of and the emotions expressed by the elderly themselves to generate new insights and perspectives as to their patterns of social re-engagement. In chapter three the qualitative methodological approach used in this study is discussed, outlining in detail the research design's participants, setting, instrumentation, procedures, data collection, data analysis, validity, reliability, and triangulation. Chapter four presents a discussion of the findings of the study from within-case and across-case analyses. The within-case analysis reports all results for females and males individually and the across case analysis reports all results of both men and women together in each of the four cultural patterns of social engagement: friendship and companionship, sexuality, community networks, and family engagement after the loss of a long-term spouse. Finally, chapter five provides a summary of the results of the study, interpretations, conclusions, and recommendations for suggested future research.

Will you still need me, will you still feed me/ When I'm 64?

— The Beatles

## CHAPTER TWO

### REVIEW OF LITERATURE

As a general rule, the literature on the elderly is very uneven. Although there is influential and significant scholarly work on the elderly and their cultural patterns, many of these issues receive greater discussion in popular magazines and newspapers. The studies that appear in academic journals are continually recycled in these popular media, where they are often mischaracterized and oversimplified. As a result, few new insights are generated, and the role of the media tends to further entrench existing stereotypes rather than dispel them. Because there is little empirical research on the elderly's perspective of themselves, the researcher has collected new data rather than replicating prior studies.

The research in this study connects with four major areas of the literature on the elderly: the literature on social obstacles, myths, and stereotypes; work on gender issues while coping with the loss of a spouse; and studies of patterns of social engagement upon re-entering society after a loss.

## **Social Obstacles, Myths, and Stereotypes**

The literature on stereotypes and myths presents extensive interpretations of how the elderly are viewed and perceived by the media and our youth-driven society. The literature in this area is strong and very insightful. Important qualitative studies by Huyck (2001), Traxler (1980), and Denmark (2002) document the different types of stereotypes that exist. Butler, Lewis, and Sutherland (1991) provide an account of the historical and cultural reasons for these stereotypes and offer a useful discussion of ageism. The research supports the idea of a mass communication campaign of negative views of the elderly by the media. The researcher finds these studies to be an accurate portrayal of the way the elderly are perceived in today's society.

As they find themselves less productive in the workforce or even retired, society tends to view the elderly as worthless old people with nothing to give. As a result of stereotypes, old people are categorized as senile, rigid in thought and manner, and old fashioned in morality and skills. When it comes to their social lives, elderly people generally are expected to be asexual and not interested in forming new romantic attachments (Huyck, 2001, p. 13). Unlike other cultures which value age, our society looks upon the aging as sexually invisible, dried up, useless, sexless people (Hodgson, 1999). This stereotypic and often negative bias against older adults is called "ageism" (Butler, 1969). Ageism can be defined as "any attitude, action, or institutional structure which subordinates a person or group because of age or any assignment of roles in society purely on the basis of age" (Traxler, 1980, p. 4). Additionally, ageism allows the younger generation to see



older people as different from themselves; thus they subtly cease to identify with their elders as human beings (Butler, 1969).

The myths and stereotypes relevant to this study include: increasing age brings about greater psychological distress; older adults are more depressed than younger adults; as individuals reach old age, they become preoccupied with memories of their childhood youth; older adults are less satisfied with their lives than younger adults; older adults are alienated from the members of their families; because older adults generally do not reside with their children, they rarely see them; increasing age brings about a decline in sexual desire and interest; older adults are not physically capable of engaging in sexual intercourse; social contacts decrease with age; older women focus mainly on keeping families together; and older women suffer from poor physical health (Denmark, 2002, p. 1).

American culture has also made it difficult to embrace the elderly as a generation of value and contribution. The media has reinforced this negative view of the elderly. The media continually portrays the grace and beauty of youthfulness. The media is also responsible for the under-representation of the elderly in proportion to the rest of the population. As a result, growing old is something feared and dreaded. Gerontologists Butler, Lewis, and Sunderland (1990) suggest the following historical and cultural reasons for a negative influence on U.S. attitudes toward old age: a history of mass immigration, still ongoing, mostly consisting of the young leaving the elderly behind in Europe and Asia; a nation founded on principles of individualism, independence, and autonomy; the development of technologies that demand rapid change and specialized skills; a

general devaluation of tradition; increased mobility of the population within a large continental space; and medical advances that have relegated most deaths to later life, producing a tendency to associate death with old age.

Grow old along with me! The best is yet to be,  
The last of life, for which the first was made.

— Robert Browning

### **Gender Issues while Coping with a Loss**

In the area of bereavement and coping with a loss, there are many excellent studies that discuss these matters at a general level, including Kubler-Ross (1997) and Rowe and Kahn (1997). However, when it comes to discussions of coping with a loss specifically among the elderly, there are very few. The notable exception here is Feinson (1986). The bereavement literature is also lacking in research on gender differences in the ways the elderly cope with the loss of a spouse. As Carr, Nesse, Utz, and Wortman (2002) point out, bereavement studies are often based on female-only samples, making it impossible to assess whether adjustment patterns vary by gender.

Re-entering society after sharing most of one's life with one spouse is often difficult. The death of a spouse has been reported to be one of the most disruptive life stressors (Schneider et al., 1996, p.51). Prior to the 20<sup>th</sup> century, the dominant human capacity was for monogamous, lifelong pair-bonding. The most common endpoint of marriage was death (Pinsof, 2002, p.1). Recovering from the loss of a spouse is a process, not an event. According to a model developed by Kübler-Ross, there are five progressive stages of grieving: denial, anger, bargaining, depression,

and acceptance (1997, p. 1). It may take up to two years for a spouse to go through the bereavement process before being ready to re-enter social life. During the second and third year of a loss, a large majority of survivors begin to organize their lives and full recovery begins (Sharma, 2003, p.1). As they awaken from the bereavement process, they know that they are ready to attempt re-entering life because they begin to feel that their memories are a part of their past and their newly evolving identity. The pain does not hurt quite as much, and they find a way to cope, leave their grief in the past, and start enjoying life. However, in some cases the aging elderly may never fully recover their former state of health and wellbeing (Sharma, 2003, p.1).

During this resolution period the griever is more accepting, begins to adapt to a lifestyle change, and plans for a future without the deceased spouse. According to Rowe and Kahn (1997), active and productive engagement in society is a central component of successful aging. Sustained social engagement is a critical component of the successful adaptation of coping with bereavement.

In some cases grief is experienced prior to the loss of a spouse. This process of mourning before someone we love has died is called anticipatory grief (Kay, 2004). According to Dr. Therese Rando, anticipatory grief refers to the process in which an individual begins to mourn past, present, and future losses (Kay, 2004). The caregivers often takes on additional roles while caring for their loved one and dealing with their own feelings (p. 1). The caregiver and ailing spouse grieve together as they mourn the way life was and the deterioration of the loved one's condition (p. 1). During this grieving process the caregiver and caretaker may

mourn the loss of intimacy, sex, privacy, independence, dreams, partnership, dignity, money, control, intellectual stimulation, friendship, and family position (Kay, 2004).

Several studies have shown that gender plays a significant role in coping with these losses. Women tend to take bereavement better than men because the widow keeps her domain, while the widower tends to become disoriented (Feinson, 1986, p. 1). Men's abilities for dealing with a loss have been questioned, but little research has been done in this area (Crummy, 2002, p. 1). Crummy, deciding to further review this area, conducted a study of in-depth interviews with 19 elderly widowers between 71 years and 100 years of age. He questioned the subjects on their "lived experience of resilience" in six categories: First, having a strong faith, spiritual upbringing and roots; second, belief in the divine power, which assured them they were not alone and prayer helped them through difficult times; third, preparing for eventual parting from their wives, which was a preparation over a lifetime; and fourth, other categories, including talking things over, performing as caregivers, taking financial living arrangements, and just doing what they had to do, responses which had begun with their experiences of the Great Depression and two World Wars that they had survived (Crummy, 2002, p. 1). The findings resulted in the understanding that further research should be conducted and that the key to their experience was resilience, accomplished through maintaining connection to others in support groups, friendships, staying healthy, active, and moving on with their lives (2003, p. 2).

In a recent study, Feinson (1986) examined the perception that men, specifically aging men, are more emotionally distressed than aging women by their spouse's death (p. 1). This is portrayed as the wife taking the role as nurturer. His study revealed little evidence to support the perception. However, the likelihood for men to remarry is approximately five to six times higher and can best be interpreted as a reflector of the distribution of the sexes on the remarriage "market," rather than as an expression of any differential priorities or attitudes between "sex groups" (Heekerens, 1987, p. 1). A study conducted using North Carolina remarriage certificates and information from the 1970 United States Census revealed that less than one-fourth of widowed men remarry after the age of 65. The study also showed that 5% of widowed women remarry after the age of 55, indicating that men remarry more quickly than women. Based on the study, the median interval of remarriage was 1.7 years for men and about 3.5 years for women (Cleveland & Gianturcp, 1976, p. 1).

Research suggests that "considering the longer lifespan, a person may be without a partner at many points in life" (Gallagher, 1993, p. 219). According to The National Institute on Aging, women live longer than men, although the gender gap increases with age (Markides, 1990, p.17). However, bereavement studies are often based on female-only samples, making it impossible to assess whether adjustment patterns vary by gender (Carr, Nesse, Utz, & Wortman, 2002, p. 524). In order to address this shortcoming, this study makes gender a central category in its analysis.

## **Patterns of Social Engagement upon Re-entering Society After a Loss**

The literature on patterns of social engagement after a loss can be divided into four areas: friendship and companionship, sexuality, community networks, and family engagement. There are several significant studies that outline different forms of friendly and romantic attachments, including Moss and Schwebel (1993) and Huyck (2001). However, the research on gender differences in the incidence of various types of attachment is relatively weak. Schneider et al. (1996) and Gruber and Partridge (1990) note that there are gender differences in the rates of remarriage and the time it takes, but they do not connect these differences to the discussions of the different types of attachment.

I get by with a little help from my friends.  
I get high with a little help from my friends.  
I'm gonna try with a little help from my friends.

-The Beatles

### *Friendship and Companionship*

According to McKay (2003), elderly friendships among women are found to be especially significant after the loss of a spouse. These friendships keep elderly women from feeling isolated from life and emotionally isolated from their families. Men, on the other hand, McKay has found, are less likely to make and/or keep friendships after the loss of a spouse. Men find it very difficult to deal with the loss and the resulting changes that are occurring in their lives. These elderly men feel more isolated and may even consider suicide. Elderly men, according to the

research of Gruber and Partridge (1990), have consistently higher rates for suicide than do other age groups.

Similarly, field studies have challenged the idea that old age is gender-neutral. One theory is that older women become more competitive, while older men become more nurturing (McKay, 2003, p. 156). This theory holds a strong possibility when considering the statistics of the remarriage market amongst elderly men and women. Schneider et al. (1996) reported that women who tend to remarry take twice as long to do so as men. Their study demonstrates that men die at an earlier age than do women. Men remarry more quickly when widowed, and often marry younger women, thus leaving few men available to a widow in any given elderly age group.

Schneider et al. (1996) also examined the significant difference in attitudes towards romance and remarriage among groups aged above and below 65 years of age. They found the attitudes to reflect the statement, "I am only interested in friendships" at 13 to 25 months after their spouse's death. This group that entered into new relationships found their life to be enhanced and the adjustment to widower or widowhood excellent (p.56).

According to Moss and Schwebel (1993), romantic relationships amongst the elderly can be broken into four components of intimacy. They list them as commitment, affection, cognitive intimacy, and mutuality. Romantic attachments later in life tend to follow those patterns established and expressed in earlier significant relationships of one's life. In *Smart Aging*, Hodgson (1999) explains this as "cumulative sexuality," our past experiences influencing future sexual behavior.

Relationships of intimacy later in life take on different forms. The interest is in the variety and quality rather than the quantity (Huyck, 2001, p. 10). Huyck cites this variety of romantic relationships as being influenced by age-graded changes, such as: life changes, age-related illness, and cultural views of later life romance. There have been no studies to date measuring the effects of these age-related changes on elder individuals (p. 13).

### *Sexuality*

The literature on elder sexuality is the weakest. The exceptions are Trudel, Turgeon, and Piche (2000) and Bretschneider (1988). Elder sexuality is also the area that demands the most research because it is where stereotypes are most prevalent. Unfortunately, a wide variety of negative attitudes exist within society concerning the sexual behavior of the elderly. This has influenced the thinking of older people themselves, in addition to the helping professions and the general population (Spence, 1992). Although our society tends to view elder sexuality as taboo or non-existent, the continuance of sexual expression after the loss of a spouse does exist among the elderly, and may play an important role in their success at re-entering society.

There are relatively few empirical studies of psychosocial and cultural factors that affect elder adults' experience of changes in sexuality (Zeiss & Kasl-Godley, 2001, p. 20). The existing studies suggest that for both men and women, greater sexual interest, activity, and satisfaction are associated with liberal and positive attitudes towards sexuality, greater sexual knowledge, satisfaction with a



long-term relationship or a current intimate relationship, good social networks, general psychological well-being, and a sense of self-worth are associated with greater sexual interest, activity, and satisfaction (Johnson, 1998; Matthias, 1997; Schavia, Mandeli, & Schreiner-Engel, 1994). According to researchers, patterns of sexual activity tend to reflect patterns set earlier in life (Gruber & Partridge, 1990, p. 2).

As is the case in other areas of elderly life, stereotypes determine many of our views of elder sexuality. Several studies in nursing homes have revealed negative portrayals by employees of elderly sexual expression. Older residents who display any form of sexual expression are often regarded by staff as having a behavioral problem and may even be tranquilized (Brown, 1989). Staff attitudes toward sexual activity between unmarried residents have been reported to be disapproving and repressive, and adult children may complain of “permissive” institutional attitudes toward their parents’ sexual expression. However, nursing homes are taking measures to better educate staff, as well as to promote information and interventions that accommodate residents’ sexual needs and attitudes (Datan & Rodeheaver, 1983; Robinson, 1983).

Due to their increasing longevity and need to re-enter society after the loss of a spouse, this geriatric set of the population, who had spent their lives in monogamous relationships, must now be educated to the new sexuality and its mores of the 21<sup>st</sup> century. In a *Newsweek* article titled “Grannies Get It On: Sex for Seniors,” the authors explain that in the state of Florida, public-health officials offer a series of lectures to seniors on the use of condoms. They encourage seniors to

take advantage of the Internet for older people and to log on to related website resources on health. The elderly rationalize the condoms given away during these lectures as being for their grandchildren, but not for themselves (McGinn & Skipp, 2002). In light of how today's elderly were raised and how society views their sexuality, they were found to be ashamed to discuss the topic of sex. Their grandchildren, born in the age of AIDS, begin learning about safe sex in grade school. But "many adults in their 60s have never seen a condom" (McGinn & Skipp, 2002). The authors point out that, especially in nursing homes, the lives of the elderly are far from sedentary (McGinn & Skipp, 2002, p.8). The most important social issue for sexual expression among the elderly is privacy. The elderly living with family members may find it difficult to deal with their personal desires. Many nursing homes take this into account and offer separate rooms for the sexually active. Studies show that patients in nursing homes have sexual thoughts and approve of sexual activity among fellow residents (Tariq & Morely, 2003, p. 159).

Society's attitudes towards sexual functioning among aging adults are gradually changing. Many people who are currently classed as elderly were only middle-aged during the relatively sexually liberated era of the 1960s and 1970s, and have taken with them their established patterns of sexual attitudes and sexual behavior into their later years (Spence, 1992). In a study conducted by White and Catania (1982) using the Aged Sexuality Knowledge Scale (ASKAS), it was found that with an increase in education, more permissive attitudes were observed in the areas of sexual activity and satisfaction. Studies of human service professionals

have shown that an increase in knowledge about the sexuality of older adults is accompanied by a trend toward more accepting attitudes on the issues (Story, 1989). Contrary to myths accepted by many in Western society, elderly people are highly sexual beings with sexual thoughts and desires that persist into advanced age for most individuals.

To illustrate this point, a sexual interest and behavior survey was conducted of a sample of 100 white males and 102 white females living in a retirement facility, ranging in age from 80-102. Only 14% of the women and 29% of the men were presently married; the most common activity was touching and caressing without sexual intercourse, followed by masturbation, and sexual intercourse (Bretschneider, 1988, p.1). Of these activities, only touching and caressing showed a significant decline from the 80s to the 90s, with further analyses revealing a significant decline in this activity for men but not women. Gender differences were revealed reflecting more activity and enjoyment by men (p.1). Perhaps with today's new mores, the elderly tend to view themselves as less inhibited than when they were younger (Solomon, 2003, p. 35).

Unfortunately, the sexual needs of the elderly are often ignored by family members, caregivers, and society in general (Hodson & Skein, 1994, p. 219). This is unfortunate because sexual expression can be an important factor in coping with the loss of a long-term spouse and re-entering society. Researchers Trudel, Turgeon, and Piche (2000, p.1) agree that elderly people who continue to exhibit sexual expression will reduce chances of problems related to their mental and physical well-being. Sexual issues and attitudes towards late-life sexuality may become

more freely discussed as the Baby Boomer generation shifts towards a geriatric mind set.

### *Community Networks*

The literature on social interaction and community networks is comparatively wide, but it is also the most contradictory. Important studies by Cantor (1975) and Bleiszner and Adams (1992) conflict with data provided by Goode (1963) and Callahan (1992). This is significant because community networks are a key factor in the lives of the elderly, especially after the loss of a spouse. Social interaction is an important aspect of everyday life. Researchers have described social participation as social interaction with people other than a spouse. The term social participation is used loosely to describe organizational affiliations, friendships, ties, kinship networks, social connectedness, social support, or social integration (Anderson, 1983; Bahr & Harvey, 1980; Bankoff, 1983; Durkheim, 1897/1951; Ferraro, 1984; Thoits, 1983; Vachon, Rogers, Lyall, Lancee, Sheldon, & Freeman, 1982).

Activities among the elderly are usually formed by relationships with long-time friends. The largest source of interaction among the elderly comes from living in senior communities, adult day care centers, nursing homes, and assisted-living facilities. Research shows that elders who relocate to these facilities enjoy the companionship and interaction of meeting new friends, while still maintaining eternal fondness for their long-term friendships (Shea, Thompson, & Blieszner, 1988). Community networks offer the elderly a place to improve their quality of

life. They can choose from indoor and outdoor social events, such as movies, theater groups, field trips, and arts and crafts activities. The aging elderly may also find themselves as volunteers in hospitals or community organizations to pass the time.

One of the few quantitative studies on the social engagement of the elderly this research builds on is a 1995 national survey. Adults age 70 years or older were asked if they had participated in any social activities in the past two weeks or performed any volunteer work in the past year. They indicated extensive social involvement: some 92% had had contact with relatives they were not living with; 88% had contact with friends or neighbors; 64% had eaten out in a restaurant; 50% had attended religious services; 27% had attended a movie, sporting event, or club meeting; and 16% had volunteered. The figures were slightly higher, on average, for those closer to 70 than for those 85 or older and for women as compared to men (Federal Interagency Forum on Aging-Related Statistics, 2000).

These data show that considerable social involvement does exist in the elderly and that social relationships and community involvement are important factors for physical health and psychological involvement. A 1975 study conducted by Cantor examined the social interactions of city-dwelling seniors. The study revealed dynamic associations. Over 80% sit and talk together with neighbors either in front of their buildings or in parks or open spaces. Almost two-thirds have a visiting relationship with neighbors. In addition, many of the elderly in the study reported sharing meals with neighbors and recognized their neighbors as close friends (Cantor, 1975). More recent research by Bleiszner and Adams (1992)

supports the idea that interactions with significant others can provide emotional support and everyday assistance, thus enabling elders to maintain their independence for as long as possible.

However, there is also conflicting research that shows that a large population of the Aging and Aged Elderly choose to “age in place,” a phrase that means remaining in your own home or apartment (Callahan, 1992, p.5). Goode points out that there is a “weakening of ties with the older generation” (1963, p.15). Lack of mobility and aging in place has caused these elders to isolate themselves and incur large expenses to maintain their environments. This weakening of ties means that there is less social interaction among this generation that is usually due to a loss of long-time support systems. Many of the Aged Elderly suffer from isolation, loneliness, and depression, and fail to reach out to a social support system.

### *Family Engagement*

Family engagement is an equally influential factor after the loss of a spouse. Although there are significant studies, including Woods (2003) and Solomon (2003), there are not enough empirical data on this complex topic. One thing seems clear: the change in the family unit has increased the isolation of the elderly. The demise of the traditional multigenerational nuclear family, which frequently consisted of several generations living in one household, has caused many of these elderly people to lose the support exchange between their adult children and grandchildren. According to Binstock (2002), the central idea to the framework is the intergenerational tensions between parents and children that arise due to the

varying stages of development. They have disparate perspectives that create interpersonal tension and result in the expression of mixed emotions (p. 283).

In the 1900s, it was uncommon for children to know their grandparents; today's average fifth-grader probably will live to see his great-grandchildren in the fifth grade (Larson, 2003, p.875). According to a 1997 report by The American Association of Retired People, 45,000 children live in grandparent-headed households (Banquer & HoganBruen, 2000, p. 230). In the absence of biological parents, grandparents are often forced to take on the role of primary caregivers.

A positive aspect of this arrangement is that it provides a much higher level of family involvement with the elderly. Not only does this afford important social ties for the elderly; elders offer our grandchildren a piece of shared history, ethnicity, and culture. Daniel argues that the elderly "bring us to the special brand of intelligence called wisdom" (1994, p. 225). They signify a "reverence for past accomplishments more than real respect for the wisdom that only elders have to contribute. Wisdom remains a very special commodity, a great natural resource that is under valued-and almost totally untapped in doing what it's meant for: guiding the young" (p. 225).

Silver (2002) has shown that as the Aged Elderly begin to reach their final phase of life and their days are less compact with daily events, they begin to conduct a "Life Review" or "reminisce" ( p. 11). The elderly spend much of their time with friends sharing very intense life experiences. They might reminisce with their grandchildren about the way things were in their day. All these encounters give the elderly opportunity to socialize and communicate in their now less than

active lives. According to Kaufman's research on the meaning of aging, old people formulate and reformulate personal and cultural symbols of their past to create a meaningful, coherent self, and in the process they create a viable present (1993, p. 14). Providing empirical research to support this view is one of the aims of this study.

Although they provide sustaining forms of social interaction, children and family can cause relationship obstacles for the elderly to combat later in life. This is especially true when it comes to romantic relationships. In some cases children are concerned that their parent's new relationships might be influenced by outside factors such as financial concerns and family loyalties. They tend to discourage their parents' cross gender relationships that occur late in life. Children often tend to resent the elders' significant other and initiate problems concerning finances, future inheritances, and decision-making when it comes to their parents (Solomon, 2003).

The issue of family involvement is complex and many-sided. At times, family attachments offer a vital connection to their offspring that can sustain them throughout their twilight years, especially after the loss of a spouse. At other times, they can be a source of tension and frustration that gets in the way of the development of nourishing ties, particularly those of a romantic or sexual nature. The literature on family engagement tends to focus on the positive benefits of intergenerational interaction and does not adequately address the ways families can be an obstacle to the formation of elder associations.



