2023

The Lived Experiences of Minority Widowers with Dependent Children

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Walden University
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Abstract

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Cathy-Ann L. King

MSW, University at Buffalo, 2007

BSW, Buffalo State College, 2003

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Human and Social Services

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Abstract

Spousal death is a traumatic event well documented amongst clinical professionals because of its impact on a man's physical and mental health. However, prior research on widowers has focused predominantly on white middle-class males. Little is known about the black indigenous people of color (BIPOC) male experience with spousal death, especially from those who are raising their dependent children. This qualitative phenomenological study aimed to understand the lived experiences of BIPOC male widowers and their children. BIPOC widowers experiencing the trauma of this life-changing event without professional assistance are at higher risk of emotional, physical, and mental distress. Attachment theory was used to analyze participants' grieving and mourning processes. This qualitative study collected data through semi-structured interviews with eight participants. Data analysis occurred via verbatim transcription and coding using DeDoose. Themes included the importance of faith in God and prayer; shifting of responsibilities to the widower; and the importance of help and support from family during difficult times. Although the study shed light on BIPOC widowers, there is a need for more data on this population because individuals of different ethnic groups grieve differently. Professionals in the human services field will benefit from the results of this study by understanding ethnicity is an essential part of grief. Positive social change implications include the need for ongoing education and training on this population's unique needs coping with grief.

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Dedication

Thank you, Jesus; you are the Lord over my life! You have helped me when I felt that completing this dissertation was not possible and reminded me that all things are possible. This journey of life took me to some highs and lows, and there are some key impactful people in my life whom I am grateful for. My strength, my late husband Dorian King, the 8 years we spent together were marvelous; you made me proud! Our precious daughter, Nia, reminds me of you and is my life-long love. She is your gift that you left behind that has kept me since you took your last breath! I loved you then and always will! My Nia, know that you can achieve anything; I believe in you and your dreams. I hope that I have been a good example to you, knowing that you can do anything you want. Keep going, daughter; I cannot wait to see you walk into your future! Thanks for being patient with me and telling me, "Mama you have to finish this PhD." We are going on our celebration trip. My mother, Barbara, you are the wings that fuel me with unconditional love and support. You taught me to read and write when the doctors told you I would not be able to learn. Mom, you never gave up on me, so I did not give up on myself. You were there every moment of my brain surgery and comforted this scared 8-year-old who grew up to accomplish her goals. God knows I needed you and all that you are to me. To my stepmother, Mama Anita, thank you for your love and being there for me, and know you are a consistent in my life. I would also like to thank my father, Ian, for all that he is! To my siblings Charmaine, Nichuel, Nigel, Keslyon, and Iana, thanks for your love and support. My niece and nephews, Aunty loves you all. Last, to my late Grandmother Eileen Hall, I wish you were still with us. Our family and friends thank you for your encouraging words and support. I love you all.

Acknowledgments

I could not have done this without my dream team. Dr. Jaeckle, Dr. Farris, and Dr. Hickman, you are the best and know that I will forever be grateful for your guidance throughout this process. It was difficult at times, but you always gave me good advice, and I continue to move forward knowing that I have a committee who helped me achieve my academic goal. Thank you all from the bottom of my heart. Thank you, Nia, for your encouraging words and unwavering support; you are the best daughter, and I love you more my future Dr. King!

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Chapter 1: Introduction to the Study

Life changes when a spouse passes away, and adjustments to the family unit are imperative in moving forward towards a new normal. With this change comes complications and psychological distress, which can last for a considerable amount of time (Wu et al., 2021). In some cases, survivors are diagnosed with physical illness because of their loss (Andersen & Brünner, 2020). Each family's complications and uncertainty vary; however, in this study, I focused on complications and uncertainty for Black, indigenous, and people of color (BIPOC) with dependent children. For this study, the term *dependent children* referred to males or females from a single-family household (as cited in Pujar et al., 2018). Widowers are met with the responsibility of raising dependent minors without their mother, and this can be a cause of stress (Edwards et al., 2018). However, parents and children who engage in healthy communication can improve their psychological health and can better focus on adjusting to their new life situation (Weber et al., 2021).

In this study, I describe the lived experiences of BIPOC widowers who raised their children after the death of their spouses. Prior researchers have demonstrated the lack of focus on dependent children of single parents due to the death of a parent; therefore, this topic required additional study (see Edwards et al., 2018). Specifically, there must be more awareness of how males cope when their spouses die and the grief they endure (Schmitz, 2021). After a spouse dies, men may feel different emotions, such as fear, sadness, shock, despair, guilt, and suicidal thoughts, as this event profoundly disrupts their lives (Silverman & Thomson, 2018).

There is no way for people to prepare for their spouse's death; however, this experience can be more traumatic when the death is unexpected and in the early stages of the marital relationship (Jones et al., 2019). Previous researchers presented that men have difficulty dealing with the distress associated with their spouse's death and frequently cry because of the emotional pain (Silverman & Thomson, 2018).

Background of the Study

Single-parent widows cope with many stressful experiences in their daily lives as they raise their dependent children alone. This transition can prove distressing to the surviving spouse's mental health and substantially affect daily living (Xu et al., 2020). The challenges are numerous as operations in the family are adjusted to facilitate changes due to bereavement (Yopp et al., 2019). Children who experience parental loss in their development have high instances of depression, anxiety, and other behavioral problems (Kazlauskaite & Fife, 2021). However, parental funds can help provide surviving spouses and their children with resources for counseling, therapy, educational assistance, social support, and other supports (Kailaheimo-Lönnqvist & Kotimäki, 2020).

Accepting death can be hard on a child's mental health; nevertheless, children still desire to connect by developing or having similar interests or traits as their deceased parent (Meyer-Lee et al., 2020). The surviving parent who addresses their children's emotions and psychological needs can significantly decrease the grieving process, which can be an additional source of peace for children (Weber et al., 2021). Every family is unique, and the needs of the surviving parent and their children are different. However, all families can be susceptible to psychiatric illness (Park et al., 2021).

Worldwide, 140,000,000 children will lose a parent before they reach 18 (Burns et al., 2020). Bereavement is an emotional adjustment that impacts one's psychological well-being, contributing to stress. Psychological well-being is particularly impacted among children who have lost a parent, as this is one of the most adverse experiences for a child (Burns et al., 2020).

For surviving spouses with dependent children, the unknown aspect of widowhood can cause anxiety that impacts many facets of family well-being, as the surviving individual is left alone to process the pain of the death of their spouse (Jones et al., 2019). Widowhood is a stressful event and challenge, especially when a widow tries to regain financial and psychological stability (Streeter, 2020). Financial well-being is a significant stressor for the surviving parent and can create either poverty or stability based on sociodemographic factors and whether the death is likely or unexpected (Lancaster & Johnson, 2020). Generally, men are better able to maintain relatively good financial stability after the death of their spouses (Streeter, 2020).

A bereaved parent wants to be available to their dependent children. However, the gender of the surviving parent plays a vital role in emotional availability, as men are less likely to talk or express their feelings (Liu et al., 2020). Spousal loss affects men and women differently, and its psychological impact is more intense in women (Sekgobela et al., 2021). Fathers are generally less emotionally available to their children, leading to less stability and more disruptions; in contrast, mothers tend to use a child-centered approach when dealing with the loss of a spouse (Yopp et al., 2019). After losing a spouse, adult responsibilities are now solely the purview of one. This increased

responsibility creates challenges for men trying to restructure their lives after their spouse dies (Asselmann & Specht, 2020). Additionally, it may be challenging to determine if a male is coping with grief complications because some men do not talk about their feelings as much as women (Park et al., 2021).

One aspect of bereavement is culture, and the differences in cultural norms of mourning rituals are meaningful and help people make sense of the experience of bereavement (Lange et al., 2020). For example, BIPOC widows may have a different experience than the dominant culture of White America (Itsweni & Tshifhumulo, 2018). Death is universal; however, the cultural aspect diverges based on one's cultural values or norms, which can determine what they experience during that time (Tang et al., 2021).

The loss of a parent can traumatize children and become a very stressful period when children need parental support and love during their formative years (Bergman et al., 2017). Often, children may not want to talk about their loved ones because of feelings of grief and the level of closeness they had with the deceased parent (Dyregrov et al., 2018). Furthermore, adolescence is a time of change as individuals who are no longer considered children go through a pivotal point of psychosocial development (Corbett et al., 2021). Bereaved children can also have increased depressive symptoms, anxiety, and withdrawal and may struggle with other mental health conditions (Danvers et al., 2020). Therefore, in addition to addressing developmental challenges, adolescents who have lost a parent may also have to manage psychological behaviors that arise due to emotional pain (Kazlauskaite & Fife, 2021). Having positive influences or peers in adolescence

provides a pillar and can help adolescents maneuver through this stage (Paul & Vaswani, 2020).

Problem Statement

The limited body of available research has mainly focused on middle-class men; thus, more studies are needed to focus on other demographics (see McClatchey, 2018). Few articles have described male widowers; in contrast, most research studies have reported on their female counterparts (Taylor & Robinson, 2016). The challenge now is to continue promoting more studies on male widowers to adequately understand their perspectives (Silverman & Thomson, 2018). Society norms have generally dictated that men are supposed to be tough and not show any emotions or pain; societally, doing so may indicate weakness. However, widowers have spoken of their grief due to loss of their wives (Martinez et al., 2021).

The severe, life-changing event of losing a spouse is often the most challenging time in a person's life (Cipriano & Cipriano, 2019). The loss of a spouse changes the family's trajectory, and the living parent must adjust to being a single parent (Park et al., 2021). Moreover, when children are involved, it further complicates the surviving partner's grief; therefore, fostering solid bonds is essential for parent and child (Yopp et al., 2019). To cope with bereavement, men often indulge in harmful substances to mask their feelings of pain (Kongsuwan et al., 2019).

Although the aforementioned research investigating the lived experiences of BIPOC widowers with dependent children has illuminated essential findings, I found no research that examined bereavement among BIPOC widowers. As a result, further

research is warranted to examine the experiences of BIPOC widowers to address the documented problem of differential effects of bereavement among BIPOC (see Milic et al., 2017).

Research Question

Research question (RQ): What are the male BIPOC experiences regarding bereavement and raising dependent children?

I asked study participants, BIPOC heterosexual men, some general open-ended questions regarding their experiences. Participants controlled their responses, and I did not encourage them to answer in any particular way. Questions addressed the impact of their loss on the family, particularly the impact on the children. I hoped to gain insight into participants' lives because the loss of the mother/wife may affect how the family is adjusting to bereavement.

Conceptual Framework

In this phenomenological qualitative research study, I used attachment theory to help understand participants' grieving and mourning processes. Attachment theory was developed by Bowlby and further developed with Ainsworth (as cited in Van Rosmalen et al., 2016). According to attachment theory, human infants need a consistent nurturing relationship with one or more sensitive caregivers to develop into healthy individuals (Van Rosmalen et al., 2016). Bowlby recognized that a child's mother is a central figure and is pivotal in their life; the mother creates a special attachment necessary for proper growth and development (as cited in Stroebe, 2002). Human attachment spans from infancy to adulthood, allowing children to create affectional bonds with others (Buglass,

2010). However, unavailable or unresponsive parents can contribute to abnormal behaviors and other risk factors among children (Van Rosmalen et al., 2016). In essence, prolonged deprivation of a child's mother can impact the child's development, thus impacting the child's character (Stroebe, 2002).

Kubler-Ross (as cited in Bretherton, 1992) indicated that attachment theory can also be used to understand the emotional impact of dying and bereavement on individuals. Thus, this study was guided by attachment theory, which details the four stages of grief: shock, yearning, despair, and recovery (see Buglass, 2010). Shock relates to the deep sense of loss and distress widowers experience, and longing explains why widowers find comfort in the memories they shared with their spouses. Despair focuses on the widower's changed life, and recovery entails rebuilding who they are while not forgetting their loss. Attachment theory was crucial in supporting the study's legitimacy (Bradbury-Jones et al., 2014).

Bereavement is different for each individual depending on the relationship they had with their spouse prior to their spouse's death (Brewer & Sparkes, 2011; Van Rosmalen et al., 2016). Also, positive or negative grieving habits form in the family of origin and result from the present bereavement experience (Stroebe, 2002). Therefore, I used attachment theory to explore closeness to the deceased spouse and the emotional effects of their death. This theory revolves around the grieving and mourning behaviors when attachment behaviors are activated but the attachment figure becomes unavailable or dies (Bretherton, 1992). Children grow mentally, physically, and emotionally as they

become less dependent on their parents; however, maturing can present a different outcome in bereaved children and their surviving parents.

Avoidance during the death of a loved one helps keep the reality of the situation away from the bereaved individual until they can cope with the death of a loved one (Shear, 2010). Because of avoidance, children in distress often do not reach out for help from their caretakers, leading to heightened and unresolved stress because of feelings aligned with a lack of attachment (Zilberstein, 2013). Insecure attachment results when caretakers are emotionally unavailable or only intermittently responsive to children's cues and stresses (Zilberstein, 2013). Caretakers of children should be aware of the child's mental and emotional state to provide the necessary interventions to help them in their times of need (Chinnery, 2016). When a parent is emotionally responsive to a child, they promote a healthy attachment that leads to the positive outcomes needed during children's developmental stages (Chinnery, 2016). Attachment continues throughout the lifespan; however, it changes as people evolve. An individual may require more or less attachment at different periods (Chinnery, 2016).

Nature of Study

In this study, I used a qualitative methodology with a phenomenological design. Husserl developed the phenomenological approach at the beginning of the 20th century (as cited in Tuohy et al., 2013). The significance of a phenomenological approach is to understand the meaning of someone's lived experiences firsthand (Bradbury-Jones et al., 2014; Tuohy et al., 2013). In this study, the phenomenological design was appropriate because my main aim was to describe the shared experiences or identify the

commonalities among participants' lived experiences (see Bradbury-Jones et al., 2014). Moreover, the phenomenological design helps researchers establish the meaning of a specific phenomenon (J. Wilson et al., 2016).

A phenomenological qualitative design allows for the understanding of the participants' lived experiences. The participants in this study were not based on a specific geographic area. Posters describing the research study were placed in various community bulletins and bereavement counseling centers. Those interested who also met the inclusion criteria contacted me by telephone, Zoom, or email. I also provided potential participants with detailed information on the study, and participants were given an informed consent form to preview and sign. The Walden University Institutional Review Board (IRB) approved the forms for participants. I verified that participants received the informed consent form and clearly understood all aspects of this study. Previously written open-ended questions were used during in-person interviews.

Definitions of Terms

Definitions of important terminology for the study are in this section.

Adolescence: The age-related developmental transition of juvenile social and cognitive maturation into adult forms (Corbett et al., 2021).

Advanced care planning: A conversation between the patient, healthcare professional, and often also relatives (Sævareid et al., 2021).

Bereavement: The objective situation of individuals who have experienced the loss of someone they valued (Lange et al., 2020).

Childhood mourning: The process where a child reacts optimally to death and continues with comparatively normal development (Pacaol, 2021).

Complicated grief: A persistent and pathological grief reaction (Kokou-Kpolou, Cénat, et al., 2020).

Grief: A process of experiencing reactions to one's perception of loss (Lange et al., 2020).

Religion: An organized system of beliefs and behaviors associated with the worship of a higher being/s, such as a god, whereas spirituality is an individual's search for meaning in life and connections to the world around them (Christian et al., 2019).

Spousal bereavement: The state of having experienced the death of one's spouse (Lange et al., 2020).

Stress: A composite, multidimensional construct defined here as the psychological and physiological reactivity to threatening events (Corbett et al., 2021).

Traumatic event: A stressful or disturbing experience in which the level of distress is overwhelming and results in increased feelings of anxiety, depression, and at times, posttraumatic stress disorder (Kazlauskaite & Fife, 2021).

Assumptions

The philosophical assumptions included in this study to help guide the interpretive framework were ontological, epistemological, axiological, and methodological assumptions. An ontological assumption implies unproven multiple realities from participants involved in a research study; in essence, reality is subjective to the studied individuals (Hoijer, 2018). This can become an ever-changing dynamic

because everything is not known, but understanding the relationship between different pieces of "reality" is essential in providing an understanding of a lived experience (M. Jackson, 2015). Therefore, in this study, I desired to understand the unique lived experiences of participants.

Epistemology is the study of knowledge and the exploration of what it means to know something (Peffer & Ramezani, 2019). In epistemological studies, the researcher determines what is known, and in essence, who knows about it; therefore, participants can create many meanings and realities (Converse, 2012; Peffer & Ramezani, 2019). The cognitive and noncognitive meaning helps to clarify epistemology. Cognitive meaning is language and logic that are clearly understood during transcriptions of conversations, providing a glance into the meaning of the text. Noncognitive meaning is how the researcher felt analyzing the research (Converse, 2012).

