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Abstract

When a marital partner moves to a nursing home, how do community-dwelling spouses, labeled "married widows," adapt and cope with changes in the relationship and their own marital roles? The first goal of this study was to explore the role additions and deletions for community-based wives whose husbands moved to a nursing home. The second goal was to examine how these women discursively represent their own self-identity and the relationship they have with their husband who is living in a nursing home. Data were drawn from in-depth, face-to-face interviews with 21 wives whose husbands resided in a nursing home. A qualitative/interpretive method was used to analyze role changes, and wives' experiences were coded into the three couplehood categories. The Kaplan et al. (1995) "typology of couplehood" was used to categorize the perceptions of these wives in terms of feelings of: (a) no couplehood, (b) low couplehood, and (c) high couplehood. Results revealed instrumental and social roles that were added and changed for these wives. Wives' experiences fell into Kaplan's three couplehood types in about equal numbers. The study provides a description of the experiences of the women and their views of their husbands and marital relationships across each of the three couplehood types. One important implication is that not all women will experience this serious relational change in the same way. These findings point to the need for greater understanding of how marital partners, women and men, change their own identities and work to maintain marital relationships across the lifespan.

For some time, communication scholars have been concerned with how couples interact to become and sustain what some have called a relational culture (e.g., Baxter & Montgomery, 1996; Wood, 1982), the "processes, structures, and practices that create, express, and sustain personal relationships and identities of partners" (Wood, 2000, p. 77). Several trends emerge in the literature regarding the interaction of marital couples. First, researchers have focused largely on younger dating or married couples, most often those in their first few years of relational life. Although it is certainly important to understand the relationships of younger couples, researchers have called for communication scholars to also study relationships at the other end of the lifespan as well (e.g., Braithwaite & Baxter, 1995; Dickson, 1995; Nussbaum, 1989). Given lengthening life spans and the large baby boom generation now approaching their senior years, soon significantly more elders will be alive than ever before. At present, most elders are married, with higher proportions of couples reaching age 65 together (Brubaker, 1990; Kinsella, 1996). Although divorce rates among people who are elderly are rising, they are still relatively low. Kinsella (1996) reported that 2% of elderly persons were divorced in 1960. This rose to 5% in 1990, and scholars estimate that 8% of men and 14% of women will be elderly and divorced in 2020 (Kinsella, 1996). Therefore, it is important to focus on how couples who are elderly carry out their spousal roles.

Second, much of the research on marital couples has taken the approach of identifying communication behaviors that partners use to maintain their relationship at its current level of satisfaction or restore satisfaction in the case of marital difficulties (e.g., Baxter & Dindia, 1990; Canary & Stafford, 1992; 1994). Scholars have approached studying relationships with the assumption that partners are able to enact their roles within the marriage in order to maintain the current state of the relationship. However, there are those who experience critical threats to their marital interaction and their roles within the relationship— not from divorce, but due to serious illness of their marital partner. Researchers have found that when married persons become seriously ill in their elderly years, spouses serve as the primary caregiver (Huyck, 1996). This caregiving can put a significant strain on the caregiver and on the marital relationship (Long & Mancini, 1990). When a marital partner becomes ill, how do these couples communicate to maintain the relational culture and marital roles? Furthermore, how is the marital interaction and relationship affected in the eventuality that one partner has to leave their home and move into a nursing facility? Rollins, Waterman, and Esmay (1985) first labeled this state "married widowhood," when one spouse lives in a nursing home and the other is dwelling in the community. This is a time of great stress and change for both spouses. The community dwelling spouse begins to live a sort of single life while still married (Ade-Ridder, & Kaplan, 1993; Kaplan, Ade-Ridder, Hennon, Brubaker, & Brubaker, 1995). To date, scholars have not studied the communication and the relational adjustments of these married couples, especially when one of the spouses experiences diminished mental capacities, resulting in a diminished ability to communicate with his or her spouse and others. When couple communication is affected, established ways of enacting spousal roles and maintaining the relationship would be called into question, thus leaving community-dwelling spouses in the position of taking most, if not all, responsibility for maintaining the marital relationship (Ade-Ridder &

Kaplan, 1993; Knuf, 2000). To understand more fully the experience of couples encountering this relational threat, my focus was to study the experiences of community dwelling spouses as they coped with relational changes and challenges of being married to a spouse living in a nursing home.

Review of Literature

Because most researchers focus on relationships in early or middle life, it is easy to view marriage as extremely passionate or as full of adjustments and relational changes. In contrast, it is tempting to view older marriages as "emotionally dead or passively congenial" (Sillars & Wilmot, 1989). However, researchers demonstrated that older marriages are characterized overall by mutual dependence, sharing, stability, lower rates of institutionalization, and are highly satisfying (Ade-Ridder & Kaplan, 1993; Huyck, 1996; Nussbaum, Pecchioni, Robinson, & Thompson, 2000; Pearson, 1992; Sillars & Wilmot, 1989; Sillars & Zeitlow, 1993; Troll, 1982).

It may be that older marriages serve a different set of needs than for younger couples. Sillars and Wilmot (1989) explained that older couples show a strong degree of commitment to the relationship, high interdependency, and high satisfaction; yet communication between older couples is more restrained and formal as compared to younger couples. In the elderly stage of life, spouses may be more accepting or resigned to the relationship and to the other, less optimistic about instituting change ("live with it"), and more likely to adopt stoic values of forgiveness, tolerance, and discretion (Sillars & Wilmot, 1989). Baxter and Braithwaite (2002) argued that although couples in elder years focus on couple intimacy, they have an even stronger sense of marriage as a public, communal relationship embedded in the larger webs of social relationships. Dickson (1995) found that cohort effects are significant, especially when studying people who are presently elderly. The effects of the Depression and WWII are strong contributors to the traditional roles and "tolerance for less," and, thus, lower expectations that people who are elderly may hold for their relationships and the interaction between self and spouse (p. 32).

As couples age, they often become more socially isolated due to the death of friends, decreased mobility, and illness and disability (Ade-Ridder & Kaplan, 1993). Some researchers have argued that for elderly couples, concerns about communication and enhancing the relationship may be less important than commitment, endurance, and meeting social obligations (Baxter & Braithwaite, 2002; Bellah, Madsen, Sullivan, Swidler, & Tipton, 1985). As the years pass, marital partners become increasingly reliant on one another for companionship and physical assistance, and these events may cement the marital bond in later life in a way that did not exist in earlier years. However, much less is known about the influences of institutionalization on the interaction and marital relationship of the partners.

Role Adjustments for the Community-Based Spouse
When one spouse becomes seriously ill, this affects the interaction of the couple and the marital roles of both partners. Caregiving spouses, often referred to as the "community-dwelling spouse," are more often women, as women may expect to survive about eight

years past the death of a spouse (Rollins, Waterman, & Esmay, 1984).[1] The decision to move one's husband into a nursing home is usually made quite reluctantly by the wife, and is most often done only as a last resort, typically when she can no longer meet the demands of his care needs (Ade-Ridder & Kaplan, 1993).

When a husband moves to a nursing home, the community-based spouse will face the challenges of adjustment and preserving a sense of continuity in her life. Researchers found that community-based spouses may experience significant stress, including diminished emotional state, depression, financial strain, social isolation, and physical illness (Ade-Ridder & Kaplan, 1993; Morgan & Zimmerman, 1990; Nathan, 1986; Rollins, Waterman, & Esmay, 1985). In addition, female spousal caregivers, unlike other family caregivers, are less likely to seek out and use formal services available to provide help for their spouses. This may be due to perceived role expectations that they will handle caregiving for their spouses, their reluctance to talk about their spouses' problems to protect their privacy, or because they are unfamiliar with available services (Ade-Ridder & Kaplan, 1993; Long & Mancini, 1990). Of course, there are positive benefits for community-dwelling spouses as well, especially in terms of being able to concentrate on their own self-care and having a respite from constant caregiving demands (Hansson & Carpenter, 1994; Zarit, 1990).