## Definition of Terms

How to categorize the elderly is always a concern for this type of research. The problem with many definitions is that they are not sensitive to the aging process and may lead to the negative attitudes and stereotypes often used to identify the elderly in our society.

According to some researchers, old age begins at 65. For instance, Daniel states that crossing the age 65 barrier is defined as the border line between maturity and Old Age (1994, p.223). However, this does not seem specific enough to classify the elderly. Other researchers say there are three categories the elderly fit into: the Young-Old (65-74 years) who are active and still married; the Old (75-84) who are slowing down and losing their long-term spouses; and the Very Old (85+) who may need help with activities of daily living (Rubin & Nieswiadomy, 1994, p. 1). Some have coined the phrase "Third Age" to mean after youth and middle age (*Newsweek*, 1997).

Some researchers have also used the term Oldest-Old to refer to the 85 and older segment. Very little is known about the Oldest-Old. However, it is the fastest growing segment of the population, living well into their 100s (National Institute on Aging, 2003b, p. 104). The demographics of the Oldest-Old are 42 men to every 100 women over age 85. Over the age of 95, there are 27 men to every 100 women. Lastly, 45% of the Oldest-Old live alone (Habel, 2000, p.8).

The best terminology to be found in the literature comes from Shapiro (2001), who uses the categories of Aging Elderly (65-79) and Aged Elderly (80+)

(pp. 56-61). These categories will be employed throughout this study. For the purposes of this study, a number of other operational definitions will be used:

“Quality of Life” refers to the factors that contribute to a sense of fulfillment, well-being, and a meaningful existence. It also explores the interrelationships among these factors (“Quality of Life Research Unit,” p.1). For this research, “Cultural Patterns” is defined as a distinct lifestyle of elderly citizens that has a pattern unique to other forms distinguished by chronological age, friendships, and sexuality (McKay, 2003, p. 155). “Maximum Lifespan” is defined as the greatest age reached by any member of a species (National Institute on Aging, 2003, p. 5). “Life Expectancy” or “Mean Lifespan” is the average number of years from birth that an individual can expect to live (National Institute on Aging, 2003, p. 4). “Self-Perceptions” of aging as used in this study refer to how old people feel about themselves and see themselves in relation to others (Tien-Hyatt, 1986).

Another important issue is sexuality. The definition of the term sexuality can often be vague. The distinction is made in how it is expressed. As discussed by Spence (1992) a wide variety of negative attitudes exist within society concerning sexual behavior and older people which has influenced the thinking of older people themselves, in addition to the helping professions and the general population. Greater knowledge and acceptance of older adult sexuality and sexual functioning are important goals of educators and counselors trying to better meet the needs of the elderly (Story, 1992). At earlier ages in an individual’s life sexual expression is much freer. As chronological age increases, sexuality is much more evolved and

more refined (Sex and Aging, 2000). The sexual climate amongst the young is that the elderly rarely engage in sexual activity. Most older people experience some interest in sexual intimacy (p. 1). An individual's sexuality remains constant through their entire adult life time. As cited in Sex and Aging, sex is a way to affirm the love of life. It is an expression of the satisfaction gained from the present. It expresses the closeness of an individual's deepest relationship and is an important measure of the quality of life (p.1).

It is important to realize that sexuality incorporates a broad range of feelings, not just the act of sexual intercourse. The expression of tender feelings, whether explicitly sexual or not, promotes psychological intimacy between adults. In expressing these feelings, the knowledge that an individual can love and is loved can provide a unique source of strength and inspiration to the identity of the aging person, male or female (Whitbourne, 1990, p. 30).

According to Moss and Schwebel (1993), romantic relationships can be characterized in terms of four components of intimacy. They list them as Commitment, Affection, Cognitive Intimacy, and Mutuality. As cited in Huyck (2001), it is difficult to define the variety and quality of intimacy due to the unlimited number of clinical and psychosocial factors in the aging process. However, Huyck maintains that attachments and bonds to other individuals are expressed throughout an individual's life. The definition of sexuality for the purposes of this research study incorporates the shared views of these past researchers.

## **CHAPTER THREE**

### **METHODOLOGY**

#### **Research Design**

This study utilized qualitative research methods. This design helped the researcher establish an inductive understanding of the cultural patterns of social companionship among the aging elderly after the loss of a long-term spouse. This is what Maxwell calls a “barbell theory”—the simplest way to join to things by its relationship to each other (1996, p. 31).

According to Maxwell, there are five particular research purposes for which qualitative studies are suited (1996, p. 17). For purposes of this research, four of the five were employed:

1. Understanding the meaning, for participants in the study, of the events, situations, and actions they are involved with and of the accounts that they give of their lives and experiences.
2. Understanding the particular context within which the participants act, and the influence that this context has on their actions.
3. Identifying unanticipated phenomena and influences, and generating new grounded theories about the latter.

#### 4. Understanding the process by which events and actions take place.

A key feature of qualitative sampling is that it works well with small samples of people when they are studied in depth and in their context (Miles & Huberman, 1994, p. 27). A small sample also adds homogeneity and is a far better representation of the average population. The sample was purposeful in nature. LeCompte and Preissle (1993, p. 69) call this "criteria based selection." This strategy singles out a particular group of people, setting, or event and provides deliberate information in the area of question. In this research study, the researcher considered the effects of gender by evaluating elderly men and women separately, and as a group, following the loss of a long-term spouse at 1-2 years and 3-11 years, to determine if there are differences in their cultural patterns of engagement.

The researcher utilized a "within-case" sampling strategy. This collection of data served as a reference point. The researcher then collected comparable data from an unbiased sample. Sampling in this style, according to Miles and Huberman, leads to investigation, new sampling, and informants. It also helps form a local in-depth configuration (1994, p. 29). The researcher then explored an "across-case" analysis. This, according to Miles and Huberman, is a process that develops a deeper understanding and explanation of conditions, trends, and descriptions (1994, p.172).

## **Sampling Plan**

### *Participants*

The sample size for this study consisted of 12 elderly South Florida residents (6 female and 6 male). All subjects were purposefully selected and de-identified according to the following criteria:

1. They were 65 years of age or older.
2. They fell into two categories of having lost a spouse within either (1-2) years or (3-11) years prior to the time of the interview.
3. They must have been in a married relationship for at least 28 years.
4. They must have been functional and self-sufficient in the activities of daily living.
5. They were willing to freely participate in this study.

### *Purposive Sampling*

The qualified participants were recommended to the researcher by a board certified internist and gerontologist in the Hollywood, Florida area. Additional participants were provided by a dissertation chair member who personally resides in a senior, residential community in Boynton Beach, Florida. The balance of the participants resided in a senior, residential community located in Boca Raton, Florida.

### *Sample Size*

Qualitative research, as suggested by Miles and Huberman (1996, p. 28), is most effective when the estimated number of subjects interviewed is kept to a

minimum. After careful deliberation, the researcher concluded that a total of twelve subjects, six male and six female, would be sufficiently representative for this study.

### *Participant Screening*

Qualitative research methods allowed the researcher to ascertain information directly from the aging/aged elderly about the psychosocial facets of their lives. The patterns of social engagement explored were: friendship and companionship, sexuality, community networks, and family engagement. A combination of interview and observation time-use methods added insight into these patterns of social engagement.

### **Instrumentation**

The questionnaire was developed in conjunction with a board certified internist with a twenty-five year history of practice experience consisting primarily of patients 65 years and older residing in the South Broward County, Florida area. Additionally, the researcher spent many hours casually observing and interacting with residents within a local Broward County senior assisted living facility. These interactions allowed the researcher to formulate an Observation Checklist and Social Engagement Interview (See Appendix A and B).

An open forum was conducted by the researcher to qualify and clarify the objectives of the questionnaire and checklist amongst peers in a research study class at Lynn University. A pilot study was conducted to generate an understanding of the concepts and theories and interpretations of the elderly (Maxwell, 1992, p. 45).

Following Maxwell, a small-scale exploratory study was conducted at a local shopping mall frequented by seniors in the Fort Lauderdale area. This exercise helped to refine and delineate the design and implementation of the questionnaire and interview process.

### **Procedures**

After being granted approval by the Dissertation Proposal Committee and The Lynn University Institutional Review Board, the researcher telephoned the potential participants and solicited their voluntary participation in this study. In-home interviews were then scheduled with each candidate. Each participant was assured the interviews were in confidence and kept to a maximum of 2 hours. The subjects were assured that the knowledge and conclusions gained from these observations and interviews would be discussed in the context of this dissertation only. At no time would the subjects be exploited or at any risk.

### *Data Collection*

The method of data collection used in this study was confidential, audio-recorded oral interviews with participants who were de-identified. Prior to the interview, each participant was given an Informed Consent Form to review and sign (See Appendix 3). The researcher coded the interview by gender and then had the data transcribed by a professional transcriptionist. This allowed the participants a relaxed non-threatening environment for one-on-one question and answer discussion. Interviews are thought to be “powerful instruments for exploring



complicated emotions and experiences” (McLarren, 1980). Prior to the interview, the researcher established a rapport with the subjects. This made the participants feel at ease allowing them to open up to the researcher and share their true experiences in a obtrusive and non-judgmental atmosphere. The questions were demographic as well as reminiscent and reflective of subjects’ personal experiences.

Maxwell (1996) stresses the importance of establishing a good relationship with the participants, as well as the importance of well thought-out, strong, open-ended research questions. This was especially important in this survey because the nature of the information was sensitive and personal and required the participant to trust the researcher. Kirk and Miller suggest the use of open-ended insightful questions allows them to open up to the researcher (1986, pp. 25-26).

Another method used was observation; the researcher observed the home environment among the elderly (See Appendix 1). The researcher administered a two part “Social Engagement Interview” to the interviewee (See Appendix 2). The first part consisted of background questions, the elderly self-perceptions, coping patterns after the loss of a long-term spouse, and the myths, stereotypes and social obstacles they face. Part II, “Cultural Patterns of Social Engagement,” addressed the role of family, companionship, and friendship by same gender, and finally, companionship, friendship, sexuality, and opposite gender in elderly relationships.

### **Method of Data Analysis**

Following the acquisition of the collected data, the information was entered into Microsoft Excel, which assisted the researcher in organizing and coding data

combinations of information. A within-case analysis was entered first looking at configurations, associations, causes, effects, and trends over time amongst each gender (Miles & Huberman, 1994, p. 178-180). When a pattern was found, the data were then partitioned by several categories in a Meta-Matrix format, charting and assembling the descriptive data (Miles & Huberman, 1994, p. 178). Partitioning of the data allowed the researcher to differentiate between themes and seek out similarities and differences (p. 245). The researcher then examined a cross-case analysis, ascertaining the exclusivity of each gender. The data were sorted by entering them in a meta-matrix. The data were then interpreted in an across-category clustering, summarizing each category's findings. The researcher interpreted and evaluated any shared clusters or patterns of social engagement after the loss of a long-term spouse, examining elderly men and elderly women individually, and elderly men and elderly women together. Also, the researcher evaluated whether or not the social patterns differed after 1-2 year and 3-11 years of loss.

### **Validity, Reliability, and Triangulation**

Validity establishes whether results are credible or not, as a component of the research design. Validity consists of strategies used to rule out threats (Maxwell, 1996). Maxwell distinguishes three main types of threats to the validity of qualitative research: description, interpretation, and theory (1996, p. 89).

In the area of description, the threat to validity is that the data are inaccurate or incomplete. Maxwell argues that audio recordings of interviews and verbatim transcription of recordings rule out the threat to valid description. This study utilized

audio recorded tapes that were transcribed verbatim by a professional transcription service. An added benefit of verbatim transcripts is that they provide what Maxwell calls “rich data” that are detailed and complete enough to provide a full and revealing picture of what is going on, rather than relying solely on the researcher’s notes (p. 95).

In terms of interpretation, all interviews were conducted by one person, which creates potential for subjective or interpretive bias. According to Maxwell, the main threat to the validity of interpretation is imposing the researcher’s own meaning rather than listening to what the participants actually mean (p. 94). However, both Maxwell and Shank point out that it is impossible to eliminate the researcher’s bias in qualitative studies. Instead, the key task is for researchers to explain their possible bias and how the study will account for them (Maxwell, 1996, p. 91; Shank, 2002, p. 93). Maxwell states that member checks are the best way to avoid this threat (p. 94). As part of member checks, at the close of each interview the researcher reviewed the interview with each participant to verify the facts. Also as part of the member checks process, each participant was then sent a final copy of his/her interview to verify responses and review for errors. Member checking also provides interviewees with an opportunity to add additional information that they may not have thought of during the interview (Guba & Lincoln, 1989, p. 239).

Another strategy for ensuring validity is triangulation. Denzin defines triangulation as collecting information from a diverse range of individuals and settings using a variety of methods (1970, p. 70). Triangulation also reduces the risk that the researcher’s interpretations will reflect the bias of a specific method.

This study relied mostly on interviews for the collection of data. However, Maxwell points out interviewing often is the only way to collect data on events that took place in the past or cannot be directly observed (1996, p. 76). This holds true for this study. Triangulation of observations and interviews better controls for research bias than interviews alone. Even though this study did not permit direct observation of the participants during the bereavement process and their actual cultural patterns of social engagement, observation of participants in their living environment and their personality through interaction surrounding the interview allowed the researcher to draw inferences about them not available through the interview alone.

Utilizing both within-case and across-case analyses allows the researcher to reduce the risk of chance associations and systematic biases by analyzing the data through different methods. This is one of the benefits of triangulation (Shank, 2002, p.137).

Lastly, the third type of validity threat arises from theoretical considerations. Maxwell defines the threat to theory as not collecting or paying attention to discrepant data, or not considering alternative explanations of the phenomena under consideration (1996, p. 90). The best way to address this threat to validity is to consider all rival explanations and to be aware of negative data. This study adopts this approach by considering not only the role of gender but the variables of income, age, and family associations as well.

Having established the methodology behind selection of the sample and instrumentation, this chapter discussed the procedure for data collection and analysis and addressed the issues of validity, reliability, and triangulation. The following

chapter presents the findings with regard to the cultural patterns of social engagement after the loss of a long-term spouse.

## **CHAPTER FOUR**

### **RESULTS**

#### **Findings**

This chapter reports the results of the study. The results are divided into two major sections, within-case and across case. The within-case analysis reports all results for females and males individually and the across case analysis reports all results of both men and women together. These two major sections will each be divided into two subsections consisting of: aging (69-74) and aged (75-93); gender (male) and (female). Findings will then be reported in each of the four cultural patterns of social engagement: Friendship and Companionship, Sexuality, Community Networks, and Family Engagement.

Duration of loss, 1-2 years and 3-11 years, was not found to be a significant factor. All participants were ready, at some level, to begin re-engaging into society shortly after the loss of their spouse.

The findings recorded in this research are based on participants' first marriages. Those participants who have remarried will be used to demonstrate their re-engagement into society. Any data collected in months have been rounded up to the nearest year.

These results will examine the following three specific research questions:

1. How do the patterns of social engagement, and the factors that contribute to those patterns, affect the elderly when they are forced to re-enter society as a single person after the loss of a long-term spouse?
2. How does gender contribute to social adaptation behaviors for men and women individually, and men and women together, after the loss of a long-term spouse?
3. Do these social patterns of engagement differ after one-two years and three-eleven years?

#### *Description of Samples*

The twelve participants in this study were six Caucasian elderly females and six Caucasian elderly males. All participants held a high-school diploma or advanced degree. The participants were all active and independent in their daily living, and were retired and self-supportive. Nine participants were adult residential homeowners living in a senior community in Boynton Beach, Florida. This community is comprised of 222 homes; 56 of the homeowners are single women and 23 are single men. Three participants were residential homeowners living in a senior community in Boca Raton, Florida. This community is comprised of 739 single family homes. Both communities were composed of sub-developments of homes within close proximity to each other. Both communities were supported by a country club or clubhouse.

The Aging Elderly (69-74) sample contained four females between the ages of (69-73) and one male age 74. Two of the female participants, age 69 and age 73, were

remarried. The one 74 year-old male had remarried. Two of the females, age 71 and 72, were moving through the final stages of the grieving process.

The Aged Elderly (75-93) sample contained two females age 75 and five males ranging in age from 77-93. One of the females age 75 had a male companion and the other 75 year-old female was moving through the final stages of the grieving process. The 74, 77, and 79 year-old males had all remarried. The 93 year-old male had remarried, lost his second spouse, and now had a female companion. The 78 year-old male had broken up with his companion. The 83 year old male was also in the final stages of grieving and interested in meeting someone.

Table 1 depicts the demographic profile of each participant. In addition, Table 22 illustrates a summary of the dominant cultural patterns of social engagement for each participant. All participants' responses were recorded verbatim, left in context, and unedited.



Table 1

*Demographic Profile of Participants*

SUBJECT	GROUP	AGE	GENDER	MARRIED YRS	No. SPOUSES	LOSS YEARS	STAGE GRIEVING	REMARRIED YEARS	DATING
MALE#1	Aged Elderly	83	Male	53	1	1	Depression	0	Yes
MALE#2	Aged Elderly	77	Male	50	2	1.5	Acceptance/A	1	N/A
MALE#3	Aging Elderly	74	Male	43	2	8	Acceptance/A	6	N/A
MALE#4	Aged Elderly	78	Male	28	1	11	Acceptance/A	0	Yes
MALE#5	Aged Elderly	79	Male	54.5	2	1.25	Acceptance/A	1	N/A
MALE#6	Aged Elderly	93	Male	*42/ 10	2	*15/1	Acceptance/A	0	Yes
FEMALE#1	Aging Elderly	72	Female	50	1	5	Acceptance	0	No
FEMALE#2	Aging Elderly	71	Female	49	1	1.00	Acceptance/A	0	No
FEMALE#3	Aging Elderly	73	Female	50	2	2	Acceptance	1	N/A
FEMALE#4	Aged Elderly	75	Female	54	1	1	Anger	0	No
FEMALE#5	Aged Elderly	75	Female	53	1	1	Acceptance/A	0	Yes
FEMALE#6	Aging Elderly	69	Female	47.5	2	3	Acceptance/A	1	N/A

AGING KEY			GRIEVING KEY	
GROUP	AGE- MIN	AGE-MAX	Denial	
Aging Elderly	69	74	Anger	
Aged Elderly	75	93	Bargaining	
			Depression	
			Acceptance	Anticipatory component / Anticipatory /A
LOSS/YRS KEY				
1	1 - 2 YRS	*1st/2nd	nc = no comment	
2	3 - 11 YRS		na = non applicable	

*Analyses of All Participants' Data*

This section describes the individual participants and their cultural patterns of social engagement after the loss of a long-term spouse. It also describes the observations made by the researcher prior to the individual interviews. Appendix

A, the Observation Checklist, identifies the items that the researcher was seeking. Following the observations, the individual interview findings are reported. Appendix B, the Social Engagement Interview, identifies the questions that were asked of each participant. Lastly, the researcher reports one of the five progressive stages of grieving (denial, anger, bargaining, depression, and acceptance) that the participant is found to be in, based on Kübler-Ross's model (1997, p.1).

This section also describes the responses to the four areas of social engagement after the loss of a long-term spouse. These four areas include: friendship and companionship, sexuality, community networks, and family engagement. Each individual interviewed for the within-case findings was asked specific questions and those responses were charted for both elderly males and females in Tables 2-5. Tables 6-13 corroborate the individual participant's interview response with that of the Review of the Literature. From each individual's chart findings (as seen in Tables 2-5), the subjects were divided into six groups: aging elderly, aged elderly, male/female, and years of loss: 1-2 years and 3-11 years. A matrix was formed with the findings as indicated in Tables 14-17.

*Male #1.* Male #1 is age 83 (Aged Elderly) and was married for 53 years. He lost his spouse 7 months ago. After 53 years of marriage he was alone and isolated; his computer now was his only connection to the world. He sat in a big executive chair next to his computer and the researcher sat on the sofa across from him. During the interview he began to talk while trying to hide his pain with his wit. Jokingly he said, "What I used to do every day takes me a week to do, but now I hear there is Viagra to keep my libido going." Whenever possible he would make a joke about his age and

the new world of dating he was about to enter. Really, what was still in his heart was his wife, who was ill for a long time. He handed the researcher a 6 page summary entitled, "Diary of a Caregiver" he had written about his wife's struggles and his challenges over a 12 year period. He continues to be extremely active running a financial investment business, overseeing an insurance agency he once owned, taking courses, and now discovering the Internet as a source for dating. His children offer him great support while trying to introduce him to other females and encourage his use of Internet dating. He said that he would be open to intimacy.

Male #1 remains depressed and continues to ruminate over the emptiness that his wife's prolonged illness had created. This is evidenced by a journal he kept detailing his and his wife's struggles during the course of her slow demise. Men's abilities for dealing with a loss have been questioned, but little research has been done in this area (Crummy, 2002). Male #1's experience confirms a recent study that examined aging men and specifically how emotionally distressed they are by their spouse's death (Feinson, 1986). He has gone through four of the five stages of bereavement and is currently attempting to re-enter society, which is consistent with the time period suggested by Kubler-Ross (1997). He is cautiously re-engaging in new relationships via the Internet.

The results of his interview indicated that of the four cultural patterns examined in this study, friendship and companionship, community networks, and family interaction were key patterns in coping with the loss of a spouse. Sexuality was not an issue at this time in coping with the loss of his spouse. However, when asked if he would welcome a sexual relationship, he said, "Sex has been out for quite a

while because my wife was sick for several years. It was a rough business when it came to physical contact but I would welcome anything. My daughter just set up computer dating for me on the Internet.” He indicated to the researcher that he has a very strong support system with friends in two communities including New York and Florida. He said, “Since my wife’s death, I try to keep very active in order to keep my head going. I still run a small business; I take courses at the University, swim, play tennis, and am a computer nut.” Data show that considerable social involvement does exist in the elderly and those social relationships and community involvement are important factors for physical health and psychological involvement (Cantor, 1975). He added, “I try to socialize with mostly my married friends but have a few single fellows that I have recently gotten a little friendlier with. My family is very important to me and they are very supportive. My daughter even set me up on a date. I am very young at heart and have no problem getting along with the younger generations.” According to Kubler-Ross (1997), recovering from the loss of a spouse is a process. Kaufman’s (1993) research on the meaning of aging indicated that older people formulate and reformulate personal and cultural symbols of the past to create a viable present. After presenting Male #1 with his interview, he assured the researcher that it provided an accurate representation of him.

*Male #2.* Male #2 is age 77 (Aged Elderly) and was married for 50 years. He lost his spouse 1 year ago. This 77 year-old man expressed a sense of comfort, contentment, and happiness in finding his new bride. He pointed to pictures of his late wife and talked about their marriage as being a happy one. He expressed the difficulties they were faced with during their marriage due to her multiple illnesses

and how hard it was to be socially active. His family consisted of a sister who lived nearby and a son he had shared a home with prior to his marriage. It appeared that his life had been very lonely before meeting his new wife. He adopted her family, children, and grandchildren. He was very proud of his new life. He was very evasive when the researcher asked questions about his new courtship, but did say they were introduced to each other by a mutual friend and had shared memories. He moved into the home of his new wife and was actively playing Mr. Fix-it.

