

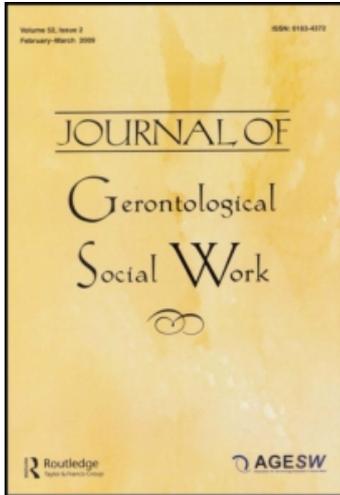
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“Well If He Could See Me Now”: The Facilitators and Barriers to the Promotion of Instrumental Independence Following Spousal Bereavement

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Older widows face challenges regarding domestic instrumental tasks and independence. We asked 21 British widows about traditional male tasks, pre- and postbereavement. We focus on 3 aspects. First, what changes occurred in instrumental independence following bereavement? A typology of 4 was identified comprising: dependent/independent; dependent/dependent; independent/independent; independent/dependent. Second, what was the nature of independence? Third, what factors promoted or hindered independence? These included familial factors, both as aids and barriers, financial security as an aid, and health as a barrier. The results highlight how successfully widows manage instrumental tasks and how their independence could be enhanced.

KEYWORDS *Later life, widowhood, women, independence, autonomy and instrumental support*

INTRODUCTION

Among older women, widowhood is a high-probability life event and one that entails a variety of challenges (Office of National Statistics [ONS], 2003).

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Research has focused on the emotional and social consequences of spousal bereavement (Carr, 2003; Ott, Lueger, Kelber & Prigerson, 2007; Richardson, 2007; Stroebe, Zech, Stroebe, & Abakoumkin, 2005). Widows also have to attend to changes in daily life at an instrumental level (Stroebe & Schut, 1999). The current cohort of British older widows may need to undertake instrumental tasks that were previously the domain of their husbands, such as household maintenance and financial management (Bennett, 1998; Stroebe, Hansson, Stroebe, & Schut 2001). Relatively little research has examined these aspects of daily life, and the majority of studies have predominantly White North American samples (Carr, 2004; Pudrovska, Schieman & Carr, 2006; Umberson, Wortman & Kessler, 1992; Utz, Reidy, Carr, Nesse, & Wortman, 2004). Whether widows are able to undertake these instrumental tasks not only has implications for the practical aspects of daily life but also for their sense of independence and well being (Bisconti, Bergeman & Boker, 2006). To understand the experiences of older widows, it is important to consider both the conceptualisation of independence and traditional gender roles.

The focus of this article is set within a key theme of UK health and social care policy, that of promoting independence amongst older people. As Secker, Hill, Villeneuve and Parkman (2003) suggested, this is derived from the ideology of self-reliance that is prevalent in both the United States and in the United Kingdom. This policy has implications for social work practice. Social workers may be required to assess whether older adults require services and resources that would enable them to live independently. However, currently most recently bereaved people, in the United Kingdom at least, would not be in receipt of social worker support. Widowed women in the United Kingdom have commented that they do not receive as much support as widowers from formal (and indeed informal) sources, and this is born out empirically (Bennett, Hughes, & Smith, 2009).

Secker et al. (2003) suggested that this drive towards maintaining independence may be culturally dependent. They suggest that it is also subject to individual interpretation, that is, independence may mean one thing to one person and something else to someone else. It is also the case that individuals may differ in their desire for independence: independence may be essential to one person, but to another person interdependence may be more important. This, too, has implications for social workers because the policy drive for individualized care requires that the wishes of the individual are taken into account within broader service provision.

Secker et al. (2003) argued that *independence* is rarely defined. Sixsmith (1986) explored what independence in the home meant to older people living in the United Kingdom. Participants defined independence as being able to do things for themselves and the freedom to choose what to do. He developed a model of the structures of the home–independence

relationship. He identified three modes of independence: not dependent, self-directing, and obligation. Dependence itself is not described, but he pointed to the work of Munnichs (1976), who suggested that dependence is only identified when there is a change to one's life such as bereavement. Arber and Evandrou (1993), referring to Sixsmith, identified three levels of independence. They define physical independence as not being dependent on others for domestic, physical, or personal care. Autonomy is concerned with the capacity for self-direction. Independence is important in four spheres: financial resources, physical health, relationships, and housing and home. The last provides our focus. It is also likely that people experience different types of independence depending on the task, and that these may be dynamic depending on such circumstances as bereavement, ill-health, and age. In Table 1, we provide operational definitions for independence, autonomy, interdependence (or reciprocity), and dependence, alongside an example of each with respect to instrumental tasks.