Communication scholars have the potential to bring an important focus on the experiences of these couples, as individual identity within relational cultures is shaped by communication and the relationship one has with others. Further, one's view of self is embedded relationally (Gergen, 1991; Wilmot, 1995) as partners "establish a communication culture of their own" (Baxter & Montgomery, 1996). Years of marriage bring with it a joint identity as well as role expectations (Wood, 2000). Dickson (1995) argued that, for elderly couples, couple identity appears to occur along a continuum of connection and separateness that can be functional or dysfunctional. Part of the task of maintaining the marital relationship is adjusting one's communication and behavioral expectations, and one's definition of self and the relational roles one enacts, especially during times of great change. When one's spouse goes to live in the nursing home, the community-based spouse will face adjustments in her interaction and relationship with him, as well as in her own routines and roles. This initial adjustment is similar to the bereavement process at the death of a spouse, as the community-dwelling spouse often faces grieving "due to the loss of the relationship with the spouse, the loss of identity as a functioning couple, and the lost functioning of the person once known" (Ade-Ridder & Kaplan, 1993, p. 18). However, the loss and mourning at institutionalization of the spouse is different than for one who has lost their spouse due to death; in this case, "this loss is open-ended—the spouse is not free to resume . . . his or her life" (Ade-Ridder & Kaplan, p. 18). An extended period of anticipatory grief, predating the death of a spouse who is institutionalized, can be quite difficult for the community-based spouse may be grieving the many physical, financial and social losses she has already experienced and will continue to experience (Walker & Pomero, 1997). Some researchers refer to this grieving time as a "rehearsal for widowhood" (Remondet, Hansson, Rule, & Winfrey, 1987).

Community-dwelling spouses face a redefinition of roles, which can lead to role strain. In some cases, the wife may attempt to continue her caregiving role as she visits and assists

the nursing home staff in caring for her spouse (Brubaker, 1986; Schmidt, 1987). This continued caregiving role may at times be appreciated by the staff or may be seen as interfering with their routines. Often tensions between staff and spouse emerge as the community-dwelling spouse attempts to defend the spousal role, which is usurped as the staff takes over primary care activities (Schmidt, 1987). The nursing home staff may be central in helping the wife to understand the interaction and behavioral capabilities of her spouse, as well changes in her role expectations as they become his primary caretakers (Brubaker, 1986). This must be balanced against making sure that her new caretaking role does not interfere with staff and caregiving quality. However, many staff members do not have sufficient time, training, or motivation to be able to manage these interactions successfully (Nussbaum, Pecchioni, Robinson, & Thompson, 2000).

In sum, when a husband goes to live in a nursing home facility, community-dwelling wives will face changes in their marital communication and relationship, as reflected in their individual activities and roles. Thus, the first goal of the present study was to explore the role changes for wives whose husbands live in nursing homes.

> **RQ1:** What are the role changes experienced by community-based wives whose husbands have moved to a nursing home?

Married Widowhood

Along with negotiating her own spousal role after her husband moves to a nursing home, a community-dwelling wife also experiences changes in her sense of "couplehood" with her husband (Ade-Ridder & Kaplan, 1993; Gladstone, 1995; Kaplan et al., 1995; Rollins, Waterman & Esmay, 1985). Ade-Ridder and Kaplan (1993) described couplehood as "feelings of belonging to a couple unit" (p. 20). Ade-Ridder and Kaplan (1993) argued that feelings of couplehood run along a continuum:

> Wives can feel they are part of a marital couple and view themselves primarily as part of a "We." In some cases, wives may feel more detached, or like an "I," and not as if they are part of a couple unit. . . . A wife who views herself as belonging to a "We" may require a different role than a woman feeling more like an "I." (p. 20)

Several scholars have studied what happens to the marriages from the perspective of these wives, calling them "married widows" (Ade-Ridder & Kaplan, 1993; Gladstone, 1995; Kaplan, Ade-Ridder, Hennon, Brubaker, & Brubaker, 1995; Rollins, Waterman & Esmay, 1985). Perhaps the most complete description of these wives, and their perceptions of their husbands and marriages, came from a study by Kaplan et al. (1995). They studied a very small sample of six women whose husbands resided in nursing homes and developed a "typology of couplehood." This typology was built around how each woman described herself and her sense of couplehood on a continuum of how much she felt like an "I" or "We." The women were divided into three types: (a) no couplehood, (b) low couplehood, and (c) high couplehood.

"No-couplehood" wives were labeled as "unmarried marrieds," as they defined themselves as legally married but they did not feel like married women. Although these women indicated that they loved their husbands, "they do not believe they have a viable marital relationship and do not perceive themselves as part of a couple; subsequently they perceive being more like an 'I' than as part of a 'We'" (Kaplan et al., 1995, p. 325).

The second and third categories of women all felt as part of a couple, but to varying degrees. Those referred to as "low-couplehood" were labeled "husbandless wives." This was a liminal (betwixt and between) state (Turner, 1988) as these women rated themselves as "less married" than the high-couplehood spouses but they still felt married. According to Kaplan et al. (1995) these women "neither lack a perception of couplehood, nor feel a particularly high sense of 'We'. . . . [They] feel married, but not as having husbands" (p. 329).

"High-couplehood" wives were labeled "Til Death Do Us Parts." These wives felt the most married out of the three clusters, and they did not perceive that feeling had changed since their husbands went to live in the nursing home. These wives looked to their marital past and, for them, "being part of a 'We' for many years has become internalized into how they currently see themselves; feeling married is a natural extension of who these wives perceive themselves to be . . . . They know of no other way to classify themselves" (p. 328). The devotion these wives have to their marriage is usually due to a sense of love and commitment rather than solely out of obligation (Kaplan & Ade-Ridder, 1991).

In addition to classifying the three couplehood types, the researchers also identified, in a very preliminary way, six dimensions by which couplehood types could be described: (a) feeling married (b), vows (c) past versus present, (d) rituals, (e) husbands' abilities, and (f) self-identification (Kaplan et al., 1995). The authors proposed this as a preliminary model and recommended more research using the model. Thus, the second goal of the present project was to use this model as a heuristic tool and a descriptive framework (Philipsen, 1982) to allow an examination of how these women discursively represent their self-identity, interaction, and relationships with their husbands when their spouse lives in a nursing home.

A related purpose to the study was to determine the efficacy of the Kaplan et al. (1995) model in applying it to discourse as women described their relationships. In the Kaplan et al. (1995) study, the women used a paper and pencil measure and rated themselves on the "I-We" continuum of couplehood. In the present study, I wanted to identify and categorize the women's perception of couplehood based on their talk about their relationship. My reason for doing this was to determine whether perceptions of couplehood would be reflected in women's talk after the men began living in the nursing home. If couplehood is reflected in their discourse, then this framework could prove to be a helpful tool for professionals working with these women and their husbands. For example, social workers, nursing home staff, clergy, and perhaps family members may understand how best to provide support and assistance to these women based on listening to them talk about their marriage and husbands. Thus, the second research question guiding the present study was:

RQ2: How do wives whose husbands have moved to a nursing home discursively represent their perceptions of self-identity and the marital relationship with their husband?