Following the death of his chronically ill wife, Male #2 rekindled a relationship with a recently widowed female friend. He and his wife had both socialized with her and her late husband. He appears to have completed the five stages of bereavement consistent with the two- to three-year time period suggested by Kubler-Ross (1997) and Sharma (2003). He told the interviewer, "It wasn't long before I was able to strike up a new kind of relationship. My new wife and I have many memories together. I didn't know what I was going to do before I met her because I knew I didn't want to be alone. I needed to have a companion." This is supported by the research done by Schneider et al. (1996) demonstrating that men remarry more quickly when widowed. His new wife is 73 years of age.

The results of his interview indicated that family, friendship and companionship, and sexuality were the key patterns in coping with the loss of his spouse. Community networks did not apply at this time as a pattern in coping with the loss of his spouse. He and his wife were not very active in the community before her death. After she died, he relied more on his family than activities outside of his friendships: "We kind of stayed to ourselves; we kept our relationship pretty locked

down. We didn't go to places where there was smoke or perfume. We visited family mostly and friends." Before he remarried he did not change that pattern of his life. He is now involved in a fulfilling new relationship that has resulted in marriage. He now admits, after a long hiatus, to once again being very happy. He smiled with happiness when he talked about their future plans together. He said, "I could never take my first wife on a cruise or a tour. We could only travel by car. We were very limited because of her illness. Now it's quite a change. There's much more activity; now I'm traveling a lot, even on a plane." Due to his new social integration as a married man, he appears fulfilled. This supports Huyck's (2001) research that relationships of intimacy later in life take on different forms. The interest is in the variety and quality rather than the quantity. During the interview he told the researcher that he and his son became roommates after his wife died. He said, "It was good company for me. Now my son can have his privacy because I have moved into my new wife's home." He even went on to say that his son was very supportive and encouraged his new relationship and he now had a big extended family. This supports Solomon's (2003) research that family attachments offer a vital connection to their offspring which can sustain them after a loss. However, research by Feinson (1986) that men's ability to deal with a loss is often disorienting because they seldom keep their domain is questionable in this case. When presented with the results of his interview, Male #2 seemed to feel comfortable.

*Male #3.* Male #3 is age 74 (Aging Elderly) and was married for 43 years. He lost his spouse eight years ago. He remarried six years ago, and his new spouse is 15 years his junior. We conducted our interview in the glass-enclosed solarium off the kitchen. He talked briefly about his first marriage. He did say it was a happy marriage,

but he could not be alone. He talked about his three children expressing slight reservations regarding his new marriage, but finally accepting that he was happy. He talked about being single. He said he met through introduction and went to one or two parties. When someone wanted to fix him up with this younger woman he was very flattered and taken aback. He said he believed people can fall in love a second time. After much discussion, it seemed we had exhausted the subject of social engagement after the loss of a spouse.

Male #3 was fully accepting of the loss of his first wife after coming to terms with her terminal status and ultimate demise. He has gone through the five stages of bereavement and has fully re-entered society, which is consistent with the time period suggested by Kubler-Ross (1997) and Sharma (2003) at 3-11 years of loss. According to Sharma (2003), the majority of survivors begin to organize their lives and begin to recover as they awaken from the bereavement process. Their memories become part of their past and their newly evolving identity begins. Male #3 has accepted and moved on with his life. He appears to be very content and happy.

The results of his interview indicated that friendship and companionship, sexuality, and family interaction were the key patterns in coping with the loss of his spouse. Community networks are not one of his strongest social patterns because he spends most of his time with his wife. He was very content and fulfilled sharing his life with his new wife, who is 15 years his junior, and friends. His response is consistent with the views that men remarry more quickly when widowed, and often marry younger women, thus leaving few men available to a widow in any given age group (Schneider et al., 1996). When discussing with the interviewer what he does in

his spare time he mentioned, "I enjoy spending time with my close male friends golfing, bowling, and swimming when my wife is at work. I would never think to just call up a guy friend, he would have to be a close friend for me to initiate any kind of plans. However, I always look forward to my wife coming home. It's just more comfortable being with her." This validates McKay's (2003) findings that males are less likely to make and keep friendships after the loss of a spouse. When the researcher asked about what companionship means to him, he described, "Someone you go to dinner with, somebody to go on a vacation with and if I get sick, somebody to bring me a cup of tea or for me to bring her a cup of tea." This also supports McKay's (2003) research regarding how older men become more nurturing after the loss of a spouse. In terms of sexuality, he told the interviewer how flattered he was that a younger woman wanted to go out with him. When describing his courtship with his new wife, he said, "I took my time, I was really courting her, I felt like I was sixteen again." This is consistent with the research on romantic relationships reported by Moss and Schwebel (1993). In terms of family interaction, his family had some reservations regarding his new relationship, but was glad that his new wife makes him very happy. He said, "I have a different take on things. I say when a husband dies; the children want someone to take care of their mother. But when the mother dies, they are afraid the woman is going to take the money." He explained that he has three great kids, but they want to protect the family money from his new wife. "I made sure that I got a prenuptial agreement in order to make everyone happy." This substantiates the research done by Solomon (2003) that children often tend to resent the elder's



significant other and initiate problems concerning finances and future inheritances.

When presented with the results of his interview, Male #3 seemed to feel comfortable.

*Male #4.* Male #4 is age 78 (Aged Elderly) and was married for 28 years. He lost his spouse 11 years ago. After his wife passed away he traveled by himself to the Far East, New Zealand, South Africa, Korea, China, Thailand, and Singapore as well as Turkey, Bulgaria, and Moscow. He had taken his lady friend to Barcelona, Norway, the Greek Islands, and India. He joked as he shared with the researcher all the artifacts he brought home from his travels. His home was also filled with paintings from Israel. He explained that he keeps very active dabbling in his favorite industry that has now become a hobby: movie producing. He has produced everything from dramas to adult films. He adores the theatre and attending dinner shows, and he spends a lot of his spare time with his daughter and grandchildren. He decided that enough time was spent in the house and that the interview should continue over lunch at a trendy neighborhood restaurant. Over lunch he talked about his wife's illness with pain in his eyes and how he cared for her 16 of the 28 years of their marriage. He explained how he never left her side and how aggressive her illness was and how she fought until the end so she could see her first grandchild being born. He did not wear a wedding ring and was very comfortable being on his own. In the last 11 years he has dated a lot and has spent time with two lady friends as he called them. He said that he had enjoyed their company. However, he recently broke up with one of his lady friends of two years because he had no plans of remarriage. He stated that he will never remarry, "What for?" He was looking forward to a blind date that he had later that evening.

After many years of care giving and devotion to his long term spouse, Male #4 has shed his grief and pain. He said, "When my wife died, as much as I hated to see her go, because of my peculiar situation, it was sort of a relief. It took me about a month to pick up the pieces and move on." He now occupies his time with work, travel, and a female companion. He has gone through the five stages of bereavement and has fully re-entered society, consistent with the time period suggested by Kubler-Ross (1997) and Sharma (2003) at 3-11 years of loss. He maintains several of the categories regarding "experiences of resilience" accomplished through his connection to friendships, staying healthy, active, and moving on with his life (Crummy, 2002, p.2). He told the researcher that since his wife's death he has traveled all over the world and maintains a healthy lifestyle while trying to share his life with long-term friends.

The results of his interview indicated that sexuality and family interaction were the key patterns in coping with the loss of his spouse. Community networks and friendship and companionship were not patterns in coping with the loss of his spouse. He enjoys his own company and has few male friends. "But on the other hand," he proudly declared, "my favorite activity is sex." According to the research, greater sexual interest, activity, and satisfaction are associated with liberal and positive attitudes toward sexuality (Johnson, 1998; Matthias, 1997; Schavia, Mandeli & Schreiner-Engel, 1994). He travels and goes about his business without the need of support from his community and the activities it has to offer. He mentioned that he is still connected to the film industry in which he used to produce movies. This conflicts with research (Anderson, 1983; Bahr & Harvey, 1980; Bankoff, 1983; Durkheim,

1897/1951; Ferraro, 1984; Thoits, 1983; Vanchon, Rogers, Lyall, Lancee, Sheldon, & Freeman, 1982) that upholds the importance of organizational affiliations, social connectedness, and social support. He has very strong ties to his family and loves spending time with his grandchildren. However, he recognizes that his grandchildren have entitlement mentality. "They are more concerned with where I am taking them and what I can buy them." Research by Solomon (2003) reaffirms how vital family attachments are. When Male #4 was shown the results of his interview, he agreed it was an accurate description.

*Male #5.* Male #5 is age 79 (Aged Elderly) and was married for 54 years. He lost his spouse over a year ago and remarried several months later. His new spouse is 10 years his junior. He came to the United States in 1939 from Berlin, Germany and married his first wife in 1946 when she came to the United States from Vienna. His wife was stricken with a terminal illness and died within several months of her diagnosis. He said they had lots of friends who loved to travel and were very connected to the community for the 12 years they had lived there. He mentioned that he had no intentions of ever remarrying. He started dating soon after his wife passed away and was introduced at a dinner party to his present wife of almost one year. They had both lived in the same community, but did not know each other. They had a very nice and romantic courtship. They were married on Valentine's Day. He compared both of his marriages as being similar in how his wives care for him. He said he was so very lucky. He said that both wives are similar in personality, but have many different interests. He especially likes bridge and is teaching his present wife how to

play. He started playing the synthesizer after a year's lapse in piano playing. He was enjoying his new marriage.

Male #5 fully accepted the death of his wife after the doctor told him there was nothing more that he, as a husband, could have possibly done. He felt disburdened and relieved that his wife's suffering was over and was satisfied and at peace that he had more than fulfilled his role as loving husband. He has gone through the five stages of bereavement and has fully re-entered society consistent with the time period suggested by Kubler-Ross (1997) and Sharma (2003) at two to three years of loss. Male # 5 told the researcher, "After my wife died, I remained well adjusted and have a lot of friends within the community and outside the community, and would say that after a couple of months I started meeting people and continued my life. My life did not change very much with the loss of my first wife." This supports the research done by Schneider et al. (1996), demonstrating that men remarry more quickly when widowed. He was very content and fulfilled sharing his life with his new wife, who is 10 years his junior, and friends. His response is consistent with the views that men remarry more quickly when widowed, and often marrying younger women, thus leaving few men available to a widow in any given age group (Schneider et al., 1996).

The results of his interview indicated that friendship and companionship, sexuality, community networks, and family interaction were the key patterns in coping with the loss of his spouse. When discussing with the interviewer what he did after his wife died and what social activities he now participates in with his new wife, he mentioned, "My life did not change very much with the loss of my first wife. I am very active. I play bridge, golf, tennis and take life long learning courses at the

university. I still keep very busy and like to socialize with my friends from my first marriage and the new friends I have made.” This conflicts with the research done by McKay (2003) that males are less likely to make and keep friendships after the loss of a spouse. When the researcher asked about what companionship means to him, he described his relationship with his new wife. He said, “I enjoy being with my new wife and doing things as a couple.” In terms of sexuality, he told the interviewer, that part of his courtship was preparing himself for a new marriage: “I did not want to get married again, but I knew that I couldn’t have a relationship with this woman unless I did marry her.” She told him she would not be someone’s girlfriend or significant other. “To me it wasn’t such a world of difference,” he replied. This is consistent with the research done by Moss and Schwebel (1993) on romantic relationships and how those relationships can come in many forms, such as commitment, affection, and cognitive intimacy, and mutuality. In terms of sexuality he said, “We have a good sex life, we have everything, and we are very intimate people. People who see us always tell us how we are always smiling and always happy.” When the researcher asked about family support, he explained that everyone likes his wife and supports his relationship. He volunteered to the researcher that the home he shares with his new wife was hers from her previous marriage. He said he brought a lot of his artwork and possessions from his world travels and they were able to make the home comfortable for both of them. This seems contrary to the research by Feinson (1986) that men’s ability to deal with a loss is often disorienting because they seldom keep their domain. He has a prenuptial agreement with his new wife so there is no controversy there. This substantiates the research done by Solomon (2003) that children often tend to resent

the elder's significant other and initiate problems concerning finances and future inheritances. When presented with the results of his interview, Male #5 seemed to agree with his results.

*Male #6.* Male #6 is age 93 (Aged Elderly) and was married for 42 years. He lost his first spouse 15 years ago. He remarried 10 years ago and lost his second spouse one year ago. He currently has a 90 year-old girlfriend. They both reside in separate buildings in the same community. He mentioned that they meet for all meals. "We eat together but no sex at our age, but I think about it," he admitted. Then he said, "We are the only ones of our friends that are always hugging and holding hands." A survey by Bretschneider (1988) illustrates that the elderly are highly sexual beings with sexual desires that persist into advanced age. This also supports the literature by Moss and Schwebel (1993) which explains that sexual intimacy takes on many forms. Male #6 also mentioned that there are few males available with whom to socialize. He indicated in his age group there are many more available women than there are men: "You always see the women congregating together." He told the researcher now where he moved it is difficult to meet male friends and there is an abundance of women. He remarked that in his building, "the average age is 90 and the women stick together in groups in the lobby or clubhouse and the men occasionally adopt another male friend if they can find one." Markides (1990) supports this with findings from the National Institute on Aging showing that women live longer than men even though the gender gap increases with age.

He married his second wife for companionship and friendship. He moved into her home which she had shared with her late husband. He brought some of his

belongings and was very comfortable. This seems inconsistent with the research by Feinson (1986) that men's ability to deal with a loss is often disorienting because they seldom keep their domain. He had a prenuptial agreement with his new wife so there would be no controversy, substantiating the research done by Solomon (2003) that children often tend to resent the elder's significant other and initiate problems concerning finances and future inheritances. After his wife passed away, her children, who were never kind to him, told him they were going to sell the house. He said, "I could not sleep at night worrying when they would make me leave, so I just left and took a few of my furnishings." He found it difficult at his age waiting to leave, so he moved out right away. He moved in with one of his sons for a short time while looking for a place of his own. As much as he liked being with his son, he did not want to be a burden to anyone. He now lives in a nicely decorated two-bedroom apartment in a country club community with his housekeeper/companion. He indicated that it was too soon after his second wife's death for him to ever consider getting remarried and especially at his age it was not an option. He had his meal companion. On his hands he wore two wedding rings. On the left hand he wore the ring of his true love and soul mate. On his right hand he wore the wedding ring of his best friend of 10 years.

After being a long-term care giver to two wives, Male #6 has moved on with his life. He felt disburdened and relieved that his wife's suffering was over and was at peace that he had more than fulfilled his role as loving husband. He has gone through the five stages of bereavement and has fully re-entered society consistent with the time periods suggested by Kubler-Ross (1997) and Sharma (2003) at 2-3 and 3-11 years of

loss. This also supports the research of Gallagher (1993) suggesting that a person may be without a partner at many points in life. There is not a day that goes by that he does not reminisce about his first true love and how his second wife is still in his heart. He now looks for companionship with a lady friend.

The results of his interview indicated that friendship and companionship, sexuality, community networks, and family interaction were the key patterns in coping with the loss of his spouse. Male #6 expressed to the researcher that he has kept his friendships from his second marriage. He said, "We used to be neighbors with a couple until I moved, but now I try to have lunch or just go by the house or even call my old time friend and his wife every couple of weeks." However, Male # 6 participated as an individual in multiple community organizational activities such as bingo, cards, movies, and temple services. Additionally, he stated, "The men occasionally adopt another male friend if they can find one."

Male # 6 repeated to the researcher that "he is so lucky to have his lady friend and that he relies on her to plan the social calendar." He went on to say how they had just come from a lecture by a Rabbi at a local temple. Rowe and Kahn (1997) report that active and productive engagement in society is a central component of successful aging. It was very important to him for the researcher to know how much he loved his sons and they loved him and all the things they do for him. He repeated, "I am so blessed to have two wonderful sons. I am so blessed to have two wonderful sons." Silver (2002) shows that as the aged begin to reach their final phases of life, their days are less compact with daily events, and they begin to conduct a "life review" or



“reminisce.” After the interview, the researcher reviewed the results of the interview with Male #6 and he was happy with his results (See Tables 2-5).

*Female #1.* Female #1 is age 72 (Aging Elderly) and was married for 50 years. She lost her spouse five years ago. She holds a Ph.D. in Health and Nursing and was most excited with the interviewer’s research. The interview was conducted in the open and airy kitchen. In the background a soap opera filled a large-screen television. The interviewee appeared very comfortable, but was most concerned about missing the daily happenings of her soap opera. The interviewee wore her wedding ring from her late husband and appeared to be accepting of her life at this point. While talking about the loss of her husband and best friend, she showed signs of sadness, and her eyes filled with tears. She took a deep breath and explained that her husband had died suddenly. At that point, life became a blur for several months. At one time in her life, she was a facilitator of a bereavement group. She felt that participating in such a group would not be helpful for her.

Female #1 appeared to be fully accepting of the loss of her spouse. She has gone through the five stages of bereavement and has fully re-entered society consistent with the two- to three-year time period suggested by Kubler-Ross (1997) and Sharma (2003). She is very active with her girlfriends and the constant participation of activities in her community. During the interview she described her job as editor of “our little paper that we have here” and as part of the entertainment board, her role as social director of community, doing the calendar of events, and scheduling use of the clubhouse. She concluded, “I am very, very involved in the community.”

The results of her interview indicated that friendship and companionship, along with community networks, were the key patterns in coping with the loss of her husband. Family interaction and sexuality were not patterns in helping her to cope with the loss of her spouse. When the interviewer asked her if she had a lot of support from her family, she replied, "I had no family down here at the time, so I relied on my community." She explained to the interviewer that she is very active in planning events and traveling, but at this time she is not looking for a sexual relationship. "I find that most men that I would be interested in are already married and I don't really need a man in my life because I am content being with my female friends." She said, "My friends are incredible." She appeared quite content and fulfilled sharing her life with and amongst her female friends, which supports McKay's (2003) research regarding the importance of friendships among women after the loss of a spouse. Her friends who are still married have brought her much comfort and support, although she noted that several married couples whom she thought were her friends had turned away because, "They see their own destinies in the fact that two people are not together." Others "did such wonderful things and came through, and so my support system is fantastic." The woman explained to the researcher that one couple said, "They lost my husband and they were not going to lose me too." In the interview she also stressed the importance of living in such a unique community. Describing the period immediately following her husband's death she said, "The support is incredible. It's like the wagon train encircling me – they are fabulous; just so unbelievable." This was very important for her because she had no family in the area.

Family support and opposite-gender relationships were less significant in Female #1's cultural patterns of coping. Regarding a male neighbor, she stated that she would be interested in having coffee, if he asked, but was not interested in dating and "would never remarry at my age. The man would be much older, and I don't want to take care of anyone, even though I am a nurse by profession." Yet other responses during the interview are consistent with the view that patterns of sexual activity tend to reflect practices established earlier in life (Gruber & Partridge, 1990). When asked about her courtship prior to her marriage, she replied, "I didn't date much when I was young." When Female #1 was presented with the results from the interview, she agreed the description was accurate.

*Female #2.* Female #2 is age 71 (Aging Elderly) and was married for 49 years. She lost her spouse 10 months ago. As she spoke about her husband she would glance over at his chair remembering his last days. She spoke with terrible sadness and pain. At first it was difficult to understand if her husband had passed away, since she still spoke of him in the present tense. On her wedding finger was a beautiful turquoise ring that added to the collection of other jewelry she wore. Her purse lay on a table near the lazy-boy chair as if she were ready to go somewhere at any moment. However, she seemed as though she had no place to go. She said that she was alright with being alone since at certain times she and her husband participated in activities separately from one another. They had some separate interests. During her marriage she had gone back to school for a Masters degree in education. She also had a degree in fashion merchandising. During her marriage she worked outside of the home either teaching or in various businesses. According to the interviewee, she claimed her

husband was a workaholic. She said her girlfriends are a wonderful support system for her and that she has gone on a cruise with one of them since the death of her husband. She said that she and her friend shared a room and that was somewhat of an adjustment considering she always traveled with her husband. She was keeping busy learning how to take care of the finances. However, it appeared that she was being brave and having a hard time adjusting to that new responsibility on top of her despair. Her saving grace was being very active in the community and attempting to occupy her time by cruising with a friend. She was presently taking care of a relative who also lived in the community. She was very offended by the fact that the interview we were conducting was about elderly people. She felt a better expression for her age group would be older, senior citizen, and even mature – but not elderly.

The results of her interview indicated that family, friendship and companionship, along with community networks, were the key patterns in coping with the loss of her husband. Sexuality was not a pattern in coping with the loss of her spouse. She explained, “I am just getting comfortable traveling with my female friends. It was hard for me to get used to sharing a room with another woman.” She also said, “Friends as couples is a little bit different, but to go with a complete stranger, I don’t know if I could do that yet. It is too early - I can’t think that way, yet. I don’t think I could do that.” Following a long period of anticipatory grief, Female #2 appeared to be approaching full acceptance of the loss of her spouse. However, in some cases, the aging elderly may never recover fully (Sharma, 2003). Female #2 explained that, “I went through such a time with my husband’s illness that I do not know if I could do that again with somebody I don’t have history with. At this age, it

is hard to find somebody that is in top shape and I don't want to take the chance of losing my independence." This reflects the literature (Schneider et al., 1996) that friendships are the only important relationships for widowers at 13-25 months after the loss of the spouse. For Female #2, opposite gender relationships were less significant in her cultural patterns of coping. She indicated that she will participate in the social single activities as long as she doesn't have to listen to lectures on sex education. "My family has brought me much comfort and support. They perceive me as being a very positive and accomplished woman. I am also very lucky because I get to see my grandchildren very often." This supports Daniel's (1994) research regarding the importance of the perception the grandchildren have of their grandparents. They bring us a special brand of intelligence called wisdom (Daniel, 1994, p. 225).

Her friends who are still married and her friends who have been widowed have brought her much comfort and support. She indicated, "I am in pretty good shape; I have a wonderful support group and live in a great community. Unfortunately there are a lot of single women in this community – It is so sad." She also stated that, "Several of my married friends shied away from me in the beginning because I felt they didn't want to face their own mortality." As expressed in the literature, the largest source of interaction among the elderly comes from living in senior communities. They enjoy the companionship and interaction of meeting new friends while still maintaining eternal fondness for their long-term friendships (Shea et al., 1998). When Female #2 was presented with the results of her interview, she indicated that everything was accurate.

*Female #3.* Female #3 is age 73 (Aging Elderly) and was married for over 50 years. She lost her spouse two years and one month ago. She remarried nine months ago, and her new spouse is 77 years of age. He sat in the other room during the interview. She talked about the happy marriage she and her first husband had, but embraced her new marriage as a blessing. Her new marriage had brought a lot of happiness into her life and they found a reason to move forward which was sharing their lives together. The interviewer questioned the status of her last name. She said she uses both her new name and her old name, but that it would be much easier to change things to her new name. She described her new husband as different in personality from her first husband, but that life circumstances were different.

Female #3 is fully accepting and has moved past her loss. She is now once again happily remarried and fully content. She told the interviewer that she asked him if he wanted to move into her house and let his son have his house and that arrangement was perfect for both of them. "Moving into my house with my new husband seemed very comfortable for me and him because he has spent so much time here anyway." This seemed compatible with the literature that women seem to handle bereavement better when they keep their domain (Feinson, 1986, p.1). She has gone through the five stages of bereavement and has fully re-entered society consistent with the two- to three-year time period suggested by Kubler-Ross (1997) and Sharma (2003).