Axiological assumptions address having various perspectives on the same phenomenon, including respecting the researcher's viewpoint (Rambu, 2018). Knowledge flows in a two-way interaction, which adds value and helps strengthen the inefficient process of knowledge gathering (M. Jackson, 2015). However, it is necessary to understand the importance of this phase of interpretation, which can add value and should not be mistaken for value judgment (Rambu, 2018). In general, all knowledge has value and helps strengthen the phenomenon rather than weaken it (M. Jackson, 2015; Rambu, 2018).

Methodology assumptions state that a researcher must put aside all cultural and personal viewpoints to experience the essential meaning of the phenomenon (Converse,

2012). In essence, the researcher's suspension of judgment is necessary to capture the true sense of this discovery by decreasing biases and prejudices (Converse, 2012). Phenomenology is a critical methodology because researchers take a phenomenon and find the inner essence of their lived experiences (Urcia, 2021).

Scope and Delimitations

In this study, I explicitly addressed male BIPOC widowers who were raising their dependent children. Researchers have studied many types of bereavement; however, BIPOC bereavement needs to be thoroughly researched to help others understand this phenomenon further. People experience cultural differences in how bereavement is understood and experienced; these differences must be known, acknowledged, and understood to help individuals dealing with loss. Studying BIPOC bereavement brings attention to some of the challenges that affect BIPOC men who are raising their dependent children in ways members of the dominant culture may not experience.

Study participants included men who were once married and are now widowers, raising their children since the death of their spouses. The widowers in this study have had to address their own emotions and feelings regarding their spouse's death and be available for their dependents throughout their bereavement process.

Significance of the Study

Much of the existing body of research regarding widowers has focused on the dominant culture (McClatchey, 2018). Thus, this research helps fill a gap in understanding BIPOC widowers' experiences with grief after losing their spouses. Several essential factors impact male widowhood, and these factors are affected by male

widows' backgrounds, experiences, ages, emotional health, and support systems (Moran, 2016). The findings of this research study may help the staff of agencies that provide services to people impacted by death to understand the unique bereavement needs for BIPOC males. Agencies that offer bereavement counseling to BIPOC, such as hospitals, clinics, and individual counseling organizations, can use the findings in this study to assist male widowers.

Potential positive impacts of this study include an increase of knowledge regarding culturally appropriate bereavement and recommendations for practice with BIPOC bereaved widows. This study promotes positive social change because bereaved survivors grieve the death of their loved one based on many factors, including cultural background. Bereaved people are vulnerable and can benefit from research knowledge and recommendations for practice. Counseling professionals in practice with the bereaved population can benefit from an increase in knowledge and recommendations on how to counsel their BIPOC bereaved clients.

Limitations

Qualitative phenomenology has some limitations when used for studies in the human and social sciences. The focus of qualitative phenomenology is to understand lived experiences about a phenomenon (Urcia, 2021). However, phenomenology is limited such is a quantitative study (Song, 2017). Phenomenology indicates that lived experiences are better observed than told by the participants themselves (C. Jackson et al., 2018). Some researchers make no effort to explore the consciousness of noemata (thoughts) and perceptions regarding one's lived experience (C. Jackson et al., 2018).

In addition, it was possible that my personal biases as a widow may have impacted this research study. However, I attempted to eliminate my bias by asking the study participants to review the way I interpreted their responses for consistency and truthfulness. I did not want my personal bias to impact the reliability and validity of this research study in any way.

Ethical Considerations

Ethical considerations are a critical part of this research study because I asked the subjects to speak about the death of their bereaved family member. It was possible that this experience could have been traumatic for participants; however, the goal was for participants to have a positive experience during the interview (as cited in Sipes et al., 2020). The informed consent form permitted potential widowers to participate in the study. I informed prospective participants of the purpose of the study and all ethical considerations. All correspondence with prospective participants was sent to the gatekeepers first so they were familiar with the different stages of this research study. I emphasized that participants could withdraw anytime during the study process.

I made every effort to ensure anonymity and confidentiality throughout the study by never using any identifying information from participants. In this study, I assigned participants a number that was unique to them; I used this code for interviews and discussions. Also, during the data-collection stage, I asked participants for permission to record them. I also explained what I would transcribe to protect their privacy. I did not compensate participants in any way. I did help remind participants of the purpose of the study, clarified any concerns, answered any questions, and contacted participants to

ensure they were doing well after the study. I also gave participants my contact information so they could contact me with any further questions.

Summary

Chapter 1 contained an introduction to the study, detailed the background of the problem, and provided the problem statement. The chapter also included the purpose of the study, the RQ, the nature of the study, and the conceptual framework that was used to guide the study. Chapter 2 contains a review of the literature related to the topic of this study.

Chapter 2: Literature Review

Death is the end of one's existence and biological functions (Ruíz et al., 2021); everyone will experience death in their lifetime because all living things eventually die (Kronaizl, 2019). Grief and bereavement are a part of coping with death, and more research is needed to understand this human experience (Florczak & Lockie, 2019). Each person has their own experience and length of time they may grief for their loved one (Saltzman, 2019). When it comes to children, experiencing bereavement and grief can be complicated and affect their development and mental health (Boelen et al., 2021). Feelings of anger, irritability, and behavioral problems are associated with parental loss and can lead to symptoms of depression. The severity of these feelings also depends on the age of the child when their parent died (Weber et al., 2021). Bereaved children and adolescents must cope with their loss and the lack of attention from the surviving parent who may be struggling (de López et al., 2020).

Grief is the feeling of intense distress, a reaction to being bereaved, and can evolve into psychological distress if it lasts more than 6 months. Grief that lasts more than 6 months can be classified as prolonged grief (Saltzman, 2019). Grief refers to losing a loved one, and there are many types of grief (Boelen, 2021). When a spouse dies, living parents experience life changes and outcomes that may be difficult to cope with (Cipriano & Cipriano, 2019). For example, societally, males are seen as strong, and it is frequently taboo for them to show any emotions that complicate their grief (Silverman & Thomson, 2018). Often, women who have lost their husband grieve more because, in

most cases, they were dependent on their deceased husband for financial stability,

resulting in stress for the widow (Husain, 2020).

Chapter 2 includes background for the body of knowledge regarding widowers

and the impact of loss, which guided this research. I used key terms to search ProQuest,

Psych Articles, Psychology, Database, Psych Info, Sage Journals, Soc INDES, Nursing

Database, and Walden University dissertations to find peer-reviewed articles. Key words

and phrases included *childhood bereavement, culture and bereavement, spousal death,*

grief, loss, widowhood, widowers, and *death.*

Literature Search Strategy

Individuals experience many types of bereavement in their lives. The significance

of the death is based on the kind of relationship that existed (Kronaizl, 2019). This study

addressed male BIPOC widowers raising their dependent children. Although the present

study focused on male bereavement, I briefly examined literature on male and female

widows raising their dependent children. Male and female widows exhibit some

differences in how they raise their children after a spouse dies, and these differences may

cause different challenges. The main goal of this study was to gain insight into the lives

of BIPOC bereaved male widowers. This research contributes valuable knowledge to the

bereavement sector of society.

Conceptual Framework

In this study, I used the dual-process model (DPM) developed by Stroebe and

Schut (2010). Stroebe and Schut developed the DPM to help describe and predict if a

bereaved individual was coping well or poorly to their life-changing event. The DPM is

used to determine how an individual makes decisions and why people act in a particular way during bereavement (Houlihan, 2018). The DPM helps bereaved individuals cope with their loss (R. McManus et al., 2018) because, using the DPM, the bereaved can address their loss while simultaneously dealing with the stressors and changes that resulted from the loss (Fiore, 2019). A further breakdown of the DPM model includes a loss-oriented process versus a restoration-oriented process; in either method, everything revolves around the individual learning to accept the loss and restoring their life without the deceased loved one (Fiore, 2019; Stroebe & Schut, 2010). Tay et al. (2021) ascertained that a suffering individual might cycle between the different stages of the DPM.

Scholars have used Freud's theory of grief to further develop grief and bereavement theories throughout the years (Fiore, 2021). Freud's main emphasis in his writing on bereavement is that the bereaved individual separates all ties to the deceased loved one because the goal is recovery from grief. It should be noted that mental health strongly influenced Freud's thought process and shaped his views (as cited in Shapiro, 1996). Some of Freud's fundamental theory is still used in grief theories today, especially the need to dissolve attachment bonds to the deceased individual (Shapiro, 1996). Kubler-Ross identified five stages of grief: denial, irritation, negotiating, sadness, and acceptance. However, there are some concerns about the rigidness of the set order because some bereaved individuals may have some setbacks and therefore overlap in some stages (as cited in Buglass, 2010).

It is essential to note that Kubler-Ross developed the Kubler-Ross model in 1969 for people who were dying, not for bereaved individuals (Roos, 2012). The Kubler-Ross model gave the dying an opportunity to grieve the loss of their short life, future, and aspirations. For a bereaved person, grief involves mourning the loss of the deceased individual and the relationship they shared (Buglass, 2010). Following Kubler-Ross, Bowlby founded attachment theory and further developed the theory with Ainsworth in 1973, with the four stages being shock, yearning, protest, despair, and recovery (Buglass, 2010; Van Rosmalen et al., 2016).

Bowlby's work with attachment theory has been regarded as the theoretical force behind bereavement research as it is known today (Stroebe, 2002). Attachment theory's underlying theme is that attachments and bonds created early in individual development are essential. The emotional distress caused by attachment loss is disruptive for the bereaved person (Buglass, 2010). Park's (1998) theory, which is very similar to attachment theory, describes four stages of grief: shock and numbness, yearning and searching, disorientation and disorganization, and recovery (as cited in Buglass, 2010). However, Park believed that grief is a process rather than a state that a bereaved individual goes through.

Widowhood

Widowhood is a stressful and challenging time for people dealing with the loss of their spouse, and this process can be harmful to the surviving spouse's mental health (Schmitz, 2021). When a spouse dies, the surviving partner loses their primary support, confidante, and resources, which means there are greater demands on the surviving

spouse as they cope with the stressful complexity of widowhood (West et al., 2021). In some cases, when a spouse dies, the surviving spouse struggles with health issues associated with their loss (Andersen & Brünner, 2020). Psychological health is a concern after spousal death (Cipriano & Cipriano, 2019). Among older adults, their mortality risk increases after their spouse dies; this is true for both males and females (Yang & Gu, 2021). Feelings of despair and increased medical conditions due to widowhood cause an excess in mortality rates (Kung, 2020). Research studies linking widowhood and mortality outcomes based on gender and racial–ethnic groups can help explain the disparities that surviving spouses may experience (Liu et al., 2020). One's response to the death of their spouse varies by cultural and social norms (Sekgobela et al., 2021); thus, it is necessary to be aware of the widowed individual's cultural background and environment (Silverman & Thomson, 2018). For example, widowed women have far more complications than widowed men.

Marriage is often a vital source of support and companionship that protects one against psychological distress and physical health issues. According to Yang and Gu (2021), being in a marital relationship is beneficial for individuals' physical functioning, self-rated health, psychological well-being, and longevity.

A widow's resiliency determines how they will cope with the psychological distress attributed to being widowed. Some widowed people do not experience prolonged mental health consequences after the death of their spouse (West et al., 2021); however, for others, widowhood negatively impacts their ability to function and their mental health, resulting in an increased risk of death among widowed people (Hsiao et al., 2021).

Older widows in particular experience an increased risk for mental health issues and less social support. For instance, older widows may skip meals or eat low-quality meals due to their widowhood, and some may have frequent doctor visits and are prescribed more antidepressants (Andersen & Brünner, 2020). Death changes an individual's life; for some, death bring about new meaning or a symbolic rebirth. For others, the trajectory can cause isolation and lack of support (West et al., 2021).

Young Widowhood

Young widowhood is not the norm, as it is believed that mainly older people experience the death of their spouse near the end of their life (Lange et al., 2020). However, some young people suffer the pain of losing their spouse in their younger years, which changes their lives (Lange et al., 2020). Young spousal death is usually unexpected, and there is a deep sense of personal pain and grief associated with the marriage, which should have a start, end, and middle; however, this does not happen for young, widowed people (Jones et al., 2019). Culture, personality, and gender are all critical factors of grieving and mourning a loved one; there is not a particular way that young, widowed individuals should grieve their spouse (Lange et al., 2020). Individuals who unexpectedly lose a loved one have a more challenging time dealing with their loved one's death and may experience limited social support. It is an unexpected death that can lead to loneliness and isolation in young widowhood (Jones et al., 2019).

The literature has mainly focused on older individuals and how the death of their spouse impacted their lives. Most prior literature has not focused on younger individuals who are widowed and have a tremendously hard time with the death of their spouse

(Grewe, 2019). Lack of companionship, changes in responsibilities, and financial difficulties resulting from widowhood can lead to poverty, depression, and loss of hope and dreams that one had with their spouse; these are just some of the challenges young bereaved widowed individuals must face as they try to navigate this challenging period (Lange et al., 2020). Dealing with these many life-changing stressors can affect the mental health of young and bereaved widowed individuals. One way widowers can help alleviate these stressors is to seek help from professionals or groups that are focused on the needs of the widowed population and can provide support by allowing widows to discuss their individual experiences with the death of their spouses (Grewe, 2019).

Older Widowhood

Widowhood is described as a significantly distressing event that usually happens in the late stage of maturation and can have a terrible effect on the surviving spouse (Yang & Gu, 2021). The experience of widowhood is different worldwide, and there are particular customs and norms that come with the death of a spouse (Guo et al., 2021). When an older person loses a spouse, this loss is hugely concerning because the surviving spouse is of advanced age and bereavement can have severe implications on their physical health and well-being (Fagundes & Wu, 2021). Depression in older widows is an overall concerning factor, as it is noted that 40% of older widowed individuals experience clinically elevated depression symptoms after their spouse dies, which may need professional intervention (Rackoff & Newman, 2021). Fagundes and Wu (2021) found that older surviving spouses die relatively shortly after their deceased spouse, especially those who were within long-term marriages; this finding highlights the amount

of stress this life-changing event causes to the older adult. Specifically, Fagundes and Wu found that approximately 61% of older bereaved spouses died within 6 months of their spouse, and 18% died within 2 years. Though this percentage decreases as time goes on, it is still essential to understand the impact of widowhood on older adults (Fagundes & Wu, 2021).

Another area of concern for older adults is loneliness; after their spouse dies, they lose connectedness with others, leading to cognitive impairment and other risk factors of widowhood (Yang & Gu, 2021). The deceased spouse provided the essential social support to the surviving spouse, and in some instances, prevented isolation for their spouse. Upon their spouse's death, the surviving spouse may enter isolation, generating further concerns for the older widowed person's health (Guo et al., 2021). Therefore, transitioning from married to widowed is a significant life-altering change that is hard on the older adult population and substantially influences how well they adjust, especially regarding their cognitive skills (Zhang et al., 2019).

Social Support

Social support refers to the group network within the marital relationship, which is usually comprised of close family and friends. However, when a spouse dies, some of those networking links are no longer available to the bereaved (Morrigan et al., 2020). Social support helps widows alleviate some of the stress and added difficulties of losing a spouse; thus, it is essential to be connected to a mutually supportive group (Breen, 2021). Connectedness during the death of a spouse is vital because it helps the widower manage grief and improves the positive outcomes for the bereaved individual (Logan et al., 2018).

In most cases, social support for the bereaved is comprised of family and close friends and individuals in professional positions whom the bereaved deems helpful (Breen, 2021). However, it is pivotal to remember that, though bereaved individuals may seem to be adjusting well, they still need their family support. Often, family support is diminished too early, which can affect the mental health of the bereaved spouse (Sekgobela et al., 2021).

Bereaved individuals who have significant social support adjust better to stress, thrive, and have better outcomes (Aoun et al., 2019). Social support contributes to a better result for a bereaved person and is necessary to safeguard against the harmful effects of loss (Scott et al., 2020). Lack of social support or unhelpful support increases maladaptive behaviors and the chances for depression and mortality risk in bereaved individuals (Aoun et al., 2019). Therefore, elderly bereaved persons in particular can benefit from social support; otherwise, some would continue in their health decline and become vulnerable emotionally and lonely (Olawa et al., 2021).