Method

Data were drawn from in-depth, face-to-face interviews with 21 wives whose husbands currently resided in a nursing home or who resided there before their deaths.[2] The participants for this study came from a convenience sample. The primary researcher and assistants solicited participants by posting flyers in nursing homes, having local newspaper articles published about the study, contacting social work and gerontology professionals in the community, and taking referrals from other interviewees. The assistants and I faced great challenges locating willing participants, greatly underestimating our ability to locate interviewees due to the social isolation of these wives and, I suspect, the reticence and privacy of the current elderly cohort. Approximately four hours were spent locating each interviewee. Subsequent discussions with other researchers working with similar populations confirmed that our experience was not unique.

I chose to interview only wives. I did this because there are greater numbers of men living in nursing homes with wives living in the community. This can be explained, at least partially, because women have longer lifespans than do men (Brubaker, 1990). Additionally, I followed the pattern of most of the previous literature, as most studies have focused on community dwelling wives. With a smaller sample study, I chose to keep the focus of the study narrow. I trained a team of interviewers who were students in an upper-division communication and aging class and were either communication studies or social work majors, or were students pursuing a post-baccalaureate gerontology certificate. All but two of the interviewers were non-traditional-age students. The interviewers attended in-depth training sessions, critiqued a sample videotaped interview, and conducted practice interviews. Interviewers were trained until I felt they were ready to conduct their own interviews. I conducted 25% of the interviews, and the team conducted the rest.

The interview guide consisted of demographic questions and a series of open-ended, retrospective, and hypothetical questions. In the interviews, the wives discussed their visits with their husbands in the nursing home (frequency of visits, length of visits, activities during the visit). They talked about their present feelings of closeness, how their feelings have closeness have changed, changes in the relationship with their husband, how attentive their husband was to their needs, and feelings of anger toward their husband, if any. Wives discussed the enactment of rituals (birthdays, holidays), their own social relationships and activities with family and friends, and how, if at all their activities and relationships had changed since their husband moved to the nursing home. Wives described their communication with their husbands, particularly the topics they would or would not discuss with their husbands, how they managed the need for privacy, and physical expressions of affection. Wives explained how their communication had changed since the husband's move to the nursing home. Wives answered three hypothetical questions concerning what they would say to their husbands if they needed to make a large purchase for their home, if they had a big plumbing leak at home, and if they were having a lousy

day. Wives also described their interactions with the nursing home staff. Finally, interviewers asked wives to describe other forms of communication with their husbands (e.g., phone calls or letters) or when they took husbands off the grounds of the facility, but these were rare.[3]

Participants

The mean age of the women interviewed was 77.1 years. At the time of the interviews, fifteen of the husbands were living and six were deceased. The husbands' mean age was 81.3 years at the time of the interview (or at the time of their death). The mean length of the marriages of these couples was 49.1 years. The women did not have significant physical illness or dementia. All lived in a large southwestern urban community, many in planned retirement communities. Twenty of the women were Caucasian and one was African American.

Interviewers asked the women to choose the site of the interview (their own home, in most cases). The interviewees granted permission to audiotape the interviews, and interviewers guaranteed their anonymity, following human subjects guidelines. Interviewers asked the women to describe their husband's health condition and communication abilities (current or in the year before their death). Although my initial intention was to interview women whose husbands had varying levels of communication abilities, this did not occur. Nineteen of the husbands were seriously ill, with very limited communication abilities. These men had Alzheimer's disease or significant dementia from other causes (e.g., strokes or Parkinson's disease). From the wives' initial descriptions, only two of the husbands had the ability to converse well, yet a reading of the accounts in these two interviews indicated that the communicative abilities of even these two men appeared to be quite limited. This makes sense in retrospect, as women tend to keep spouses at home until their illness is quite far advanced and they can no longer meet their care needs (Ade-Ridder & Kaplan, 1993).

Analysis of Data

Community dwelling wives and the interviewers participated together in long, semistructured, focused interviews (McCracken, 1988) that targeted informants' perceptions and experiences that occurred since the husband went to live in the nursing home. The interviews were transcribed by the interviewers, yielding 218 pages of single-spaced data for this analysis. A qualitative/interpretive method was used to analyze these data, with the goal of describing recurring patterns of meanings and behaviors from the experiences of participants (Coffey & Atkinson, 1996; Creswell, 1998; Denzin & Lincoln, 1994; Huberman & Miles, 1994; Leininger, 1994; Strauss & Corbin, 1990). The students and I interviewed participants until we had exhausted our pool of volunteers. However, this number of interviewees seemed sufficient. As I analyzed data from my and others' interviews and met with the interviewers to discuss our progress, it seemed clear what Strauss and Corbin (1990) call "theoretical saturation" had been achieved and we were not hearing new information (Leininger, 1994).

These data were analyzed via a qualitative content analysis. I attempted to be mindful of the whole narratives the informants shared about their experiences, as well as attending

to the process of breaking down and categorizing information (see Kvale, 1996). First, I read the transcripts in total to develop a sense of these data as a whole before analyzing the individual interviews. Second, I addressed the first research question, identifying and categorizing changes in roles discussed by these community-based wives, categorizing the roles that had been added, changed, or deleted by the wives into instrumental roles and social roles.

Third, in answer to the second research question, two trained coders, who had not participated in the interviews, coded the women's discursive representations of couplehood into one of the three Kaplan et al. (1995) couplehood types. Each interview transcript was independently coded by two coders who assigned each interviewee a value on a nine-point continuum (where 1–3 represented "no couplehood," 4–6 was "low couplehood," and 7–9 was "high couplehood"). This value placement allowed for a low, medium, or high score within each category.

Initial analysis of the coded data for these categories found inter-rater reliability agreement of 71%, with a Cronbach's alpha .74. Although this was rather low, I noted that, in five of the six instances where the coders did not agree on the category placement (no, low, high), the difference was only one value separating the categories (e.g., for one interview, coder #1 rated couplehood a "6" which is a high value in the "low couplehood" category, and coder #2 rated a "7" which is a low value in the high-couplehood category). When comparing how close the values were (1–9), the amount of disagreement was smaller (Cronbach's alpha .88). After all the data were coded, the coders discussed the discrepancies and found it easy to agree on the category placement of each interview.

Fourth, once the interviews were coded into the three couplehood types, I divided the interview transcripts into the three couplehood types and then analyzed these women's discourse surrounding their perceptions of their marital relationship in each of the three couplehood types. I used the six dimensions posed by Kaplan et al. (1995) along which the couplehood types were described and arranged. Analyzing data along these six dimensions allowed me to see a composite of the perceptions of wives representing each of the three couplehood types: (a) feeling married (how married did she feel?), (b) vows (how did she perceive their marital vows today?), (c) past (how did she view the past versus present state of their marriage?), (d) rituals (what was the importance of marital and family rituals in the present and how were they enacted?), (e) husbands' abilities (what did she perceive that her husband could do or no longer do?), and (f) self-identification (how did the wife sees herself and her present role in the marriage?). These categories appeared sufficient to describe the perspectives of the interviewees and no categories were added or deleted. Fifth, I read the transcripts again to check the analysis and to choose exemplars for the research report. My analysis was also checked by an assistant, who was a gerontology professional, checking consistency of the categories and looking for rival explanations of the findings (Miles & Huberman, 1994).

Results

The results are presented in answer to the two research questions: (a) the role changes experienced by the women, and (b) the women's perceptions of themselves as part of a couple.