British couples in this cohort (born prior to World War II) generally followed traditional gender roles within the home, with women undertaking housework and child-rearing, and men being responsible for household maintenance and financial management (Davidson, 1999). This was true for the majority of women regardless of social class, employment status, and ethnic background. For example, even when working class women were in employment, the traditional divisions of labor were broadly speaking maintained. These divisions of labor were often maintained following retirement. For example, Bennett (1998) found that older men spent more time on outdoor productive activities, which included outdoor repairs (do-it-yourself; DIY) and gardening, than women, who conversely spent considerable time on indoor productive activity, consisting primarily of housework. Both before and after retirement these divisions of labor were not always rigid. Indeed,

TABLE 1 Operational Definitions of Levels of Independence Adapted From Arber and Evandrou (1993)

| | Definition | Example |
|-----------------|---|--|
| Independence | Able to carry out tasks by oneself | Hanging a painting oneself |
| Interdependence | Able to carry out some tasks by oneself and for another whilst at the same time the other person carries out some tasks for one | Cooking a meal for the husband, whilst he hangs a painting |
| Autonomy | Able to organise tasks to be carried out for one, usually involving payment for those tasks | Paying a person to hang the painting |
| Dependence | Relying on another to carry out a task voluntarily | Waiting for a son/daughter to hang the painting |

within a marital relationship there might be a spectrum of independence, as Arber and Evandrou suggested (1993): wives might manage the finances and husbands the house maintenance. This view of gendered divisions of labor resembles that described by Ciabattari (2001) in the United States. She argued that, before the 1970's, there were fewer women in the paid labor force meaning that women were more likely to take on traditional roles such as cleaning, cooking, and childcare, and men would often be the main bread-winner (see also, Bianchi, Milkie, Sayer, & Robinson, 2000). However, others have argued that the gendered divisions of labor were far less rigid amongst non-White, working class Americans (Orbuch & Custer, 1995; Orbuch & Eyster, 1997). However, it is not possible to easily make comparisons regarding ethnicity and traditional roles between the United States and Britain because the ethnic composition of the two countries is quite different (ONS, 2009; US Census Bureau, 2009).

The central issue is how widowhood influences experiences of independence in relationship to instrumental tasks, because women usually have to attend to changes in these tasks. One study has suggested that adjustment to widowhood, and the anxiety associated with it is most difficult for those who experienced high levels of instrumental dependence during marriage (Carr et al., 2000). But in a later study, Carr (2004) also found that widows who experienced high levels of dependency but who succeeded in managing independently after their husbands' death experienced psychological benefits. Thus, the study suggested that preloss dependency can be positive for a woman after spousal loss.

Postloss experiences of support are also important in determining independence. A widow can either carry out the task or find a substitute for her husband, usually family or friends (Umberson et al., 1992). The availability of substitutes can be both negative and positive. Carr (2004) found that those who had rich support networks were less likely to tackle new tasks and that it could be a negative experience, stifling independence. Talbott (1990), examining familial support, found that widows sometimes felt neglected, unappreciated, or exploited by their children. In the context of instrumental support, some widows were unhappy at the amount of help they received, and others were concerned about becoming a burden. More positively, Utz et al. (2004) found that dependence on children can mediate the effect of widowhood on housework and household responsibilities, suggesting that adult children do assist widowed parents with household chores and errands. Morgan, Patrick, and Charlton (1984) found that the average frequency of interaction with available kin was greatest among widows and others have found that daughters and daughters-in-law of older adults predominately take on the roles of primary caregivers (Mathews & Rosner, 1988). Friends and outside organizations may also play a significant role for widows. Balaswamy and Richardson (2001) found that interaction with friends and neighbors increased well-being during widowhood. These

tasks may be seen in the light of Stroebe and Schut's (1999, p. 213) "attending to life's changes" in the restoration-oriented coping strategies of their Dual Process Model of bereavement.

This small-scale study focuses on the experiences of widows both before (retrospectively) and after their loss with regards to the performance of instrumental tasks. It examines the changes in independence experienced by widows and considers the barriers and aids to independence in instrumental tasks. We use as the basis for our approach Sixsmith's (1986) British participants' views of independence as being able to do things for oneself and the freedom to choose what to do.