The results of her interview indicated that friendship and companionship, family support, and her sexuality were all important patterns in coping with the loss of her husband. Community networks were not a pattern in coping with the loss of her

spouse. She has a large family and had met somebody right away. She spent most of her time with him. "I was not that involved in community activities when my first husband was alive, but now I enjoy doing those kinds of things like playing bridge with my new spouse. He is teaching me to be his bridge partner." She appeared to be very happy and fulfilled because she was lucky enough to find love with a long time friend. She specifically stated that, "Prior to my new marriage, my greatest support system came from my children and from a girlfriend I have had for years." This supports McKay's (2003) research regarding the importance of friendships among women after the loss of a spouse. She continued to say, "I now feel very safe and secure with my additional support system – the one I get from my new husband. I feel fortunate that my new husband is someone that I had a prior friendship with." She gave credit to having taken long walks with her new spouse as her greatest solace after her husband's death. She also expressed that she and her new spouse helped each other grieve, rather than attending bereavement counseling, because it made them each feel worse. She expressed that her sexuality and openness with her new husband is very important to her, but that her values have not changed. She said, "I did not let him park his car in my driveway because I was raised with good moral values." This supports the findings that an important social issue for sexual expression among the elderly is privacy (McGinn & Skipp, 2002). According to researchers these statements are also consistent with the view that patterns of sexual activity tend to reflect practices established earlier in life (Gruber & Partridge, 1990). Her other responses during the interviews were consistent with the view that relationships of intimacy later in life take on different forms (Huyck, 2001, p.10). Regarding her

children and family, she stated, "My family was very supportive of me finding a new relationship, they wanted me to get married again and be taken care of." This directly conflicts with Solomon's (2003) research that children often tend to resent the elder's significant other and initiate problems concerning finances, future inheritances, and decision making when it comes to their parents. Female #3 was presented with the results of her interview and agreed that it provided an accurate description of her patterns of social engagement.

*Female #4.* Female #4 is age 75 (Aged Elderly) and was married for 54 years. She lost her spouse one year ago. She appeared a little reluctant to participate, but as the conversation began she seemed to become more comfortable. She had always been very active during her marriage and continued to do many of the same activities including singing in a local choir. The telephone was constantly ringing with friends inviting her to an afternoon event. The house was filled with pictures of her children, her grand children, and of her late husband. Other pictures of her husband filled the room at different stages of his illness. She cared deeply for her husband and took care of him at home with the help of hospice. She was very lost without him because he had taken care of everything. She had sadness in her eyes as she talked about her life. She talked about how much she and her husband had shared and the tragedies they had to survive as a couple. She was referring to the loss of a child. She said she was at peace knowing she did everything for her husband that she could. She said the most pleasure in her life now, besides her family, comes from singing. Her home, although shadowed with sadness, was singing with the happiness of having a wonderful family.



She had already attended several single's dances, lectures, and various parties. Her greatest support systems now were her girlfriends and her children.

Female #4 appeared to be still in the stage of anger but trying to move forward with her life which was consistent the time period suggested by Kubler-Ross (1977). Soon after husband's death, she attended one or two bereavement groups, but did not find it to be helpful for her. Over the months of her husband's illness, she had prepared herself in her mind already for the worst. So she was ready when it came time to move on. They had prepared together for the worst. She said at times she wore her wedding ring and other times she chose not to.

The results of her interview indicated that friendship and companionship, community networks, sexuality, along with family support were the key patterns in coping with the loss of her husband. She appeared content with some degree of hesitation. During her interview she described that she is very active in the community and that her friendships are very important to her. She indicated, "My couple friends remain my couple friends. I am very fortunate and very grateful that I have single friends as well." This support McKay's (2003) research regarding the importance of friendships among women after the loss of a spouse. She said, "Unfortunately, it is difficult to keep up the same social activities you once did as a married couple. I now have a lady friend that is my partner on occasion for any activities I may choose to participate in. Also, there are some activities I like to do on my own such as singing in a chorus." Research (Anderson, 1983; Bahr & Harvey, 1980; Bankoff, 1983; Durkheim, 1897/1951; Ferraro, 1984; Thoits, 1983; Vanchon, Rogers, Lyall, Lancee, Sheldon, & Freeman, 1982), explains that social participation

is used loosely to describe organizational affiliations, friendships, ties, kinship networks, social connectedness, social support, or social interaction. She indicated that she was so lucky to have had such strong family ties. She recalled a caption under a photo that was taken of the whole family prior to her husband's death. Her husband had written something on the photo and she read it to the interviewer. "I have a love and it is all around me." This is significant of the literature of the elderly reminiscing with their family including their grandchildren about their lives and history (Silver, 2002). She stated that she misses her husband hugging and holding her and that, "I am not getting married again even if Prince Charming comes along, but I would be open to a new relationship." Her response is consistent with the view that romantic relationships amongst the elderly can be broken down to commitment, affection, cognitive intimacy, and mutuality (Moss & Schwebel, 1993). There is not much more literature on elder sexuality with the exceptions of Trudel, Turgeon, and Piche (2000) and Bretschneider (1988). The interviewee indicated that the summary of her interview was accurate and very descriptive.

*Female #5.* Female #5 is age 75 (Aged Elderly) and was married for 53 years. She lost her spouse one year ago. She loved to read, participate in folk dancing, and paint. She started a book club in her community. She and her husband had started a family newsletter to inform the family and extended families of each other's happenings. The women's voice cracked as she spoke about her love for her husband. She and her husband had spent their last year together bonding and reminiscing. He helped prepare her to carry on after his demise. She appeared most content and at peace with her life. She said, "Everyday (I) live less of a lie." She attributed that to the

support, companionship, and friendship of a male neighbor she had met just prior to her husbands' death. Any other lonely spots in her day were filled with her love for the arts.

Female #5 was a full-time caretaker during the last year of her husband's life. They had a very communicative and supportive relationship, which allowed her, with the assistance of her husband, to prepare for a future without him. She said, "We would cry together; he was very heroic. He never acted like he was unhappy. This was very healing. He would tell me for the 100<sup>th</sup> time, 'I had a wonderful life. You were a wonderful wife.' The only thing that used to rip my heart out was that he never said he was afraid or that he wished he didn't have to die. He never made it a horror." As a result of this shared anticipatory grief with her husband she has now been able to move on and has achieved early acceptance. She currently has a male friend. She has gone through the five stages of bereavement and has fully re-entered society consistent with the time period suggested by Kubler-Ross (1997).

The results of her interview indicated that sexuality and family interaction are the key patterns in helping her cope with the loss of her husband. Community networks and friendship and companionship were not patterns in helping her to cope with the loss of her spouse. She told the interviewer that she found solace in doing things by herself. "My husband and I always did things together. Now that I am alone, I need my private time and spend much of it painting, playing my instrument, and some other kinds of activities. Even though it might not be the best thing to be alone all the time – so my daughter says – it gives me comfort and time to think about my life." She also told the interviewer, "I can't have those superficial conversations

with women about my nails and whether I should wear pink polka dots or stripes. I just don't have the patience for it." She relies more on family interaction. She does not feel that the women she interacts with have as much substance in their conversation as the men do. She prefers to walk into the clubhouse on a man's arm than with three women. "I am a woman and I am alive." The existing study suggests that for women, greater sexual interest, activity, and satisfaction are associated with liberal and positive attitudes toward sexuality (Johnson, 1998; Matthias, 1997; Schavia, Mandeli, & Schreiner-Engel, 1994). She said, "Being in a relationship is wonderful, but I have made it very clear that I will not get remarried and take care of someone again. I met my male friend toward the end of my husband's life. He was a big help to me then and we remained friends. He has really helped me to feel alive again. He is phenomenal." Researchers note the importance of sexual expression in relation to coping with the loss of a long-term spouse and re-entering society (Hodson & Skein, 1994 p. 219). She has tremendous interaction with her family and grandchildren. They celebrate all of the holidays together. She said, "I am the Jewish grandma and they always come into bed and ask me what I used to do on Hanukkah." The literature shows that family engagement is an equally influential factor after the loss of a spouse although there is not enough empirical data (Woods, 2003; Solomon 2003). When Female #5 was presented with the results from the interview, she agreed the results were accurate.

*Female #6.* Female #6 is age 69 (Aging Elderly) and was married for 47 years. She lost her spouse three years ago and remarried one year ago. Her husband was severely hurt in an accident and that was all she could bring herself to say. She did

explain that her husband was in a coma for almost a month and when he awoke had no recollection of her at all. After much time he regained a small percentage of his memory, but the increase was in slow increments. She said they did not socialize because it was unfair to subject friends to her husband's loss. At the same time she was caring for her husband, she took in her 90+ year-old mother who had lost her eyesight. On one side of the house were her husband and his male nurse, and on the other side of the house was her mother with her nurse. She was an only child and could not leave her mother alone. For four years she cared for her husband, who was really never the same. Her mother got sicker and eventually died in her arms in their kitchen. Five months later her husband passed away as well.

She had one male friend in particular that she felt very comfortable with and they began traveling together, but always having separate rooms. She said she feared intimacy and if she knew that was where the relationship was headed, she broke it off. She was new to the neighborhood and with her husband being ill she was unable to find the time for new friendships in Florida. She did say she had a wonderful support group in New York, especially from her children. She said she had no intentions of getting remarried, but did meet a nice man. After several months of courtship, she said she told him she could be his friend, but never his significant other. She had friends that lived together, but for her children's sake she could not do that. This supports the findings that an important social issue for sexual expression among the elderly is privacy (McGinn & Skipp, 2002). She was rather slow to accept a proposal but, after much persuasion she decided to take a risk. Now, she wears her new wedding ring

with pride. Her home, however, is filled with mementos and reminders of her late husband.

Female #6 having experienced four years of fulltime caregiving under difficult circumstances, had decided, upon the death of her husband, that it was now time to nurture her own needs. She is now remarried and once again living a fulfilling life. She has gone through the five stages of bereavement and has fully re-entered society consistent with the time period suggested by Kubler-Ross (1997). She has also reached the third year benchmark as indicated by Sharma (2003) of total recovery and reorganization of her life.

The results of her interview indicated that community networks and sexuality were the key patterns in coping with the loss of her husband. Friendship and companionship along with family interaction were not the patterns that helped in coping with the loss of her spouse. She had just moved to the area and expressed that, "My good friends were up North and I had just come down to the warm climate for my husband's health, leaving my friends behind. At his stage of his illness, it was difficult to make new friends." She also informed the interviewer, "After my husband passed away, I always felt more comfortable around men rather than women. I don't mind going out to dinner with a girl now and then, but I don't care for groups of women together. I would much rather be with a man and have a discussion, than sit and gab and gossip with a bunch of girls." In terms of family, she expressed that she was an only child and didn't want to burden her daughter with her problems. "My son and daughter have their own lives and I don't want to be their burden." Female #6

said, "I was ready to get on with my life. I loved my husband very much, but we had not really shared a life together for the last four and a half years of his life."

According to Sharma (2003), the pain does not hurt quite as much when the bereaved find a way to cope, to leave grief in the past, and to start enjoying life. She had gone to several bereavement meetings, but found that they made her feel much worse. She also noted that she found she was the only female in a class of several men. She had made many male friends in her community and from the bereavement group. She found she related better to men and enjoyed their friendships more than those with women. The existing study suggests that for women, greater sexual interest, activity, and satisfaction are associated with liberal positive attitudes toward sexuality. Also, a current intimate relationship and good social networks for general psychological well being and a sense of self worth are another means of support for women (Johnson, 1998; Matthias, 1997; Schavia, Mandeli, & Schreiner-Engel, 1994). She stated that, "I am very active in the community and very satisfied with myself. I am a certified docent at the Metropolitan Museum of Art in New York City and am currently writing a book." She indicated that she takes care of handicapped elderly people by driving them to their doctor and dentist appointments and takes them to do their banking and shopping. This supports the literature that community networks offer the elderly a place to improve their quality of live through indoor and outdoor social events and volunteering in the hospitals or community organizations to help pass the time (Shea, Thompson, & Blieszner, 1998). After Female #6 was shown her interview results, she agreed that was a very accurate representation of who she is. (See Tables 2-5).

Table 2

*Friendship and Companionship*

SUBJECT	GROUP	Do you have the same friends from your marriage?	Who has been your support system?	After your loss, how long did it take you to socialize or move on with your life?
MALE#1	Aged Elderly	yes, but we have a winter and summer home	my children and both community friends	not right away too painful
MALE#2	Aged Elderly	yes, we knew each other	my sister, son and friends	not long
MALE#3	Aging Elderly	some, and some new	family, friends , community, new wife	w/in 4 months
MALE#4	Aged Elderly	Some	Myself	not long
MALE#5	Aged Elderly	yes and more	myself friends, family	not long
MALE#6	Aged Elderly	Yes	my sons	the first time 6 months
FEMALE#1	Aging Elderly	After the loss some friends maintained the relationships and others turned away realizing their mortality	unique, incredible community support first, then out of town family	Gradual
FEMALE#2	Aging Elderly	we were loners, but yes same couple friends, single, some shied away b/c of their mortality	community, girlfriends, children, work friends	right away
FEMALE#3	Aging Elderly	yes, mostly couples	community, couple, girlfriends, new relationship	right away
FEMALE#4	Aged Elderly	yes, some couples, single	children, community friends	right away
FEMALE#5	Aged Elderly	we were loners, but yes some couples, new relationship	family, new friend	not right away to painful
FEMALE#6	Aging Elderly	yes, but out of state	friends, children, new relationship	right away/in 4 months



**Table 2 (Continued)**

<b>SUBJECT</b>	<b>Who do you socialize with same gender, opposite gender or couples?</b>	<b>Are you remarried or do you have a significant other?</b>	<b>What types of social activities do you engage in?</b>	<b>How do you meet new acquaintances?</b>
<b>MALE#1</b>	couples and mostly males	no	tennis, bridge, swim, work part-time as a financial consultant, computer, school, shows	introduction, computer dating, or some women let you know they are available, and I wasn't interested
<b>MALE#2</b>	couple friends, my wife handles the social schedule	yes, remarried	I am Mr. Fix-it around here, bridge, poker	my wife handles the social schedule
<b>MALE#3</b>	lots of male, and female friends,	yes, remarried	bridge, exercise, travel, bowling, golf	introduction, some women let me know they were available, and I wasn't interested
<b>MALE#4</b>	some male friends, couples,	not married and just broke-up with friend	travel the world, exercise, classical music, produce movies	introduction
<b>MALE#5</b>	male some, female, and couple friends	yes, remarried	travel, the world, golf, tennis, business, life learning	Introduction, however some women called me up and said heard you were available. I knew they were not for me
<b>MALE#6</b>	some couple friends, lady friend	no, I have a lady friend and dinner partner	mostly shows, bingo, cards	not many now introduction
<b>FEMALE#1</b>	same gender mostly female friends, couples	no	cards, travel, social director for community editor of community newspaper, other organizations	same friends, introductions community events, and introduction
<b>FEMALE#2</b>	mostly same gender, couples same friends,	no	dinner club, dancing, travel	same friends, introduction
<b>FEMALE#3</b>	couples same friends	yes, remarried	cards, bridge, book club, walking	same friends
<b>FEMALE#4</b>	same gender mostly female friends, couples same friends,	no,	cards, bridge, golf, exercise	same friends
<b>FEMALE#5</b>	mostly males, or a loner	significant other	the arts, painting, music, reading, Yiddish club	same friends, introduction
<b>FEMALE#6</b>	mostly males, some couple friends, the same friends from marriage, and some (few) same gender friends.	yes, remarried	painting, volunteer and charity work, take the elderly shopping, doctor	same friends, introduction

Table 3

*Sexuality*

SUBJECT	GROUP	Are you remarried, would you welcome a significant other?	If you would not remarry then why not?	What are your living arrangements?	Do you perceive yourself sexually in today's society?
MALE#1	Aged Elderly	Not sure I would remarry, but would welcome a significant other	If Mrs. Right came along you never know	I have the same summer and winter homes as married	Of course just a little slower at what I can do
MALE#2	Aged Elderly	yes	n/a	we live in my new spouses residence she shared with her first husband	Evasive response
MALE#3	Aging Elderly	yes	n/a	my new wife moved into the home I shared with my first spouse	yes I needed a woman; could not be alone
MALE#4	Aged Elderly	no, I would never remarry A significant other is nice	What for? Tell me what for?	I have a new home I purchased a year or so after my wife passed away	of course
MALE#5	Aged Elderly	yes	n/a	we live in my new spouses residence she shared with her first husband	Yes
MALE#6	Aged Elderly	I was and I do welcome a significant other	not now to old	I have moved out of my second spouses home into my own apartment	yes but old
FEMALE#1	Aging Elderly	no, would never remarry, maybe	no, do not want to be a care taker without any shared history	same house shared with spouse	Yes
FEMALE#2	Aging Elderly	no, not interested at this time	no, do not want to be a care taker without any shared history	same house shared with spouse	Yes
FEMALE#3	Aging Elderly	yes	n/a	same house shared with first spouse	Yes
FEMALE#4	Aging Elderly	no, would never remarry, but would date	no, do not want to be a care taker without any shared history same house shared with spouse	same house shared with first spouse	Yes
FEMALE#5	Aged Elderly	no, would never remarry but have a significant other	no, one love, independant	same house shared with spouse	yes, very alive
FEMALE#6	Aging Elderly	yes	n/a	same house shared with first spouse	Yes

**Table 3 (Continued)**

SUBJECT	How do you perceive the sexual openness in today's society?	What do you look for in a relationship now versus before?	How do you express sexual intimacy?	When did you decide it was ok to move on with your life or how long did it take you to get to where you are now?
MALE#1	Great, I hear all kinds of things it doesn't matter your age	same things, friendship and companionship, my wife was ill so sex was out	will see when the opportunity presents itself everyday is a process	
MALE#2	n/c	before it was the thing to do, all my friends were. Now I have companionship, I could not be alone but we have shared history, we knew each other	spending time together, walks, talks, with someone special	not long
MALE#3	I am sure it is very open	they are about the same	like a 16 year old, courting, with someone you care about	not long after
MALE#4	don't care personally, for business too much	4 things they must understand me, put up with me, understand my humor, and be my friend	fornication	not long after
MALE#5	yes it is very open, everything is accepted I read a lot about it	same things they both have filled my needs and desires	I asked her to marry me I knew that she would not be open to anything else	when the doctor told me my first wife was better off she would have suffered so much more
MALE#6	n/c	dinner partner, a friend, companion	hold hands all the time and kiss if you care about the person	a while , a gradual process at my age
FEMALE#1	n/c	same things, friendship	n/c	gradually
FEMALE#2	society has changed and is accepting of much more today	same things, friendship, independence n/c	n/c	I grieved at the moment of diagnosis and throughout, today I am in good shape
FEMALE#3	it has changed but I am of an old fashioned era	same things	holding hands, being close	right away, when I found shared history no
FEMALE#4	friendship, companionship and love			
FEMALE#4	It is to open, things are to accepted	same things, friendship, independence n/c	holding each other	gradually
FEMALE#5	As a great thing	same things, friendship, companionship, romance	holding each other romantic intimacy	gradual, but I grieved with my husband yes
FEMALE#6	romance, being close	same things, friendship, companionship, romance	Romantic	rather quickly, I had really been alone since my husband was ill
FEMALE#6	a lot more is accepted but it isn't ok for me same things, friendship	romance, being close		

**Table 3 (Continued)**

<b>SUBJECT</b>	<b>How do you perceive the sexual openness in today's society?</b>	<b>What do you look for in a relationship now versus before?</b>	<b>How do you express sexual intimacy?</b>	<b>When did you decide it was ok to move on with your life or how long did it take you to get to where you are now?</b>	
<b>MALE#1</b>	very positive, they talk about Viagra and you can do anything	supportive my daughter set me up on computer dating, they also invite single women to dinner for me to meet	All	I would attend but not in one place long enough	yes
<b>MALE#2</b>	it's what you make of it	great very accepting	I have a chance for a new life, I am going to live life again	n/a	yes
<b>MALE#3</b>	that it happens	some reservations and concerns for their mother's things	I can't be alone, companionship, I fell in love a second time	I didn't really go of people calling me	lots yes
<b>MALE#4</b>	personally I don't care	ok	n/a	introduction	oh, yes
<b>MALE#5</b>	it is accepted	they love my wife we have all blended well	all of the above	not for me	yes, but it happened sudden from diagnosis to death 2 times
<b>MALE#6</b>	where I live they are all gray so not sure	they tell me to go for it	had 1 love my first wife	there ok, if that's where my friend is I go	
<b>FEMALE#1</b>	A lot more credit to the elderly, positive, living longer	n/c	friendship	involved in starting a singles group in my community	no, sudden illness
<b>FEMALE#2</b>	negatively	they would welcome it	friendship	I attend but do not want to hear lectures on sex	yes
<b>FEMALE#3</b>	not good or bad in between	very supportive, want mom to be take care of	all	n/c	
<b>FEMALE#4</b>	accepting of it to much	supportive of me	n/a	I attend but do not want to hear lectures on sex	yes
<b>FEMALE#5</b>	not well	accepting	will not remarry	Have heard mixed reviews, not for me	
<b>FEMALE#6</b>	very accepting, some things should be private		friendship, love, companionship	n/c	yes

Table 4

*Community Networks*

SUBJECT	GROUP	What community activities are you involved in?	How do you think society, the media and television perceive the elderly?	How do you think the younger generation, perceive the elderly?	How do you feel about being referred to as elderly?	Did you attend any bereavement counseling and what did you think about it?
MALE#1	Aged Elderly	work, certification courses	depends on person and society views individual	Hard to say, I have been accepted with my children's friends I am warm, friendly.	I call myself old, always say it depends on the person and how active they are	no, it is not helpful to me; my friends are
MALE#2	Aging Elderly	bridge, poker	they are depicting old people today at a much younger age then they should	people are living longer and society still views them as old	I think I am young, have good genes, I look in the mirror and get scared: who is that, my father?	n/a
MALE#3	Aging Elderly	golf, bridge, bowling	no real take on it	they think they're old, I get along with old people	n/c	no, my attitude helped me
MALE#4	Aged Elderly	my business community, motion pictures	to much not enough imagination, need mystique they give away to much	with my grandchildren it's all about what I buy them	I am not elderly	no, my attitude helped me
MALE#5	Aged Elderly	bridge, golf, tennis, life learning, business	society didn't pay much attention till issues or AARP, Medicare	Ok	n/c	no, it was not for me I did not want to hear other peoples stories
MALE#6	Aged Elderly	lectures, bingo, cards, shows, listening to music	as old and crippled	as old and crippled	n/c	No, but I go to hear the Rabbi now it makes me feel blessed. I have to be thankful for each day
FEMALE#1	Aging Elderly	social club, newsletter, cards	positive	commercial very positive	I don't like it, but it depends on situation	did not want to openly grieve
FEMALE#2	Aging Elderly	dinner club, travel,	negative	as old	do not like it, how about older, mature, or senior citizen	n/c
FEMALE#3	Aging Elderly	Cards, bridge, book club, walking	not good or bad in between	n/c	depends on situation	n/c
FEMALE#4	Aged Elderly	Sing in a chorus, travel, cards, shows	I think they make them appear to old when they are living longer	Ok	I think it ridiculous, everybody's living longer	did go, not sure if it was helpful, but met a girlfriend
FEMALE#5	Aged Elderly	Yiddish club, book club	pathetically	as young at least my family	I think behind this face is a young person	n/c
FEMALE#6	Aging Elderly	charity and volunteer work, elderly, museum not great	elderly as in old	as young at least my family	I think it's awful, how about older adults, mature adults	Yes it was me and five men, I did better without it