Grief

Grief is when someone is trying to find meaning for the death of a person; in essence, they are dealing with this disruption of their lives and the deceased's involvement in their life story (Wehrman, 2021). Grief is an important factor of loss in general; however, some bereaved will experience complicated grief, which lasts 6 months or more after the loss (Petry et al., 2021). Complicated grief is an intense yearning, longing, and sadness, along with consistent thoughts about their loved one and not wanting to accept their death (Glad et al., 2021). Therefore, one cannot project how long

someone will grieve a deceased loved one, as the level of grief is based on how the deceased dies (D. Wilson et al., 2021). The relationship to the deceased is typically an indicator of how much the survivor will struggle with grief; the closer the relationship, the longer the survivor will struggle (Knowles et al., 2021). When someone dies of unnatural causes, the chances of their loved ones having complicated grief symptoms are higher (Glad et al., 2021).

Bereaved individuals who are actively dealing with complicated grief need professional intervention to teach them how to accept the passing of someone they loved and learn to live without them simultaneously (Iglewicz et al., 2020). Therefore, professional services must be helpful and affordable to assist bereaved who are in distress over the death of their loved one (Hay et al., 2021). Individuals with complicated grief suffer from inner conflict, guilt, anger, refusing to move on, and lack of processing the death that has occurred. The bereaved do not want to reengage with the life they had before the death and are prone to physical and mental health problems (Boelen, 2021).

Bereaved families may better adjust to their loved one's death if their loved one dies with reduced pain and with dignity (Gutiérrez Sánchez et al., 2018). When death is perceived as bad, survivors will experience high grief severity; therefore, the bereaved must seek bereavement support services to adjust to living without their loved ones (D. Wilson et al., 2018). In essence, the aim is for bereaved survivors to experience decreased grief and better adjustment; therefore, bereavement support groups are pivotal (Näppä & Björkman-Randström, 2020).

Widowers

Spousal death is a highly stressful event that can occur in one's life, and it is thought to have the most impact on one's physical and mental health (Fagundes et al., 2019). Initially, widowers often show fewer emotions when their spouse dies, possess limited knowledge of domestic duties, and tend to remarry quickly after their spouse's death (Silverman & Thomson, 2018). However, widowers deal with other emotions after the death of their spouse (Silverman & Thomson, 2018). An unexpected death can cause the most grief because of the suddenness and the inability of the surviving spouse to say goodbye (Jones et al., 2019).

Although it is understood that death is part of life, it is complicated when a spouse dies at a youthful age; therefore, widowers endure a higher level of depressive symptoms (Jones et al., 2019). The process of grieving a spouse's death can be hard to adapt to, and naturally adjusting to this process despite the challenges associated with this loss can be challenging (McClatchey, 2018). In the past, it was thought that widows experienced specific stages of grief; however, the grieving process for widows involves more complicated adjustments and psychological distress (Kamp et al., 2019). Widowers often have higher rates of depression and other mental health disorders in comparison to their married counterparts (Blanner Kristiansen et al., 2019). Widowers do not choose to be widowed and must deal with life stressors related to their changing life roles and emotions; in essence, they have added responsibilities (Albert, 2018).

Widows

Widows share some basic commonalities after the death of their spouse regardless of culture or country of residence. At times, widows contemplate if their lives are worth living without their spouse (Sekgobela et al., 2021). Navigating through the loss of a spouse is a complex undertaking by itself; in addition to grief, widows must cope with shattered dreams, lack of support, and the difficulty of raising bereaved children (Lange et al., 2020). Surviving spouses must address challenges such as their well-being, their physical and emotional health, and financial challenges that may arise (Timmermann, 2019). These challenges create many conflicting situations for the widow, and the widow must learn to understand and cope with their feelings as they move forward with their new life (Nuttman-Shwartz et al., 2019).

The loss of a spouse causes grieving and mourning, which are natural responses to the death of a loved one; however, this can lead to prolonged grieving, which can have a severe mental impact on one's well-being (Carr, 2020). Widows try to rebuild their life after becoming bereaved, and although it is difficult, widows incorporate part of their lives with their deceased spouse (Kenen, 2021). For couples who are affectionate toward each other, the death of a spouse is quite difficult and changes many aspects of their lives, including having an effect on the bereaved spouse's mental health (Ennis & Majid, 2020).

Bereavement and Culture

Death is a sad and traumatic occurrence that all humans will experience in their lifetime; however, cultural values, norm, rituals, and traditions around death are unique to

the culture to which one belongs (Itsweni & Tshifhumulo, 2018). Unlike the Western culture, individuals within other cultures consider it customary to continue a relationship with the deceased person (Steffen & Klass, 2018). In South Africa, the Zulu widowed women do not focus on grieving their husbands; instead, they are primarily concerned with the poverty they will experience because of the death of their husband (Lange et al., 2020). In South Africa, bereavement entails traditional rituals that must be followed and or performed by the entire family, not just the individual spouse or spouses (Itsweni & Tshifhumulo, 2018).

Culture is an important indicator of whether a bereaved person grieves in any specific way (Lange et al., 2020). Western White cultures are usually the model in understanding the complexity of the social, cultural, and psychological parts of mourning a deceased person; however, this is complex, as individuals practice different death rituals (Kokou-Kpolo, Moukouta et al., 2020). Rituals performed among BIPOC are essential to benefit the bereaved because they provide therapeutic, spiritual, and emotional comfort in bereavement; however, individuals in these cultures may feel insecure in their practices (Tippens et al., 2021). In most Western countries, when a loved one or anyone dies, the surviving loved one experiences bereavement, mourning, and grief. However, in eastern countries such as China, it is perceived that a dead person becomes a ghost who is respected by their descendants (Pan, 2019).

Bereavement and Religion

Religion helps to promote positive feelings in one's life and is practiced in different ways to create a sense of well-being and hope (Parente & Ramos, 2020).

Religion is an essential factor that can help individuals cope with significant life stressors such as death, whereas faith can bring comfort to survivors (Mastrocinque et al., 2020). Individuals who practice religion or spirituality can better cope and adjust to bereavement; religious individuals may read religious works such as the Bible, pray, and meditate, all of which have a positive outcome (Rudaz et al., 2020). Religion and spirituality can help bereaved individuals who are dealing with mental health distress because it promotes feelings of connectedness, promotes well-being, and improves mood, which helps during bereavement (Parente & Ramos, 2020). Survivors of loss who believe in an afterlife recover better than those who do not believe there is an afterlife (Feigelman et al., 2019). Religion in bereavement provides solace, peace, and hope, and enables the bereaved to move on with their lives knowing that everything they experience is part of a plan (Mohamed Hussin et al., 2018).

Religion is essential in dying or bereaved individuals; therefore, professionals and others involved in grief work need to be aware of culture and religion as a coping mechanism in dealing with end-of-life or mourning situations (Pentaris & Thomsen, 2018). Spirituality and religion are a fundamental part of many individuals' lives, and religious individuals seek support from their religious community in times of distress. Therefore, it is essential to understand that religion and spirituality shape a unique worldview that can be helpful as widows face bereavement and adjust to life without their loved ones (Christian et al., 2019).

Children Parental Bereavement

When a significant person dies in a child's life, especially an essential person like their parent, it can be a stressful and traumatizing experience and cause serious health problems (Boelen et al., 2019). When a significant person dies, children immediately experience stress due to the death of their attachment figure (Dyregrov et al., 2018). Children feel similar emotions as adults when a loved one dies, such as anger, confusion, and sadness. Though many children recover, some remain at risk for issues such as anxiety, depression, prolonged grief disorder, self-harm, suicide, underachievement at school, offending, and unemployment (Paul & Vaswani, 2020). It is not in the best interest of a child to deprive them of information on their parent's death; the maturity and age of the child at the time of their parent's death will determine how they will handle their grief (Ajiboye & Ajokpaniovo, 2019). Support from family and friends can become vital, and peer social support can also be a positive alternative for youth as they deal with bereavement (Paul & Vaswani, 2020).

Children need support and proper adjustments after they lose a parent; otherwise, this loss can affect them throughout their lives (Griese et al., 2018). Although most children do not develop symptoms of prolonged grief after the death of their loved one, a small amount of bereaved children display symptoms of depressive disorders, which can affect their well-being (Boelen et al., 2019). Depression can affect children's education, especially their early foundational learning, thus decreasing their ability to function (Finsaas et al., 2020). The magnitude of changes that come with childhood bereavement is difficult for the family. Economic changes are especially difficult, as these changes

cause instability and can be a secondary stressor on youth as they deal with the death of their attachment figure (Burns et al., 2020). Unfortunately, the family of the bereaved, especially the survivor parent, is left with the daunting responsibility of coping with their loss and having to help their children during the process (Yopp et al., 2019).

Surviving children struggle with death and therefore need intervention or therapy to help them process the death of their loved one. For some children, art therapy helps them to express their feelings and thoughts, which can be helpful for children during bereavement (Green et al., 2021). Involvement in art therapy can help some children with grief by improving their psychological behaviors (Chen & Panebianco, 2018). In art, children are free to make meaning of their loved one's death and stay connected to the deceased by continued bond, which is helpful for children (Green et al., 2021). Continued bond is an effective intervention to help children process their grief; it refers to an ever-present, inner relationship with their attachment figure. The intensity of grief changes over the child's lifespan, but it is an integral part of their grieving process for children (Karydi, 2018).

It is crucial that bereaved children's needs are acknowledged and embraced (E. McManus & Paul, 2019). Offering bereavement therapy or intervention in a school setting is helpful for children, as it is known that bereaved children struggle with academics. Unfortunately, for some children, having to return to school with peers and teachers who may not know how to address bereaved children can cause children to experience bullying, feeling lost, and isolation, which can add stress to the bereaved child's life (Lytje, 2018). Having training programs on bereavement for schoolteachers is

essential because it will help create a safe place to help bereaved children in the school environment feel supported and cared for by their teachers (McManus & Paul, 2018).

Adolescent Parental Bereavement

Adolescence is a critical period in human development, as individuals in the adolescent stage go through pivotal psychological, social, and physical changes (Corbett et al., 2021). Adolescents fall between the ages of 10 and 19 years of age (World Health Organization [WHO], n.d.). This period can present some challenges as young individuals attempt to find their identity and may deal with stress in an adult-like manner (Corbett et al., 2021). Adolescence is described as a transitional period; therefore, the death of a parent can cause difficulties in an adolescent's intimate bonds and interpersonal relationships (Tafà et al., 2018). The death of a parent is a life-changing event during the adolescent years, and adolescents commonly experience confusion, fear, anxiety, frustration, and depression after losing a parent (Ajiboye & Ajokpaniovo, 2019).

Parental death is considered a traumatic time for adolescents, and stressors associated with parental death can cause behavioral and emotional problems, irritability, and anger (Kazlauskaite & Fife, 2021). It is essential to note adolescents cope differently; some engage in sports, practice religion or spirituality, or devote themselves to their schoolwork (Ajiboye & Ajokpaniovo, 2019). Most individuals adapt to the loss of their parent over time, but some will need assistance with prolonged grief, which can affect their lives (Høeg et al., 2018).

Prolonged grief disorder is a severe psychiatric disorder that can occur in adolescents after the death of an important person or parent, a devastating experience for

adolescents under the age of 18 (Revet et al., 2021). Weber et al. (2021) characterized

prolonged grief disorder as (a) a sense of disbelief that the death happened; (b) feelings of

anger, guilt, or bitterness; (c) prolonged intense yearning; (d) intense painful emotions,

rumination, and catastrophizing; and (e) avoidance of reminders of the loss. Grieving is a

regular expression, and it is different and complex for everyone (Angelhoff et al., 2021).

The main aspects of prolonged grief disorder that are very distressing to adolescents are

separation from their attachment figure and depression, both of which require

intervention to help adolescents learn coping mechanisms (Boelen et al., 2021). Other

symptoms are also connected to prolonged grief disorder; in essence, there is no gold

standard or specific indicators for this diagnosis (Djelantik et al., 2021).

Depression includes mood fluctuations and short-lived emotional responses to

challenges in everyday life (WHO, 2021). Depression can last a long time and be the

cause of other health problems with moderate or severe intensity. Adolescents with a

history of psychopathology must get assistance or intervention following a parent's

death; however, this may be difficult because of lack of family resources following the

loss (Pham et al., 2018). Depression following a parental death can also lead to

adolescent suicide when the adolescent cannot handle the aftermath of living without a

parent (Bergman et al., 2017). Parental death can lead to a decline for the family that

impacts children and can also follow them to adulthood (Hiyoshi et al., 2021).

A great buffer that helps adolescents with their grief is communicating what they

are experiencing with the survivor parent effectively; however, this can be challenging

because each individual is at different stages in their grief journey (Angelhoff et al.,

2021). Surviving parents who work to strengthen their relationship with their bereaved children can help their children better cope with their grief (Boelen et al., 2021). Often, adolescents do not just tell others about their grief; rather, they use subtle and present nonverbal behaviors to communicate how grief affects them (Cohen & Samp, 2018). Youth who have continuing bonds with the deceased can better cope with the death because of the continued attachment; therefore, encouraging the child to speak about their feelings is critical (Karydi, 2018). Adolescents must cope with the absence of their deceased parent and accept the notion that, throughout different stages in their development, their deceased parent will never be there to experience those stages or activities (Kiedan & Khalil, 2019).

Bereavement by Different Causes of Death

Illness/Sickness

The prevalence of chronic diseases depends on many factors (Brinks et al., 2019). According to the Centers for Disease Control and Prevention (CDC; n.d.), chronic diseases are defined broadly as conditions that last 1 year or more and require ongoing medical attention or limit activities of daily living or both. Cancer, heart disease, and diabetes are chronic diseases that frequently lead to patient death (CDC, n.d.). Patients with these chronic illnesses typically progress through several stages of the disease before dying; however, everyone can have a different experience (Levoy et al., 2020). The spouse of the person with the chronic disease is aware of the progression of the illness and aware that they will experience the loss of their loved one, leading the spouse to exhibit adaptive or maladaptive grieving behaviors (Egerod et al., 2019). Subsequently,

spousal death impacts all areas of the survivor's life and can explain the significant changes in the bereaved person's psychological state, social bonds, physical symptoms, social status, and economic functioning (Wu et al., 2021). Grief is incredibly impactful on a spouse and can lead to higher mortality rates, especially after the spouse's death has occurred, and can be a risk factor to the surviving spouse for up to 17 years (Prior et al., 2018).

Suicide

Suicide is when individuals take their own lives. The bereaved family members of suicide victims are left with feelings of shame, guilt, and unanswered questions as they deal with this complex bereavement situation (Murray-Swank, 2019). Worldwide, it is estimated that approximately 800,000 individuals commit suicide yearly, with 135 individuals attempting to kill themselves daily. For those who succeed in their attempt, their death affects between six to 14 family and friends (Grafiadeli et al., 2021). When someone commits suicide, the surviving family members struggle with enormous emotional pain. Moreover, surviving family members must also cope with the loss of income from the deceased individual (Skopp et al., 2019). Unfortunately, suicide has increased to the second leading cause of death internationally and has been a growing public health problem for 70 years (Sargeant et al., 2018).

The impact of suicide moves beyond the family and affects the community and other stakeholders who knew the deceased person, many of whom may have different reactions upon hearing about the loss (Kõlves et al., 2019). These varied reactions do not take away from the grief and pain experienced by family and friends who are trying to

understand why the individual ended their own life (Grafiadeli et al., 2021). Pain, sorrow, and grief are all universal emotions felt after losing a close loved one; however, when an immediate family member commits suicide, the bereaved family endures a drastic type of suffering different from other kinds of death (Kõlves et al., 2019).

Stigma associated with the suicide of a family member makes it difficult for others to process the death; for example, some individuals may not be as supportive because the death was due to someone taking their own life (Pitman et al., 2018). Family members who are bereaved due to suicide do not get the social support essential for bereaved individuals because of the stigma, guilt, shame, and feelings of responsibility associated with suicide; therefore, many of these family members experience poor mental health outcomes (Wagner et al., 2020). The stigma of being the surviving spouse or family member of someone who committed suicide stays with a family for an extended period (Pitman et al., 2018). Many families deal with clinical psychological distress because of the stigma of suicide, but few will seek help. Sadly, these bereaved families must grapple with accepting what has happened while also coping with their grief (Wagner et al., 2020).

Homicide

Homicide is a problematic mode of death and is considered a violent way to die; as a result, the bereaved often develop severe mental health disorders that can impair their function for many years after their loved one's death (Alves-Costa et al., 2021). Bereavement impairment severity is closely related to how a loved one died; this is especially traumatic if the deceased individual died a violent death (Aoyama et al., 2018).