METHOD

Background of the Authors and Motivation for the Study

The first author (KMB) has been studying the experiences of older widowed men and women since 1991. She has conducted two in-depth qualitative studies that have focused on psychological well-being, gender, and social participation (Bennett, 2007; Bennett, Hughes & Smith, 2005; Bennett & Morgan, 1992; Bennett & Vidal-Hall, 2000). The remaining authors (AS, JP, FW) were undergraduate students at the University of Liverpool and were women aged between 21 and 23. The interviewers were trained by KMB. The inspiration for the study came from AS, who was interested in both widowhood and social support. We were aware that there was relatively little research concerning instrumental support, and that widows had referred to these issues in KMB's previous interviews with widows. The data was collected in two phases: AS conducting the first interviews in 2006–2007 and JP and FW conducting the remaining interviews in 2008–2009.

Participants

Twenty-one widows from the northwest of England participated in the study. The northwest of England comprises two large, old industrial conurbations, Liverpool and Greater Manchester, and some rural hinterland. Participants were from urban areas. They were recruited from a variety of organizations attended by older women, and through snowballing techniques, these included social clubs, church groups, and voluntary organizations for older people. All women were living in their own homes. The age of participants ranged from 69 years to 83 years old ($M = 78$). The women had been widowed for an average of 14 years. Although the average length of time since bereavement is quite long, we are interested in widowhood, rather than the effects of bereavement (see Bennett et al., 2005). All demographic details of participants are presented in Table 2.

TABLE 2 Demographic Details and Membership of Independence Category

| Widow | Age at Interview | Age at Marriage | Length of Marriage | Years Widowed | Typology |
|-------|------------------|-----------------|--------------------|---------------|-------------------------|
| 1 | 80 | 25 | 25 | 30 | Dependent/Dependent |
| 2 | 74 | 25 | 21 | 28 | Independent/Independent |
| 3 | 83 | 27 | 53 | 3 | Independent/Dependent |
| 4 | 79 | 22 | 30 | 27 | Dependent/Independent |
| 5 | 73 | 22 | 38 | 13 | Independent/Independent |
| 6 | 83 | 20 | 49 | 14 | Dependent/Independent |
| 7 | 75 | 21 | 49 | 5 | Dependent/Dependent |
| 8 | 78 | 21 | 36 | 21 | Dependent/Independent |
| 9 | 81 | 32 | 27 | 22 | Independent/Independent |
| 10 | 69 | 43 | 24 | 2 | Dependent/Independent |
| 11 | 87 | 25 | 32 | 30 | Dependent/Dependent |
| 12 | 80 | 23 | 35 | 22 | Dependent/Dependent |
| 13 | 80 | 24 | 46 | 10 | Independent/Independent |
| 14 | 76 | 23 | 43 | 10 | Dependent/Dependent |
| 15 | 78 | 24 | 42 | 12 | Dependent/Dependent |
| 16 | 86 | 28 | 45 | 13 | Dependent/Dependent |
| 17 | 81 | 26 | 53 | 2 | Independent/Independent |
| 18 | 78 | 20 | 49 | 9 | Independent/Dependent |
| 19 | 76 | 45 | 20 | 11 | Dependent/Independent |
| 20 | 69 | 21 | 39 | 9 | Independent/Independent |
| 21 | 82 | 31 | 45 | 6 | Independent/Dependent |

This research forms a preliminary investigation and, as such, the sample size is relatively small. However, the data collected is rich and gives a flavor of the experiences of older widowed women. Although the women were all White-British, they comprised working (67%) and middle-class women (33%), the majority of whom had worked, at least part-time, prior to retirement. No information is available on housing tenure.

Interview

Widows were interviewed at home for between half an hr and an hr. The interview comprised four parts. Section A consisted of factual questions regarding age, length of marriage, occupation, and family information. Section B addressed instrumental support and dependency during marriage. Participants were asked about who undertook instrumental tasks: finances, DIY (i.e., minor domestic repairs), painting and decorating (i.e., painting the walls or hanging wallpaper), gardening, and car maintenance. Section C related to how participants managed those tasks since their husbands had died. They were also asked who provided assistance with those tasks if it was needed, and whether they were satisfied with the support they received. Finally, Section D asked participants in how government could help widows. The approach was, "We are the novices and you have the experience." All interviews were recorded and transcribed. The study received

ethical approval from the University of Liverpool Research Governance Committee, and all identifying features have been changed in quotations presented. Participants received no recompense for their participation.

Analytical Strategy

We used both quantitative and qualitative approaches to analysis. First, we wanted to examine the data quantitatively. We were aware that the sample size for analysis was small but believed that there was, nevertheless, value in providing these tentative analyses. Two sets of binomial tests were undertaken, which assesses whether two categories are equally likely to occur:

1. Prebereavement, the frequency of women undertaking a task independently (or shared with their husbands) was compared with the frequency of women who were dependent on their husbands for a particular task. We also examined differences overall.
2. Postbereavement, the frequency of women undertaking a task independently (or paid someone to undertake that task) was compared with the frequency of women who were dependent on their family or neighbours for a particular task. We also compared differences overall.