Table 5

*Family Engagement*

	GROUP	How long have you been alone?	How accepting of a new relationship are your children?	Does your family appreciate your history?	Does your family serve as a support system?	Do you see your children and grandchildren often?	How does your family perceive you?	Who managed daily financial concerns?
MALE#1	Aged Elderly	1 year	extremely-they try to help me meet people	depends who you talk to; everyone appreciates you in a different way	yes, they're great	when I am up north	as young I fit in	I did and still do
MALE#2	Aging Elderly 1.5 years	9 months	very, they like her	n/a	yes, and I have extended family now	I see my son and sister	As making a new life	I did and still do
MALE#3	Aging Elderly 4 months	8 years	reservations, it's a double standard for mothers it's take of her, for fathers it's don't take his money	yes	yes, if I am happy they are	not to often	not sure	I did and still do; my wife handles some of her own things
MALE#4	Aged Elderly	11 years	They're fine with it	with my grandchildren they only want to know what I am buying them or bought them	I am my support system but they are there for me	oh yes, dinner once week and a couple of times during the week	not sure	n/c
MALE#5	Aged Elderly	1.25 years	they love my spouse	some of my grandchildren understand the others are to young	yes, but I have myself	yes	not sure maybe admired	I did and still do; my wife handles some of her own things
MALE#6	Aged Elderly	* 2.5/ 1 year	very, they want me to be happy	yes, they like to hear stories	so lucky to have my boys	one set	not sure maybe sweet man	I did; now my son and I have a financial advisor

Table 5 (Continued)

	GROUP	How long have you been alone?	How accepting of a new relationship are your children?	Does your family appreciate your history?	Does your family serve as a support system?	Do you see your children and grandchildren often?	How does your family perceive you?	Who managed daily financial concerns?
<b>FEMALE#1</b>	Aging Elderly	5 years	it would be difficult	n/c	not much out, of state	often	n/a	n/c
<b>FEMALE#2</b>	Aging Elderly	10 months	I think they would be	yes	absolutely wonderful	A lot, I visit or they come here	Positive, and I am at a loss, my son now helps	husband did, I'm at a loss but my son helps the financial advisor
<b>FEMALE#3</b>	Aging Elderly 2 years	2 years	very accepting- someone to take care of me	n/c	absolutely wonderful	A lot, I visit or they come here	positive and I am at a loss, my son helps	n/c
<b>FEMALE#4</b>	Aged Elderly	1 year	I think they would be- friendship	yes	yes, they are wonderful	A lot, I visit or they come here positive	great accomplished very	husband did, now I have a financial advisor
<b>FEMALE#5</b>	Aged Elderly	1 year	very-they don't want me to marry but share my life	yes	they are on the next plane very supportive	yes, lots of contact	great	husband did, tried to prepare me
<b>FEMALE#6</b>	Aging Elderly	3 years	extremely- share my life	yes	yes	yes, often	I have many accomplishments	I did he was too ill

Table 6

Male: Participant Interview and Review of Literature Inventory-  
Friendship and Companionship

<i>Response</i>	<i>Literature Review</i>
“I enjoy spending time with my close male friends”	
“It would have to be close friend for me to initiate any plans.”	-
“I try to socialize with mostly my married friends but have a few single fellows that I have recently gotten a little friendlier with.”	-
“I need to have a companion.”	+
“I tend to rely on myself.”	+/-
“My friends that used to be my neighbors.... I try to have lunch or go by their house every couple of weeks.”	-
“I did not want to get married again, but knew if I didn’t marry again I could not have a relationship with this woman.”	+
“I knew I didn’t want to be alone.”	+

**Key**

+ **support the literature**

- **does not support the literature**

= **no available literature**

All participants’ responses were recorded verbatim, left in context and unedited.



Table 7

*Male: Participant Interview and Review of Literature Inventory -- Sexuality*

<i>Response</i>	<i>Literature Review</i> _____
"I felt like I was sixteen again."	+
"What I used to do every day takes me a week to do, But now there is Viagra to keep my libido going."	+
"People are always telling us we are smiling and always happy."	+
"My favorite activity is sex."	+
"We have a good sex life, we have everything, and we are very intimate people."	+
"We eat together but no sex at our age. But I think about it."	+

**Key**

- + support the literature
- does not support the literature
- = no available literature

All participants' responses were recorded verbatim, left in context and unedited.

Table 8

*Male: Participant Interview and Review of Literature Inventory --  
Community Networks*

<i>Response</i>	<i>Literature Review</i>
“Since my wife’s death, I try to keep very active still run a small business, I take course at the University, swim, play tennis, and am a computer nut.”	+
“After my wife died, I remained well adjusted and have lots of friends within the community and outside; after a couple of months I started meeting people and continuing on with my life.”	-
“My life didn’t change when I lost my wife...I still keep busy and like to socialize. I play bridge, golf, kept some of my first marriage friends and made new ones.”	-

***Key***

**+ support the literature**

**- does not support the literature**

**= no available literature**

All participants’ responses were recorded verbatim, left in context and unedited.

Table 9

*Male: Participant Interview and Review of Literature Inventory --  
Family Engagement*

<i>Response</i>	<i>Literature Review</i>
“I have a different take ... I say when a husband dies; the children want someone to take care of their mother. But when the mother dies, they are afraid the woman is going to take the money.”	+
“My daughter just set up computer dating for me on the internet.” My daughter even set me up on a dinner date.	-
“I am very young at heart and have no trouble getting along with the younger generation, like my grandchildren.”	-
“My son and I became roommates after my wife died. It was good for me.”	-
“Everyone likes my wife and supports our new relationship.”	-

***Key***

**+ support the literature**

**- does not support the literature**

**= no available literature**

All participants' responses were recorded verbatim, left in context and unedited.

Table 10

*Female: Participant Interview and Review of Literature Inventory --  
Friendship and Companionship*

<i>Response</i>	<i>Literature Review</i> _____
“I have an incredible support system it’s like a wagon train encircling me. They are fabulous, just so incredible.”	+
“They lost their husband they were not going to lose me.”	+
“Some of my married friends saw their own destiny and shied away.”	=
“Several of my married friends shied away they saw their own mortality.”	=
“My greatest support system came from my girlfriends I had for years.”	+
“My good friends were up north; he was sick and at this stage it was difficult to make new friends.”	-
“I can’t have superficial conversations with women; should I wear polka dots?”	=

**Key**

+ **support the literature**

- **does not support the literature**

= **no available literature**

All participants’ responses were recorded verbatim, left in context and unedited.

Table 11

*Female: Participant Interview and Review of Literature Inventory --  
Sexuality*

<i>Response</i>	<i>Literature Review</i> _____
“I did not date much when I was young...I really don’t need a man in my life.”	+
“I am content with my female friends.”	+
“I don’t know if I could remarry with somebody I have no shared history with . . . and lose my independence.”	+/=
“I did not let him park his car in my drive way; I was raised with good morals.”	+
“I don’t know if I could get married again; I don’t want to chance losing my independence.”	=
“A complete stranger . . .I could never do that.”	+

**Key**

- + support the literature
- does not support the literature
- = no available literature

All participants’ responses were recorded verbatim, left in context and unedited.

Table 12

*Female: Participant Interview and Review of Literature Inventory --  
Community Networks*

<i>Response</i>	<i>Literature Review</i> _____
"I am editor of our little newspaper, social director, I schedule clubhouse events."	+
"I live in a great social community."	+
I am very active in the community and very satisfied with myself."	+
"My husband I always did things together now I am alone and need my private time."	=
I have no family down here I relied on my community."	+
"I was not involved in the community.... Now I do things with my new husband."	-/=

**Key**

- + support the literature
- does not support the literature
- = no available literature

All participants' responses were recorded verbatim, left in context and unedited.

Table 13

*Female: Participant Interview and Review of Literature Inventory --  
Family Engagement*

<i>Response</i>	<i>Literature Review</i>
"I have a lot of family and it is all around me."	-
"I enjoy celebrating the holidays ... my family."	-/=
"Prior to my marriage my greatest support system came from my children."	-/=
"My family has brought me much comfort and support."	-/=
"My son and daughter have their own lives; I don't want to be a burden to them."	=
"I am lucky I get to see my grandchildren often."	-

**Key**

+ support the literature

- does not support the literature

= no available literature

All participants' responses were recorded verbatim, left in context and unedited.

## Within-Case Analyses

### Aging/Aged Males

This section describes individual responses to the four patterns of social engagement for the Aging and the Aged Male. The responses of each individual within the cohorts of Aging Elderly (69-74) and Aged Elderly Males (75-93) were reported and classified relevant to the four patterns of social re-engagement: friendship and companionship, sexuality, community networks, and family engagement. A matrix was formed with the findings and is indicated in Tables 14-17.

The category of Aging Elderly consisted of one male 74 years of age and remarried. The Aged Elderly group was comprised of five males ranging in age from 77-93. Two of these participants, age 77 and 79, were remarried. The 93 year-old participant had remarried, lost his second spouse, and currently has a new girlfriend. The 78 year-old participant had broken up with his girlfriend and was interested in finding a new relationship. The 83 year-old participant had not remarried, but was interested in entering a relationship.

*Friendship and Companionship* were important to both the *Aging and Aged Elderly Males* during their transition following the loss of their long-term spouse. *Aging Elderly Male #3* described his current *Friendship and Companionship* by declaring, "When my wife is at work, I enjoy spending time with my close male friends golfing, bowling, and swimming. I would never think to just call up a guy friend, he would have to be a close friend for me to initiate any kind of plans." He defined companionship as, "Someone you go to dinner with, somebody to go on a



vacation with, and if I get sick, somebody to bring me a cup of tea or for me to bring her a cup of tea.”

*Aged Male #1* explained, “I try to socialize with mostly my married friends but have a few single fellows that I have recently gotten a little friendlier with.” He went on to say, “I had a lot of support with all my friends . . . in New York and Boynton Beach. Everyone was supportive.”

*Aged Male #2* expressed, “It wasn’t long before I was able to strike up a new kind of relationship. My new wife and I have many memories together. I didn’t know what I was going to do before I met her because I knew I didn’t want to be alone. I needed to have a companion.” *Aged Male #4* told the researcher, “When my wife died, as much as I hated to see her go, . . . it was sort of a relief. It took me about a month to pick up the pieces and move on.” He told the researcher, “I tend to rely on myself.” He appears to be somewhat of a loner with the exception of his family and business associations. *Aged Male #5* went on to say, “I enjoy being with my new wife and doing things as a couple; she is my best friend. I did not want to get married again, but I knew that I couldn’t have a relationship with this woman unless I did marry her.” She told him, she would not be someone’s girlfriend or significant other: “To me it wasn’t such a world of difference. I brought a lot of my artwork and possessions from my world travels, and we were able to make the home comfortable for both of us.” *Aged Male #6* shared, “My friends and I used to be neighbors until I moved, but now I try to have lunch or just go by the house or even call my old time friend and his wife every couple of weeks. I am so lucky to have my lady friend and I rely on her to plan our social calendar.”

## *Summary*

Most of the *Aging and Aged Elderly Males* tended to maintain their old friendships from their prior marriage. However, they also extended themselves in a search for new acquaintances. It took the majority of the long-term caregivers less than one year to socialize and move on with their lives. This is contrary to the literature findings as expressed by McKay (2003) that men are less likely to make and keep deep friendships.

The *Aging Elderly Males* had no reservations about discussing their *Sexuality*. *Aging Male #3* responded, "I always look forward to my wife coming home. It's just more comfortable being with her." "I took my time, I was really courting her; I felt like I was sixteen again." He expressed a desire to find sexual intimacy associated with marriage. He expressed to the researcher that he thinks a physical relationship is wonderful and that sexuality in society is acceptable, "Anything goes, you can fall in love twice"

The *Aged Elderly Males* were also quite expressive as to their *Sexuality*. *Aged Male #1* confessed, "What I used to do every day takes me a week to do, but now.... there is Viagra to keep my libido going." He also stated, "Sex has been out for quite a while because my wife was sick for several years. It was a rough business when it came to physical contact but I would welcome anything." *Aged Male #2* was somewhat evasive when questioned about sex. He explained, "I could never take my first wife on a cruise or a tour. We could only travel by car. We were very limited because of her illness. Now it's quite a change. There's much more activity; now I'm

traveling a lot, even on a plane. He smiled with happiness when he talked about their future plans together.

*Aged Male #4*, on the other hand, proudly declared, "My favorite activity is sex." *Aged Male #5* told the researcher that, "We have a good sex life, we have everything, and we are very intimate people. People who see us are always telling us that we are always smiling and always happy." *Aged Male #6* responded by saying, "We eat together, but no sex at our age. But I think about it," he admitted. Then he said, "We are the only ones of our friends that are always hugging and holding hands."

### *Summary*

All *Aged and Aging Elderly Males* were either sexually active or thought it would be wonderful to have a physical relationship. The two married men reported that they had a great sex life. The others said they would welcome sexual intimacy but thought that they were too old. The responses of these Aging and Aged elderly males disprove the societal perception, that at least among men, as discussed by Denmark (2002), the elderly are asexual. Although our society tends to view elder sexuality as taboo or non-existent, the continuance of sexual expression after the loss of a spouse does exist amongst the elderly men and may play an important role in their success at re-entering society.

The importance of *Community Networks* amongst the *Aging Elderly* and *Aged Elderly Males* was mixed. *Aging Elderly Male #3* stated, "I try to keep busy during the day but I would rather do things with my wife when she gets home in the evening." He was active in group activities such as bridge, poker, golf, and bowling, but he

expressed to the researcher that he preferred to do things with his wife rather than participate in activities with other members of the community.

Amongst the *Aged Elderly Males*, *Male # 1* expressed, "Since my wife's death, I try to keep very active in order to keep my head going. I still run a small business; I take courses at the University, swim, play tennis, and am a computer nut." *Aged Male # 2* stated, "In my first marriage we kind of stayed to ourselves; we kept our relationship pretty locked down. We didn't go to places where there was smoke or perfume. We visited family mostly and friends." He expressed to the researcher his thankfulness that his new wife is free of physical limitations. He said, "I just started to teach my new bride bridge, so she can be my new partner in the neighborhood game." *Aged Male #4* declared, "I am not interested in spending my time in this community doing boring activities." *Aged Male # 5* told the researcher, "After my wife died, I remained well adjusted and have a lot of friends within the community and outside the community, and would say that after a couple of months I started meeting people and continued my life. My life did not change very much with the loss of my first wife. I am very active. I play bridge, golf, tennis and take life long learning courses at the university. I still keep very busy and like to socialize with my friends from my first marriage and the new friends I have made." Also, *Aged Male #6* complained, "You always see the women congregating together. The average age is 90 and the women stick together in groups in the lobby or clubhouse."

*Aged Male #6*, however, participated as an individual in multiple community organizational activities such as bingo, cards, movies, and temple services.

Additionally, he stated, "the men occasionally adopt another male friend if they can find one."

### *Summary*

The degree of participation in community oriented activities varied amongst all *Aging and Aged Elderly Males*. One male participant had no community involvement. Interestingly, all of the males declined interest in any "singles oriented" events and/or dances. The community involvement amongst the males consisted mostly of participation in outdoor activities such as golf, tennis, and indoor sedentary activities such as cards and the pursuit of academic endeavors. The research is weak as to the patterns of community network participation amongst elderly men.

*Family Engagement* was important to all of the *Aging and Aged Elderly Male* participants. Male #3 (*Aging Elderly*) expressed this dichotomy by stating, "I have a different take on things. I say when a husband dies, the children want someone to take care of their mother. But when the mother dies, they are afraid the woman is going to take the money. I made sure that I got a prenuptial agreement in order to make everyone happy." This male confided in the researcher that his children had financial concerns regarding any new relationships. He expressed that he had always taken care of the finances and he always would continue to take care of his family. He also told the researcher that he relies on his family for support and sees his grandchildren often. He was not sure exactly how his family perceived him.

The families of *Aged Elderly Males* were generally quiet supportive. *Aged Male # 1* proudly described how his daughter "just set up computer dating for me on the Internet. My family is very important to me and they are very supportive. My

daughter even set me up on a dinner date. I am very young at heart and have no problem getting along with the younger generations.” *Aged Male # 2* indicated, “My son and I became roommates after my wife died. It was good company for me. Now my son can have his privacy because I have moved into my new wife’s home.” He even went on to say that, “my son is very supportive and encouraged this new relationship” and that now he had a big extended family. *Aged Male #4* stated that although he had close family ties, “My family is more concerned with where I am taking them and what I can buy them.” *Aged Male #5* was pleased to report to the researcher that, “Everyone likes my wife and supports our relationship.” Finally, following the death of his second wife, *Aged Male #6* was disavowed by his stepfamily. At the insistence of his sons he was invited into the homes of his two sons. He repeatedly stated, “I am so blessed to have two wonderful sons.” Not wanting to be a burden, he now resides on his own. He is visited several times a week by his sons and their families.

### *Summary*

Amongst the *Aging and Aged Elderly Males, Family Engagement* was an extremely important part of social comfort. However, these very same family loyalties were a potential point of concern and conflict. According to Solomon (2003), children often tend to resent the elders’ significant other and initiate problems concerning finances, future inheritances, and decision-making when it comes to their parents.

### *Within-Case Analyses - Aging/Aged Females*

This section describes individual responses to the four patterns of social engagement for the Aging and the Aged Females. The responses of each individual within the cohorts of Aging Elderly (69-74) and Aged Elderly Females (75-93) were reported and classified relevant to the four patterns of social re-engagement: friendship and companionship, sexuality, community networks, and family engagement. A matrix formed with the findings is reported in Tables 14-17. The Aging Elderly consisted of four females 69-73 years of age. Two were remarried and two have no significant other. The Aged Elderly category was comprised of two females age 75. One has a significant other and one does not.

Within the sphere of *Friendship and Companionship* amongst the *Aging* and *Aged Females*, there was much disparity within both groups. *Aging Female #1* lovingly described the support system by her friends as “incredible...it’s like a wagon train encircling me. They are fabulous, just so unbelievable. They lost my husband but they were not going to lose me.” Her friends’ support system was particularly important to her because of the absence of family in the area. Interestingly enough, she sadly admitted that she did lose some friends following the loss of her husband. She assumed that this was because “they saw their own destinies in the fact that two people are not together.” *Aging Female #2* lost her spouse a mere ten months ago and is just beginning to re-integrate into society as a single. Since most of her life was career-oriented, most of her interactions were professional or community-related. She is first exploring the opportunity of making new friends unrelated to her career. She has several friends with whom she is beginning to travel: “I am just getting comfortable

with traveling with my female friends, it's hard for me to get used to sharing a room with another woman." She feels quiet uncomfortable being in the company of available men and tends to rely upon couples with whom she associated during the course of her marriage: "Friends as couples are a little bit different but to go with a complete stranger I do not know if I could do that yet; I can't think that way yet."

Like *Female #1*, she admitted that "several of my married friends shied away from me in the beginning because I felt they didn't want to face the possible mortality of their mate."

*Aging Female #3* stated that prior to her new marriage her greatest support system came from "my girlfriend I had for years." During the first few months following her widowhood she was fortunate enough to rekindle a friendship with a gentleman that she had known for over fifty years. *Aging Female #6* moved to South Florida with her brain-injured husband four years ago for reasons of health. Shortly thereafter she became full-time caregiver to her elderly blind mother. As a fulltime caregiver she was denied opportunity to engage in any social interactions: "My good friends were up north and I had just come down to the warm climate for my husband's health, leaving my friends behind. At his stage of his illness, it was difficult to make new friends." Following her emancipation she immediately met a gentlemen friend with whom she developed a purely platonic relationship. She stated, "After my husband passed away, I always felt more comfortable around men rather than women. I don't care for groups of women... I would much rather be with a man and have a discussion than sit and gab and gossip with a bunch of girls."



*Aged Female #4* had a large support system amongst her friends: "My couple friends remain my couple friends. I am very fortunate and very grateful that I have single friends as well." She stated, "I now have a lady friend that is my partner... for any activities I may choose to participate in." *Aged Female #5* was secure within herself. She did not rely on female friendship or companionship. She emphatically told the interviewer, "Now that I am alone, I need my private time and spend much of it painting, playing my instrument, and some other kinds of activities. Even though it might not be the best thing to be alone all the time... it gives me comfort and time to think about my life." Additionally, she stated, "I can't have those superficial conversations with women about my nails and whether I should wear pink polka dots or stripes. I just don't have the patience for it."

### *Summary*

As noted by McKay (2003), *Friendship* amongst elderly Aging and Aged females was found to be especially significant after the loss of a spouse. Contrary to McKay (2003) some participants preferred the companionship of men as opposed to the friendship of other women.

All the *Aging and Aged Females* became distant and vague about discussing their *Sexuality*. *Aging Female #1* declared, "I did not date much when I was young... I really don't need a man in my life because I am content being with my female friends." She then confirmed this statement by saying, "would never remarry at my age... I don't want to take care of anyone."

*Aging Female # 2* explained, "I went through such a time with my husband's illness that I do not know if I could do that again... with somebody I don't have

history with. I don't want to take the chance of losing my independence." When questioned about dating, *Aging Female #2* stated, "to go with a complete stranger – I don't know if I could ever do that. I don't think I can do that!" Like *Aging Female #1*, when asked about marriage she stated, "I don't know if I could do that again ... I don't want to take the chance of losing my independence." *Aging Female #3* is recently remarried; however, she was quite prim, proper, and traditional during her recent courtship. She stated that her mores were no different now than they were over five decades ago. She expressed that her sexuality and openness with her new husband is very important to her, but that her values have not changed. She provided no specifics. However, she proudly stated, "I did not let him park his car in my driveway because I was raised with good moral values." Upon being widowed, *Aging Female #6* feared physical intimacy. She had one platonic male friend but broke off the relationship when she felt it was headed in another direction. She stated she had no intentions of getting remarried. Subsequently, she met another gentleman that courted her for several months. After several months of courtship she made it perfectly clear to him that sexual intimacy without benefit of marriage was impossible for her. Rather than retreating from the relationship, he suddenly proposed to her and was initially rejected. Upon reconsideration she decided to take the risk "I was ready to get on with my life."

*Aged Female #4* stated that she misses her husband hugging and holding her. She affirmed, "I am not getting married again even if Prince Charming comes along, but I would be open to a new relationship." *Aged Female #5* said, "Being in a relationship is wonderful, but I have made it very clear that I will not get remarried and take care of someone again. I met my male friend toward the end of my

husband's life. He was a big help to me then and we remained friends. She is now in an intimate relationship which "makes me feel alive again. He is phenomenal."