Instrumental and Social Role Changes for Community-Based Wives

In answer to the first research question, participants discussed roles that they perceived were added, changed, or lost. Role changes these women experienced were both instrumental and social. The first main role changes were three changes in instrumental roles: home maintenance, employee, and caregiver. Participants' most common role addition was home maintenance. Women discussed their newfound role of taking care of home repairs, family finances, and purchase decisions. This was important, as they no longer had their husbands to talk to about enacting these roles. For example, one of the hypothetical questions asked what the wife would do if she needed to make a large purchase for their home. The women stressed that, although this is something they would have discussed with their husband in earlier days, now they could not meaningfully discuss this with their husband and had to make the decision on their own. It is important to note that the changes in these roles doubtless began before husbands moved to the nursing home. As the men's health deteriorated, these role shifts likely began and continued as he moved to the nursing home. Many of the women described all the added responsibilities of dealing with home care and financial management, as roles that they, and many among their cohort, would not have enacted in the past. One woman reflected, "Well, I think I've had to be more independent . . . I have taken over, of course, all our finances, which I had never done before" (3:8).[4] Another interviewee described her experience of taking on these home and finance responsibilities:

> I have more work. Well, that's because every piece of mail that comes in, if it was financial things, I never paid any attention to it. I gave it to Paul.[5] Now, I have to go through and see whether it is worth keeping. . . . And I am the bill payer, which I started before he left. And I have to remember to call the people to come trim my yard . . . keeping the car in running condition, keeping the books straight and dealing with the broker. . . . just everything that happens now I am doing it, whether the phone rings, the door rings, I am responsible. (4:6–7)

As this participant described, this home maintenance role was substantial, especially in light of the fact that many were doing these things for the first time. These tasks were added to all the other contributions these women were already making to the care of their home, such as cooking, shopping, and laundry.

A second instrumental role change was the addition of the employee role for a few of these women. Some of the wives found they needed to work to supplement their income and to cover expenses of the nursing home for their husbands. One woman explained:

> The savings were gone and his social security did not cover the monthly bill and my social security did not cover his monthly bill in the residential home. So I had to go back to work and as long as he was in the [nursing] home, I could work. And I did work full time. (13:1)

The third instrumental role change involved the caregiver role. Since their husband moved to the nursing home, these wives had experienced the loss of primary caregiver

role, as this role now fell to the nursing home staff. Although turning the primary caregiver role over to the nursing home represented loss for these women, on balance, many of the interviewees talked about this change as positive. One woman explained, "I am grateful that I can put him somewhere where he is getting good care, because I can't do it, and I don't know where else he could get it" (14:8). Another woman depicted the caregiving of the nursing home staff quite positively as she revealed, "My husband thinks of them [nursing home staff] as his very best friends. He loves them and they take awfully kind and loving care of him" (18:5). Participants saw the positive benefits of nursing home care, "They do such a good job of taking care of him over there . . . the clothing is well cared for . . . they feed him. . . . They do a good job over there" (5:4). Most of the descriptions of the staff were quite positive.

A few wives reported that they enacted the caregiver role when they believed the nursing home was not giving adequate care to their husband. For example, one woman arrived to find found her incontinent husband wearing a wet brief and she started to clean him up. He said to her, "you shouldn't be doing this" and she replied, "I know, but they don't do it to suit me, so while I am here I'll do it and they'll take care of you the rest of the time" (4:18).

The second main role change was in the social roles of the women. In this category were the interrelated role changes as wife, couple, and activity partner, along with experiencing changes involved in learning to function as a quasi-single woman. The participants reflected on how these role shifts changed their interactions and relationships with others in their social network. These social role changes were both positive and negative for these women.

Most of the women reflected on the changes to the role of wife, which represented a loss for these women. In fact, many of the husbands with dementia no longer seemed to know these women as their wives. One woman, whose husband had Alzheimer's disease, explained, 'You see, he doesn't know I'm his wife. He knows *me* but he doesn't know I'm his wife. He talks to me about his wife" (18:6). Another woman shared a similar experience, "So, I don't know what it is. I'm not sure he really knows who I am . . . he knows I'm somebody, but I don't know if he knows I'm his wife, you know?" (14:3).

Related to this was the loss of the "couple" role. This resulted in a further shrinking of the social circle of friends, as one participant illustrated, "I feel real deserted sometimes . . . it is different when you're not a couple" (6:9). Many of the women reflected on the social isolation brought about by the changes in their husbands' health status. Another woman talked about the extent of this loss of friends:

> We don't see a lot of friends that we saw as couples, they just kind of shied away. It is kind of heartbreaking. In fact, one couple that we have known for years and years . . . left town [moved] without telling us that they were going. (20:1)

Losing the couple role was a serious loss for participants, as this also represented a loss of friendships, many of them longstanding. These data demonstrated the perception that their friends felt uncertain and uncomfortable around them. One woman explained:

> Well, this all changed too, once I had the sick husband. There went the friends!
> They told me they were afraid to ask me how he was because they didn't know
> what to say and all of that. So, I had mainly friends that had a spouse in the
> nursing home. (11:8)

In a cohort where couplehood is valued, especially for women, losing the couple role was indeed a big loss for these wives. Although I did not ask specifically about the comparative size of their social networks before and after their husbands' illness, what I could glean from these data is that the social network of these women was quite small when their husband moved to the nursing home.

The women also discussed the loss of the activity partner role, when their husband could no longer participate in their shared hobbies. One woman talked about how she and her husband used to play tennis and go dancing, both of which ceased as her husband became increasingly ill with Alzheimer's disease. She explained, "We used to go, we loved to dance, and we went out quite often on Saturday nights" (1:4). When asked if she would go dancing now that her husband lived in the nursing home, she quickly replied, "Oh no, I wouldn't go" (1:5). Other participants discussed loss of their own activities and hobbies, as this woman described:

> I sometimes realize how much I did give up, I guess I was thinking of my art.
> And I found I wasn't doing anything but going to the nursing home, and I didn't
> like that. So, it was up to me to change that so I wouldn't blame him. (11:12)

In this instance, the woman realized what she had lost and set out to make changes in her activities and perceptions. This was one of the positive outcomes of this role change as is seen in the following section.

Although these interrelated social role changes had primarily negative implications, many of the women also discussed functioning as a single woman, or perhaps more accurately, a quasi-single woman. Although they certainly saw some of the negative aspects to changes in their social roles, the women interviewed in the present study also described positive aspects of these role changes as well. Positive aspects of this role enactment included having more free time once their husband was not living at home. For example, one woman described, "I have more freedom to go and do things that I would like to do. For five years, I hadn't been shopping. Now I'm free to go shopping" (18:3). Another woman, whose husband had Alzheimer's disease, described how she had kept her husband at home until she could not take care of him anymore. She reflected on some of her newfound freedom:

> Well, I'm free to do a little more because [before] I couldn't leave him for too
> long. He was not a, he did not wander badly, and some of them do. . . . Now I
> can do what I please, really, but I don't please to do much [she laughs softly].
> Without him—a friend called me a few weeks ago from our old town and was
> surprised to see that I was home. I said, well, where would I be on a Saturday
> night with no partner? (1:4)

Although the women had more freedom in their quasi-single role, most did not make much use of it. The concurrent loss of the roles of wife, member of a couple, and activity partner helps explain why these women did not seem to take advantage of newfound time and freedom.

Typology of Couplehood

To answer to the second research question, I examined participants' discourse using the Kaplan et al. (1995) model of couplehood. I examined the perceptions of wives within each of the three couplehood conditions and along the six dimensions by which the couplehood types were described: (a) feeling married, (b) vows, (c), past, (d), rituals, (e), husbands' abilities, and (f) self-identification. Interestingly, in Kaplan et al.'s (1995) study, their six participants were evenly divided between the three categories, with two women representing each couplehood type. In the present study, the division was quite similar, as reported below.