Next, we used the McNemar change test, which tests for changes in responses using the chi-square distribution. It tests whether significantly more people change from dependent to independent than change from independent to dependent and there were also two sets of these analyses:

1. Overall changes between pre- and postbereavement;
2. Changes in individual tasks between pre- and postbereavement.

Second, we carried out qualitative analyses adapted from grounded theory (Bennett & Vidal-Hall, 2000; Charmaz, 1995; Glaser & Strauss, 1967). Each transcript was first read through in its entirety to gain an impression of the interview. It was then reread line-by-line and coded by the interviewer of the participant, in the first instance. This process was reflexive; as new topics emerged they were looked for in earlier parts of the interview. In addition, all interviews were read and coded by the other authors independently. Reliability between coders was satisfactory.

In traditional grounded theory methods of analysis, there are no preconceived views about what the data will show. Rather, the data is read with a view to identifying new areas for theoretical development. However, we were at the same time, also, interested in further exploring issues raised by previous research, and, therefore, there were a priori questions that we wanted to address:

1. Whether Arber and Evandrou's (1993) conceptualisations of independence and autonomy were applicable to both pre- and post-bereavement experiences; and
2. Whether there were factors that encouraged or were barriers to independence, some of which had previously identified by Carr (2004).

Thus, our qualitative analytical strategy comprised four stages.

1. This comprised a traditional grounded theory analysis. Codes included caring for others, family support, purchasing services, division of labor, autonomy and finances;
2. The interviews were considered holistically and women were identified as either dependent or independent prebereavement, and as either dependent or independent postbereavement. Specifically, a participant was considered to be dependent at either time if they did one or more of the following:

- Relied on others frequently for help with instrumental tasks;
- Explicitly stated they did not know how to perform a task that was vital to daily functioning, i.e., looking after finances; or
- Described themselves as dependent on another person/s.

On the other hand, a participant was considered to be independent at either time if they did one or more of the following:

- Were able to perform tasks that were vital to daily functioning;
- Functioned alone for a large amount of time; or
- Did not rely frequently on others for help.

Thus, it was possible to classify participants in four ways with respect to before and after spousal loss: dependent (before)/dependent (after), independent/dependent, dependent/independent, or independent/independent;

3. The individual components of instrumental tasks were analysed with respect to Arber and Evandrou's (1993) concepts of independence: dependence, interdependence, autonomy, and independence (see Table 1). This enabled us to see how, within a single individual, both dependence and independence could coexist and to identify tasks where widows were often independent, dependent, or autonomous. This approach also addressed the view of independence as a spectrum of experience. We wanted to incorporate the transition between pre- and postbereavement experiences within this framework.
4. We then identified factors that were barriers to independence. At the same time, we also identified factors that promoted or aided women in achieving independence or autonomy.

RESULTS

Patterns of Individual Tasks Prebereavement

Overall, there was not a significant difference between the numbers of dependent and independent women ($p = .5$). Turning to individual tasks, there was a variety of experience with respect to finance: seven women were dependent on their husbands, four shared finances with their husbands, and the remaining ten managed the finances alone. When shared and independent finance categories were collapsed into an independent category, there were no significant differences between the proportions of dependent and independent women ($p = .13$). Husbands were primarily responsible for minor domestic repairs ($p = .007$) and for tasks associated with the car such as car maintenance, vehicle safety certificate (MOT), tax, and arranging for servicing ($p = .002$; see Table 3). However, painting/decorating tasks were sometimes done by the husband, sometimes shared (with his and hers tasks) and, occasionally, by the woman alone. The difference between frequency of dependent and independent women was not significant ($p = .51$). This was also the case for gardening; where the gardening was shared, husbands were more likely to be responsible for heavy tasks or for growing vegetables and women for weeding and flowers ($p = 1$).