Individuals bereaved by homicide can experience trauma separation bond attachment (Soydas et al., 2021). Furthermore, bereavement from a homicide induces stressors, including grieving and mourning with bereaved family members feeling differently from one another. Some grieve for a short period, whereas others may develop posttraumatic stress disorder as they deal with the loss and/or need psychological help for their complicated grief (Alves-Costa et al., 2021).

Homicide death can be graphic, transgressive, intentional, and violent, which can contribute to the continued despair and maladaptive responses that family members experience (Zakarian et al., 2019). Death by homicide affects the economy and community because of the direct and indirect costs associated with law enforcement resources, especially in poverty-stricken areas. Unfortunately, homicide in poverty-stricken neighborhoods creates more poverty (Santos et al., 2021). According to Zakarian et al. (2019), in the aftermath of a homicide, loved ones may be faced with grief and despair, as well as feelings of guilt or moral injury due to the sudden, violent, and unexpected nature of the death. Survivors must connect with professionals who can help with adjustments because psychological distress becomes more concerning if survivors are isolated from others because of homicide stigma (van Denderen et al., 2018).

Widowhood Parenting

Losing a spouse creates sadness, worries, and changes in the family dynamics, which can severely affect the surviving parent and lead to psychiatric illness that requires intervention. These interventions benefit the entire family but are mainly focused on the grieving spouse (Park et al., 2021). Parents who are spousal bereaved and are unwilling

to talk about their grief will eventually deal with the risk factors for complicated bereavement grief over a long-term period (Karydi, 2018). The surviving bereaved, widowed parent is left with the responsibility of raising their dependent children while mitigating grief and the loss of their spouse (Yopp et al., 2019). Children of male widowers are unlikely to remain living with their father, especially if they are very young; however, children of female widows continue to live with their mothers (Rosenblum et al., 2018).

Widowers with children must balance coping with their grief, working, and parenting duties; widows must be good overseers of their dependent children to have some financial stability (Holmgren, 2021b). Changes in family dynamics, finances, child-rearing, and domestic responsibilities can become a tremendous burden that create complications for the surviving parent and extend to the dependent children (Yopp et al., 2019). After their loss, widowed parents are under particular troublesome stressors, such as expanding their parenthood duties and safeguarding their dependent children's psychological and emotional health, both of which are exhausting demands (Edwards et al., 2018). Parenting during bereavement is hard for the surviving spouse because they are grieving as their dependent(s) are dealing with the pain of losing a parent; this means the dependents may not get adequate support from that grieving parent (McClatchey, 2018). This dynamic creates a high-stress environment for both the parent and the children, thus impacting the family's well-being (Edwards et al., 2018).

Parenting as a widowed surviving parent has many challenges; however, children's emotional and mental needs can be addressed through communication.

Adequate communication can help a family move forward with fewer psychological problems (Angelhoff et al., 2021); therefore, surviving parents must be communicative with their dependent children to help them adjust to their new routine, even if the parent is grieving and may be worried about the trajectory their family is experiencing (Angelhoff et al., 2021). A parent dealing with their own mental health may engage less with their children, which can be challenging to adjust to as a child (Salo et al., 2020). It is significant to mention that the surviving parent has a substantial role in helping their children adapt to the deceased parent's loss (Karydi, 2018). Therefore, having excellent communication between parents and children helps their relationship and facilitates essential variables necessary to help with adjustments following their loss (Weber et al., 2019).

Men tend to have difficulty addressing their new responsibilities and chores as widowers, especially involving their dependent children's emotional needs and other demands; as a result, male widows experience significant added stress (McClatchey, 2018). Male widowers who have lost a wife struggle with their emerging new, altered roles because of the different parenting styles between men and women, and must cope with the responsibility of raising their children after their wife's death (Holmgren, 2021a). Bereaved women also struggle with grief, as they become solely responsible for raising their children and must cope with the shattered dreams and emotional pains associated with bereavement (Lange et al., 2020). Widows often want to feel connected to their deceased spouse, so they include some aspects of their former life as they attempt

to focus on their children and move on; however, widows also must face financial, mental health, and physical health problems (Timmermann, 2019).

Psychiatric Part of Widowhood

Dealing with death is a complicated undertaking, especially with the death of a spouse. The death of a spouse can have adverse outcomes such as physical and mental health disorders, especially if the couple had an affectionate, solid relationship (Ennis & Majid, 2020). It is typical for bereaved individuals to grieve their loved one for some time, and eventually, it becomes easier with time. However, 1 in 10 bereaved individuals experience persistent and debilitating grief symptoms that heighten their risks for a mental health diagnosis (Kokou-Kpolou, Cénat et al., 2020). The stress associated with the bereavement experience can adversely affect the survivor's mental health and put them into a high-stress, traumatizing situation (Ennis & Majid, 2020). Widowhood is a significant change in an individual's life and impacts their social and financial well-being; this can lead to the widow worrying more, and hence increase depressive symptoms (Min et al., 2018).

Both men and women who are widowed have a higher occurrence of depressive and anxiety disorders when compared to the general population; however, men have more cases of depression at any age, and there is a highly increased risk of suicide among men, especially in the younger age groups (Blanner Kristiansen et al., 2019). Although the number of widowed men is relatively small compared to the number of widowed women, who have a higher life expectancy, the likelihood of men being widowed is higher (Förster et al., 2019). Middle-aged women who are widows have lower levels of

anxiety, whereas younger widowed women feel more pressure because they are more concerned about their present and future survival (Basnet et al., 2018). The most common mental health disorders widowed individuals deal with are anxiety, depression, and posttraumatic stress disorder. The diagnoses rates for these disorders are high during the first few years after the death of a spouse but decrease over time (Taylor & Harrold, 2021).

Women use different mechanisms to help cope with their mental health during their bereavement, such as seeking help, praying to God, or using positive words. In contrast, men use avoidance strategies and seek connection with their deceased spouse (Carr, 2020). The lack of effective coping strategies during bereavement makes men vulnerable and at high risk for mortality and continued depression, especially if they live alone (Nakagomi et al., 2021). Maladaptive behaviors lead to anger and substance use, which can also affect a widow's physical health and prevent them from seeking social support and other vital services (Carr, 2020). Usually, men get their social support from their spouse; thus, after losing their spouse, men may seek alternative, informal support from neighbors, peers, and friends to help alleviate symptoms of depression (Nakagomi et al., 2021).

For many bereaved spouses, widowhood is very distressing and changes the trajectory of their life. However, for some, widowhood can bring about positive changes and contribute to a rebirth or personal growth of oneself (Recksiedler et al., 2018). Resilience in widowhood is necessary during personal development, as resilience helps the individual adapt and manage their stressors and trauma (Bennett et al., 2020).

Regarding gender and personal growth, women typically indicate the feeling of gratitude and spiritual growth as essential factors that brought about positive life changes, whereas younger men felt more possibilities after a life-changing event (Recksiedler et al., 2018). Some other practices that help to promote growth for widowed individuals are mindfulness and religious or spiritual practices, both of which help in different ways. Mindfulness keeps the individual focused on the present, whereas religion and spirituality encourage prayer and meditation to promote posttraumatic growth and well-being (Rudaz et al., 2020).

Widow and Finances

Losing a spouse causes a financial burden on the surviving spouse and their dependents and can trigger poverty. As a result, uncertainty and financial stress are added to the surviving spouse's emotional grief (Lancaster & Johnson, 2020). Most bereaved individuals are not prepared for the death of their spouse, and therefore do not have a financial plan prepared (Lancaster & Johnson, 2020). This is especially true for younger widows, who may need financial advice to figure out their next step and ensure they have money to live and care for dependents (Timmermann, 2019). Preparation to help spouses understand their finances and improve their well-being to ensure they are comfortable if their spouse dies unexpectedly or is diagnosed with a long-term illness could be beneficial (Timmermann, 2019).

Bereavement affects a family financially because members of that family may need medical services upwards of 10 years after their loved one dies (Becker et al., 2021). Women are the group most affected when their spouse dies and may have difficulty

navigating their life without their spouse. In addition, women are usually younger than their husbands, and are less likely to remarry (Vasara, 2020); thus, loneliness is a significant challenge that younger widowed women may endure. Some middle-aged and older widowed individuals will also experience decreased disposable income and lose income from their deceased spouse (Lancaster & Johnson, 2020). Furthermore, older widows' living arrangements are determined by their financial resources and what, where, and how they prefer to live as a surviving spouse (Nakagomi et al., 2021). Poorer, older adults have a more challenging time adjusting, coping, and grieving for their loved one because of the loss of finances. Additionally, families whose deceased loved one had higher education also suffer from financial hardship as a result of their loved one's death (Becker et al., 2021).

Women and men do not adjust to widowhood the same way, especially if dependent children are involved; this makes the bereavement process even more financially and emotionally challenging for everyone affected by the loss (Yopp et al., 2019). Financial stress is a fundamental task for widowed individuals, and some see it as daunting, disruptive, and legal regulatory bodies and requirements (Blackburn & Bulsara, 2018). Women are frequently less financially secure than men; many women married to men depend on their husbands to handle the money before they become widows; therefore, after their husband dies, their living standard declines because the remaining money goes toward medical expenses and final arrangements for their spouse (Streeter, 2020). Unknowns, especially unknowns related to mortgage payments, rent, or other

financial obligations, are a source of added stress for widows and contribute to emotional distress; this is especially true among younger widows (Blackburn & Bulsara, 2018).

Often, men's mental condition worsens during bereavement and lasts well beyond that period (Streeter, 2020). Female widows, especially women of color who may have already had an economic disadvantage while their spouse was alive, are at an ever-greater disadvantage as a widow. Women who identify as BIPOC experience more negative outcomes after losing a spouse (Liu et al., 2020). Spousal loss is a profound experience that leads to many changes at once, especially regarding financial disruption. It is not easy because the deceased spouse will not be contributing to the family income, which can affect the family's needs (Yoon et al., 2022).

Summary

Chapter 2 presented the literature search method, theoretical framework, and review of the research. Chapter 3 explains the methodology of the study and how data were analyzed. The research design and role of the researcher are also defined. The rationale for the RQ and participant selection, including ethical considerations, are addressed.

Chapter 3: Research Method

This chapter focuses on the use of phenomenology to inquire about a particular phenomenon. In this research study, I aimed to gain an in-depth understanding of the challenges and cultural bereavement experienced by BIPOC fathers with dependent children. My hope was to gain better insight into the lives of participants so that evidence-informed interventions can create resources to benefit BIPOC widows. In addition, the outcome may lead to policies that impact the entire community because grief is universal, although each cultural group has its rituals to be acknowledged and respected (see Itsweni & Tshifhumulo, 2018).

Researchers study the phenomenon of interest where it naturally occurs and through the experience of participants in the phenomenon (Jones et al., 2019). Researchers can gain a clear meaning of the description of an experience from participants by asking follow-up questions during the data-collection stage so the content expressed is not misconstrued (Dahlberg & Dahlberg, 2019). In this chapter, I share how I drew data to help describe the lived experiences of participants in their own words (as cited in Jamali, 2018).

This chapter is organized into five sections to delineate the methodology used in the study. The first section, Research Design and Rationale, includes the RQ and the research approach. In the next section, Role of the Researcher, I define my position in the context of data collection and analysis, including bias and ethical considerations. To ensure transparency and reproducibility, the methodology section provides the data-collection procedures used in the study, as well as details the selection of participants and

the process of data analysis. Next, I describe issues of trustworthiness: credibility, transferability, dependability, confirmability, and ethical procedures. Last, I provide a chapter summary. As the researcher, my focus was on answering the RQ: What are the male BIPOC experiences regarding bereavement and raising dependent children?

Research Design and Rationale

Husserl developed the notion of phenomenology, averring that the researcher step aside and allow the participant to share their experiences; as a result, the researcher can understand a participant's perceptions, thoughts, memory, imagination, and emotion toward an event or thing (Rodriguez & Smith, 2018). Researchers use qualitative methods to gain in-depth knowledge about meaningful events or things to understand the human experience (Grodal et al., 2021). The participant-oriented approach of phenomenology gives participants the chance to share their lived experiences, including some intimate details of the event, and give feedback when necessary (Slettebø, 2021). Although participants in this research study may have endured the same life event, participants uniquely experienced the death of their spouse. Understanding the meaning of each individual experience showed how each participant was affected; the revealed inner evidence is their true experience (see McSherry et al., 2019).

The study participants lost their loved ones in different ways, but what remained evident was their loss and how it impacted their lives. I aimed to understand the lived experiences of male BIPOC widowers who are raising their dependent children after the death of their wives. A qualitative design was the best choice for this research study because the purpose of this study was to understand the individual experiences of

participants. This goal was achieved by asking open-ended questions that allowed participants to answer with a personalized, in-depth response. I worked to develop interview questions that did not impose my views or bias.

In considering the most suitable qualitative design for this study, I reviewed the other following approaches: case studies, ethnography, narratives, and grounded theory research. I considered the use of a case study for this research but determined that it would not be appropriately suited to answer the RQ. In a case study, the researcher uses different resources to gain a deep understanding of an actual life situation (Klral, 2020). Researchers use ethnographic designs when they wish to become immersed in the culture of the target population to capture their social meaning and ordinary activities (Hammersley, 2018). Narrative design means telling a life story about the different chapters in someone's life (McAdams, 2018). In grounded theory, the researcher can use documents or interviews to build abstract concepts that will eventually lead to a core concept or theory (Martin et al., 2018). The best design for this study was the phenomenological design, which allowed participants to provide rich, in-depth data to answer the RQ.

The Role of the Researcher

My role as the researcher in this study was to set aside my personal experiences with the death of a spouse and not let personal grief experiences cause bias or lead participants during the interviews. Researchers must choose how to position themselves during interviews to get a thick description from the subjects with the potent of generating new knowledge and/or theory (Holter et al., 2019).

I did not have any private, professional, friendly, or family relationships with any of the participants in this research study. Also, I did not offer any money to participants; participants took part in the study as a free choice. I advertised the study in public-service groups, in-person meetings, community organizations that offer bereavement services, churches, apartment complexes, barber/hairdressing shops, and community events. I also advertised on social media sites Facebook and Twitter and on websites such as Walden University and the National Widowers Organization to gain interest in this study. I emphasized that participants must be a male BIPOC widower with dependent children. My goal was to get as many individuals as possible interested in this study.

I conducted interviews and observed participants during the interview process, listening to what the participants shared. Specifically, I conducted semistructured interviews that met COVID-19 pandemic guidelines and were scheduled based on arrangements with each participant. Before the start of the interview, I gave participants a few minutes to look at the interview guide questions and formulate their thoughts in preparation for the interview. When necessary, I indulged in casual conversation to build rapport with participants to help them feel comfortable talking about their loved one and family situations. I used a digital recorder during the interview and asked each participant if I could record the interview. I transcribed the recordings or written responses to the guide questions. Then, I used the collected data to analyze the meaning of the loss to the participants.

I did not participate in the interview. Instead, I listened and asked questions to gain knowledge about the lived experiences of male BIPOC widowers who are raising

their dependent children. Although I did not allow my personal experiences of spousal loss to become an issue during the interviews, I addressed my bereavement before conducting the interviews by seeking bereavement counseling to explore any conflicts that could arise due to the emotional impact of the study. Personal bias can taint study results. Additionally, I asked participants to review the transcript and interpretations of their interview to ensure the data conveyed their experiences respectfully and professionally. I reminded them that they could withdraw from the study at any time and confirmed that I would maintain their anonymity.

Methodology

Population

In this study, I explored the experiences of BIPOC men whose wives had died and who were raising their dependent children alone. To answer the RQ, participants had to be a member of a BIPOC group and must have been a parent of a child who was under 18 years old. The goal was to understand participants' experiences as BIPOC widowers seeking bereavement services to help themselves individually or their family unit. This study was also particularly concerned with how BIPOC men were coping with the sudden transition in their lives.

The children of BIPOC widowers were not allowed to participate in this research study because of Walden University's IRB requirement to maintain ethical standards for minors. I informed participants that they would be interviewed at a prearranged location or online. On the invitation flyer (see Appendix A), I informed participants that interviews would be recorded using an audio recorder. For the authenticity of my

interpretation of the data, I also gave participants a chance to provide feedback and check the transcribed data for accuracy. If participants did not wish to be recorded and were local, they had the option to meet for an in-person interview where I would take in-depth notes; however, no participants chose the in-person interview option.