### *Summary*

Some of the *Aging* and all of the *Aged Females* expressed an interest in and a desire for romantic attachment and physical intimacy at some levels without long-term commitment. Some of these females were reluctant to remarry for fear of being burdened with the care of someone with whom they had no shared long-term history. They were fearful of losing their independence. Although the literature is sparse in terms of sexuality amongst the elderly without long-term commitment, Huyck (2001) reports that relationships of intimacy later in life take on different forms. The degree of sexual interest and the mores of sexual expression as reported by the females tended to reflect the attitudes of their youth. Romantic attachments later in life tend to follow those patterns established and expressed in earlier significant relationships of life (Moss & Schwebel, 1993).

Participation in *Community Networks* and organizational affiliations was inconsistent amongst the participants in the *Aging* and *Aged Females*. *Aging Female #1*, having no family locally, relied quite heavily upon community networking and resources. She proudly proclaimed, "I am the editor of our little paper that we have here." Additionally, she stated that she was "on the entertainment board and social director of her retirement community and was responsible for scheduling clubhouse and community events." *Aging Female #2*, having been recently widowed, was most reliant on her friends but still a little shy and reticent. She was however first beginning to re-integrate and broaden her horizons by participating in community sponsored

events such as card games, dance, and travel. She said, "I live in a great community."

*Aging Female #3* has very close family ties and fortunately met a gentleman shortly after her husband's passing. She told the researcher, "I was not involved in community activities when my first husband was alive," nor was she currently involved. She relied almost exclusively on her new spouse and her family.

*Aging Female #6* immersed herself in community commitment and involvement. She served as a volunteer with multiple cultural organizations and helped the elderly handicapped in the community. She indicated, "I am very active in the community and very satisfied with myself."

*Aged Female #4* admitted, "Unfortunately, it is difficult to keep up the same social activities you once did as a married couple... there are some activities that I like to do on my own like singing in a chorus." *Aged Female #5*, while once very involved in the community during her marriage, has become more reclusive. She told the researcher, "My husband and I always did things together. "Now that I am alone I need my private time."

### *Summary*

The importance of community involvement was different among each elderly female with no obvious pattern identified. However, community engagement appeared to be strongest among those who had no close local family support. Community networks do offer the elderly a place to improve their quality life as based on a 1995 national survey (Federal Interagency Forum on Aging-related Statistics, 2000).

Strong *Family Engagement* was not uniform amongst the *Aging Elderly Females and Aged Elderly Females*. *Aging Female #1* spoke little of her family, replying, “I had no family down here... I relied on my community.” *Aging Female #2*, on the other hand, stated, “My family has brought me much comfort and support. They perceive me as being a very positive and accomplished woman. I am also very lucky because I get to see my grandchildren very often.” *Aging Female #3* has a large and supportive family: “Prior to my new marriage my greatest support system came from my children.” Regarding her new marriage, she stated that her family was “very supportive of me finding a new relationship, they wanted me to get married again and get taken care of.” *Aging Female #6* refused to lean on her family for support. She said, “I was ready to get on with my life... my son and daughter have their own lives and I don’t want to be their burden.”

*Aged Female #4* relied heavily upon her family. Quoting a caption beneath a family photo she stated, “I have love and it is all around me.” Similarly, *Aged Female #5* also had very close daily interaction with her family and grandchildren. She very much enjoyed her role as the “Jewish grandma”. She especially enjoys celebrating the Jewish holidays with her family.

### *Summary*

The issue of family involvement in the lives of the elderly offers a vital connection and sense of emotional support. The literature that exists in terms of positive family engagement is little to none. Although the research that does exist addresses the ways families can be an obstacle to the formation of elder support (Solomon, 2003), none of the females expressed concerns. Most of the *Aging Elderly*

females seemed to rely on themselves first and then their families, as expressed by their statements. The Aged Elderly appeared to accept and welcome the support of their families.

Table 14

*Within-Case Aging/Aged Male and Female- Friendship and Companionship*

SUBJECT	GROUP	Do you have the same friends from your marriage?	Who has been your support system?	After your loss how long did it take you to socialize or move on with your life?
<b>WITHIN – CASE</b>				
MALE	Aging Elderly	maintained same friendships from their long-term marriage but had also made some new friends	rely on family members, children, siblings and friends	less than a year not long (long-term care giver)
MALE	Aged Elderly	maintained same friendships from their marriage	rely on themselves but welcome family and friends	less than a year not long (long-term care giver) 1 about a year
FEMALE	Aging Elderly	tried to maintain same friendship from their long-term but some friends shied away	rely mostly on their community network of friends for support first then family	right away (long-term care giver)
FEMALE	Aged Elderly	maintained same friends from the long-term marriage and made some new friends	rely mostly on their family (children) then their community friends	right away (long-term care giver)
MALE	1-2 years	all males maintained same friendships from their long-term friendships and made several new friends	rely on themselves first then their family and friends	all began to socialize at a year or less
MALE	3-11 years	all males maintained most of their friendships from their long-term marriage and made some new friends	rely most on community networks and family	most began to socialize at a year or less
FEMALE	1-2 years	all females maintained most of their friendships from their long-term marriage and made some new friends and recognize losing some do to their own mortality	rely most on community networks and family	were long-term caregivers and anticipated the loss, grieved and began to socialize at a year or less, 1 female took a little longer
FEMALE	3-11 years	all females maintained most of their friendships from their long-term marriage and made some new friends and recognize losing some do to their own mortality	rely most on community networks and family	were long-term caregivers and anticipated the loss, grieved and began to socialize at a year or less, 1 female took a little longer

Table 15

*Within-Case Aging/Aged Male and Female- Sexuality*

SUBJECT	GROUP	Are you remarried, would you welcome a significant other?	If you would not remarry then why not?	What are your living arrangements?	What do you look for in a relationship now versus before?
<b>WITHIN- CASE</b>					
MALE	Aging Elderly	2 males are remarried	not applicable	married and live in new spouses residence shared with her first husband	Males in this group expressed they got married years ago because it was the thing to do, all their friends were married and they fell in love and now they would look for friendship, companionship
MALE	Aged Elderly	3 would welcome a significant other a 1 is remarried	1 would consider it is to soon after loss the other has no reason at all to be a caretaker again	1 married lives in new spouses home she shared with first husband and 2 moved into a new home	Males in this group expressed they got married for love, companionship and friendship they look for the same thing and would now add more intimacy, and someone to laugh with
FEMALE	Aging Elderly	2 would never remarry but are considering dating and 2 are remarried	4 would never remarry because it would mostly likely be an older male and there is no shared history to be a care taker at this age.	all live in same home they shared with first spouse	Females in this group expressed they got married for friendship, love, and companionship and would look for the same in a relationship and to keep their new found independence
FEMALE	Aged Elderly	2 would never remarry and 1 has a significant other	would never remarry do not want to loose independence and become a caretaker at this age	all live in same home they shared with first spouse	Females in this group expressed that they got married for love, friendship and companionship and would look for the same things and miss the romance
MALE		all males are or would like to be in a relationship	would like a relationship without the commitment of caretaker	2 remarried males moved into their new spouse's home. 1 married male stayed in same home. 2 males moved into new homes and 1 still lives in same home after spouse passed away.	all males would look for love, friendship, and companionship and intimacy
FEMALE		all females would like to be in a relationship at some point	would never remarry they do not want to loose independence and become a caretaker at this age	all maintained their residence from their first marriage	all females would look for love, friendship, and companionship and romance



**TABLE 15 (Continued)**

SUBJECT	GROUP	Are you remarried, would you welcome a significant other?	If you would not remarry then why not?	What are your living arrangements?	What do you look for in a relationship now versus before?
MALE	1-2 years	3 are remarried and 1 is considering dating	1 male was ambivalent on the topic still healing, the other felt he was too old and had been married a second time	1 male remained in residence he shared with spouse 1 moved into his own home	the reasons would be the same at all years of coping
MALE	3-11 years	1 is remarried and 1 would never consider it	would never consider it	all males moved into residence of new spouse and 1 moved into own home	the reasons would be the same at all years of coping
FEMALE	1-2 years	2 are remarried and 1 has a significant other but 3 would never remarry	are healing and want their independence	all live in same home they shared with first spouse	the reasons would be the same at all years of coping
FEMALE	3-11 years	1 would consider a significant other but never would remarry	ambivalent towards the topic went through a lot of pain	all live in same home they shared with first spouse	the reasons would be the same at all years of coping

SUBJECT	GROUP	How do you express sexual intimacy?	Were you a long term caregiver?	How do you feel about a physical relationship?	How do you think society views elder sexuality?	How does your family feel about your sexuality, or pursuit of a new relationship?
<b>WITHIN- CASE</b>						
MALE	Aging Elderly	Males in this group could be evasive at times but expressed spending time together, walks, talks and courtship will lead to sexual intimacy	2 of the aging male were long term caregivers	all aging think it's wonderful	the aging elderly expressed anything goes now in society and that elders are looked on in a positive light	all aging males said their children were accepting but had some reservations about their mothers things, finances
MALE	Aged Elderly	All the males in this group expressed to find sexual intimacy - marriage and then the rest will happen, opportunities present themselves with the right person	5 aged males were long term caregivers and 1 was twice	all aged think it's wonderful, the married males reported they have a great sex life, and 2 men said they welcome it but have concerns at their age	the aged elderly feel it's accepted but don't really care	all aged males said their children had encouraged new relationships

**TABLE 15 (Continued)**

SUBJECT	GROUP	How do you express sexual intimacy?	Were you a long term caregiver?	How do you feel about a physical relationship?	How do you think society views elder sexuality?	How does your family feel about your sexuality, or pursuit of a new relationship?
FEMALE	Aging Elderly	2 females were at a loss for an answer and 3 expressed intimacy by holding hands, and holding each other and being romantic but not with just anybody	all of the aging females were long term caregivers	All aging females were accepting they expressed it makes you feel alive, as long as it's the right person and you have your independence. 1 female could not think of it but would go for coffee with the opposite sex	the aging females expressed society is to accepting of things and it is a private issue	all aging females felt their children were very supportive of new relationships and encouraged it
FEMALE	Aged Elderly	expressed holding one another and touching, and romantic intimacy, but with someone you cared about	all of the aged females were long term caregivers	All aged females were accepting they expressed it's wonderful as long as it's the right person.	the aged thought perhaps society views elder sexuality negatively and that society accepts to many things	all aging females felt their children were very supportive of new relationships and encouraged it
MALE		All males believe romantic courtship would lead to sexual intimacy with the right person	all males were long term caregivers	all males welcomed a physical relationship without reservation	all males felt society accepts to much but didn't really care	all males felt their families supportive with reservations
FEMALE		The females found it difficult to be direct but did miss and want romantic intimacy with someone they cared for	all females were long term caregivers	all females welcomed a physical relationship with the right person	all females felt it was private and society accepts to much of anything	all females felt their families supportive worried about their mother and hope some one to take care of her
MALE	1-2 years	Years of coping did not change the need for intimacy	1 male was a caregiver at 1-2 years and 3-11	Males at 1-2 years welcomed a physical relationship, some had already engaged, but had some concerns due to age and the length of abstinence.	not applicable	years of coping not an issue more concerned for companionship
MALE	3-11 years	Years of coping did not change the need for intimacy	1 male was a caregiver at 1-2 years and 3-11	males at 3-11 years welcomed a physical relationship and some had already engaged	not applicable	years of coping not an issue more concerned for companionship
FEMALE	1-2 years	Years of coping did not change the need for intimacy	not applicable	females at 1-2 years were very accepting with the right person and some had already engaged	not applicable	years of coping not an issue more concerned for companionship
FEMALE	3-11 years	Years of coping did not change the need for intimacy	not applicable	female at 3-11 years were very accepting with the right person and some had already engaged. 1 person in this group after many years was unsure if she would consider intimacy again	not applicable	years of coping not an issue more concerned for companionship

Table 16

*Within-Case Aging/Aged Male and Female- Community Networks*

SUBJECT	GROUP	How do you feel about single organizations, dances, lectures?	What community activities are you involved in?	How do you think society, the media and television perceive the elderly?	How do you think the younger generation, perceive the elderly?	How do you feel about being referred to as elderly?	Did you attend any bereavement counseling and what did you think about it?
<b>WITHIN- CASE</b>							
MALE	Aging Elderly	males show no interest in single organizations	very active and involved in group social activities such as bridge, poker, golf, bowling	no feelings about the subject matter	the aging male believes that they are perceived as old by the younger generations	no comment	felt it not helpful
MALE	Aged Elderly	males did not show that much interest would attend	active and involved in group social and sedentary activities such as lectures, classes, shows, bingo, cards	most males felt the media is to open on the subject and just began to recognize them as a group do to Medicare concerns	the aged males believes that they are perceived as old but that the younger generation has an entitlement mentality	most men in the aged category had no comment and 1 voiced that he is not old	felt it not helpful relied on their on outlook
FEMALE	Aging Elderly	2 females were interested but did not want to sit through a lecture on sex ed.1 had no comment either way	Very active and involved in the orchestration of social events, charity, volunteer work as well as cards, exercise.	the aging female report opposing views of the media positive and negative	the aging female looks at the younger generations perception as positive and negative at times	the aging female did not like to be classified as elderly	did not comment
FEMALE	Aged Elderly	said they would attend but not interested in lectures on sex ed.	very active in more sedentary group activities, book club, chorus, shows and cards	the aged female feel the media looks at them as old and they are active and living longer	the aged female believes that they are perceived as young by the younger generation and especially their families	the aged female was offended by the elderly terminology	felt it not helpful
MALE		males were disinterested in single group activities	remain very active in social activities and life learning	Most of the males look at the media as grouping the elderly as a whole rather than viewing positive changes in life expectancy and individual person.	the males believe they are perceived as old and that the younger generation has an entitlement mentality	the majority of males had no comments about being labeled elderly	felt it not helpful had a positive attitude to get through

**Table 16 (Continued)**

SUBJECT	GROUP	How do you feel about single organizations, dances, lectures?	What community activities are you involved in?	How do you think society, the media and television perceive the elderly?	How do you think the younger generation, perceive the elderly?	How do you feel about being referred to as elderly?	Did you attend any bereavement counseling and what did you think about it?
FEMALE		females would attend but didn't want to hear any sex ed. Lectures	Remain very active in the planning and participation of social activities and events.	Most females are offended by the word elderly and think the media views them as old and frail when they feel young and vibrant	the females perceive than they are viewed as young although sometimes in a positive and negative light	the majority of females were offended by the use of the label elderly and viewed themselves as young	felt it not helpful would grieve alone
MALE	1-2 years	appeared disinterested at this point	use social events to keep busy as part of the healing process	not applicable	not applicable	not applicable	did not feel a bereavement counseling would be of benefit
MALE	3-11 years	seemed disinterested but would attend if someone else wanted to	use social events to meet people and interact and pass the time	not applicable	not applicable	not applicable	did not feel bereavement counseling would be a benefit
FEMALE	1-2 years	would attend if their were no sex ed. Lectures	use social events to keep busy as part if the healing process	not applicable	not applicable	not applicable	did not comment on bereavement counseling
FEMALE	3 – 11 years	1 female started a singles group the other had no comment	use social events to meet people and interact and pass the time	not applicable	not applicable		did not feel bereavement counseling was be a benefit. They met other people grieving and they felt worse

Table 17

*Within-Case Aging/Aged Male and Female- Family Engagement*

	GROUP	How accepting of a new relationship are your children?	Does your family appreciate your history?	Does your family serve as a support system?	Do you see your children and grandchildren often?	How does your family perceive you?	Who managed daily financial concerns?
<b>WITHIN- CASE</b>							
MALE	Aging Elderly	financial concerns	no feelings one way or another	rely on their family	often	not sure	manage the finances for their family unit
MALE	Aged Elderly	children were very accepting no mention of any concerns	family showed some interest in history but more in themselves	relies on themselves more than family	sometimes	not sure	manage the finances for their family unit
FEMALE	Aging Elderly	children were accepting but with some concerns	There was minimal interest history	strong family support	often	In a positive light and accomplished	male managed the finances and the spouse is at a loss
FEMALE	Aged Elderly	children were accepting but concerned with finances	There was some interest in history	strong family support	often	In a positive light and accomplished	male did manage the finances but spouse took over the job
MALE		all the males said their children welcome a relationship but have future financial reservations	all the males felt the family has some interest in their history but were more interested in themselves at this point	all the males said they could count on their families but expressed self reliance	3 men saw their grandchildren and children as often as possible and 3 saw them on a regular basis	4 men were unsure and 2 were perceived in a positive light	all men admitted they handled the finances for their family unit one had no comment
FEMALE		5 females said their family would welcome a relationship and 1 said it would be difficult but all expressed precautions	4 females felt their family shared an interest in their history and 2 had no comment	all the females could count on their family for support	all the females saw their children and grandchildren often	all positive	most but not all females relied on their spouses financial expertise
MALE	1-2 years	children are accepting of a new relationship and want their parents to be happy	some family members did appreciate parents history	men recognize family as a strong means of support but express a degree of self reliance	yes often	generally viewed in a positive light but not exactly sure	manage the finances for their family unit
MALE	3-11 years	they want their father to have a relationship but express financial concerns	they showed some interest but mainly interested in themselves	men recognize family as a strong means of support but express a degree of self reliance	most but not all see grandchildren often	generally viewed in a positive light but not exactly sure	majority admitted their spouse took care of finances

**Table 17 (Continued)**

	GROUP	How accepting of a new relationship are your children?	Does your family appreciate your history?	Does your family serve as a support system?	Do you see your children and grandchildren often?	How does your family perceive you?	Who managed daily financial concerns?
FEMALE	1-2 years	children want their mother to be taken care of in a happy relationship but have financial concerns	family member did appreciate parents history	strong family support	yes often	perceived as positive and accomplished	majority admitted their spouse took care of finances
FEMALE	3-11 years	children were divided on the acceptance of a relationship	they were divided	strong family support with some but not all	yes often	perceived as positive and accomplished	majority admitted their spouse took care of finances

### Across-Case Analyses

This section will describe the responses and observations relevant to the four areas of social engagement after the loss of a long-term spouse through an analysis of the following groups: aging elderly, aged elderly, gender (male/female). Once again, each of the four cultural patterns of social engagement will be examined: friendship and companionship, sexuality, community networks, and family engagement. The information in Table 18 shows an Across-Case summary of the Aging and Aged Male and Female varied patterns of social re-engagement into society. This table delineates the major patterns of social re-engagement employed by each male and female, Aging and Aged. After the loss of a long-term spouse, years of loss (1-2 years and 3-11 years) was not found to be relevant to the patterns of social re-engagement. All participants expressed some degree of engagement at all years. Males and females are compared by gender and age so as to find a deeper understanding and an explanation of conditions, trends and descriptions (Miles & Huberman, 1994, p. 172). From each within-case collection of data, comparable

data from an unbiased sample were found. The number of participants in each of the two groups was too small to develop a fair generalization with respect to the possibility of differences as compared by the Aging Elderly (69-74) and Aged Elderly (75-93). Tables 19-22 present a matrix of the Across-Case analysis findings. Based on the above limitations, the participants were compared and contrasted as to gender only within the four cultural patterns of social re-engagement.

Table 18

*Across-Case Summary of Aging/Aged Males and Females in their Patterns of Social Re-Engagement*

PARTICIPANT	GROUP	FRIENDSHIP AND COMPANIONSHIP	SEXUALITY	COMMUNITY NETWORKS	FAMILY ENGAGEMENT
MALE #1	AGED ELDERLY	X	X	X	X
MALE #2	AGED ELDERLY		X	X	X
MALE #3	AGING ELDERLY	X	X	X	X
MALE #4	AGED ELDERLY		X		X
MALE #5	AGED ELDERLY	X	X	X	X
MALE #6	AGED ELDERLY	X	X	X	X
FEMALE #1	AGING ELDERLY	X		X	
FEMALE #2	AGING ELDERLY	X		X	X
FEMALE #3	AGING ELDERLY	X	X		X
FEMALE #4	AGED ELDERLY	X	X	X	X
FEMALE #5	AGED ELDERLY		X		X
FEMALE #6	AGING ELDERLY		X	X	

With the exception of two respondents, all the males maintained *friendships* with individuals they knew from their prior marriage or made new friends who were

instrumental in providing them an opportunity to keep active and socially integrated. One respondent said, "I had a lot of support with all my friends...in New York and Boynton Beach. Everyone was supportive." Another replied, "When my wife is at work, I enjoy spending time with my close male friends...the best man and the best woman can't stay together 24 hours a day." Another replied, "Whoever was my friend before continued to be our friends in our new marriage." The two remaining males did not rely on friends as a support system.

Like their male counterparts, with two exceptions, the female participants also heavily relied on their network of friends for support. One female lovingly described the support system by her friends as "incredible...it's like a wagon train encircling me." Another said, "They lost my husband; they were not going to lose me. They are fabulous, just so unbelievable." However, two of the females offered the caveat that some of their married female friends shied away from them because it reminded them of their own potential vulnerability. Two of the female cohorts rejected the company and friendship of other women, finding those relationships superficial and shallow: "I can't have those superficial conversations with women about my nails and... polka dots." The other female participant stated, "I don't care for groups of women... I would much rather be with a man and have a discussion than sit and gab and gossip with a bunch of girls."

All of the males expressed either active *sexual involvement* or interest. One participant expressed, "My favorite activity is sex!" Another male indicated, "We have a good sex life." Another said, "You can fall in love twice." The other men, although less exuberant, expressed similar opinions or thoughts. All the men expressed a desire



or need for affection and tenderness. As expressed by one male, "We are... always hugging and holding hands." Another told the researcher that, "We have a good sex life, we have everything, and we are very intimate people."

The females, on the other hand, were less uniform in their participation or desire for *sexual intimacy*. Some expressed great enthusiasm as characterized by one participant: "It makes me feel alive again. He is phenomenal." Two of the participants prior to their new marriages were very traditional in their values and were worried how they might be perceived. One female emphatically stated that sexual intimacy without benefit of marriage was impossible for her. Another proudly stated, "I did not let him park his car in my driveway because I was raised with good moral values." The other females expressed a desire for intimacy without the commitment of marriage: "Being in a relationship is wonderful, but I have made it very clear that I will not get remarried and take care of someone again." Unlike the men, two females expressed no sexual desire or interest. One female said, "I really don't need a man in my life because I am content being with my female friends." She then confirmed this statement by saying, "I did not date much when I was young... I would never remarry at my age... I don't want to take care of anyone."

The common thread found in the lives of all the participants was the fact that they resided within the confines of an active adult country club/clubhouse community. These residential communities provided both the elderly males and females with an atmosphere and lifestyle conducive to social interaction with their peers. Additionally, the elderly males and females were active within the community at large beyond their residential development.

Both males and females were very entrenched in *Community Networks*. The community provided them a social outlet after the loss of their long-term spouse. The community provided to both the males and females an opportunity to seek out group social activities. Additionally, the community offered both males and females a sense of purpose.

The males availed themselves of all the resources their community provided. This included participation in various group and solo activities. One participant indicated, "I am very active – I play bridge, golf, tennis, and take lifelong learning courses at the university – I still keep very busy." Another said, "Since my wife's death, I try to keep very active in order to keep my head going. I still run a small business; I take courses at the University, swim, play tennis, and am a computer nut." One individual did not participate in the social activities through the community but rather occupied his time with the ongoing pursuit of his career.