Patterns of Individual Tasks Postbereavement

After the women were bereaved, there were marginally more women who were now independent, compared to those who were dependent, but this

TABLE 3 Frequency of Dependence and Independence (Tested by Binomial Test) Overall and by Task for Women Independently Pre- and Postbereavement

| | Prebereavement | Binomial p | Postbereavement | Binomial p |
|------------------------|----------------|--------------|-----------------|--------------|
| Overall | | | | |
| Dependent | 12 | .500 | 9 | .5000 |
| Independent | 9 | | 12 | |
| Finance | | | | |
| Dependent | 7 | .130 | 2 | .0002 |
| Independent | 14 | | 19 | |
| Minor domestic repairs | | | | |
| Dependent | 16 | .007 | 10 | .8300 |
| Independent | 4 | | 11 | |
| Painting/decorating | | | | |
| Dependent | 9 | .510 | 9 | .5100 |
| Independent | 12 | | 12 | |
| Garden | | | | |
| Dependent | 7 | 1.000 | 7 | .6200 |
| Independent | 8 | | 9 | |
| Car | | | | |
| Dependent | 15 | .002 | 3 | .0800 |
| Independent | 2 | | 9 | |

difference was not significant ($p = .5$). The results show that the majority of women are responsible for finance ($p = .0002$), see Table 3. For the remainder of the tasks, there were no significant differences between the numbers of dependent and independent women. However, as demonstrated in the following, what is more revealing are the changes between dependence and independence (and vice-versa) between pre- and postbereavement.

Classification of Women as Independent or Dependent

Experience prior to bereavement determines widows' postbereavement levels of instrumental independence: 58% of women who were dependent before remain dependent, and 67% of women who were independent remain independent. Although fewer women move from independence to dependence than from dependence to independence, the McNemar change test shows that this was not a significant difference ($p = .5$). Table 2 shows to which category the individual women belong, and Table 4 shows the frequencies of pre- and postbereavement dependence and independence and McNemar test results.

Changes in Independence and Dependence Following Bereavement

We consider the changes in individual tasks among individual women. The majority of women who were dependent on their husbands for finance

TABLE 4 Stability and Change of Dependence and Independence (Using McNemar Test) Overall and by Task for Women Between Pre- and Postbereavement

| Prebereavement | Postbereavement | | McNemar test | |
|------------------------|-----------------|-------------|--------------|-------|
| | Dependent | Independent | χ^2 | p |
| Overall | | | | |
| Dependent | 7 | 5 | 0.50 | .5000 |
| Independent | 3 | 6 | | |
| Finance | | | | |
| Dependent | 1 | 6 | 3.57 | .0580 |
| Independent | 1 | 13 | | |
| Minor domestic repairs | | | | |
| Dependent | 8 | 8 | 3.60 | .0570 |
| Independent | 2 | 2 | | |
| Painting/decorating | | | | |
| Dependent | 5 | 4 | 0.00 | 1.000 |
| Independent | 4 | 8 | | |
| Garden | | | | |
| Dependent | 5 | 3 | 0.20 | .6500 |
| Independent | 2 | 6 | | |
| Car | | | | |
| Dependent | 3 | 7 | 7.00 | .0008 |
| Independent | 0 | 2 | | |

became independent ($n = 6$) and only one moved in the reverse direction. The move from dependence to independence was approaching significance (McNemar Change Test: $p = .058$). Those women who were already independent remained so. However, for minor domestic repairs, eight dependent women became independent ($n = 10$) and two of those who were independent became dependent. As with finance, this difference approaches significance (McNemar Change Test: $p = .057$). For painting/decorating, the same number of women ($n = 4$) move from independence to dependence and vice versa, and as a consequence this difference is nonsignificant (McNemar Change Test: $p = 1$). Turning to gardening, three women move to independence and the remainder are still dependent. Two women move from independence to dependence. Two women no longer have a garden and one woman gains a garden. These changes are nonsignificant (McNemar Change Test: $p = .65$). Seven women have become independent with respect to tax and acquiring an MOT and autonomous with respect to servicing, and none move in the opposite direction: The difference is highly significant (McNemar Change Test: $p = .0008$). Six women no longer have a car. In four cases it is because they cannot drive and in the others it is because they no longer have a car. Thus, the evidence suggests that these women are more likely to sell their car than become dependent on someone else to drive it.

Factors That Hinder Postbereavement Independence

The most important barrier to postbereavement independence is prebereavement dependence. More women remain dependent than become independent following their husbands' deaths. Woman 18 expressed it well when she spoke of her finances: "Well, it was quite hard because I didn't do anything like that, and towards the end I, we did, we did say I should've." Although she did master finance, she realizes that it would have been easier if she had learned earlier. For physically demanding tasks such as minor domestic repairs or painting/decorating, women are less likely either to learn new skills or pay for someone.

Close and willing family can also be a barrier to independence for some previously dependent women. As Carr (2004) has suggested, it is because the families wish to, or feel obligated to, provide a service. Woman 14 said that when she has house maintenance problems, "a member of the family that come over and sort me out." Other women also comment on the fact that they have to inconveniently wait for their family's convenience. Woman 12 remarked, "I've been waiting for my son to put that picture up for quite some time." However, there are some women who take it for granted that their offspring will undertake tasks, and appear comfortable with their dependence. For example, Woman 15 relies on her daughter for all sorts of household maintenance tasks: "I've got a couple of jobs lined up for her now."