Fourteen individuals contacted me and expressed interest in participating in this research; however, only eight men participated in the study. There is no specific stipulation that is agreed upon by researchers about how many how participants are needed for a qualitative research study; rather, researchers require enough participants to allow for a new and textured understanding but few enough to attain a deep case-oriented analysis (Vasileiou et al., 2018). Researchers must decide how many participants should be in their study based on the quality and richness of the data they are seeking to understand (Vasileiou et al., 2018; Young & Casey, 2019). When the data indicate saturation, meaning that the data are being repeated by participants, this signifies that the study has reached sample size (Hennink & Kaiser, 2022).

Purposeful sampling was most appropriate for this study because participants had a shared experience: the death of their spouse. However, participants' individual experiences brought diversity and added richness to this study. My choice to use purposeful sampling is consistent with obtaining rich, in-depth information from a small sample size. For participants to meet the requirements for this study, they were required to be BIPOC widowers with dependent children.

Sample Size

The small sample sizes used within qualitative research do not diminish the depth and breadth of the inquiry (Boddy, 2016). In essence, saturation governs when the study sample size has been reached. Although 14 individuals expressed interest in the study, only eight men completed interviews. The research reached data saturation with eight participants.

Sampling Strategy

I used the DPM of grief, developed by Stroebe and Schut (2010), to interpret the data collected and gain analytic insights to answer the RQ. According to Stroebe and Schut, the DPM can be understood as a taxonomy to describe how bereaved individuals accept the death of their family member. In essence, the model helps clarify the categories of stressors the bereaved experiences as either a loss or restoration orientation (Stroebe & Schut, 2010). A loss orientation represents the bereaved person's attempts to process their loss and the relationship they had with their deceased loved one. In contrast, a restoration orientation indicates attending to life responsibilities without the deceased person, accepting one's new life status (Stroebe & Schut, 2010). The DPM helped me categorize the emotions and changing roles that come with loss.

Procedure for Recruitment, Participation, and Data Collection

I collected the data from participants during interviews in a mutually agreed upon location or on a mutually agreed upon platform; options included a face-to-face interview at a prearranged public or private area or via telephone, email, Zoom, Microsoft Teams, or Skype. I ensured that the participant was comfortable and worked to build rapport

before asking interview questions. I asked eight interview guide questions (see Appendix B) to collect data. These questions aligned with this research study. I asked participants about the death of their spouse and how it has affected them and their dependent children. The interview questions focused on dependents to more deeply understand how the participants were coping from a parental viewpoint. The goal was to ascertain meaning related to participants coping with the death of their loved ones.

Although I scheduled the interviews for 1 hour, I allowed some extra time based on the participant's comfort level and what they wanted to share. I asked open-ended questions to guide the research but allowed participants to freely share their experiences. At times, I asked participants to elaborate or clarify some answers. I took notes and used an audio recorder to record the interview sessions depending on if the participant consented to being recorded. After giving the participants a chance to look over the transcription to check for correctness and accuracy, I assigned each participant a number that was used instead of their name and other identifying information. I kept this information in a locked drawer in my office with keys that I alone have access to. It was essential that I made every effort to ensure all the participants knew that I would always maintain their privacy, as stipulated by the various research bodies on human subjects. The interview protocol is also provided in Appendix C.

Data Analysis Plan

I used Dedoose version 7 to code and analyze the data. I looked for significant patterns and clustered them to identify codes and themes (see Taylor, 2020). Analysis of the data helped me to identify any patterns across the data that were relevant in answering

the RQ (see Braun & Clarke, 2006; see Table 1 for the criteria for analysis and Table 2 for phases of thematic analysis).

This research study entailed bereaved family members talking about a life-altering event that had changed the trajectory of their family life forever; therefore, I was mindful of how my questions impacted the participants (Sakashita et al., 2018). Understanding the experiences of the participants was fundamental to gaining a better understanding of how they were coping with their loss and what they need; such information can help future families who may need assistance. The participants in this study included male BIPOC who were widowers; thus, the study data may be helpful for members of BIPOC groups. Understanding the participants' experiences is vital to providing or establishing resources that can help future families who are bereaved. Bereavement is not a uniform experience, and bereavement situations may align with the culture to which one belongs (Lange et al., 2020).

Issues of Trustworthiness

Credibility

Credibility is an important factor in a research study, serving as the gatekeeper to ensure the truth value of the data. Credibility is the assurance that the researcher was truthful with their findings and that the findings represent participants' experiences. Credibility is enhanced when the participant can affirm the data are correct by reading the interpretation to ensure it is accurate (Batt & Kahn, 2021). Validity is essential in creating a systematic conceptual and analytical discipline that builds credibility, convincing

readers of the trustworthiness of the research study due to consistency with the results (Shufutinsky, 2020).

I ensured credibility by using an audio recorder to record interviews, replaying the recording to check for accuracy, and giving participants a chance to provide feedback on their interview transcript. Furthermore, researchers understand that establishing a good relationship and trust with the participant is an asset during a study; therefore, to ensure I retained a good relationship with each participant, I maintained a clear line of communication with participants.

Table 1

A 15-Point Checklist of Criteria for Good Thematic Analysis

Process	No.	Criteria
Transcription	1	The data have been transcribed to an appropriate level of detail, and the transcripts have been checked against the tapes for accuracy.
Coding	2	Each data item has been given equal attention in the coding process.
	3	Themes have not been generated from a few vivid examples (an anecdotal approach), but instead, the coding process has been thorough, inclusive, and comprehensive.
	4	All relevant extracts for each theme have been collated.
	5	Themes have been checked against each other and back to the original data set.
	6	Themes are internally coherent, consistent, and distinctive.
Analysis	7	Data have been analyzed, interpreted, and made sense of rather than just paraphrased or described.
	8	Analysis and data match each other, and the extracts illustrate the analytic claims.
	9	Analysis tells a convincing and well-organized story about the data and topic.
	10	A good balance between analytic narrative and illustrative extracts is provided.
Overall	11	Enough time has been allocated to complete all phases of the analysis adequately, without rushing a phase or giving it a once over lightly.
Written report	12	The assumptions about and specific approach to thematic analysis are explicated.
	13	There is a good fit between what you claim you do and what you show you have done – i.e., described method and reported analysis is consistent.
	14	The language and concepts used in the report are consistent with the epistemological position of the analysis.
	15	The researcher is positioned as active in the research process; themes do not just emerge.

Note. The table represents the "Using Thematic Analysis in Psychology," by V. Braun

and V. Clarke, 2006, *Qualitative Research in Psychology, 3*(2), pp. 77–101.

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Table 2

Phases of Thematic Analysis

Phase	Description of the process
1. Familiarizing yourself with your data:	Transcribing data (if necessary), reading and rereading the data, noting down initial ideas
2. Generating initial codes:	Coding interesting features of the data in a systematic fashion across the entire data set, collating data relevant to each code
3. Searching for themes:	Collating codes into potential themes, gathering all data relevant to each potential theme
4. Reviewing themes:	Checking in the themes work about the coded extracts (Level 1) and the entire data set (Level 2), generating a thematic map of the analysis.
5. Defining and naming themes:	Ongoing analysis to refine the specifics of each theme, and the overall story the analysis tells, generating clear definitions and names for each theme
6. Producing the report:	The final opportunity for analysis. Selection of vivid, compelling extract examples, the final analysis of selected extracts relating of the analysis to the research question and literature, producing a scholarly report of the analysis.

Note. From "Using Thematic Analysis in Psychology," by V. Braun and V. Clarke, 2006,

Qualitative Research in Psychology, *3*(2), pp. 77–101.

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Transferability

Phenomenological studies produce in-depth, rich data that result from an experience that will help in understanding an RQ. However, results must be applicable to other settings or groups than the research participants; in other words, the experience must be shared with those who may have a similar situation or event (Batt & Kahn, 2021). During the duration of this research study, I prioritized showing how I researched so that readers can judge the study's transferability (Korstjens & Moser, 2018).

Dependability

I provided as much detail on participants as possible while being mindful to protect all aspects of participants' confidentiality. Specifically, I maintained study details that could be used to duplicate the study. I stayed in contact with the committee members who oversaw my study, and these committee members followed up with me about any concerns they had about my findings. I am a novice researcher and made every effort to maintain integrity in my work.

Confirmability

I certify that the findings represent the data collected from study participants and I did not falsify the findings. I can confirm this because I allowed participants to read their interview transcript to check for accuracy. Also, during their overview of the data, participants could clarify any misleading or inaccurate information in the document. These checks are necessary to ensure that interpretive summaries of the data are correct and validated (Slettebø, 2021). Allowing the participant to recheck their collected data is a way to ensure confirmability.

Ethical Considerations

For many individuals, discussing death is a difficult experience and comes with many emotions; therefore, respecting the vulnerability of participants was my top priority. I provided participants the listings for several bereavement services to help those who may have experienced trauma due to being a part of this research study (see Appendix E). Because research participants were widowers and I am a widow who experienced some similar emotions, I also practiced bracketing during this research study (as recommended by Rodriguez & Smith, 2018). I allowed participants to share their experiences but remained cautious to not create any emotional distress; this allowed me to collect as much data as possible during the interview phase. As previously stated, this is a sensitive topic, so I provided participants with the names of organizations or bereavement therapists in the research area and encouraged them to take advantage of these facilities.

Participants met the study criteria of BIPOC men whose wives died and who are raising their dependent children. Before the interview, I sought the approval of the Walden University IRB, which provides strict guidelines for human subjects. My role was to guide the interviews and audio record the data. I also informed participants of their rights and provided consent forms with information about the purpose of the study. I gave participants a contact card with my information and the information of my dissertation chairperson in case they had concerns or in the event they wished to withdraw from this research study (see Appendix E).

I treated the confidentiality of participants and the data they provided carefully, ensuring interviews took place in a private area that was agreed upon before the interview. Participants had a chance to review the data because it would be unethical for me to include false or deceiving data. I stored the data in a drawer in a locked cabinet that is only accessible to me. I will store the data for 5 years, at which point the data will be electronically shredded.

Summary

Qualitative research studies rest on the richness of the experiences of others that can lead to a deeper understanding of an RQ. Death is a difficult, life-changing situation that presents many changes that may affect the entire family unit. Everyone addresses this challenge differently and therefore uses different coping mechanisms. Religious beliefs, culture, customs, and other important factors impact one's coping mechanisms. Participants in this study included BIPOC fathers who shared their lived experiences of the death of their spouse.

The research study was organized to build on the data as I worked to answer the RQ. Chapter 3 explained the methodology of the present study and how the collected data were analyzed. Chapter 4 describes the study findings.

Chapter 4: Results

The purpose of this qualitative phenomenological study was to allow BIPOC widowers to express their lived experiences while raising their dependent children I interviewed eight participants for this research study, asking each participant the same eight research study questions and allowing them to answer without interruption. The widowers spoke about the challenges of living as a widower and expressed their daily sadness. They also mentioned their concerns for their dependent children and how they dealt with their mother's death.

I wanted to understand how these fathers deal with the pain and sadness of spousal death and raising their children. With limited peer-reviewed articles in the literature, I hope that the knowledge gained from this research will help fill the literature gap. Also, I hope to help highlight their circumstances and why some of them suffer in silence and are afraid to seek bereavement counseling. Therefore, I designed and completed this study to answer the RQ: What are the male BIPOC experiences regarding bereavement and raising dependent children?

In Chapter 3, I provided a complete description of how the participants were interviewed and participant demographics, including (a) participant assigned numbers, (b) cause of death, (c) number of children, (d) length of the interview, (e) data collection, and (f) data analysis. Then, I discussed evidence of trustworthiness in my research study, including credibility, transferability, dependability, and confirmability. Next, I presented the study results from participants as they shared their lived experiences as BIPOC widowers.

The phenomenological study was designed to answer the following RQ: What are the male BIPOC experiences regarding bereavement and raising dependent children? I asked the participants the following study guide interview questions to collect data to answer the RQ:

1. What can you tell me about raising your dependent children without your spouse?

2. Please share how your life has changed from being married to now being a widower?

3. How are you helping your children cope from the death of your wife?

4. How did your family decide to seek bereavement counseling?

5. In your own words, please describe bereavement grief.

6. In your own words, how is life without your loved one?

7. What is something that you miss about your wife?

8. How much did your culture influence whether you should seek professional bereavement services?

There were limited data in the literature about male BIPOCs' experiences regarding bereavement and raising dependent children. To fill this literature gap, I asked the study participants to speak about their lived experiences with bereavement, raising their dependent children, and the challenges they coped with as single fathers trying to navigate their new roles. In this chapter, I discuss the research instrument used, describe the settings where interviews took place, and discuss recruiting methods. This chapter also addresses the data analysis process and presents the study results.

Setting

Recruitment began on January 6, 2021, after obtaining Walden IRB approval
(#01- 07-22-0426093) to complete the study. I posted recruitment flyers for participation
in this research study on Facebook, Twitter, a public library, the YMCA, bereavement
agencies, and the National Widowers Organization. Participants reached out via the email
address listed on the flyer, and I replied with a note thanking them and going over the
listed criteria to participate. Once I confirmed that they could participate, I answered with
approval and informed consent. Also, if they had any concerns, I addressed them
immediately.

Eight BIPOC widowers participated; two answered the questions through written
responses and six completed virtual interviews. The interviews occurred between
November 6, 2022 and November 28, 2022. All participants met the requirements for
being included in the study, which were (a) ethnic minority heterosexual, (b) widowers,
and (c) raising dependent children aged 18 years and younger. Each participant scheduled
their interview at a convenient time and via the media platform of their choice. One
participant asked for a moment during the interview because his children came into the
area where the interview was being conducted. The widower addressed their need and
signaled me to continue with our interview. I conducted interviews in an office in a
private home to ensure the privacy of the data. All the interviewed participants agreed to
be audio recorded to ensure accuracy for transcribing after their interviews.

Participant Demographics

Table 3 provides information on the participants' demographics, including their spouse's cause of death, each participant's number of children, and the length of the interview.

Table 3

Participant Demographics

Participant	Cause of death	Number of children	Length of interview
701	Illness	1	Written responses
702	Illness	2	15 minutes
703	Illness	1	35 minutes
704	Cancer	4	30 minutes
705	Diabetic complication	2	20 minutes
706	Unknown	2	Written responses
707	Illness	3	16 minutes
708	Illness	4	10 minutes

Data Collection

The recruitment flyers for this research were posted on different websites and physical locations. I posted the flyers electronically through the National Widowers' Organization, Facebook, and Instagram. I physically posted the flyers at the local library and YMCA. I also sent the flyer to several bereavement organizations; for example, I sent an email to Students Without Mothers requesting permission to send my flyer to their

organization. Altogether, 14 individuals contacted me and expressed interest in participating in this research. Of these 14 potential participants, 10 completed the informed consent form; however, two widowers did not communicate after providing their consent. I contacted these two widowers for a status update and got no response. Three remaining widowers who contacted the researcher with the intent to participate did not complete the informed consent form, and one other did not fit the criteria to participate. In total, eight men provided consent and answered the study guide questions. Despite this small sample size, the study participants expressed similar emotions; therefore, this study reached saturation.

As previously mentioned, participants were asked how they wanted to complete their interviews. Six participants requested virtual interviews, and two completed written responses. The interview time ranged between 10 and 35 minutes. I conducted interviews alone in my home office to ensure the privacy and confidentiality of participants' information. I prearranged the interview times with each participant.

The interview guide consisting of eight questions was approved by the Walden University IRB. The interview questions were designed to reveal answers to the RQ by allowing the widowers to share their thoughts and experiences of raising their dependent children without their spouses. After each interview, I asked the participant if they were finished. Four said yes during their interview, two of the participants elaborated more after the final question, and two widowers gave written responses. The interview ended after participants were finished sharing information.

I used my voice recorder to record the interviews, and this recorder is protected and downloaded on my password-protected laptop. Before beginning the interview and starting the recording, I asked the participants if they had any questions or concerns. I also reminded participants of the support services page (see Appendix D) should they need support. Some participants wanted to ensure that their names and private information would not be published, and I assured them that this information would be protected.

Data Analysis

Each digitally recorded interview was transcribed verbatim after the interviews to ensure the information was accurate. After transcribing each interview, I played each recording several times and followed along with the transcribed data to check again for accuracy. Then, I read each transcribed interview several times for accuracy and to become familiar with the data from each participant. Next, I made a Word document containing all the transcribed interviews, printed the document, and separated each interview manually. I reread each interview several times to underline words, themes, and similar phrases. I highlighted the similarities to identify themes and codes for each of the eight questions as I tried to understand what the participants were saying. During this process, I highlighted and made handwritten notes of words that appeared several times in the raw data.