No couplehood

The first category, "No-couplehood" wives, were labeled as "unmarried marrieds," as they defined themselves as legally married but they did not feel as or perceive themselves to be married women. Six of the women (29%) were classified into this category. One woman reflected her feelings about being married:

> He's not my husband anymore—he's just not the same person. And I feel very little closeness to him. . . . Well, I think it sounds cruel to say but it isn't. He's, he's not, he's not my husband anymore. When you have Alzheimer's—he's just not the same person. And I feel very little closeness to him. (18:2)

Another wife echoed this sentiment, "Oh, he just wasn't my husband anymore" (16:11). A third wife talked honestly of her wishes: "And sometimes I would wish for his sake, and for mine, that he would just peaceably go. Because there's nothing. There was nothing anyone could do to get him back to being Harvey. He was not Harvey" (17:6). For these women, the deterioration in their husbands affected their view of their marriage.

The discourse of these no-couplehood wives also reflected the second dimension, perception of marital vows. Kaplan et al. (1985) pointed out that women in this couplehood type recognize the legality of their vows, but these women fully realize that their vows do not make them *feel* as though they are part of a couple. One woman said, "Married 55 years, obviously I love him. But there's no closeness, no intimacy. Hasn't been for a long time because he just isn't the same person" (18:3). Interestingly, none of these women reported that they had violated their marital vows (of monogamy), even though they felt less married than any of the three couplehood types. Although they felt less connection to their husbands, none talked about dating other men or expressed the desire to date (it is certainly possible they would not discuss dating even if they were dating other men, and the interviewers did not ask them if they were dating).

13

The third dimension focuses on how the wives viewed the past versus the present. Women in the no-couplehood type represented the past and present as very separate, seeing the relational past as having little bearing on the present state of the relationship. For example, this woman clearly differentiated her past and present behavior in the relationship: "Well, I used to tell him everything personal. Now it's more about other people than about myself. 'Cause I just, I just don't want him to know that my lifestyle has changed" (14:4).

The fourth dimension, rituals, details the importance of family and relational rituals in the present state of feeling like a part of a married couple. In the interviews, the unmarried married women indicated that often they did not celebrate important rituals with their institutionalized husbands, and the women in this category tended to turn that role over to the nursing home. One woman reflected: "I couldn't do anything for him here on a holiday like say, Christmas. How much of the day can you spend with him over there? So, I'd leave him presents and the girls [staff] would give them to him. He never seemed to mind" (16:7,8). In contrast to the other two couplehood types, these wives were the least involved with couple and family rituals with their husbands, often reporting, as did this wife, that their husband did not seem to notice or mind. One wife even described how her family would be holding a 50th anniversary party "for me," and seemed surprised when the interviewer asked if her husband would be attending (he was not). Another woman shared a similar experience, "Well, they usually celebrate there [at the nursing home]. They have celebrations there or special dinners. But I, at Christmas time, like to take him gifts. But it doesn't mean anything to him, you know" (14:4).

The fifth dimension focuses on how the wives viewed their husbands' abilities. The no-couplehood wives tended to focus on their husbands' past capabilities and what he was no longer able to do in the relationship. One woman illustrated:

> I guess he needs help with everything he does, but he doesn't do that much, you know? He just sits in a chair and sleeps most all day long. Maybe if he were more capable of doing things, I would be more satisfied because I'd be able to work with him more. They tried really hard to teach him to use a fork but he couldn't quite make it. Same way with walking. (14:8)

The sixth dimension, self-identification, focuses on how the wives perceived themselves in the relationship. According to Kaplan et al. (1995), the no-couplehood wives thought of themselves as individuals and preferred to be known that way, rather than as part of a couple. A woman whose husband had Alzheimer's disease characterized how she saw herself:

> I was a strong woman before [he moved to the nursing home]. I had to be. But I got stronger even. But also I . . . took care of my life more, did things that pleased me more. I didn't have to think about what I had to do. Before then, everything was "Oh, what is Harvey going to eat, how can I take Harvey out?" Afterwards, it was "Fran, you can do what you want." So it was a positive for me. (17:6)

14

Another woman highlighted the downside to singlehood and its freedoms: "socially, well, it is very hard to be alone—I hate it. You know, being a single woman" (14:3). In this instance she refers to herself as a "single woman."

Low Couplehood

Women in this second category viewed themselves as being part of a couple but being less married than those in the high-couplehood type. In the present study, eight (38%) of the participants were coded as "husbandless wives." In terms of feeling married, Kaplan et al. (1995) indicated that these women felt married without feeling that they had husbands. This wife depicted how she felt: "Well, I certainly still feel married—I mean I try to have him a part of whatever celebration we have, I mean, whether he understands it or not" (3:8).

In terms of the marital vows, women in this category indicated that they felt married but also felt somewhat constrained by their vows, and experienced dissonance when they did not act married. They did not share examples of marital infidelity but did discuss difficulties they experienced in terms of autonomous actions. Although these wives believed that their husbands would likely not understand what they told them, low-couplehood wives struggled with whether they would talk with their husbands about an independent action, such as taking a vacation without him or making a large purchase without him. Most said they would not discuss these issues with their husbands, but they did struggle with the decision. One low-couplehood wife said she had a tough decision about whether to tell her husband that his best friend had died, even though she believed he would not understand what she was talking about. She chose not to tell him.

Indicative of women in the low-couplehood type, these wives were also likely to separate past and present. However, in many instances, they would go back and forth, sometimes talking about their relationship in past and at other times in the present. The following example illustrates this shift from past and present [emphases added to highlight]:

> Um, I *feel* very close to him. . . . We *have* always been very close, we—I guess you could say we *had* a good marriage, we *were* happy, we never *had* money or anything like that. . . . He just *doesn't seem* to connect. . . . I mean, *he's* not what you'd call a sad person, but *he's*—to look at him he *isn't a* happy-looking person. (2:5)

In terms of rituals, women in the low-couplehood type still saw participating in family rituals with their husband as important (not as important as did high-couplehood wives, yet more than the no-couplehood wives). For instance, one woman talked about bringing her husband Christmas cards, gifts, and birthday balloons:

> Here again, it doesn't seem to make any difference to him. I wish I had a peephole or something, so I could, you know look in [his head] and see what he's thinking. . . . But I try, because so many people make themselves so miserable over the holidays. I've tried to sort of skim over them. . . . But I refuse to ruin

everybody else's holiday, just because, you know, if I want to be with him, I'll be down here to be with him. (3:7–8)

These wives all celebrated rituals with their husbands, even though they were well aware that their husband could no longer understand what was occurring. Some would celebrate at the nursing home and then leave to celebrate rituals with others. One recalled:

I always go over there on the holidays, Christmas, especially. Uh, Fourth of July, St. Patrick's Day. They always have a big deal, and he's so Irish that I make a lot of that deal. You know, they dress him in green. They have a little thing for green and they dress him in green. I have a little green hat that he wears. I don't know whether he realizes it or not. (5:3)

Another woman described, "Any holiday we had an excuse to make something special for him, we decorated his room, we had pictures . . . I couldn't see any response, but we did it" (7:6).

When analyzing how these women perceived their husbands' abilities, the liminality of the low-couplehood condition became evident. Describing the declining or nonexistent abilities of their husbands would "contribute to the ambivalence of their low couplehood wives" (Kaplan et al., 1995). In the same interview, the wives would present their husband as capable at one point and equally incapable at other points. For example, one wife's comment reflected this ambivalence:

One time something came up and he said, "Why can't I go?" Then I said, "I don't think you will be too comfortable." He is not a good eater anymore and he would be embarrassed to realize that he was making that mess and his hands are kind of weak so it would wreck everything every time he picks up anything real quick. I am wondering when it's going to spill, where it's going to spill. (4:9)

In this example, the wife spent time considering whether her husband should accompany her and worrying about how his ego might be damaged if he made a mess of things, as well as the inconvenience for her. In reality, her husband was a 91-year-old man with Alzheimer's disease who had very limited abilities. Later in the interview she revealed another picture of him as much less capable as she described his 91st birthday party at the nursing home: "He had failed to the point that it did not register . . . it [his birthday] didn't register with him at all" (4:11,12). It seems unlikely that he would have been aware of or embarrassed about spilling as she had described earlier.