A second barrier to independence is poor health. This is true both for dependent and independent women. Woman 16 was dependent before, and now has limited movement in her shoulder. All three of the previously independent women refer to health problems. Woman 18 reported, "It's getting hard because I've got arthritis." Although many of the women were in their 80s, age was rarely referred to as a barrier, although Woman 16 did mention it with respect to gardening: "You know, as you get older you find that it's a bit more difficult." Woman 3 relies on family because of her disability and refers to the tension between the family's desire to assist, and her wish not to be a burden. She said, "I don't want to ask them yet because they have enough on their plate" (see also Talbott, 1990).

Women were prevented from becoming autonomous in instrumental tasks by the anxiety associated with employing tradespeople. Sometimes this is based on previous bad experiences where they have been let down or feel they have been cheated. Woman 21 suggested, "There's a lot of people that'll rob you. And I've been robbed over and over and over again." In others, it is based on anticipatory fear. Independent Woman 19 expressed the sentiments of many when she said, "Yes, you've got to be very careful you're not ripped off when you're on your own; I only go on recommendations."

Finally, in at least one case, independence is hindered by a lack of responsiveness by statutory services. Woman 16's independence was compromised because there were not enough funds to fit a hand-rail. Later, when we asked about the ways in which government could help, women talked about financial strains and the need for practical support with their affairs. However, no women said a lack of money prevented them from buying services.

Factors That Promote Independence

As with dependence, prior experience is the most important factor in promoting independence. Those women who shared tasks with their husbands or were independent in them were more likely to continue being independent. However, interestingly, several ($n = 6$) became autonomous, rather than continuing to undertake the tasks themselves. This suggests that being able to do a task oneself might prevent one from asking for help from relatives. On the other hand, women may feel more confident in specifying the task to a tradesperson because they have done it themselves.

If women were caring for their husbands, they were more likely to be independent later. Woman 17 recalled, "He did all the finances until the last few years and I began to gradually do more and more." This reflects our earlier widower findings, that they were more capable in traditional female roles if they had cared for a sick spouse (Bennett, 2007). Another example is Woman 21 who, although she became dependent due to ill-health following

her husband's death, was independent before he died because her husband had a disability.

In some cases, as Carr (2004) suggested, women without close family are forced to become or to continue to be independent. Woman 9 does not have any children nearby, so pays for most things; she said, "I try to do lots of things." Other women simply want to pay their way. Yet others might have willing family, but the widows do not want to be a burden: "You shouldn't play on your kiddies either" (Woman 6).

Although most of the women did not talk about whether they were financially comfortable, having the money to pay for tradespeople was an important factor in autonomy. Woman 6 remarked, "I cannot grumble because some people are worse than me. . . . I have money to do that because of the savings."

Several women use Home Improvement Agencies, voluntary organizations that help older people repair their homes and recommend reputable tradespeople. Woman 8 pointed out, "It's quite easy to do because I've got homewise".

In a few cases, the influence of the widows' fathers can be seen. Woman 13 said, "My father believed we should all do the same things, the same education. It didn't matter what sex you were with my father; he was totally even stevens".

The widows' personalities are important determinants of independence. Woman 5 declared that she is "too independent" and always pays her way. Their motivation to master tasks and subsequent sense of pride in their achievements is also important. Woman 7 discussed her financial mastery in relationship to her past: "My husband used to say 'I'll get as far as I can for you.' Well, if he could see me now!" Woman 7 also demonstrated that independence may be achieved in only one task and not necessarily in multiple tasks.

DISCUSSION

The results showed that widowhood impacted on the ways in which instrumental tasks were carried out. The majority of the women had been in partnerships that followed traditional gender divisions: Women were responsible for housework, childcare, and cooking; men were responsible for home and car maintenance. There were three areas of instrumental tasks where the divisions were less clear-cut: finances, garden, and painting/decorating. We also identified four types of widow: dependent/dependent; dependent/independent; independent/independent; and dependent/independent. Barriers to independence included health and anxiety. Independence was aided by factors that included personality, caring for a spouse and finding reliable tradespeople. Interestingly, familial factors could be both a hindrance and an aid to independence.