Next, I uploaded all data into the Dedoose software to remove any possible errors. I imported each interview separately to analyze the identified codes: responsibility, pain, dull, gloomy, lonely, smile, sex, cooking, support, shock, challenging, replace her,

therapist, afraid, family, friends, pray, painful, sadness, alone, challenging, comes, waves, pray, crushing, difficult, lonely, closer, God, balance, pray, prayed, God, everything, difficult, void, communication, physical intimacy, pain, change, loss, pray, pray, and pray. These codes, which came from the participants' interviews, aligned with attachment theory. Attachment theory was used as the study framework to understand the emotional impact of bereavement on individuals. I then used the Microsoft Pro word cloud feature to identify the most pertinent codes and themes. To generate this word cloud, I placed each of the words generated from Dedoose into the word cloud tool, which created a word cloud to show the most prominent words.

Evidence of Trustworthiness

Evidence of trustworthiness is essential in a qualitative research study because it is seen as less credible than quantitative. Qualitative research is different from quantitative research and is therefore measured differently. However, qualitative research is evaluated by looking at credibility, transferability, dependability, and confirmability in a research study (Adler, 2022). The participants shared their lived experiences and provided rich, in-depth data about their unique human experiences. According to Stahl and King (2019), qualitative research is uniquely positioned to provide researchers with process-based, narrated, and storied data that are more closely related to the human experience. The widowers provided a tremendous number of descriptions and data about their lived experiences, which were analyzed and interpreted to help understand phenomena (Shufutinsky, 2020).

As an inexperienced researcher, I had to be aware of my bias and not present intentionally or unintentionally misleading information. Being a widow and researching BIPOC widowers was difficult. However, I practiced mindfulness and was able to address my feeling with a professional so that it did not affect this research. According to Shufutinsky (2020), the researcher must be constantly aware of and understand internal perceptions and potential biases. Therefore, mindfulness, presence, and paying attention on purpose to self-interaction in the present moment are critical because they drive conscious intentionality to execute whatever task is presented. The participants were also allowed to review their interview transcription verbatim.

Credibility

To ensure credibility, data were collected and verified through listening to the audio recordings several times to ensure accuracy of the data collected from the interviews. I was very careful in ensuring that each transcribed interview matched what the widower described on the audio recording to ensure internal validity, which is essential for truthfulness (see Nyirenda et al., 2020). Additionally, I increased the integrity of the research by allowing each participant to read the data collected to ensure the data truly represented their experiences and perceptions (see Batt & Kahn, 2021). Specifically, each participant was given the opportunity to review their interview transcription verbatim to ensure trustworthiness. Also, the results of this study were presented accurately, and the findings represent the information from the data that were collected from the BIPOC widowers and are an interpretation of the participant interviews (see Korstjens & Moser, 2018).

Transferability

Dedoose software was used to analyze the data. I also provided a detailed description of the data collection and data analysis process for this research study. The research study data were collected using an eight-question interview guide. The responses to these questions highlighted the lived experiences of BIPOC widowers, but the study guide interview questions may also be used by other groups who are dealing with spousal death and raising their dependent children. Qualitative research should be transferable in different settings with other participants who are dealing with similar experiences (Korstjens & Moser, 2018). Furthermore, the rich data collected from this phenomenological study can enable others to have a more clear understanding of the challenges these widowers cope with daily as they deal with death, bereavement, and other life stressors.

Dependability

Dependability in qualitative research is significant because it speaks to the consistency and stability of research findings over different conditions and settings to obtain an accurate result (Ellis, 2019). This research study was approved by the IRB at Walden University, and all the stipulations were followed as outlined prior to conducting this study. I provided a detailed description of the data collection and analysis process for this study. Microsoft Word was used to transcribe interviews verbatim right after each interview. I also used Dedoose to analyze the data and to find themes and codes. I contacted the software company and was informed where to find tutorials to teach me how to use their product. I practiced several times prior to using the software in my

research. To ensure integrity, I listened to the audio recordings several times while reading the corresponding transcriptions. I asked all eight participants if they needed to clarify anything before we started the actual interview. Six of the participants asked me to confirm that their information would be kept confidential, and I informed them that none of their identifying information would be used. To ensure privacy, I assigned each participant a number that was used instead of their names.

Confirmability

The audio portion of the interview was transcribed immediately after each interview. Participants were offered the ability to review their interview transcription and clarify any inaccurate information. Further assurance of confirmability was obtained by the repeated reading of each transcript to ensure that I was understanding what the participants were expressing. The data collected were from the participants and not from my own interpretation. Additionally, I checked and rechecked the data during every stage of documenting the findings of this study (see Korstjens & Moser, 2018).

Study Results

I designed this phenomenological qualitative research study to determine the lived experiences of BIPOC fathers who are raising their dependent children alone. I aimed to understand the participants' lived experiences as they coped with the trajectory of changes that occurred after the death of their spouse. The study results accrued from the eight participants who answered the eight open-ended interview questions.

I used Dedoose to analyze data, research and identify the emerging codes and themes. Two of the most prominent themes were pray and difficult (see Figure 1). The

other themes identified were family, alone, void/God, pain/changes/loss, closer/crushing, balance, and intimacy/replace.

Figure 1

Word Cloud
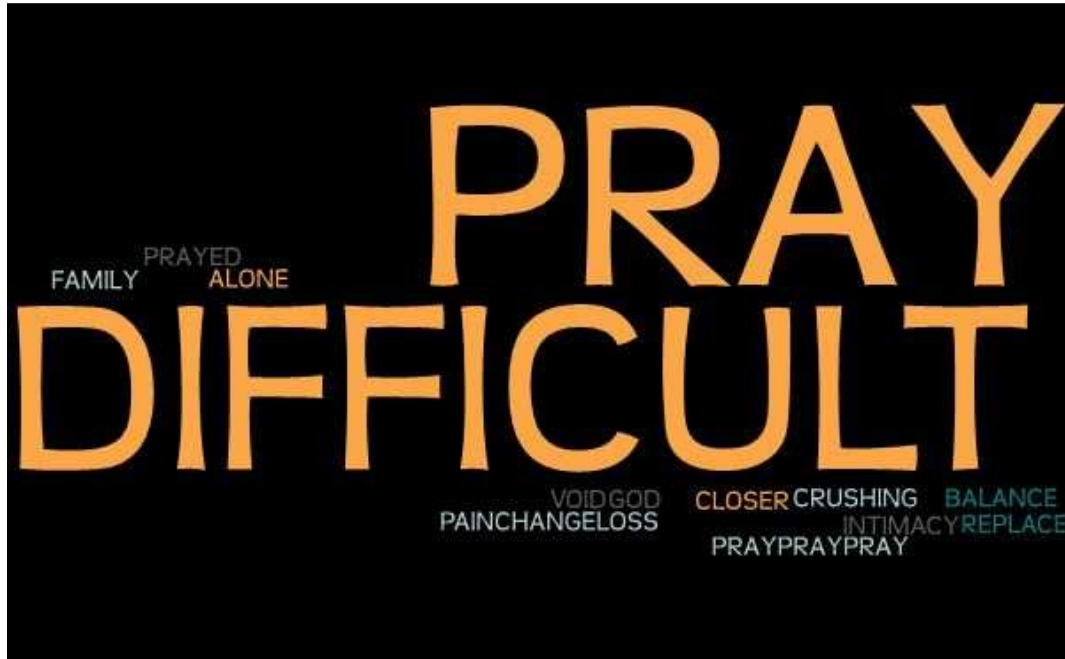
Prominent Theme 1: Pray

Most of the participants spoke about their faith in God and prayed frequently during the process of coping with their spouse's death and the different challenges they faced while raising their dependent children. Participants used prayer as a means of support to help them in times of deep sorrow and distress as they sought to understand and accept the changes that came with the death of their wives. The participants also spoke about their place of worship as being an extended family that provided necessary support and checked on the family frequently. Four of the participants shared that they

attended church and asked God to help them. Participant 701 stated, "I prayed a whole lot." Similarly, Participant 704 shared, "I prayed a lot more that I have ever prayed before. Friends in our church next door help the children to understand because it is just too painful for me to even call her name." Participant 705 described how his sons attended church before his wife passed away: "Before my wife passed away, the boys started attending church; the Sunday school teacher is in communication with them often." Participant 707 expressed how his church pastor helped to calm his daughter:

> I began to search for answers. God help me and I raise them all on my own without the support from any other person. My girl did not cry when we buried her mother, but one day she started shedding her tears and I am a man and did not know how to comfort her, but my Pastor who is always visiting helped to bring my daughter to a relaxing state and explain to her that God is able to help her.

Prominent Theme 2: Difficult

Participants spoke about the difficulties they faced when accepting the death of their spouse, along with the changes that came with their spouse's death. Participants shared how they had new responsibilities and had to ensure their dependent children's well-being; for example, they had to do household chores and other tasks that their wife had done previously. These additional tasks were very difficult for participants, and many of them reflected on how their spouses dealt with all those responsibilities. Participant 701 shared, "It is very overwhelming and frustrating at times because my wife did most of the housework and took care of our daughter." Similarly, Participant 703 expressed,

So, there are challenges that suddenly I am being a single parent raising my son, who is now 11 years old. When I say challenges, it is not that technically, when you think about challenges there are scenarios that come up in daily life that you can plan for.

Participant 705 shared how had to adapt after his spouse passed, particularly regarding his children and household duties:

My life has changed in so many ways I did not have to study the everyday running of the house or what the boys are doing those things my wife did. Now I must be the person who micro and macro manage everything.

Echoing Participant 705, Participant 706 stated,

It has been a challenge to raise children without their mother. The role of the father is not a substitute for the role of the mother. I am of the opinion that a man cannot step in to fill the role of the mother howsoever well he tries.

Participant 707 shared, "It was a bit difficult at first when I first lost my spouse, I had a deprived perception of reality." Conversely, Participant 704 stated, "Well, it was not all that difficult because I came from a family with 10 brothers and sisters."

Prominent Theme 3: Family

Participants also discussed the role that their family played during the loss of their spouse and the subsequent transition period. Some participants received support from their family, whereas others experienced family conflict. Participant 701 shared, "The grandparents and friends help, but there is emptiness and loneliness." Participant 702 expressed that family support has been beneficial to him: "I have always had support my

mother, brothers, and sisters all helped during that time. It was difficult but the support made those difficult times much easier." Similarly, Participant 703 stated, "Family and friends played a great part too," and Participant 704 expressed that, "Family and friends were very supportive to us." Participant 706 elaborated on the support he received from his family and community:

> In my family, the loss was not only my loss. There were a large number of individuals in the community who supported me by their kind words and deeds. Almost every person I knew came forward to offer support. I think the children were not able to comprehend the extend of the loss on account of their young age. Moreover, the special support they received at that time and to an extent continue to receive years later from the community has reduced the impact.

However, Participant 706 also experienced family conflict following the loss of his wife, sharing, "After, my wife died we had some family issues with my in-laws, so we had to move and that made it more difficult for me."

Prominent Theme 4: Alone

Participants expressed feeling alone after the passing of their spouse. Participant 701 explained this feeling of loneliness: "A pain that you feel, especially when you are alone. It starts in your head and ends in your heart." Participants also described the feelings of loss and sadness that contributed to feeling alone. For example, Participant 703 stated, "So, when I lost her my life changed, I lost my best friend; she was my go-to person pretty much." Participant 703 continued,

My wife was the main person I shared everything with, and when I lost her, I do

not know who to share with … I must share my thoughts to family and friends,

but that depends on what it is.

Participant 704 also expressed his love for his wife and his sadness at her passing,

which contributed to his feelings of loneliness:

I had love her infinitely, I had loved her completely, but you never appreciate

what you have until it is gone. Without her I do not have the capacity to go crazy I

do not like the boys see me cry, but I really, really miss that girl.

Participant 706 described feeling confused after his spouse's loss:

All of a sudden there is a vacuum in life. Life feels like a car running at a high-

speed losing its wheels. Life comes to a crashing stop. In the initial days there was

lot of confusion. I didn't know what to do next.

Other participants felt alone while also acknowledging their efforts to adjust to

their new life. For example, Participant 702 stated, "Well, I miss her a lot, but like they

say, life goes on." Participant 708 described his loss and the guilt he experiences when

expressing happiness:

For me, it comes in waves. Here in a week, it would be 4 years, and some days it

feels like 4 years and some days it feels like yesterday. For me personally, it feels

like survivor's remorse. It like I feel guilty, and I knew it is not me [sic] fault, but

I feel guilty even if I laugh, I feel like I don't have a reason to laugh and I think

that was a hard adjustment to get use too.

Prominent Theme 5: Void/God

The study participants also described the void they felt after the loss of their spouse and how they turned to God to fill this void. Participant 701 explained feeling "dull, gloomy, lonely. My cheerleader and best friend is gone, but I have to smile for my child." Participant 704 shared the following story:

I had to keep the television on 24/7 in the early days after my wife died. I just could not take it. Sometimes the children would be sleeping, and I would go for a walk in the middle of the night because it was too much for me. I would pray to God for help.

Participant 705 expressed, "Life is so hard, so hard; she was everything to me. I did not deserve all that love from one person." Participant 706 elaborated,

Life after the death of my spouse is like something that has lost its earlier glitter and sparkle. There was a default state of contentment and happiness which was considered by me as normal. Now over the years (my wife died 8 years ago) it is clear to me that such a state of life is almost unattainable again. I don't feel happy in the circumstances I used to feel happy earlier. I can't enjoy holidays or trips anymore. These act as triggers to remind me of the loss. Others also really don't understand why I can't enjoy.

Last, Participant 708 further described feeling the presence of a void:

Honestly, it is a lost [sic] you do not get over, more or less … it gets better with time. She was my best friend, so everything [we] accomplish[ed], we did it together. It is a new territory I am going through, and I must learn to be alone

again after being with someone so long and did not get a chance to say goodbye.

It has been an adjustment.

Prominent Theme 6: Pain/Changes/Loss

Participants also described feelings of pain, change, and loss after their spouse passed away. Participant 701 shared the following story: "I got home early and found my daughter in our bedroom sitting in her mother's closet crying. Her sitter said that she goes there to do her homework every day." Like Participant 701, Participant 702 spoke of his experience navigating loss with his child: "I spoke to my son about the death of his mother, but his grandmother who was more experienced in talking about death helped him a lot before we moved." Participant 703 shared,

> I have not gone to the depths as I wanted to be honest even with the therapist
> because like she wanted me to go with my flow of thoughts, but as some point in
> the process I just shut down because I am afraid; what if I lost my mind and go
> into a different state?

Participant 705 expressed his feelings of loss:

> She was a beautiful soul, a calming woman who at time overthink a bit, but I
> never had to worry what was going on home because my wife was everything. I
> miss her; she was soft [and] cuddly. I could have taken care of her for the next
> 100 years.

Participant 706 elaborated on the pain he felt after his spouse's loss: "Suddenly I was all alone. Although many individuals were there to support me at the time, gradually the reality of loneliness has dawned on me as a reality." Participant 708 stated, "I miss

her smile; I miss her honestly and even during the day we would call each other and whatever." Participant 708 found it particularly challenging that "we cannot communicate like we use to."

Prominent Theme 7: Closer/Crushing

The participants described how they tried to find ways of moving on with life with their dependents; however, some participants experienced difficulties. For example, Participant 701 stated, "I spend time with my daughter doing things that we enjoyed before, but it is not the same. We talk about her mother. She is making a memory box with some of her things." Participant 703 started new traditions with his child: "Six to eight months after my wife died, we both started to go for walks and since we both love traveling we decide that each year we would each pick a place anywhere in the world and go there." Participant 705 expressed that he wished he had more time to process and remember his wife:

> So, I mean I wish we had the chance to change our environment for a week to go somewhere so we could talk about my wife's death. Her birthday was recently; I wanted to do something in her remembrance, but I did not have the money or finances to do it.

Participant 707 shared how he still misses his wife, but he has now come to terms with her death:

> For the first 5 years it was very, very difficult; even the present-day age I still think about her. The first five years upon her death was very difficult but I have come to terms with her death. I am okay right now.

Participant 708 described his adjustment: "She knew me better than I know myself and that was not no overnight thing. This is a rough thing to try to adjust to."