The female participation in the community was variable but consisted primarily of volunteerism. One female immersed herself in community commitment and involvement. She served as a volunteer with multiple cultural organizations and helped the elderly handicapped in the community. She indicated, "I am very active in the community and very satisfied with myself." Another proclaimed, "I am the editor of our little paper that we have here." Additionally, she stated that she was "on the entertainment board and social director of my retirement community and responsible for scheduling clubhouse and community events." One recently widowed female was first beginning to reach out to the community for such organized activities as card games, dance, and travel. She said, "I live in a great community." One participant

spent all of her time with her family and boyfriend which left very little time for community involvement. She said, "I was not involved in community activities when my first husband was alive." Another responded, "My husband and I always did things together. "Now that I am alone I need my private time."

Active *family* ties were very important to all participants; they clearly offered a sense of belonging. One man fondly expressed his family's support by saying, "My daughter just set up computer dating for me on the Internet. My family is very important to me and they are very supportive. My daughter even set me up on a dinner date. I am very young at heart and have no problem getting along with the younger generation." Another repeatedly stated, "I am so blessed to have two wonderful sons."

However, some males expressed the concern that although their children were supportive, they showed some reservations concerning the preservation of their inheritance. One participant explained, "I have a different take on things. I say when a husband dies, the children want someone to take care of their mother. But when the mother dies, they are afraid the woman is going to take the money. I made sure that I got a prenuptial agreement in order to make everyone happy."

Similarly, with two exceptions, family ties were important to the females. For instance, one woman stated, "My family has brought me much comfort and support." Another relied heavily upon her family, quoting a caption beneath a family photo. She stated, "I have love and it is all around me." One female perceived herself as the family matriarch having very close daily interaction with her family and grandchildren. She very much enjoyed her role as the "Jewish grandma." One

participant by choice refused to lean on and perhaps burden her children. She said, "I was ready to get on with my life... my son and daughter have their own lives and I don't want to be their burden." Another female through circumstance of distance rather than choice had little family contact, replying, "I had no family down here... I relied on my community."

Unlike the males, the children of the females were more interested in knowing that their mothers would find someone to take care of them rather than any potential financial liability that a new relationship could bring. For example, one stated, "Prior to my new marriage, my greatest support system came from my children." Regarding her new marriage, she stated that her family was "very supportive of me finding a new relationship; they wanted me to get married again and get taken care of."

Table 19

*Across-Case Male and Female – Friendship and Companionship*

SUBJECT	GROUP	Do you have the same friends from your marriage?	Who has been your support system?	After your loss how long did it take you to socialize or move on with your life?	Who do you socialize with: same gender, opposite gender or couples?	Are you remarried or do you have a significant other?
<b>ACROSS – CASE</b>						
GENDER		not applicable	females were more grounded in the community then males	not applicable	Males and females tended to socialize with the same gender unless they were couple friends they had from their marriages. In both male and female remarriage friends blended with one another	
Aging Elderly		all kept most of their relationship from their long-term marriage and made some new friends	rely on their families for support children, siblings	were long-term caregivers and anticipated the loss, grieved and began to socialize at a year or less, 1 female took a little longer 4- remarried	all have couple friends from their marriages and same gender friends	4 people were remarried and 2 were not
Aged Elderly		all kept most of their relationship from their long-term marriage and made some new friends	more independent and rely on themselves first then families	were long-term caregivers and anticipated the loss, grieved and began to socialize at a year or less, 1 female took a little longer-1 remarried	all have couple friends from their marriages, and same gender friends	4 people were in a relationship, 1 was remarried, and 3 were not
Loss	1-2 years	females maintained most of their friendships from their long-term marriage and made some new friends and recognize loosing some do to their own mortality	use community as a support system	were long-term caregivers and anticipated the loss, grieved and began to socialize at a year or less -3 remarried	all have couple friends from their marriages, and same gender friends	both groups were evenly divided 1/2 in a relationship and 1/2 not
Loss	3-11 years	females maintained most of their friendships from their long-term marriage and made some new friends and recognize loosing some do to their own mortality	use community as a support system	were long-term caregivers and anticipated the loss, grieved and began to socialize at a year or less- 2 remarried	all have couple friends from their marriages, and same gender friends	the majority of people at 3-11 years had been in a relationship

Table 20

*Across- Case Male and Female -- Sexuality*

SUBJECT GROUP	Are you remarried, would you welcome a significant other?	If you would not remarry then why not?	What are your living arrangements?	What do you look for in a relationship now versus before?	How do you express sexual intimacy ?	Were you a long term caregiver?	How do you feel about a physical relationship ?
<b>ACROSS-CASE</b>							
GENDER	not an issue	not an issue	Most males found it easier to move into the female's home. Females kept their homes intact	not an issue	not an issue		
Aging Elderly	4 are remarried and 2 are considering a relationship but would never remarry	only females in this group	not applicable	all in this group look for love, companionship, intimacy and friendship		all were long term caregivers	all but 1 aging elderly had to consider having a physical relationship again
Aged Elderly	4 would welcome a significant other 1 is remarried and 1 has a significant other	in this group all member felt they had gone through to much pain and did not want to be a caretaker again at this age	not applicable	all in this group look for love, companionship, intimacy and friendship		all were long term caregivers and one was twice	all aged elderly welcomed a physical relationship again
Loss	1-2 years	at 1-2 years 5 people have remarried and 1 has a relationship and 1 is considering it	still healing	not applicable	the reasons would be the same at all years of coping in both groups	all were long term caregivers	years of coping did not change the consideration of intimacy but some had concerns about the appropriateness of time
Loss	3-11 years	1 is remarried and 1 is considering a significant other and 1 has been widowed twice	ambivalent to the topic and still grieving	not applicable	the reasons would be the same at all years of coping in both groups	all were long term caregivers	years of coping did not change the need for consideration of intimacy

Table 21

*Across-Case Male and Female -- Community Networks*

<b>ACROSS – CASE</b>		<b>How do you feel about single organizations, dances, lectures?</b>	<b>What community activities are you involved in?</b>	<b>How do you think society, the media and television perceive the elderly?</b>	<b>How do you think the younger generation, perceive the elderly?</b>	<b>How do you feel about being referred to as elderly?</b>	<b>Did you attend anything bereavement counseling and what did you think about it?</b>
<b>SUBJECT</b>	<b>GROUP</b>						
<b>GENDER</b>				not applicable	not applicable	more females were offended by the terminology but as a whole both and females were divided on the issue	males viewed themselves as strong and self reliant and females felt that it would make them feel worse
Aging Elderly		both male and female seemed disinterested but would attend depending on the type of event	both male and female seek out group social activities	the aging elderly did not seem to recognize this as concern or interest	as a whole the aging elderly feel they are viewed in both a positive and negative way	as a whole this group was divided	felt it not helpful did think much about it
Aged Elderly		both male and female seemed disinterested but would attend depending on the type of event	both male and female seek out group social activities that are more sedentary	The aged spoke out as a group that they are first being recognized; do to longer lifespan and raising healthcare and often too much is said that is negative.	as a whole the aging elderly feel they are viewed in both a positive and negative way	as a whole this group was divided	felt it not helpful and could rely on their own positive outlook
Loss	1-2 years	both male and female at this stage would attend events but had other support resources available to them	at this stage both male and female use social activates as away of staying connected to friends and keeping busy	not applicable	not applicable	not applicable	did not seem to think it would be helpful
Loss	3-11 years	both male and females at this stage would attend as a way of meeting people but not very enthusiast and had other interests	at this stage both and female use social activities for pleasure and as a way of meeting people	not applicable	not applicable	not applicable	felt bereavement counseling made them more upset and did not want to listen to other peoples pain on the subject

Table 22

*Across-Case Male and Female – Family Engagement*

<b>ACROSS – CASE</b>						
<b>GROUP</b>	<b>How accepting of a new relationship are your children?</b>	<b>Does your family appreciate your history?</b>	<b>Does your family serve as a support system?</b>	<b>Do you see your children and grandchildren often?</b>	<b>How does your family perceive you?</b>	<b>Who managed daily financial concerns?</b>
<b>GENDER</b>	In the case of males children showed concerns for finances, most men asked for a pre-nuptial before remarriage. In the case of females children wanted a caretaker for their mothers but were also concerned for finances	not applicable	both groups relied on their families	Not applicable	females perceived their families would view them in a positive light and males were indifferent	Males were in charge of finances and when they got sick, tried to set a framework up for their spouse in their absence. Most females were very lost in terms of managing their finances
<b>Aging Elderly</b>	In the majority of cases the children of both male and female concerned about preserving family inheritance	in both male and female family expressed some interest	male and females both rely on family	Both males and females saw their children and grandchildren as much as possible	in this category most males were perceived as making a new life where the females were seen as positive and accomplished for care giving and work	in most cases the male took care of the finances
<b>Aged Elderly</b>	children of both male and females showed some concern for preservation of residual inheritance	In both male and female family expressed some interest	males rely on themselves females rely on their family	Both males and females saw their children and grandchildren as much as possible	Males were unsure how they were perceived and the females felt their families would see them in a positive light	in most cases the male took care of the finances
<b>Loss</b>	<b>1-2 years</b> for both male and females expresses that their families would be accepting of a relationship	in both cases family history was appreciated	both male and female express family support but males felt self reliant	Both males and females agreed often	both said in a positive light but males were somewhat unsure	Men managed the finances and females allowed males to take care of finances, leaving them unsure how to handle things
<b>Loss</b>	<b>3-11 years</b> both males and females were divided in their responses but felt their children had concerns about their financial future	in both case family history was of interest but not most important	both male and female express family support but males felt some degree of self reliance	females saw grandchildren often and males not often	both said in a positive light but males were somewhat unsure	men managed the finances and females allowed males to take care of finances leaving them unsure how to handle things



### *Summary*

The common thread found in the lives of all the male and female participants was that they all resided within the confines of an active adult country club/clubhouse community. These residential communities provided both the elderly males and females with an atmosphere and lifestyle conducive to social interaction with their peers. In both elderly males and elderly females, the community provided the vehicle for the patterns of social engagement to occur as seen by the 12 participants.

Gender did not seem to play a role in whether or not males and females considered friendships. This is contrary to the existing literature. The findings showed females to be more grounded in the community because the female participants were involved in planning and engaging in social events. To some extent the males were involved in the community and engaged in friendship, but the literature in this area is lacking. However, the process of adjustment for both male and female participants within this demographic group varied from individual to individual. Even though it is obvious that gender differences exist in these patterns of social association, little research exists that adequately documents or explains these differences in any systematic way. The literature recognizes elderly female friendships after the loss of a spouse as supported by McKay (2003), but recognizes elderly male friendships as almost nonexistent. However, the literature does recognize that these friendships provide emotional support and everyday assistance to the elderly (Bleiszner & Adams, 1992). Family support is encouraged in both male and female cohorts but there is no literature to support this. The

literature does support the findings that children tend to resent an elder's significant other (Solomon, 2003). This research, however, remains gender neutral. There is little literature suggesting family harmony as was seen in this male and female sample.

All males welcomed a chance to consider a sexual relationship, and all females, if not already engaged, considered it on some level. This supports the literature that sexuality can take on many forms of intimacy (Moss & Schwebel, 1993). Although the literature recognizes that males remarry often quicker than females as suggested by Schneider (1996), the literature on female remarriage is non-existent. However, the literature is sparse as to the particulars of female remarriage as found in this study's sample. Additionally, the males required a broader involvement across all four patterns of social engagement than the females (See Table 18). Finally, the findings of both the elderly males and females concur with the myths as refuted by Denmark (2002), substantiating as well that the elderly are more active and have more vibrant interpersonal relationships than society's stereotypes about them suggest.

After an examination of the four areas of social engagement (friendship and companionship, sexuality, community networks, and family interaction), males and females were viewed first individually within-case and then were compared so as to find a deeper understanding and an explanation of conditions, trends, and descriptions found between the two genders across-case. Chapter five presents a discussion of the study's findings about cultural patterns of social engagement after the loss of a long-term spouse.

## **CHAPTER FIVE**

### **DISCUSSION**

This chapter discusses the findings of this study. The findings with regard to each of the four cultural patterns of social engagement after the loss of a long-term spouse – friendship and companionship, sexuality, community networks, and family engagement – will be interpreted separately. Several limitations of the current study and recommendations for future research will then be discussed. Finally, the chapter will present a summary of the conclusions and other findings.

The purpose of this study was to examine four cultural patterns that the Aging (69-74) and the Aged (75-93) elderly engage in after the loss of a long-term spouse: friendship and companionship, sexuality, community networks, and family engagement. The research questions were designed to determine the factors that contribute to those patterns, how gender affects the social adaptation behaviors for men and women, and if these social patterns of engagement differ after 1-2 years and 3-11 years of loss.

This study clearly demonstrates that the recently widowed elderly can successfully re-integrate into society as vibrant, productive and sexually active participants. This re-integration includes interaction with friends, companions, sexual partners, family, and their local communities. These results support McKay's

(2003) findings that the elderly are a dominant co-culture by their chronological age, companionship needs, wants and desires, expectations, quality of life, and coping with a loss of a spouse. The results of this study show that community offered most participants an opportunity to re-engage in society through organizational involvement and social interaction. This study demonstrates that years of loss and age did not influence the level of involvement in any given pattern of social re-integration. However, the experience of anticipatory grief between the caregiver and the caretaker facilitated their transition phase following their loss. All the aging and aged elderly participated in and utilized the resources of each of the four cultural patterns of social engagement at various levels after the loss of a long-term spouse. Nevertheless, no one particular pattern appeared to emerge as dominant.

The results of the study should give good cause to question many of the stereotypes prevalent in American culture that have made it difficult to embrace the elderly as a generation of value and contribution. Of the many myths and stereotypes that exist today about the elderly, this study suggests that several have little or no basis in reality. These include the idea that older adults are alienated from the members of their families and the belief that because older adults generally do not reside with their children, they rarely see them. The participants and family members in this study who were faced with geographic barriers traveled regularly back and forth to maintain their family relationships. Another myth this study gives reason to question is that increasing age brings about a decline in sexual desire and interest, and that older adults are not physically capable of engaging in sexual

intercourse. Most of the aging and aged elderly participants in this study were either engaged in sexual intimacy on some level or expressed sexual desires and thoughts. Clearly, another myth, that social contacts decrease with age, was contradicted by the findings of this study. All participants in this study lived in residential communities that helped to provide for social interaction. All of the participants had maintained prior friendships and made some new ones. Those participants who did not engage actively in their community relied on other interests outside of the community for their social contacts. Lastly, another myth is that older women focus mainly on keeping families together (Denmark, 2002, p. 1). In this study all participants had some relationship with their children and grandchildren. Gender did not play a role in facilitating family engagement.

### **Interpretations**

The factors that affect the participants' involvement in any given cultural pattern of social re-engagement were dependent upon multiple variables with distinct patterns being demonstrated within several subgroups. Some of the factors that affect the patterns of social re-engagement include: gender, age, level of loss acceptance, community living arrangements, the ratio of men to women, and self-perception of age.

As demonstrated in Chapter four, duration of loss, whether 1-2 years or 3-11 years, was not found to be a significant factor. All participants were ready, at some level, to begin re-engaging into society shortly after the loss of their spouses. The number of participants in each of the two groups was too small to develop a fair

generalization with respect to the possibility of differences between the Aging Elderly (69-74) and Aged Elderly (75-93).

In terms of gender, all (aging/aged) females tended to have close personal ties with other females. It appears that women tend to be more social than males, having been the social organizers during their marriages. Additionally, for every available male companion there are twenty females. However, some women did not express a strong desire for an opposite sex relationship. All (aging/aged) males tended to express a strong desire to be in a romantic and or a committed relationship with a member of the opposite sex.

As demonstrated in Table 18, the male participants tended to exhibit a broader range of involvement extending across all four patterns of social engagement than the females. An explanation for this observed phenomena remains obscure as noted by the findings of Crummy (2002). A possible explanation for these findings is that during their working years men are more involved with career rather than family, friends, and community, and therefore fail to develop a support system. As a consequence, following the loss of their spouse, males may need to engage in a wider range of opportunities for social engagement to compensate for their lack of a pre-existing support system as seen in this study. However, bereavement studies are often based on female-only samples, making it impossible to assess whether adjustment patterns vary by gender (Carr, Nesse Utz, & Wortman, 2002).

The Aging category (69-74) was comprised of four females and two males. Four participants in this group were involved in a committed marital relationship.

The others were interested in romantic and physical involvement without a marital commitment. Amongst the aged (75-93) group, which was comprised of four males and two females, only one male was remarried.

In terms of grief, all males and females were long-term caregivers to a chronically ill spouse. This experience permitted these individuals to experience a significant amount of anticipatory grief, thus enabling them to achieve early acceptance. This process of grief was attributed to the caregiver and caretaker having had the opportunity together to mourn past, present, and future losses (Kay, 2004). As one female so movingly said, "We cried together, we laughed together, and we shared almost every minute he was not asleep." Supporting the existing literature, all male and female caregivers in this study expressed that on some level they mourned the loss of intimacy, sex, privacy, independence, dreams, partnership, friendship, and family position with their spouse, thus preparing themselves for the loss (Kay, 2004). Many expressed ongoing pain of loss but at the same time a sense of relief and release from their roles as long-term caregivers. They felt that they were now entitled to move on with their own lives.

Community living arrangements were a significant factor offering opportunities for social re-engagement. All aging/aged participants lived in a country club/clubhouse community consisting of formal and informal social activities involving their chronological peers.

With the over 65 population consisting of five females for every male, and the over 85 five population consisting of 15 females for every male, the relative availability of unattached males is quite small (Schneider et al., 1996). This

supports the literature that men have less of an opportunity to interact with other males, and women have difficulty meeting single, available males. This may account, in part, for the males' desire and tendency to remarry or be involved in a heterosexual relationship. On the other hand, however, women have much less of an opportunity to meet and interact with a potential mate and therefore tend to congregate more with and rely upon their female companions.

All participants were angered by society's perception of them as being "elderly." They prefer to be referred to as "seniors," "mature adults," or "older adults." They perceived themselves as active, vibrant, and young individuals. Some participants felt societal prejudice and others did not. Most expressed disdain towards the way today's society openly flaunts sex. However, most participants felt sexually liberated and open within the confines of their own bedrooms. They stated that their mores are no different today than they were during their youthful early courtships. These findings support the sparse available literature of Gruber and Partridge (1990) that patterns of sexual activity tend to reflect patterns set earlier in life.

Even though the elderly population is living longer and proving to have more productive lives, there is a gap in the available research on their actual habits and patterns of social affiliation, forms of companionship, and romantic relationships after the loss of a spouse. This study remedies the void by proving both males and females have much to offer each other and society.

In terms of friendship and companionship, four of the six males and four of the six females thrived on the same gender friendships and couple friendships that



they enjoyed prior to the passing of their spouse. The findings amongst the males contrast with those reported in the existing literature. The male participants in this study were not socially isolated and were able to make new acquaintances. The findings among the females are in line with previous literature suggesting the importance that females place upon friends (McKay, 2003). This sentiment was clearly expressed by one female who described her friends as “a wagon train encircling me.”

In the area of friendship and companionship, the available literature reports that males are less likely to make or keep friendships after the loss of a spouse (McKay, 2003). The literature also finds that males tend to feel more emotionally isolated (Gruber & Partridge, 1990). This study contradicts those findings, indicating that four of the six males maintained friendships they knew from their prior marriage or made new friends. The males reported that these friendships helped them to keep busy and move on with their lives. As one male proclaimed, “After my wife died, I remained well adjusted and have lots of friends.” In this study prior platonic cross-gender companionship in many cases evolved into sexual intimacy. Two of the female cohorts rejected the company and friendship of other women, finding those relationships to be shallow. These two females were engaged in relationships with males. The two males that did not strongly rely on friendships were also engaged in relationships with the opposite sex. Little research addresses the types of relationships that exist between males and females. The literature does recognize that due to the ratio of men to women there is a discrepancy in the distribution of friendships (Heckerens, 1987). The literature does, however, support

the idea that friendships exist, but does not recognize the types of attachments that friendship and companionship offer both males and females individually and together.

Society describes elder sexuality as taboo or non-existent (Spence, 1992). However, the continuance of sexual expression after the loss of a spouse exists among the elderly and plays an important role in their success at re-entering society. This was well demonstrated by the men in this study. All the males expressed physical intimacy or a desire for it. One participant remarked, "My favorite activity is sex." And another stated, "We have a good sex life." In the case of the female participants four of the six females expressed great enthusiasm towards sexual intimacy. One participant expressed sexuality by saying, "It makes me feel alive." Others seemed to welcome it but wanted to maintain their privacy. This supports the literature by Hodgson (1999) that the most important social issue for self expression among the elderly is privacy. One female indicated, "I did not let him park his car in the driveway." The other two females showed great skepticism; either they were not ready to re-engage with the opposite sex or they were very content with their same sex friends.

The literature is very weak in the realm of sexuality and recognizes sexuality as gender neutral. The existing studies do suggest that for both men and women, greater sexual interest, activity, and satisfaction with liberal and positive attitudes towards sexuality, greater sexual knowledge, satisfaction with a long-term relationship or a current intimate relationship, good social networks, general psychological well-being, and a sense of self-worth are associated with greater

sexual interest, activity, and satisfaction (Johnson, 1998; Matthias, 1997; Schavia, Mandeli, & Schreiner-Engel, 1994). The males and females in this study tended to express their sexual desires as being the same as they were in younger years. The literature does support the idea that patterns of sexuality tend to reflect patterns set earlier in life (Huyck, 2001). Years of loss or age in most cases did not play a role in whether the males or females desired intimacy. This study does support the idea that at any age sexuality exists (Tariq & Morley, 2003). This is also in agreement with the findings of Moss and Schwebel (1993) that romantic relationships can consist of commitment, affection, cognitive intimacy, and mutuality.

Two males and two females in this study had remarried. The remarriage of these two men to younger women shortly after the passing of their spouse is consistent with existing literature explaining men remarry quicker than females and they marry younger women (Schneider et al. 1996). The fact that two of the six women remarried is inconsistent with the literature. These findings may be explained by the small sample size. Although in this study the same number of men as women remarried, the available literature suggests that these attachments are influenced by the ratio of available men to women on the remarriage "market" rather than as an expression of any differential priorities or attitudes between the sex groups (Heekerens, 1987).

This study found that community was the common element in the lives of all the participants. Both the males and females participants resided within the confines of an active adult country club/clubhouse community. These residential communities provided both the elderly male and female with an atmosphere and

lifestyle conducive to social interaction with their peers after the loss of their long term spouse. There is no available literature regarding community involvement within the confines of a senior residential community. Nevertheless, the literature supports the idea that these elderly tended to “age in place,” remaining in their marital residence within the community following the loss of their spouse (Callahan, 1992). Those individuals that left their marital residence (usually the males) did so to cohabitate with an opposite gender partner also residing in the same community. Five of the six males availed themselves of all the resources their community provided. One male mentioned, “I enjoy spending time with my friends golfing, bowling, and swimming.” Five of the six females not only participated in the community but were also active in planning the events. One female indicated, “I am editor of our little newspaper that we have here.” Additionally, she stated she was on the entertainment board and social director of her community, responsible for scheduling social events. The males appear to use the community facilities as a resource to congregate and interact with their friends. The females, however, tend to heavily involve themselves in volunteering for organizational activities, planning and orchestrating community events in addition to caring for the needs of other community members. Research by Bleiszner and Adams (1992) supports the idea that interactions with significant others can provide emotional support and everyday assistance, thus enabling elders to maintain their independence for as long as possible. One female indicated, “I have no family down here, so I relied on my community.” Two females and two males in this study are remarried and met in

their community. The literature stresses that men tend to feel more isolated after the loss of a spouse (Gruber & Partridge, 1990).