Although women were aware that we were interviewing them about independence in practical tasks, we did not directly ask them whether they saw themselves as independent. Nevertheless, women often suggested that they saw themselves as such. In general, there was agreement between their assessment of themselves and ours. However, occasionally there was a discrepancy. Participant 16 sees herself as independent: "I don't have a great deal of help because at the moment I am able to do things and I've got good neighbors that will help." However, we classified her as dependent/dependent. This discrepancy presents an interesting question: Is self-perception of independence more important than an objective assessment? Secket et al. (2003) also pointed to the importance of subjective assessment of independence. It may be that subjective assessment of independence is a more important predictor of psychological well-being than objective assessments, as is the case for subjective versus objective health (Benyamini, Leventhal, & Leventhal, 2003). At the same time, perceived independence may be a hindrance to the provision of effective services and may lead to overreliance on others or to isolation. Further work is needed to understand the dynamics of independence within the context of social support and psychological well-being.

The study highlights the variety of experiences and the different ways that women experience instrumental tasks. It is not the case that all women become independent following bereavement, although for finance that is often true. Some women remain dependent on their families, but this is not always because of some intrinsic dependence in their personalities; sometimes they are not allowed to become independent; and sometimes this dependency might be rewarding to both parties. Many of the previously independent women remain independent, suggesting that skills gained during marriage prove useful in widowhood. Relatively few previously independent women become dependent. For these women, health is the major factor in that change. This suggests that it is not widowhood *per se* that drives this change; rather it is other extrinsic factors that may have emerged even if their husbands had remained alive. It is also interesting that these extrinsic factors do not, in fact, have a greater impact on the wider sample of widows' independence, given their ages.

As Arber and Evandrou (1993) suggested, there is a spectrum of independence experienced by individual women. Most women become independent in financial matters, and many are independent or autonomous with respect to garden, yet fewer are independent for household maintenance (repairs and painting/decorating), and women relinquish their cars rather than become dependent on others. Only two women are dependent for all tasks on others postbereavement, and no women are independent across all tasks. Thus, it is important to realize that even seemingly independent widows may require support for some instrumental tasks.

We used a simple classification of dependent versus independent in our quantitative analysis for statistical and sample size reasons. However, in our detailed qualitative analysis and in preliminary quantitative analysis we also used categories of shared or interdependent prebereavement and autonomous postbereavement. This conceptualization, based on that of Arber and Evandrou (1993), was particularly useful. We found that, for some tasks in particular, such as gardening and painting and decorating, husbands and wives shared these tasks, often with gendered subdivisions; for example, women might be responsible for flowers and husbands for vegetables and lawn mowing. Postbereavement, many of the women became autonomous, especially in minor domestic repairs and painting/decorating. Both previously dependent women and previously independent women moved into this category. Thus, promoting autonomy may be the key to maintaining independent living following bereavement.

This is a snapshot of women born prior to World War II, and it is important to note that the division of labor for men and women is becoming less clear. Thus, the patterns of dependence in these instrumental tasks are likely to change. Alongside finance, where changes are evident, there is car maintenance. Many younger women drive and maintain their own cars. Changes in DIY and painting/decorating will also become more likely as women spend more time living alone. However, ill-health will remain an important player in dependency in instrumental tasks in later life.

Although we classify many women as being dependent before they are widowed, in most cases we are describing interdependence in domestic tasks, with women being dependent on their husband for traditionally male tasks and husbands dependent on their wives for female tasks. This interdependence or reciprocity is important, although it is clear that blurred boundaries between *his* and *hers* tasks are beneficial following bereavement. It may also be the case that we find (delayed) reciprocity rather than dependence between offspring and widows. Children, especially where they are saying to their mothers “don’t, for goodness sake, ring anybody else; we will have a go” (Woman 4), may see this as their opportunity to give back, and thus enter into a delayed reciprocal relationship. These parent–child relationships could be examined in more detail. There are hints in the interviews that these relationships are not always straightforward, for example where women are disempowered because their children insist on helping, but only when it is convenient for them: “I’ve been waiting for my son to put up that picture for quite some time. . . . He will eventually” (Woman 12). This reflects Talbott’s (1990) finding that some widows feel dissatisfied with the help received from adult children or feel neglected.

Unfortunately, there are only 21 interviews, and so within particular categories findings are tentative and small cells compromise statistical analysis.