Finally, in terms of self-identification, low-couplehood wives expressed a contradictory view of themselves. They expressed feelings of being married and single at the same time, at times identifying with the wife role and at other times as a widow or single person, much as Kaplan et al. (1995) described. For example, one participant's discourse about herself revealed that she saw herself very much as a wife, discussing how she hoped that she would not need to buy a new car while her husband was alive. She explained, "I just hope that our car will last until Patrick is gone because I hate to negotiate with a car salesman

and I would probably hear this little voice [husband's] behind me saying, "No, that's not enough" (4:13). Yet, at other times the same woman talked about making independent decisions without discussing it with her husband, as he would not understand. She revealed, "Ah, if you think about it, there's no point in my bringing it up" (4:13). This was typical of the discourse of these wives, seeing themselves as married yet not *feeling* married.

High couplehood

According to Kaplan et al., "high-couplehood" wives had changed the least since their husbands went to live in the nursing home. This category included seven (33%) of the participants. In terms of feeling married, these wives' perceptions had changed very little. One woman said that she actually felt closer to her husband after he went to live in the nursing home. She explained, "It was more [closeness]. I think the worse he got, the more I loved him because I was so helpless and so was he. And I was losing him" (13:3). She went on to describe her dismay at a friend who saw her clean up her husband when he was incontinent, saying she would not be able to do this for her husband. The interviewee chastised her friend:

> "Diane, you had six children. How many dirty diapers have you changed in your lifetime? How many messed up butts have you cleaned? And you've lived with this man and loved him all these years, you mean you could not clean him up?". . . There wasn't anything I wouldn't have done for my husband. . . . The only explanation that I can think of is they did not have the relationship that we had. We were very, very close. (13:8–9)

In terms of marital vows, high-couplehood wives perceived these vows to be currently in place and governing their behavior. One wife of a man with Alzheimer's disease reflected:

> I think you really have to kind of hold on to yourself. You have more freedom and I had one friend who started dating. Well, that's something I don't think I could do. And why not? I mean, your husbands can't take you dancing or places, but I feel like it wouldn't be fair to Jim. (1:10).

For these women, the vows are strictly "Til death do us part" and their perception did not change, even as their husbands deteriorated significantly.

Unlike the other couplehood types, the high-couplehood wives did not differentiate between the marital past and present in their assessment of feeling married. One wife described wanting to bring music to her husband who had Alzheimer's disease, "Oh he likes classical music, just kind of soft, not rock and roll" (1:4). Later in the interview she said, "We're both tennis players" (1:5). Another woman, whose husband had passed away before the interview reflected:

> Oh, I used to try to remember things that were of joy to him. Like we always did a lot of dancing. And I used to take our picture and say "Remember when we

were on this vacation, Daddy, or when you guys threw Jim in the pool?" Try to
talk about things that were some fun to him. (13:3)

Clearly, this woman was weaving the relational past and present together in her talk, as
did the woman who said, "I read him all the mail and I tell him who I answer and I tell
him who called and who I called and he knows that I'm going on with taking care of the
house and my health and my business" (6:5).

Women in the high-couplehood type saw the enactment of family and couple rituals as
very important. One wife talked about the importance of maintaining their couple rituals,
"Oh, yes, yes, we had a [birthday] party here in the Occupational Therapy room. . . . And
the grandchildren brought cake and balloons and ice cream . . . and we celebrate and then
they bring him things here that he enjoys" (6:6,7).

When reflecting on their husbands' abilities, wives coded into the high-couplehood type
were the most likely of the three groups to focus on what their husbands could do, rather
on what they could not do. One wife described her visits with her husband:

> I read him Abby and Ann Landers, and we work crossword puzzles together.
> Some days he is very alert and he can give me the answer and also spell the
> words for me. He is very good at spelling. He's always been interested in sports
> and then, too, he has always liked history and he knows all of the foreign coun-
> tries and their capitals and also we work crossword puzzles together. (6:2)

She went on to describe other abilities her husband demonstrated:

> But he's got his lap buddy and he holds my purse while I wheel him and then,
> like the other day when I was reading the paper, we were sitting out there and
> he has papers on his lap buddy with his hands on top of them and he said he
> was going to hold the papers down for me so they wouldn't blow away. He acted
> like he had a little job; he was real pleased with himself. (6:8)

In both of these instances, the wife was focusing on her husband as an active participant
in their interactions, even with his communicative limitations.

Finally, high-couplehood wives identified with the spousal role, and they are likely to
refer to themselves as part of a couple, using "We," rather than "I." For these women, the
spousal role exists very much in the present as well as the past. This example from the wife
of a spouse with Alzheimer's disease exemplifies the present nature of the spousal role:
"We're social members of the Union Hills Country Club because we don't play golf" (1:6).
Even though her husband had been in the nursing home for three years, she talked about
their marriage and activities in the present tense. Another wife exemplified this perception,
"I bless him every day when I leave [she began to cry] and I hope I see him tomorrow. . . .
I mean, what do I do home alone?" (6:11). Clearly, for these high-couplehood wives, the
spousal role remained largely unchanged.

Discussion

The findings in this study help advance our understanding of the experiences of married widows as reflected in their discourse about their marital relationship. Listening to these wives talk helps us to understand the profound changes in their relational culture and allows the researcher to identify roles that were added, changed, or deleted for community dwelling wives as their husbands went to live in a nursing home. The Kaplan et al. (1995) typology of couplehood was a useful tool to understand how different women experience and discursively reflect changes and challenges in their relationships with their husbands. Important changes occurred in the roles of the community based wives. These women had taken over all physical and financial maintenance of their homes and lives. This change in roles will perhaps be more significant in the present elderly cohort who tend to have much more distinctly sex-typed roles (Nussbaum, Pecchioni, Robinson, & Thompson, 2000), than may future generations of American women and men. Women who came from very traditional sex roles in their marriages will find they must enact financial and home care roles heretofore unfamiliar to them. In addition, these wives are dealing with the implications of the dual role of being a quasi-single person while still married. In addition, this change in the wife and couple role often results in social isolation for these women (Hansson & Carpenter, 1994). Their social networks shrink and these wives reported reduced interaction with others, due to the time spent visiting husbands and perhaps also due to the discomfort of friends in dealing with their liminal status as "quasi-single" or married widows.

There were also important changes in identity and enactment of the role of caregiver. These women had been serving as the primary caregiver for quite some time before their husbands went to live in the nursing home. They discussed some of the losses associated with changes in the caregiver role as they were replaced by the nursing home as well as some of the positive aspects of relieving them from this enormous responsibility. Wives also explained how they coped when the nursing home staff did not do things for their husbands the way the wives would have liked, which has been described as very challenging for people working in nursing homes (Ade-Ridder & Kaplan, 1993; Gladstone, 1995; Morgan & Zimmerman, 1990; Nathan, 1986; Rollins, Waterman, & Esmay, 1985). However, the discourse of many of the women, especially as they discussed role changes, reflected at least some sense of relief and freedom, as well as the opportunity to regain their own health, which was often compromised during long periods of taking care of their progressively dependent husbands. The physical demands of caregiving (e.g., heavy lifting), the psychological demands of dealing with their husbands' deteriorating physical and mental condition, and the increasing social isolation had taken its toll on these women. Taking care of their husbands, most who had some form of significant dementia, was not an easy task.