Most of the subjects in this study were very active participants in their communities. In fact, their communities allowed them a sense of personal empowerment and support so they were not isolated and had a vehicle for staying engaged. One male and one female both expressed their lack of desire or need for community participation due to other outside involvement. The non-participating female is in a relationship with a male whom she met in her community. The non-participating male is seeking a new female companion outside his community. Those who maintained some sense of aloneness and tended to rely on themselves more had interests outside the community to keep busy. As one male stated, "I run a small business; I take a course at the University..." This study's findings support the literature that holds considerable social involvement does exist in the elderly and that social relationships and community involvement are important factors.

Family engagement, while important, did not appear to be the prominent pattern of social support. As one female described, "My son and daughter have their own lives and I don't want to be their burden." This may in part be accounted for by the dissolution of the multi-generational home and geographic distance. There is not much empirical data on the complex topic of the nuclear family unit and the support they provide to a recently widowed parent. This study shows considerable positive support by the parental offspring. One female said, "My family was very supportive of me." The offspring of the males tended to express concern regarding inheritance issues, whereas the offspring of the females tended to be more concerned with the

emotional and physical well-being of their mother. This study is partially supportive of Binstock (2002), who stated that intergenerational tensions between parents and children arise due to the varying stages of development. They have disparate perspectives that create interpersonal tension and result in the expression of mixed emotions.

### **Other Findings**

As incidental to the main focus of this study, several very interesting patterns were suggested. Several of the female participants took strong offense as being referred to as “elderly” in the title of this study. The female suggested other titles such as mature adults, older adults, or seniors. The males, on the other hand, expressed no concern at all. In fact, in many cases they admitted that at their age they may be too old for certain things.

Paradoxically, men prefer to marry younger women, usually moving into the female’s prior marital home, whereas some women were reluctant to marry at all for fear of once again becoming a full time caregiver to a sick or ailing spouse. Several females echoed the sentiment of one participant that she “would never marry at my age. I do not want to take care of anyone.” Interestingly, none of the females expressed concern for who might take care of them in the event of infirmity.

The children of the male participants expressed concern and reservations about the preservation of their inheritance, whereas the children of the female participants were more concerned that their mother would find someone to take care of her.

Contrary to popular belief, some of the women found other female friendships to be shallow and superficial. This suggests that perhaps further research should be performed to better evaluate the true pattern and preferences of friendships amongst elderly widowed females. One female indicated her displeasure towards other females by saying, "I can't have superficial conversations with women (regarding) polka dots or stripes."

### **Limitations**

This study had three main limitations: sample size, duration of time, and a limited demographic profile. The sample size did not allow for an even representation of elderly individuals in each of the groups. In terms of coping and years of loss, the sample was not monitored for a long enough time period to see changes in duration. All the participants interviewed resided in two similar communities. This study represented a very limited demographic population that did not reflect cultural or economic diversity. Additionally, this study did not allow for a wide enough range of out of community networks and support friendships.

The outcomes of this study also relied on the accounts of the individuals interviewed with some observation by the researcher. Had the researcher interviewed other family members and friends and observed the participants over longer period of time, the findings may have been different in the case of the recently widowed.

The four patterns of social engagement as utilized in this study allowed for overlap and limitation. Friendship should have been clearly defined as platonic and

or same gender. Companionship, on the other hand, should have been included in a broader category encompassing romance, sexuality, and marriage.

### **Recommendations**

In order to address the existing void in the research on the elderly and their needs for social adaptation and patterns of social integration, the following considerations should be made:

1. The small sample size of this study allowed the researcher to examine and explore a limited demographic population and their attempts to re-engage in society following the loss of a long-term spouse. This study is, however, not reflective of the elderly population as a whole. Additional research should be conducted involving elderly individuals not residing with in a country club community and of less affluent means, elderly citizens of minority groups and those elderly individuals engaged in alternative lifestyles. A significantly larger sample size extending over multiple socio-economic levels would be much more indicative of the patterns of re-engagement amongst the elderly following the loss of a spouse within the population at large.
2. A quantitative research study should be conducted to evaluate the importance of any factors that affect the patterns of social engagement after the loss of a long-term spouse. A quantitative study would implement the measurement and relative importance of each given social pattern of re-engagement.
3. A study should be conducted from the time of loss and followed through to at least a five year time period, documenting patterns of social re-engagement during any



given period of grief and loss as described by Kubler-Ross (1997). Additionally, this study should compare the patterns of social re-engagement between those individuals who are faced with a prolonged period of anticipatory grief versus those that are confronted with a sudden and unanticipated loss.

4. It is important to recognize that the interviews conducted in this study were representative of the self-reflections of the elderly participants themselves. Future research might incorporate the perceptions of individuals close to the subjects to ascertain whether or not the subjects' self-reflections were consistent with the perceptions held by others.

The results of this research have implications for both policy and practice. The greatest benefit would be to the agencies and professionals that provide support and services to the elderly so they may identify, advocate for, and meet the changing social needs of the increasing elderly population. More consideration needs to be paid to how the elderly view themselves and how others perceive them. Gerontologists, social demographers, and community planners need to recognize elderly relationships, their social attachments, and their gender differences, as they provide a bridge between these proactive professional agencies. This is especially true regarding their quality of life and their adaptations to the life changes they go through. They must constantly learn new things and improve upon themselves by building relationships with others and meeting new challenges in daily living.

## **Conclusions**

This study supports the conclusion that friendship and companionship as a cultural pattern offers tremendous support to both males and females after the loss of a long-term spouse. Although our society tends to view elder sexuality as taboo or non-existent, the continuance of sexual expression after the loss of a spouse does exist among the elderly and may play an important role in their success at re-entering society. At least within the confines of these two country club/club house communities, the community itself played an integral part in the daily lives of almost all the participants. The community provided the vehicle for access to recreational facilities, organizational events, volunteerism, and an opportunity to interact in a social atmosphere strongly conducive to the re-engagement into society for those individuals recently widowed. Although family engagement was important to almost all participants, the subjects managed to rely primarily upon themselves and other resources. This allowed them to lead their own lives and remain largely independent of their adult children.

All the aging and aged elderly participated in and utilized the resources of each of the four cultural patterns of social engagement at various levels after the loss of a long-term spouse. However, no one particular pattern appeared to emerge as dominant. This study clearly demonstrated that the recently widowed elderly can successfully re-integrate into society as fulfilled individuals, leading active, vibrant, productive, and intimate lives.

*And in the end, it's not the years in your life that count. It's the life in your years.*

-Abraham Lincoln

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**APPENDIXES**

## Appendix A

### Observation Checklist

As the researcher entered the living facility of the participants, a series of observations were noted. A check mark was placed next to the items observed and if the items were not seen or did not apply, they were left blank. The observations enabled the researcher to draw inferences in regarding the patterns of social engagement.

## Appendix A

### Checklist

#### Lighting (infers mood):

- bright and shiny – cheerful
- dim and somber – sadness

#### Pictures (family engagement):

- deceased spouse
- new spouse
- children
- grandchildren
- wedding pictures
- photos with deceased
- childhood photos
- young adulthood photos
- friends
- other

#### Atmosphere of Residence:

- food smells as if they are preparing meals/baking
- perfume
- potpourri
- neat and tidy
- messy and unkempt
- spirituality and religion
- new and modern belongings
- old collected belongings
- residence in good condition
- residence in bad condition
- second bedroom used as guestroom
- second bedroom used as office

#### Personality and Social Engagement:

- |  |   |
|--|---|
| <input type="checkbox"/> appear active       | <input type="checkbox"/> appear inactive      |
| <input type="checkbox"/> shy and introverted | <input type="checkbox"/> open and forthcoming |

#### Personal Observations:

- |   |   |
|---|---|
| <input type="checkbox"/> wears a wedding ring first spouse  | <input type="checkbox"/> a collector                    |
| <input type="checkbox"/> wears a wedding ring second spouse | <input type="checkbox"/> not a collector                |
| <input type="checkbox"/> does not wear a wedding ring       | <input type="checkbox"/> home is a reminder of the past |
| <input type="checkbox"/> refers to their life as we         | <input type="checkbox"/> home shows new beginnings      |
| <input type="checkbox"/> refers to life as I alone          | <input type="checkbox"/> table set for one (or) two     |

## Appendix B

### **Social Engagement Interview**

The following questions were designed to gather data in order to support the researcher's investigation of the cultural patterns of social engagement among the elderly after the loss of a long-term spouse. The researcher asked the main question, listened for the answer, and then proceeded to further question with bulleted prompts if necessary. The researcher recorded all data provided by the participants and transcribed the answers. Any questions the participants did not feel comfortable answering were declined.

## Appendix B

### Social Engagement Interview

#### Part I: Background

Gender ( M / F ) \_\_\_\_\_

Years of coping \_\_\_\_\_

Aging elderly (65+), Age \_\_\_\_\_

Aged elderly (80+), Age \_\_\_\_\_

Functional and self-sufficient in activities of daily living. \_\_\_\_\_

- How many times have you been married? \_\_\_\_\_
- What is your current marital status? \_\_\_\_\_  
(*Researcher Prompt*)
  - First spouse, second spouse...
  - How many years were you married each time? \_\_\_\_\_
- How many years were you widowed and how long were the grief periods when your spouse died?  
(*Researcher Prompt*)
  - First spouse \_\_\_\_\_
  - Second spouse \_\_\_\_\_
- How has the grieving changed? \_\_\_\_\_  
\_\_\_\_\_
- How old were you when you were widowed? \_\_\_\_\_
- What are your current living arrangements? \_\_\_\_\_
- Describe your social activities during your long-term marriage. \_\_\_\_\_  
\_\_\_\_\_
- If currently remarried, have your social activities changed? \_\_\_\_\_  
\_\_\_\_\_
- If not married, what are your social activities now?  
(*Researcher Prompt*)
  - Did you have long-term friendships?
  - Did you socialize mostly with other couples?
  - Did you socialize just with each other?
  - Did you consider yourself (very religious, religious), or (not religious at all)?



## Self Perceptions

1. How would describe your attitude, your outlook on life, and your outlook on marriage?

*(Researcher Prompt)*

- At your age do you think you have had a full and happy life?
- Do you think you are young and vibrant?
- Do you look at yourself as frail and old?
- How old do you feel?
- Do you feel tired more often?

2. Would you describe yourself as a loner?

3. How do you think young people perceive you?

4. How do you think your family perceives you?

*(Researcher Prompt)*

- a. Independent or dependent
- b. productive or nonproductive

5. How do you make friends now and is it different from the way you used to?

6. What types of social engagements do you enjoy?

7. How do you perceive yourself in terms of happiness?

8. How do you view your sexuality?

9. Do you think mostly of the past, present or the future?

## Coping with a Loss

1. What happened to the friends you shared from your long-term marriage?

2. Did the patterns of your friendships change?

\_\_\_\_\_

3. Do you find you have more in common with the people you interact with now versus the people you have always socialized with?

\_\_\_\_\_

4. What kind of people did you think you would like to be with after the marriage?

\_\_\_\_\_

- Did you seek out married couples or single people?

5. How long was it before you began to seek out new social encounters?

\_\_\_\_\_

6. After losing your spouse, how did you try to get involved in activities?

\_\_\_\_\_

7. How did most of your social encounters come about? (senior groups, religious, family or friend introduction)

\_\_\_\_\_

8. What is the difference between what you were looking for in a relationship then and what you are looking for now?

\_\_\_\_\_

\_\_\_\_\_

9. Describe your feelings regarding moving on with your life after the loss of your spouse.

\_\_\_\_\_

*(Researcher Prompt)*

- Do you find it more frightening after being with the same person almost all your life?

10. What has helped you most to move forward with your life?

\_\_\_\_\_

\_\_\_\_\_

11. How do you feel about meeting new people?

\_\_\_\_\_

\_\_\_\_\_

12. What things would you still like to accomplish?

\_\_\_\_\_

\_\_\_\_\_

13. Do you feel anything is missing from your life?

\_\_\_\_\_

## **Myths, Stereotypes Social Obstacles**

1. How do you think society, the media, and television portray the elderly?  
\_\_\_\_\_  
\_\_\_\_\_
2. Do you find that society made it more difficult for you to be an active participant?  
\_\_\_\_\_  
\_\_\_\_\_
3. How do you think society perceives the elderly? \_\_\_\_\_  
\_\_\_\_\_
4. How does society meet the needs of today's senior citizens?  
\_\_\_\_\_  
\_\_\_\_\_
5. How does society accept physical intimacy among the elderly?  
\_\_\_\_\_  
\_\_\_\_\_

## **Part II: Cultural Patterns of Social Engagement**

### **Family:**

1. How does it make you feel when you look back on your life with your family?  
\_\_\_\_\_  
\_\_\_\_\_
  2. How does today's generation appreciate your history?  
\_\_\_\_\_  
\_\_\_\_\_
- (Researcher Prompt)*
- Do you think today's generation can really appreciate where you come from and what you have been through? \_\_\_\_\_
3. How often do you see and hear from your family including your grandchildren?  
\_\_\_\_\_  
\_\_\_\_\_
  4. Describe the interaction between you and your family including your grandchildren. \_\_\_\_\_  
\_\_\_\_\_

5. What kind of support system do you rely on? \_\_\_\_\_  
\_\_\_\_\_
6. How are you included in family activities? \_\_\_\_\_  
\_\_\_\_\_
7. Do you have any living siblings and if so, how often do you see them?  
\_\_\_\_\_  
\_\_\_\_\_

### **Companionship and Friendships: Same Gender**

1. Are the majority of your friendships same gender? \_\_\_\_\_  
\_\_\_\_\_
2. How often do you see your close friends? \_\_\_\_\_  
\_\_\_\_\_
3. Describe the different friendships you have in your life. \_\_\_\_\_  
\_\_\_\_\_

*(Researcher Prompt)*

- a. Gender
- b. Number of friends
- c. Are they widowed or still married?
- d. Social Patterns
- e. Are your friend's new friends or old friends?
- f. Do you interact one on one or part of a group?

4. How have your living arrangements changed? If so, explain.  
\_\_\_\_\_
5. How would you describe your social life in the community?  
\_\_\_\_\_  
\_\_\_\_\_

*(Researcher Prompt)*

- Do you volunteer in the community?
6. Define what companionship means to you? \_\_\_\_\_  
\_\_\_\_\_
  7. Who can you turn to in an emergency situation? \_\_\_\_\_  
\_\_\_\_\_
  8. Are your friends a good support system? \_\_\_\_\_  
\_\_\_\_\_

9. Who do you dine with? How often? \_\_\_\_\_  
\_\_\_\_\_
10. Who do you call and share your thoughts with? \_\_\_\_\_  
\_\_\_\_\_
11. What extracurricular activities do you engage in?  
\_\_\_\_\_  
\_\_\_\_\_
12. What extracurricular activities are you no longer involved in and why?  
\_\_\_\_\_  
\_\_\_\_\_
- How often do you see a movie or go to a show?
  - Do you have the opportunity to travel and with whom?
13. Do you and your companions laugh and enjoy life?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
14. What gives you the most pleasure in life? \_\_\_\_\_  
\_\_\_\_\_
15. Do you feel your friends fill your emotional needs? If so how?  
\_\_\_\_\_
16. Are you ever lonely? If yes, when most likely?  
\_\_\_\_\_  
\_\_\_\_\_

### **Companionship, Friendships and Sexuality: Opposite Gender**

1. How do you feel about a physical relationship with a member of the opposite sex?  
(hand holding, cuddling, kissing, intercourse)
2. Are you ever too old for romance? \_\_\_\_\_  
\_\_\_\_\_
  - Do you think you are too old for sexual contact or a physical relationship?
3. Describe what you consider to be sexual? \_\_\_\_\_  
\_\_\_\_\_
4. How do you feel about practicing safe sex? \_\_\_\_\_  
\_\_\_\_\_

5. How do you perceive the openness of sexuality in today's society?

---

---

6. Have you had any sexual activity since the loss of your spouse?

---

7. With your friends of the opposite sex do you watch television, shop, walk, play cards etc.?

---

---

8. How do you go about meeting people of the opposite sex?

---

- Assertive
- Nonassertive

9. Have you had any admirers lately? If so, how have they let you know that they are interested in you? If not, would you be interested in meeting a member from the opposite sex?

---

---

10. How do you show your affection toward the member of the opposite sex?

---

---

- Hold hands
- Kiss
- Touch
- Cuddle

11. At what age do you find it alright to engage in sex without marriage?

---

---

12. Describe your feelings regarding sex?

---

13. Is it harder to get to know someone of the opposite sex at this point in your life?

---

---

- What types of dates do you like?

14. How would you explain the difference between courtships when you were younger versus courtships at this point in your life? \_\_\_\_\_

•How many dates do you go on before you consider someone your significant other?

15. How did you know your spouse was the one you wanted spend the rest of your life with? \_\_\_\_\_

16. Do you thing marriage is as important for you today as it was when you were younger? \_\_\_\_\_

17. What is the difference between friendship and companionship? \_\_\_\_\_

18. How do you and your partner show each other you care? \_\_\_\_\_

19. How would you tell your companion you are interested in being sexually close? \_\_\_\_\_

20. How do you think the younger generations feel when they see the elderly showing affection to one another? \_\_\_\_\_

21. How do you feel about sex education classes for the elderly? \_\_\_\_\_

22. Would you attend a sex education class? Why or why not? \_\_\_\_\_

23. How do you think the sexual mores of society have changed? \_\_\_\_\_

24. How would you describe your self sexually? \_\_\_\_\_

25. What do you think your family would say if you met someone and were interested in pursuing a relationship with them? \_\_\_\_\_

- How does your family show their support of your opposite sex friendships?
- Does your family support your opposite sex relationships?
- How would your family feel about you living out of wedlock with a companion?
- Does your family still recognize you as a sexual person with sexual needs?
- How accepting do you think your family would be of a new sexual companion?

26. The first time you got married was it for (love, companionship or financial stability)? \_\_\_\_\_

27. If you were to marry again would it be for (love, companionship or financial stability)? \_\_\_\_\_



## Appendix C

### **Informed Consent Form**

1. I have been voluntarily asked to participate in this research study by the researcher, Tara Saltzman Fleisher, M.Ed., a doctoral candidate in the program of Global Leadership of Education at Lynn University of Boca Raton, Florida.
2. I agree to participate in a research study about the cultural patterns of social engagement among the elderly 65+ after the loss of a long term spouse. I understand that the purpose of this study is to provide a better understanding into how the elderly perceive themselves in society. The data collected will serve as a basis for a better understanding of the social and emotional needs of the elderly by calling attention to the many instances where members of the elder population establish vibrant romantic and associational lives after making the transition from long-term relationships to the life of a single adult.
3. I understand that as a participant I was purposefully selected for this study and will voluntarily agree to a casual, non-threatening interview with the researcher. I understand that my participation may take approximately 2 hours or less.
4. I understand that the information obtained in this interview will be held in confidence. The knowledge and conclusions gained from these observations and interviews will be discussed in the context of the investigators dissertation only. I realize that the results maybe published in a doctoral dissertation and possibly professional journals.
5. I understand that the questions will be demographic, as well as reminiscent and reflective of my personal experiences. The interviewer will ask questions about my patterns of social engagement with friends of the same sex and opposite sex. I give my consent for the researcher to audio record our interview for the sole purpose of transcribing it at another time. I am also aware that at times the interviewer may just observe my interaction with friends.
6. I also understand that this study in no way will cause me any risk or harm. I may at anytime refuse to answer a question or decide that I do not wish to complete the interview. I also understand that if during or after the interview, I experience any anxiety or stress related to my participation, I will be provided a list of licensed psychologists who will be available to me for a consultation to discuss my reactions to the study. I also understand that I am responsible to cover all costs for my consultation or treatment.

7. I may request, at the completion of this research, a consultation regarding the findings of this study. I understand that if I have any other concerns I may contact Dr. Carole Warshaw, Dissertation Committee Chairperson at Lynn University, at [REDACTED]
  
8. I have read the above information and understand the purposes and procedures of the research. Two copies of this informed consent have been provided. Please sign both copies one for the researcher and the other for your records.

\_\_\_\_\_  
Name of Participant (print)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Signature of the Participant

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Researcher, Tara Saltzman Fleisher

\_\_\_\_\_  
(Date)

Appendix D

Institutional Review Board Approval and Consent

LYNN UNIVERSITY  
BOCA RATON, FLORIDA

December 8, 2003

Tara Saltzmann Fleisher  
[REDACTED]

Re: IRB Review – 2003 – 008

Dear Tara,

Your proposal entitled “Cultural Patterns Of Social Engagement Among The Elderly After The Loss Of A Long-Term Spouse - *Unwrinkled Passion Or a Withering of Heart*” has been reviewed and approved by the Institutional Review Board with the following recommendations:

1. Due to the sensitivity of the questions the Board believes the interviewees might be exposed to some level of risk or experience discomfort. This must be addressed correctly in the research protocol. The term “a casual-non-threatening interview” must be removed.
2. In the Informed Consent Form, correct the “randomly selected” to “purposely Selected”. Remove the term anonymous, but keep the term confidentiality. Remove the statement that this study in no way will cause any risk or harm.
3. Please cite the source of your questionnaire if adopted.
4. All collected data with identifiable data of participants need to be de-identified.
5. Due to the sensitivities of the questions, IRB recommends to have some counseling services on hand if the interviewees need one.

Please consult Dr. Warshaw for further clarification.

If you have any questions, contact me at [REDACTED]

Sincerely,  
[REDACTED]

Farideh Farazmand, Ph.D.  
Institutional Review Board, Chair

Cc: Dissertation Chair, Dr. Warshaw

3601 North Military Trail, Boca Raton, Florida 33431-5598  
(561) 237-7000 www.lynn.edu

## Appendix E

### Human Participant Protections Education for Research Teams Completion Certificate



### Human Participant Protections Education for Research

### Completion Certificate

This is to certify that

**tara saltzman**

has completed the **Human Participants Protection Education for Research Teams** online course, sponsored by the National Institutes of Health (NIH), on 09/21/2003.

This course included the following:

- key historical events and current issues that impact guidelines and legislation on human participant protection in research.
- ethical principles and guidelines that should assist in resolving the ethical issues inherent in the conduct of research with human participants.
- the use of key ethical principles and federal regulations to protect human participants at various stages in the research process.
- a description of guidelines for the protection of special populations in research.
- a definition of informed consent and components necessary for a valid consent.
- a description of the role of the IRB in the research process.
- the roles, responsibilities, and interactions of federal agencies, institutions, and researchers in conducting research with human participants.

National Institutes of Health  
<http://www.nih.gov>