However, the depth of detail is greater than in other studies of larger sample size. It is also the case that the widows studied here are British, and are from a particular cohort. It may be that the findings are not generalizable to widows in other countries, cultures, or cohorts. Nevertheless, these results provide a starting point for larger-scale studies both in the United Kingdom and elsewhere. In Carr *et al.*'s studies (2000, 2004) the degree of prebereavement independence was considered in relationship to post-bereavement well-being; we were unable to do that because we had no measure of well-being. In the future, we hope to consider well-being alongside instrumental independence. It would be interesting to consider domestic instrumental tasks in the round with both men and women to see whether there are gendered patterns of independence acquisition. We have found that widowers are offered more social support than widows, but we did not focus on the nature of the tasks (Bennett, 2009). It is also the case that our analysis of prewidowhood experiences, especially, was retrospective. There may be differences between contemporary and retrospective accounts of independence, and that limits the strength with which we can draw our conclusions. However, there are relatively few longitudinal studies of widowhood that contain pre- and postbereavement measures (the Changing Lives of Older Couples study is one, see Carr *et al.*, 2000, and Carr, 2004), but these studies are quantitative and do not explore the qualitative experiences of widowed women with respect to instrumental support. Finally, one could argue that, within a lifespan perspective, the distinction between before and after bereavement is an artificial one; that levels of independence and the ability to undertake instrumental tasks change throughout the life span. However, we argue that spousal loss is a central life event that forces women to confront their own independence with regard to instrumental tasks head on, especially when they were dependent on, or interdependent with, their husbands.

It is important to consider the implications for social workers and policy makers. Despite changes over time in gender roles, it is likely that some instrumental support will continue to be needed, and for some tasks the need will remain even when women are independent prewidowhood. There is evidence too that, for individual widows, there are gains and losses. Although women might gain house maintenance skills, they might also experience losses in independence associated with increasing ill-health. It is also the case that even with less traditionally gendered marital relations, there is often interdependence with each partner playing to her or his strengths. Thus, bereaved individuals may still have to learn how to manage those responsibilities that were the domain of their spouse. In addition, with an increasingly ageing society and the likelihood of more years spent living with poor health, there will continue to be a need for practical support for older widowed women. Recent work by Hill, Sutton, and Cox (2009) demonstrated that the management of resources (financial, practical) are

more challenging for people who live alone or who have experienced events outside their control (bereavement is one such event, even if not necessarily unexpected). There are at least two aspects where social workers and other practitioners and policy makers can help support the lives of older widowed women. The first concerns independence and the second autonomy. Some tasks, especially financial are ones that, in a technological age, widows can become truly independent even with poor health. Women who are entering later life or whose husbands' are terminally ill could be encouraged to share the financial tasks with their husbands. Postbereavement training is possible, and is being evaluated by Lund, Caserta, de Vries, and Wright (2004) in their Dual Process intervention. This training can be in tasks such as minor domestic repairs, finance, car maintenance, how to acquire road tax for a car (a requirement in the United Kingdom), or acquire a vehicle safety certificate. These courses could be offered not only to bereaved spouses but also to those who are anticipating bereavement.

For many older people, full independence in all instrumental tasks is not possible and many older women do not want to decorate or service their cars. However, they do want autonomy. In our study, it was clear that Home Improvement Agencies were a very valuable resource. In one of the areas where we interviewed, one particular agency was active. Older women want trustworthy, reliable, and inexpensive tradespeople. Many women commented either on the fact that they had such people or that they did not, and thus were more dependent on friends and neighbours than they liked to be. Thus, Home Improvement Agencies appear to provide a positive solution to the dilemmas of widows and to enable widows to live autonomous lives within their communities for longer than might otherwise be the case.

Widowed women also discussed the difficulties of accessing social and health care, especially following their loss. They discussed the problems of knowing what needed to be done and of the financial strains, at least initially, following their husbands' death. One widow spoke of the need for a service specially designed to cater for widowed women, a one-stop shop, which would enable widows to get on their feet from a practical viewpoint at least initially after their husbands had died. A variety of voluntary or statutory agencies could provide such a port of call. They could also signpost more specialist services such as bereavement counselling or legal advice for those widowed people who needed them. It does not need much to enable newly widowed women to become independent or autonomous and the women in our sample do not want to rely on others or feel a burden.

Successfully independent widows could work with newly widowed women to develop their independence and skills in instrumental tasks. Widowed women often comment that they prefer to receive help from women who have experienced bereavement, rather than from those who have not. Thus, social workers could organize and provide services tailored

for the needs of individual women, which could be delivered by widowed women themselves. The study also provides an insight into the types of task that widows manage easily and others that are more difficult which are often overlooked in current service provision. By paying attention to and assessing these, often apparently minor tasks, social workers might be better placed to support those widowed women who wish to remain independent, and to ease the move to dependence for those who do not. Finally, the study suggests that many widowed women do successfully manage the transition to independence in instrumental tasks, and acquire new skills and a sense of achievement from doing so.

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