Prominent Theme 8: Balance

Participants described missing the balance of having their wife's input when raising children and making decisions. Participants also expressed feeling worried about how their child feels when seeing two-parent households. For example, Participant 703 stated, "The last thing is that a lot of his friends and classmates have both parents and attend sporting event and only have me. I often wonder in my mind how is my son feeling." Participant 705 further elaborated, saying,

> Well, the two boy[s]—the oldest is 16 and the youngest is 12—they are two different kinds of children. The older one is internal; he hold/hide his emotions more and has changed after his mother's death. I am trying to get a little closer with them and have activities that includes them. When I am cooking or doing chores around the house, and we go to the barber together. We talk a lot, so I have not gotten the luxury of grieving from the time of my wife's passing to now; I have to be on the ball. Both boys have major examination[s] next year and I am trying to create an environment of a calm place as much as possible. I want them to focus on their studies instead of the miscellaneous things happening around them.

Additionally, Participant 708 shared, "What I miss is raising my kids and having the balance of both parents to help to make it through life decisions."

Prominent Theme 9: Intimacy/Replace

Last, participants spoke of missing physical and emotional intimacy and knowing that they will never be able to replace their spouses. Participant 701 described the types of intimacy that he missed from his wife: "Her smile, sex, her cooking." Participant 703 explained how nobody could replace his wife: "There is no way I can replace her; there is nobody that can replace her. All I am trying to be is a good parent be a good dad." Finally, Participant 706 stated, "I really miss the companionship, physical intimacy and emotional support. Life is not the same anymore. I can't really find happiness. It is as if one has to search for something (happiness) that came naturally in life before."

Discrepancies in the Data

In describing their lived experiences with the BIPOC widowers, many of the participants did not want to go in-depth with their emotions. They struggled with expressing their emotional pain, and two of the widowers spoke about fearing they would go crazy if they genuinely expressed the pain and grief they felt after the death of their spouse. Participants 701 and 705 expressed that they were hurting and feeling depressed but did not want to appear weak or to be stigmatized for seeking assistance for bereavement. Adults with untreated depression in bereavement can impact their children's physical and psychiatric health. Also, bereaved parents struggle with sadness and anxiety, which may lead them to respond ineffectively to the needs of their dependents (Park et al., 2021). Participants 701 and 705 were the only widowers who addressed why have not sought help from a professional. Participant 703 shared that he

saw a therapist, but he did not express the depths of his pain because he did not know how to express himself at that moment and feared he might say the wrong things.

Family involvement was mentioned by six of the participants, but two of the widowers did not have family involvement. One participant, 707, did not need his immediate family to help with his dependent children. He relied on his faith and his church family. Participant 705 had a family conflict that he did not elaborate on, but he shared that he had to move from the home he shared with his deceased wife, which created additional stress for him and his boys.

Six widowers were concerned about how their children were struggling in school and emotionally due to the death of their mother. Two widowers said their children were doing okay but have good and bad days.

The fathers who were worried about the impact of parental death checked in with their children often and found time to do things together. For example, Participant 703 shared that he plans a trip to areas of interest to connect with his son and create new memories. Participant 705 teaches his boys how to do chores around their home, and he goes to the barber with his sons to connect with them emotionally.

Summary

The goal of this phenomenological study was to understand the lived experiences of BIPOC male widowers as they managed their lives after the death of their spouse while raising their dependent children. This chapter described the data collection and management process throughout this research. This chapter also explained how I recruited, identified, and interviewed the participants. During the interviews, participants

expressed some of the challenges of their daily lives, and a thematic analysis was used to analyze data. All interviews were digitally recorded and then uploaded to a password-protected folder.

In Chapter 5, I provide an interpretation of my findings, explore the implications of the study, and offer a discussion on limitations of my study. I also offer recommendations based on the study and explain how such recommendations might offer positive community input.

Chapter 5: Discussion, Conclusions, and Recommendations

In this chapter, I discuss the findings from interviews with participants raising their dependent children after their spouses died. This phenomenological qualitative study aimed to determine BIPOC male widowers' lived experiences as they raised their dependent children and coped with their spousal death. The findings revealed that death is not easy; it changes a family's life when it occurs. The participants shared the changes and new responsibilities they had to manage due to their wife's death. Many participants were still learning and trying to find a balance for their families.

It is critical to understand how widowers find effective methods of coping with their loss while also being the emotional support their children need, as children are also dealing with the death of a significant person: their mother. The study participants expressed their concerns about ensuring they were emotionally and mentally supportive and involved in their dependent(s) lives. However, many participants admitted to struggling with unresolved grief. They shared that they could not cope with their pain after their wife's passing due to fear, shame, or unavailability of bereavement services.

Key Findings

The following themes emerged from the study data:

1. Pray: Participants found comfort through prayer.

2. Difficult: Participants experienced difficulties when coping with the loss of their spouse.

3. Family: Participants received help and support from their family in the difficult times.

4. Alone: Participants missed their spouse and her role as a family caretaker who ensured the smooth running of the family unit.

5. Void/God: Participants experienced an intense sense of loneliness while continuing to live and pray for assistance from God.

6. Pain/Changes/Loss: After the loss of their spouse, participants faced different and complicated changes that impacted their family.

7. Closer/Crushing: Participants tried to find ways to move on with life with their dependents, but some participants were still having difficulties.

8. Balance: Participants missed having their spouse's help in raising their children and making other important life decisions.

9. Intimacy/Replace: Participants missed physical and emotional intimacy and knew that they would never be able to replace their spouses

Interpretation of the Findings

In the following sections, I interpret the study themes. I also discuss the study themes in the context of prior literature.

Theme 1: Pray

Many of the participants spoke about how praying and practicing their religious beliefs became an anchor in their times of deep anguish. This led to a closer relationship with God. These widowers called upon God for help in dealing with many issues related to their new experiences a bereaved father. Some of the widowers prayed for guidance from God for help with raising their children. Participants shared that reading their Bible

and praying were sources of comfort for their grief and helped to promote peace (see Rudaz et al., 2020).

Theme 2: Difficult

All participants spoke about the difficulties they experienced after the death of their spouse, such as the initial shock and then dealing with the aftermath of loss. Many of them had taken on new responsibilities in addition to working and caring for their dependent children. Several of the widowers had a difficult time with their emotions and were depressed and unable to find the courage to reach out for help because they were afraid of what others might think of them. Researchers have also found that many widowers prefer to keep their mental health struggles private (Fagundes et al., 2019).

Theme 3: Family

Seven participants discussed receiving support from family, but one participant shared that he took care of his children by himself. Overall, most participants felt that family played a pivotal role and served as a constant support in the early stages of their loss. Similarly, the literature has shown that family support provides comfort to the bereaved family and is helpful in adjusting to the death of a loved one (Breen, 2021). Participants shared that some family support was still present, but it played a lesser role in their lives as time went on. Furthermore, participants shared stories of family members who helped to inform the children of their mother's death and helped participants cope with household changes. Additionally, some participants noted that family support was necessary because the participant was in a state of shock and disbelief that their spouse had died. Another participant shared that his extended family was initially supportive

after his wife died; however, the family later had a conflict that added to the pain the participant was already coping with.

Theme 4: Alone

The participants all spoke about how they felt alone and missed their deceased spouse. Some of them had accepted that fact that their spouse was deceased, whereas others continued to struggle with unresolved grief. The men had to become familiar with the everyday running of household chores and rearing of their dependent children, which, according to McClatchey (2018), creates an added stressor for male widowers. Participants also felt lost and overwhelmed because they had been left with all the responsibilities. Additionally, a father's parenting style may be different from his wife's, which can cause stress for both the father and his dependents (Holmgren, 2021a).

Spousal bereavement is a challenging experience for families and brings many sudden changes that impact the lives of the unit, especially the widower. In turn, these sudden changes can impact the widower's mental health (Fagundes et al., 2018). In fact, the study participants spoke of having no one to share with, communicate with, or help them in raising their dependent children. Some of the men also shared that they often thought about their deceased wife, which led the reality of the aloneness to become apparent.

Theme 5: Void/God

The intensity of the void each participants felt was different based on their relationship with their deceased spouse. Some expressed feeling a deep state of void that may never be filled because their relationship with their spouse was special and took

years to develop. Others expressed that they were essentially lost because they could not communicate or do the everyday things couples do together. Participants described their lives as dull, gloomy, and losing the spark that they once had because they did not have someone to look forward to spending quality time with. Some of the widowers searched for meaning by praying for answers and strength. This study finding aligns with Rudaz et al. (2020), who stated that bereaved individuals who practice a religion can better cope with their loss.

Theme 6: Pain/Changes/Loss

Some of the study participants became very emotional as they shared their lived experiences. The participants spoke of emotional struggles and being afraid to seek help or to tell others of the deep sense of pain they felt because of their spouse's death. One of the participants shared that he had only said his deceased wife's name four times since her death. Other participants described doing check-ins with their children to try and help them cope; however, these participants felt they could not process their own feelings of grief and despair. Another participant disclosed that there was no bereavement counseling available in his area; therefore, he had not had the opportunity to seek help. This participant also shared that, although he continued because of his children, there was no longer joy in his life. Notably, some of participants asserted that mental health is taboo; men are expected to suffer in silence and find their own way to deal with their loss. Therefore, many widowed men suffer with psychological distress and adjustment to their new life situation (Kamp et al., 2019).

Theme 7: Closer/Crushing

The participants made many efforts to form new relationships with their dependent children and found new ways of conducting family activities. However, widowers can still experience unexpected stress because their spouse is no longer able to provide support (West et al., 2021). Although their loss is an ever-present reality, participants continued to try to support their children. One participant spoke about how he and his son used their love of traveling as a new way of bonding and enjoying time together, whereas another participant went to the barber with his sons as family time. Participants tried to be supportive of their dependents while fostering a close family unit and getting back to their normal routine or forming a new one.

Theme 8: Balance

Several of the participants worried about their children being around friends who had both parents and wondered how their children felt seeing a two-parent household. Another participant missed his spouse's input when making important decisions for the family. In essence, all participants tried to balance their roles but noted that a father could not take the place of a mother in a family unit.

Theme 9: Intimacy/Replace

The participants expressed that they missed a lot about their relationship with their decreased spouse and remained adamant that no one could replace their spouse, as their spouse had many special traits or abilities. Participants also spoke about missing physical and emotional intimacy. For example, participants shared that, after the death of

their spouse, they did not have anyone who they could express their inner thoughts or feelings to.

Limitations of the Study

Eight BIPOC men participated in this research study based on the study's prequalifying requirements. The sample size was small; therefore, it did not represent widowers from other cultures. I used purposeful sampling to recruit BIPOC males whose spouse had died and who were raising their dependent children. Therefore, my study findings and conclusions are limited to that population.

Another limitation is that it is possible that the participants gave me limited information regarding their true experiences as widowers who were raising their dependents. I transcribed their data verbatim with the assumption that the participant was being honest as they spoke about their lives after spousal death.

Last, as the researcher of this study, I had to prepare myself for each interview because I am a widow and wanted to be mindful of my own bias; therefore, I took time to reflect on my own bias. Additionally, I offered participants a chance to review their interviews to ensure I interpreted their responses for consistency and truthfulness. My personal bias did not impact the reliability and validity of this research study in any way.

Recommendations

Studies have indicated that the death of a spouse is one of the most heartbreaking experiences. Furthermore, if children are involved, spousal death can be complicated for the entire family unit (Jones et al., 2019). There is a gap in the research, with limited studies exploring the lived experiences of BIPOC widowers; most studies are about

middle-class White widowers (McClatchey, 2018). The study participants expressed many different challenges but remained determined to ensure their children were adjusting to the family's new normal. Many of the participants admitted that although they struggled and cried at times, they did not allow their children to see them struggling. However, this is not a healthy practice for widowers or their children, and a lot of widowers are grieving in silence as a result. The participants also described the negative implications of seeking mental health or bereavement counseling; for example, those who seek counseling may be perceived as being weak. Therefore, it is crucial to change the perceptions around mental health and bereavement and encourage BIPOC widowers to seek professional bereavement services rather than relying on family, church, and pastors who may not be professionally trained in bereavement counseling. Bereavement counseling is a specialized field, and future researchers should ensure that bereavement counselors can work with diverse communities outside of their own culture.

Additionally, bereavement services are not available in some places. For those unable to seek bereavement counseling, untreated grief can become overwhelming and lead to adverse physical and psychiatric health problems (Ennis & Majid, 2020). Losing someone as significant as a spouse takes time to accept, so the closeness of the relationship is a factor in the grieving process (Knowles et al., 2021). Widowers spoke of their lives and their inability to experience that level of love again in their lifetime. Therefore, widowers seeking professional help might prefer culturally competent bereavement counseling with someone who understands an individual's grief experience from a cultural standpoint.

Based on the participants' responses in this research study, I formulated three possible questions to help future researchers understand the impact of motherless BIPOC children in the school and social environment. First, what would happen if BIPOC widowers exposed the dimension of their grief that many are afraid to address? Additionally, how can practitioners create an environment of safety to encourage BIPOC widowers to seek bereavement counseling? Last, why is it that BIPOC widowers do not want their dependent children to see them struggle emotionally? As mentioned earlier, exploring these areas could increase the number of peer-reviewed articles on BIPOC widowers and add to the knowledge base for practitioners in the field of bereavement counseling.

Implications for Social Change

The results of this study can create social change by adding to the existing research regarding the lived experiences of widowers who are raising their dependent children. The results may also improve how providers serve BIPOC widowers who are coping with bereavement. Additionally, the information gained can help bereavement counselors, social workers, mental health professionals, and those who serve in the human-services field to better understand the lived experiences of BIPOC widowers who are struggling with grief, loss, and bereavement issues. Furthermore, the study results indicated that bereavement services are limited in some areas; thus, the study findings may contribute to positive social change by helping stakeholders understand the need for bereavement services, specifically the bereavement needs of BIPOC widowers. It is important that widowers feel comfortable with their providers, and it is even more

important that providers know about the cultural needs of these individuals. Bereavement

is not one size fits all; rather, it is an individual experience filled with grief and pain.

Conclusion

Death changes the path of a family unit and can become complicated, especially

when dependent children are involved. The articles written on male widowers have

focused mainly on White, middle-class males, and there is a lack of research on other

ethnic groups (McClatchey, 2018). Additionally, there are limited peer-reviewed

scholarly articles about BIPOC widowers, which creates a gap in the literature. Thus, in

my research study, I aimed to understand the lived experiences of BIPOC male widowers

who were raising their dependent children. The study participants expressed their lived

experiences by answering eight interview questions to shed light into their new lives.

Through this study, I wanted to understand how these BIPOC widowers coped

with their grief and simultaneously helped their children deal with the devastation of

losing their mother. All the men expressed sadness at losing their spouse, adjusting to

their new role of parenting, and addressing all the household responsibilities. The

participants were very candid in speaking of the many challenges they were dealing with,

such as the void of not having their spouse in different situations and their concerns for

their children as they forged closer relations with them. However, despite these

challenges, participants persevered. It was through the data collection and analyses that I

began to understand the grief and deep sorrow that each participant experienced.

Although the study shed light on BIPOC widowers, there is a need for more data on this

population because individuals of different ethnic groups grieve and deal with death

differently. Through further study, professionals can understand the specific needs of

BIPOC widowers.