Knuf (2000) argued that caregivers may easily become "hidden victims," especially as the illness progresses and the patient's ability to interact meaningfully decreases (p. 488). Although moving their husbands into the nursing home was a difficult decision, these wives revealed that there were certainly positive benefits as well. I did not analyze role changes specifically within the three couplehood types, but future scholars should do so when there is a larger sample of women to work with. This would provide a clearer picture

of how the different types of wives approach role strain and shifts in identity accompanying their husband moving to a nursing home.

The results of the present analysis suggest that the Kaplan et al. couplehood typology is a very useful model for differentiating among the perceptions and attitudes of these spouses. Listening carefully to how spouses of men living in nursing homes talk about their spouses, relationship, and themselves can enlighten the listener concerning how these women perceive couplehood. This has the potential to be helpful to professionals working with these women and to their family members as well. A woman's view of couplehood within the relational culture with her husband can shed light on her needs and how she will want to interact with, and care for, her husband. For example, findings in the present study suggest that a high-couplehood wife would want to visit her husband more often and for longer periods of time, and want to be more involved in more aspects of her husband's care. In contrast, a no-couplehood wife may be content to visit less and to be less involved or concerned with the smaller details of her husband's care, as long as she perceives he is comfortable. Finally, it appears that low-couplehood wives would be the most challenging to deal with, as her liminal state suggests that she will be very engaged as a spouse at some times or over some issues and much less engaged at other points. Thus, it might be more difficult for professionals, friends, and family to know how to interact with this woman in ways that will help her cope with changes in roles and her marriage. Although all these speculations remain to be tested, these kinds of findings would provide valuable insights into how to interact and assist spouses of men who are living in nursing homes.

Perhaps the most important message from these findings is that not all wives will experience their husband moving to a nursing home in the same way. Interestingly, the results of this study are similar to Kaplan et al. (1995) in terms of the incidence of wives in each of the three couplehood types. They found their six participants equally divided among the three types, and our sample of 21 women were relatively equally divided between three couplehood types as well. At this point, we also do not know how, if at all, women's couplehood identity changes over time. For example, do women remain fairly stable within the couplehood categories, perhaps a carryover from marital styles (Fitzpatrick, 1988) from earlier years? Does couplehood identity change as the length of spousal institutionalization progresses? Unfortunately, data from the present study do not allow us to address this issue, as these women were being interviewed at different points in the process of dealing with the institutionalization of their husband, and I did not ask them to discuss or reflect on changes in their perceptions over time. Research methods using diaries or turning point methodology would help researchers track changes in spouses' perceptions of couplehood, if any, across time. Although additional research is warranted, these findings indicate that professionals need to be mindful when expecting certain perceptions and experiences of women whose husbands are living in nursing homes. From what we know so far, there is no "right" way to go through this experience. Professionals might find it useful to help women identify their own couplehood type in hopes of increasing their own understanding, and thus expanding their repertoire of coping behaviors.

For communication researchers, the present study just begins to scratch the surface in understanding the communication of these elderly spouses. Several directions for future researchers grow out of this study. First, researchers may gain insights by analyzing the

specific types of messages in these data. For example, an analysis of the tense of the message would be insightful, as many women moved back and forth talking about their husbands in the past and present. Similarly, an analysis of "I" and "We" messages between the three couple types would lend more insight into the interaction of these married widows. Second, an analysis of privacy maintenance (Petronio, 1991, in press) would be pertinent to determine, in particular, what information the wives choose to disclose to their husbands and what they choose not to tell them. Third, researchers might consider what kinds of supportive (or nonsupportive) roles family and friends play in the lives of these couples. One impression left from these interviews was the relatively small role that these couples' children and family members seemed to play at this stage in the couples' lives. It may be that my research focus on the couple downplayed the family's contribution or, as Nussbaum, Bergstrom, and Sparks (1996) warned, viewing children as a "safety net" for aging parents is often a myth. This may be especially true in warm climate retirement communities, as was the case in this study, where aging parents sometimes relocate, leaving their families and long-standing social networks behind. In contrast to the glossy advertisements these retirement communities produce featuring active seniors surrounded by caring friends, the women interviewed in this study seemed to be going through this experience largely alone. Clearly, future researchers should pay attention to the elderly married couple within the larger communal web of the family and other social relationships (Braithwaite & Baxter, 1995). In addition, researchers also need to look at this experience within different cultures, in different types of long-term intimate relationships, as well as to look at the experiences of male caregivers.

As people live longer and may need nursing home or other forms of formal care, changes in the caregiving role also have implications for relationships between the nursing home staff and the spouses of residents. Previous literature describes the potential for strained relationships between families and staff (Ade-Ridder & Kaplan, 1993; Brubaker, 1986) and points to the important role of the communication of nursing home staff in the experiences of patients and their families (Nussbaum, Robinson, & Grew, 1985). Again, the results of this study caution against seeing all spouses as alike and highlights that individuals may have different needs regarding their own role in the care of their spouse. It would be helpful for staff members to understand couplehood types in order to be able to listen more carefully to what different spouses need. This might enable the staff to adjust to, and accommodate, within reason, spouses' preferences.

Results of this line of research can lead to a greater understanding of how marital partners change their own identities and work to maintain marital relationships across the lifespan. These needs will be central when marital partners face one of their greatest challenges—how to enact marital roles and maintain the relationship when one partner can no longer communicate as they once did. Although it was extremely difficult to locate women to interview for this study, it was striking to hear so many say they would take part if this would help women going through the same experience in the future. The results of this study are important for both family members and professionals who are in contact with married widows at a most challenging and lonely time in their lives. It will be important to make sure that informal and formal support networks are in place to assist both men and women who are going through this very profound experience in their married lives.

Notes

1. Because a larger portion of the community-dwelling spouses are women and because most of the literature speaks to the experience of women, I chose to focus this study on women caregivers. The review of literature and discussions of methodology share this emphasis.

2. My original intention was to interview only women whose husbands were living at the time of the interview. However, locating and securing permission to interview these women presented a great challenge, taking at least four hours per woman. In the end, I decided to include six women whose husbands had already died. I do not report the results of these interviews separately for two reasons. First, when dealing with smaller samples, I do not feel comfortable reporting results by small subgroups unless necessary. Second, and more importantly, as I analyzed data, I took care to pay attention to differences between the wives whose husbands were living and deceased. Except for verb tense, I did not find differences and chose to report all 21 interviews together.

3. A copy of the interview guide is available on request.

4. Participants are cited by number and citations are cited by participant number and page number in the transcripts. Thus, (1:4) is a citation from interview #1 page 4.

5. All names used in the interviews were changed to pseudonyms in this research report.

References

Ade-Ridder, L., & Kaplan, L. (1993). Marriage, spousal caregiving, and a husband's move to a nursing home: A changing role for the wife? *Journal of Gerontological Nursing, 19,* 13–23.

Baxter, L. A., & Braithwaite, D. O. (2002). Performing marriage: Marriage renewal rituals as cultural performance. *Southern Journal of Communication, 67,* 94–109.

Baxter, L. A., & Dindia, K. (1990). Marital partners' perceptions of marital maintenance strategies. *Journal of Social and Personal Relationships, 7,* 187–208.

Bellah, R. N., Madsen, R., Sullivan, W. M., Swidler, A., & Tipton, S. M. (1985). *Habits of the heart: Individualism and commitment in American life.* Berkeley: University of California Press.

Baxter, L. A., & Montgomery, B. M. (1996). *Relating: Dialogues & dialectics.* New York: The Guilford Press.

Braithwaite, D. O., & Baxter, L. A. (1995). "I do" again: The relational dialectics of renewing marriage vows. *Journal of Social and Personal Relationships, 12,* 177–198. Brubaker, E. (1986). Caring for a dependent spouse: Three case studies. *American Behavioral Scientist, 29,* 485–496.

Brubaker, T. H. (1990). An overview of family relationships in later life. In T. H. Brubaker (Ed.), *Family relationships in later life* (2nd ed.) (pp. 13–26). Newbury Park, CA: Sage.

Canary, D., & Stafford, L. (Eds.). (1994). *Communication and relational maintenance.* San Diego: Academic Press, Inc.

Canary, D., & Stafford, L. (1992). Relational maintenance strategies and equity in marriage. *Communication Monographs, 59,* 243–267.

Coffey, A., & Atkinson, P. (1996). *Making sense of qualitative data: Complementary research strategies.* Thousand Oaks, CA: Sage.

Creswell, J. W. (1998). *Qualitative inquiry and research design: Choosing among five traditions.* Thousand Oaks, CA: Sage.

Denzin, N. K., & Lincoln, Y. S. (1994). Introduction: Entering the field of qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 1–22). Thousand Oaks, CA: Sage.

Dickson, F. C. (1995). The best is yet to be: Research on long lasting marriages. In J. T. Wood & S. Duck (Eds.), *Understudied relationships: Off the beaten track* (pp. 22–50). Thousand Oaks, CA: Sage.

Fitzpatrick, M. A. (1988). *Between husbands and wives: Communication in marriage.* Newbury Park, CA: Sage.

Gergen, K. J. (1991). *The saturated self: Dilemmas of identity in contemporary life.* New York: Basic Books.

Gladstone, J. W. (1995). The marital perceptions of elderly persons living or having a spouse living in a longterm care institution in Canada. *Gerontologist, 35,* 52–60.

Hansson, R. O., & Carpenter, B. N. (1994). *Relationships in old age: Coping with the challenge of transitions.* New York: Guilford Press.

Huberman, A. M., & Miles, M. B. (1994). Data management and analysis methods. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 428–444). Thousand Oaks, CA: Sage.

Huyck, M. H. (1996). Marriage and close relationships of the marital kind. In R. Blieszner & V. H. Bedford (Eds.), *Aging and the family: Theory and research* (pp. 181–200). Westport, CT: Praeger.

Kaplan, L., & Ade-Ridder, L. (1991). Impact on the marriage when one spouse moves to a nursing home. *Journal of Women and Aging, 3,* 81–101.

Kaplan, L., Ade-Ridder, L., Hennon, C. B., Brubaker, E., & Brubaker, T. (1995). Preliminary typology of couplehood for community-dwelling wives: "I" versus "we." *International Aging and Human Development, 40,* 317–337.

Kinsella, K. (1996). Aging and the family: Present and future demographic issues. In R. Blieszner & V. H. Bedford (Eds.), *Aging and the family: Theory and research* (pp. 32–56). Westport, CT: Praeger.

Knuf, J. (2000). The margins of communication: Coping with adult dementia. In D. O. Braithwaite & T. L. Thompson (Eds.), *Handbook of communication and people with disabilities: Research and application* (pp. 485–503). Mahwah, NJ: Lawrence Erlbaum Associates.

Kvale, S. (1996). *InterViews: An introduction of qualitative research interviewing.* Thousand Oaks, CA: Sage.

Leininger, M. (1994). Evaluation criteria and critique of qualitative research studies. In J. M. Morse (Ed.), *Critical issues in qualitative research methods* (pp. 95–115). Thousand Oaks, CA: Sage.

Long, J. K., & Mancini, J. A. (1990). Aging couples and the family system. In T. H. Brubaker (Ed.), *Family relationships in later life* (2nd ed.) (pp. 29–47). Newbury Park, CA: Sage.

McCracken, D. (1988). *The long interview.* Newbury Park, CA: Sage.

Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis* (2nd ed.). Thousand Oaks, CA: Sage.

Morgan, A., & Zimmerman, M. (1990). Easing the transition to nursing homes: Identifying the needs of spousal caregivers at the time of institutionalization. *Clinical Gerontologist, 9,* 1–17.

Nathan, P. K. (1986). Helping wives of Alzheimer's patients through group therapy. *Social Work with Groups, 9*, 73–81.

Nussbaum, J. F. (1989). *Life-Span communication: An introduction.* In J. F. Nussbaum (Ed.), *Life-Span communication: Normative processes* (pp. 1–4). Hillsdale, NJ: Erlbaum.

Nussbaum, J. F., Bergstrom, M., & Sparks, L. (1996). The institutionalized elderly: Interactive implications of long-term care. In E. B. Ray (Ed.), *Case studies in communication and disenfranchisement: Applications to social health issues and implications* (pp. 99–106). Lawrence Erlbaum, Publisher.

Nussbaum, J. F., Robinson, J., & Grew, J. (1985). Communicative behavior of the long-term health care employee: Implications for the elderly resident. *Communication Research Reports, 2*, 16–22.

Nussbaum, J. F., Pecchioni, L. L., Robinson, J. D., & Thompson, T. L. (2000). *Communication and aging* (2nd ed.). Mahwah, NJ: Erlbaum.

Pearson, J. C. (1992). *Lasting love: What keeps couples together.* Dubuque, IA: Wm. C. Brown.

Petronio, S. (1991). Communication boundary perspective: A model of managing the disclosure of private information between marital couples. *Communication Theory, 4*, 311–332.

Petronio, S. (in press). *Boundaries of privacy: Dialectics of disclosure.* Albany, NY: State University of New York Press.

Philipsen, G. (1982). The qualitative case study as a strategy in communication inquiry. *The Communicator, 12*, 4–17.

Remondet, J. H., Hansson, R. O., Rule, B., & Winfrey, G. (1987). Rehearsal for widowhood. *Journal of Social and Clinical Psychology, 5*, 285–297.

Rollins, D., Waterman, D., & Esmay, D. (1985). Married widowhood. *Activities, adaptation, and aging, 7*, 67–71.

Schmidt, M. G. (1987). The patient's partner: The spouse in residential care. *Health and Social Work, 12*, 206–212.

Sillars A. L., & Wilmot, W. W. (1989). Marital communication across the life span. In J. F. Nussbaum (Ed.), *Lifespan communication: Normative processes* (pp. 225–253). Hillsdale, NJ: Erlbaum.

Sillars, A. L., & Zeitlow, P. H. (1993). Investigations of marital communication and lifespan development. In N. Coupland & J. F. Nussbaum (Eds.), *Discourse and lifespan identity* (237–261). Newbury Park, CA: Sage.

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

Troll, L. E. (1982). *Continuations: Adult development and aging.* Monterey, CA: Brooks/Cole.

Turner, V. (1988). *The anthropology of performance.* New York: Performing Arts Journal Publications.

Walker, R. J., & Pomero, E. C. (1997). The impact of anticipatory grief of caregivers of persons with Alzheimer's disease. *Home Health Care Services Quarterly, 16*, 55–76.

Wilmot, W. W. (1995). *Relational communication.* New York: McGraw-Hill.

Wood, J. T. (1982). Communication and relational culture: Bases for the study of human relationships. *Communication Quarterly, 30*, 75–84.

Wood, J. T. (2000). *Relational communication: Continuity and change in interpersonal relationships* (2nd ed.). Belmont, CA: Wadsworth.

Zarit, S. H. (1990). Interventions with frail elders and their families: Are they effective and why? In M. A. P. Stephens, J. H. Crowther, S. E. Hobfoll, & D. L. Tennenbaum (Eds.), *Stress and coping in later life families* (pp. 241–265). Washington, D.C.: Hemisphere.