References

Adler, R. H. (2022). Trustworthiness in qualitative research. *Journal of Human Lactation*, *38*(4), 598–602. https://doi.org/10.1177/08903344221116620

Ahluwalia, M. K., & Mohabir, R. K. (2019). Turning to Waheguru: Religious and cultural coping mechanisms of bereaved Sikhs. *Omega: Journal of Death & Dying*, *78*(3), 302–313. https://doi.org/10.1177/0030222816688907

Ajiboye, S. K., & Ajokpaniovo, M. (2019). Grief reactions and coping strategies to parental loss among in-school adolescents in Kwara State, Nigeria. *Anatolian Journal of Education*, *4*(1), 85–92. https://doi.org/10.29333/aje.2019.418a

Albert, A. (2018). Parental duties, labor market behavior, and single fatherhood in America. *Review of Economics of the Household*, *16*(4), 1063–1083. https://doi.org/10.1007/s11150-018-9419-z

Alves-Costa, F., Hamilton-Giachritsis, C., Christie, H., van Denderen, M., & Halligan, S. (2021). Psychological interventions for individuals bereaved by homicide: A systematic review. *Trauma, Violence, & Abuse*, *22*(4), 793–803. https://doi.org/10.1177/1524838019881716

Andersen, S. S., & Brünner, R. N. (2020). New roads to commensality in widowhood. *Appetite*, *155*, Article 104827. https://doi.org/10.1016/j.appet.2020.104827

Angelhoff, C., Sveen, J., Alvariza, A., Weber-Falk, M., & Kreicbergs, U. (2021). Communication, self-esteem and prolonged grief in parent-adolescent dyads, 1–4 years following the death of a parent to cancer. *European Journal of Oncology Nursing*, *50*, Article 101883. https://doi.org/10.1016/j.ejon.2020.101883

Aoun, S. M., Breen, L. J., Rumbold, B., Christian, K. M., Same, A., & Abel, J. (2019). Matching response to need: What makes social networks fit for providing bereavement support. *PLoS ONE*, *14*(3), Article e0213367. https://doi.org/10.1371/journal.pone.0213367

Aoyama, M., Sakaguchi, Y., Morita, T., Ogawa, A., Fujisawa, D., Kizawa, Y., Tsuneto, S., Shima, Y., & Miyashita, M. (2018). Factors associated with possible complicated grief and major depressive disorders. *Psycho-Oncology*, *27*(3), 915–921. https://doi.org/10.1002/pon.4610

Asselmann, E., & Specht, J. (2020). Till death do us part: Transactions between losing one's spouse and the Big Five personality traits. *Journal of Personality*, *88*(4), 659–675. https://doi.org/10.1111/jopy.1251

Basnet, S., Kandel, P., & Lamichhane, P. (2018). Depression and anxiety among war-widows of Nepal: A post-civil war cross-sectional study. *Psychology, Health & Medicine*, *23*(2), 141–153. https://doi.org/10.1080/13548506.2017.1338735

Batt, R., & Kahn, L. (2021). Data transparency and methods in quantitative and qualitative research: Letter from the editors. *ILR Review*, *74*(5), 1079–1082. https://doi.org/10.1177/00197939211032932

Becker, C. B., Taniyama, Y., Kondo-Arita, M., Sasaki, N., Yamada, S., & Yamamoto, K. (2021). Unexplored costs of bereavement grief in Japan: Patterns of increased use of medical, pharmaceutical, and financial services. *Omega: Journal of Death & Dying*, *83*(1), 142–156. https://dx.doi.org/10.1177%2F0030222821992193

Bennett, K. M., Morselli, D., Spahni, S., & Perrig-Chiello, P. (2020). Trajectories of resilience among widows: A latent transition model. *Aging & Mental Health*, *24*(12), 2014–2021. https://doi.org/10.1080/13607863.2019.1647129

Bergman, A.-S., Axberg, U., & Hanson, E. (2017). When a parent dies—A systematic review of the effects of support programs for parentally bereaved children and their caregivers. *BMC Palliative Care*, *16*(1), Article 39. https://doi.org/10.1186/s12904-017-0223-y

Blackburn, P., & Bulsara, C. (2018). "I am tired of having to prove that my husband was dead." Dealing with practical matters in bereavement and the impact on the bereaved. *Death Studies*, *42*(10), 627–635. https://doi.org/10.1080/07481187.2017.1415392

Blanner Kristiansen, C., Kjær, J. N., Hjorth, P., Andersen, K., & Prina, A. M. (2019). Prevalence of common mental disorders in widowhood: A systematic review and meta-analysis. *Journal of Affective Disorders*, *245*, 1016–1023. https://doi.org/10.1016/j.jad.2018.11.088

Boddy, C. R. (2016). Sample size for qualitative research. *Qualitative Market Research: An International Journal*, *19*(4), 426–432. https://doi.org/10.1108/QMR-06-2016-0053

Boelen, P. A. (2021). Symptoms of prolonged grief disorder as per DSM-5-TR, posttraumatic stress, and depression: Latent classes and correlations with anxious and depressive avoidance. *Psychiatry Research*, *302*, Article 114033. https://doi.org/10.1016/j.psychres.2021.114033

Boelen, P. A., Lenferink, L. I. M., & Spuij, M. (2021). CBT for prolonged grief in

    children and adolescents: A randomized clinical trial. *American Journal of*

    Psychiatry, *178*(4), 294–304. https://doi.org/10.1176/appi.ajp.2020.20050548

Boelen, P. A., Spuij, M., & Lenferink, L. I. M. (2019). Comparison of DSM-5 criteria for

    persistent complex bereavement disorder and ICD-11 criteria for prolonged grief

    disorder in help-seeking bereaved children. *Journal of Affective Disorders*, *250*,

    71–78. https://doi.org/10.1016/j.jad.2019.02.046

Bradbury-Jones, C., Taylor, J., & Herber, O. (2014). How theory is used and articulated

    in qualitative research: Development of a new typology. *Social Science &*

    Medicine, *120*, 135–141. https://doi.org/10.1016/j.socscimed.2014.09.014

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative*

    Research in Psychology, *3*, 77–101. https://doi.org/10.1191/1478088706qp063oa

Breen, L. J. (2021). Harnessing social support for bereavement now and beyond the

    COVID-19 pandemic. *Palliative Care and Social Practice*. Advance online

    publication. https://doi.org/10.1177%2F2632352420988009

Bretherton, I. (1992). The origins of attachment theory: John Bowlby and Mary

    Ainsworth. *Developmental Psychology*, *28*(5), 759–775.

    https://doi.org/10.1037/0012-1649.28.5.759

Brewer, J. D., & Sparkes, A. C. (2011). Young people living with parental bereavement:

    Insights from an ethnographic study of a UK childhood bereavement service.

    Social Science & Medicine, *72*(2), 283–290.

    https://doi.org/10.1016/j.socscimed.2010.10.032

Brinks, R., Tönnies, T., & Hoyer, A. (2019). New ways of estimating excess mortality of chronic diseases from aggregated data: Insights from the illness-death model. *BMC Public Health*, *19*, Article 844. https://doi.org/10.1186/s12889-019-7201-7

Buglass, E. (2010). Grief and bereavement theories. *Nursing Standard*, *24*(41), 44–47. https://doi.org/10.7748/ns2010.06.24.41.44.c7834

Burns, M., Griese, B., King, S., & Talmi, A. (2020). Childhood bereavement: Understanding prevalence and related adversity in the United States. *American Journal of Orthopsychiatry*, *90*(4), 391–405. https://doi.org/10.1037/ort0000442

Carr, D. (2020). Mental health of older widows and widowers: Which coping strategies are most protective? *Aging & Mental Health*, *24*(2), 291–299. https://doi.org/10.1080/13607863.2018.1531381

Centers for Disease Control and Prevention. (n.d.). *About chronic diseases*. https://www.cdc.gov/chronicdisease/about/index.htm

Chen, C. Y.-C., & Panebianco, A. (2018). Interventions for young bereaved children: A systematic review and implications for school mental health providers. *Child & Youth Care Forum*, *47*(2), 151–171. https://doi.org/10.1007/s10566-017-9426-x

Chinnery, S.-A. (2016). Social work's fingerprint on the evolution of attachment theory: Some essential knowledge for care practice. *Aotearoa New Zealand Social Work Review*, *28*(3), 79–90. https://doi.org/10.11157/anzswj-vol28iss3id216

Christian, K. M., Aoun, S. M., & Breen, L. J. (2019). How religious and spiritual beliefs explain prolonged grief disorder symptoms. *Death Studies*, *43*(5), 316–323. https://doi.org/10.1080/07481187.2018.1469054

Cipriano, D. J., & Cipriano, M. R. (2019). Factors underlying the relationship between parent and child grief. *Omega: Journal of Death and Dying*, *80*(1), 120–136. https://doi.org/10.1177/0030222817726935

Cohen, H., & Samp, J. A. (2018). Grief communication: Exploring disclosure and avoidance across the developmental spectrum. *Western Journal of Communication*, *82*(2), 238–257. https://doi.org/10.1080/10570314.2017.1326622

Converse, M. (2012). Philosophy of phenomenology: How understanding AIDS research. *Nurse Researcher*, *20*(1), 28–32. https://doi.org/10.7748/nr2012.09.20.1.28.c9305

Corbett, B. A., Muscatello, R. A., Kim, A., Patel, K., & Vandekar, S. (2021). Developmental effects in physiological stress in early adolescents with and without autism spectrum disorder. *Psychoneuroendocrinology*, *125*, Article 105115. https://doi.org/10.1016/j.psyneuen.2020.105115

Dahlberg, H., & Dahlberg, K. (2019). The question of meaning—A momentous issue for qualitative research. *International Journal of Qualitative Studies on Health & Well-Being*, *14*(1), Article 1598723. https://doi.org/10.1080/17482631.2019.1598723

Danvers, A. F., Scott, B. G., Shiota, M. N., Tein, J.-Y., Wolchik, S. A., & Sandler, I. I. (2020). Effects of therapeutic intervention on parentally bereaved children's emotion reactivity and regulation 15 years later. *Prevention Science*, *21*(8), 1017–1027. https://doi.org/10.1007/s11121-020-01142-2

de López, K. J., Søndergaard Knudsen, H., & Hansen, T. G. B. (2020). What is measured
in bereavement treatment for children and adolescents? A systematic literature
review. *Illness, Crisis & Loss*, *28*(4), 363–387.
https://doi.org/10.1177/1054137317741713

Djelantik, A. A. A. M. J., Bui, E., O'Connor, M., Rosner, R., Robinaugh, D. J., Simon, N.
M., & Boelen, P. A. (2021). Traumatic grief research and care in the aftermath of
the COVID-19 pandemic. *European Journal of Psychotraumatology*, *12*(1),
Article 1957272. https://doi.org/10.1080/20008198.2021.1957272

Dyregrov, A., Dyregrov, K., Pereira, M., Kristensen, P., & Johnsen, I. (2018). Early
intervention for bereaved children: What mental health professionals think. *Death
Studies*, *44*(4), 201–209. https://doi.org/10.1080/07481187.2018.1531086

Edwards, T. P., Yopp, J. M., Park, E. M., Deal, A., Biesecker, B. B., & Rosenstein, D. L.
(2018). Widowed parenting self-efficacy scale: A new measure. *Death Studies*,
42(4), 247–253. https://doi.org/10.1080/07481187.2017.1339743

Egerod, I., Kaldan, G., Shaker, S. B., Guldin, M.-B., Browatski, A., Marsaa, K., &
Overgaard, D. (2019). Spousal bereavement after fibrotic interstitial lung disease:
A qualitative study. *Respiratory Medicine*, *146*, 129–136.
https://doi.org/10.1016/j.rmed.2018.12.008

Ellis, P. (2019). The language of research (part 20): understanding the quality of a
qualitative paper (2). *Wounds UK*, *15*(1), 110–111. https://www.wounds-
uk.com/journals/issue/570/article-details/language-research-part-20-
understanding-quality-qualitative-paper-2

Ennis, J., & Majid, U. (2020). The widowhood effect: Explaining the adverse outcomes after spousal loss using physiological stress theories, marital quality, and attachment. *Family Journal*, *28*(3), 241–246. https://doi.org/10.1177/1066480720929360

Fagundes, C. P., Brown, R. L., Chen, M. A., Murdock, K. W., Saucedo, L., LeRoy, A., Wu, E. L., Garcini, L. M., Shahane, A. D., Baameur, F., & Heijnen, C. (2019). Grief, depressive symptoms, and inflammation in the spousally bereaved. *Psychoneuroendocrinology*, *100*, 190–197. https://doi.org/10.1016/j.psyneuen.2018.10.006

Fagundes, C. P., & Wu, E. L. (2021). Biological mechanisms underlying widowhood's health consequences: Does diet play a role? *Comprehensive Psychoneuroendocrinology*, *7*, Article 100058. https://doi.org/10.1016/j.cpnec.2021.100058

Feigelman, W., McIntosh, J., Cerel, J., Brent, D., & Gutin, N. J. (2019). Identifying the social demographic correlates of suicide bereavement. *Archives of Suicide Research*, *23*(2), 273–288. https://doi.org/10.1080/13811118.2018.1456384

Finsaas, M. C., Kessel, E. M., Dougherty, L. R., Bufferd, S. J., Danzig, A. P., Davila, J., Carlson, G. A., & Klein, D. N. (2020). Early childhood psychopathology prospectively predicts social functioning in early adolescence. *Journal of Clinical Child & Adolescent Psychology*, *49*(3), 353–364. https://doi.org/10.1080/15374416.2018.1504298

Fiore, J. (2019). A systematic review of the dual process model of coping with

bereavement (1999-2016). *Omega: Journal of Death and Dying*. Advance online

publication. https://doi.org/10.1177/0030222819893139

Fiore, J. (2021). A systematic review of the dual process model of coping with

bereavement (1999–2016). *Omega: Journal of Death & Dying*, *84*(2), 414–458.

https://doi.org/10.1177/0030222819893139

Florczak, K. L., & Lockie, N. (2019). Losing a partner: Do continuing bonds bring solace

or sorrow? *Death Studies*, *43*(5), 281–291.

https://doi.org/10.1080/07481187.2018.1458761

Förster, F., Pabst, A., Stein, J., Röhr, S., Löbner, M., Heser, K., Miebach, L., Stark, A.,

Hajek, A., Wiese, B., Maier, W., Angermeyer, M. C., Scherer, M., Wagner, M.,

König, H.-H., & Riedel-Heller, S. G. (2019). Are older men more vulnerable to

depression than women after losing their spouse? Evidence from three German

old-age cohorts (AgeDifferent.de platform). *Journal of Affective Disorders*, *256*,

650–657. https://doi.org/10.1016/j.jad.2019.06.047

Glad, K. A., Stensland, S., Czajkowski, N. O., Boelen, P. A., & Dyb, G. (2021). The

longitudinal association between symptoms of posttraumatic stress and

complicated grief: A random intercepts cross-lag analysis. *Psychological Trauma:

Theory, Research, Practice, and Policy*. Advance online publication.

https://doi.org/10.1037/tra0001087

Grafiadeli, R., Glaesmer, H., Hofmann, L., Schäfer, T., & Wagner, B. (2021). Suicide

    risk after suicide bereavement: The role of loss-related characteristics, mental

    health, and hopelessness. *Journal of Psychiatric Research*, *144*, 184–189.

    https://doi.org/10.1016/j.jpsychires.2021.09.056

Green, D., Karafa, K., & Wilson, S. (2021). Art therapy with grieving children: Effect on

    affect in the dual-process model. Art Therapy: *Journal of the American Art*

    Therapy Association, *38*(4), 211–215.

    https://doi.org/10.1080/07421656.2020.1823197

Grewe, D. (2019). Lost among us: Young and middle-aged widows and widowers face a

    difficult task. *Visual Communication Quarterly*, *26*(3), 174–189.

    https://doi.org/10.1080/15551393.2019.1647046

Griese, B., Burns, M., & Farro, S. A. (2018). Pathfinders: Promoting healthy adjustment

    in bereaved children and families. *Death Studies*, *42*(3), 134–142.

    https://doi.org/10.1080/07481187.2017.1370416

Grodal, S., Anteby, M., & Holm, A. L. (2021). Achieving rigor in qualitative analysis:

    The role of active categorization in theory building. *Academy of Management*

    Review, *46*(3), 591–612. https://doi.org/10.5465/amr.2018.0482

Guo, Y., Ge, T., Mei, L., Wang, L., & Li, J. (2021). Widowhood and health status among

    Chinese older adults: The mediation effects of different types of

    support. *Frontiers in Public Health*, *9*, Article 745073.

    https://doi.org/10.3389/fpubh.2021.745073

Gutiérrez Sánchez, D., Cruzado, D. P., & Cuesta, V. A. I. (2018). The quality of dying and death measurement instruments: A systematic psychometric review. *Journal of Advanced Nursing*, *74*(8), 1803–1818. https://doi.org/10.1111/jan.13687

Hammersley, M. (2018). What is ethnography? Can it survive? Should it? *Ethnography & Education*, *13*(1), 1–17. https://doi.org/10.1080/17457823.2017.1298458

Hay, A., Hall, C. W., Sealey, M., Lobb, E. A., & Breen, L. J. (2021). Developing a practice-based research agenda for grief and bereavement care. *Death Studies*, *45*(5), 331–341. https://doi.org/10.1080/07481187.2019.1636897

Hennink, M., & Kaiser, B. N. (2022). Sample sizes for saturation in qualitative research: A systematic review of empirical tests. *Social Science & Medicine*, *292*, Article 114523. https://doi.org/10.1016/j.socscimed.2021.114523

Hiyoshi, A., Berg, L., Grotta, A., Almquist, Y., & Rostila, M. (2021). Parental death in childhood and pathways to increased mortality across the life course in Stockholm, Sweden: A cohort study. *PLoS Medicine*, *18*(3), Article e1003549. https://doi.org/10.1371/journal.pmed.1003549

Høeg, B. L., Johansen, C., Christensen, J., Frederiksen, K., Dalton, S. O., Dyregrov, A., Bøge, P., Dencker, A., & Bidstrup, P. E. (2018). Early parental loss and intimate relationships in adulthood: A nationwide study. *Developmental Psychology*, *54*(5), 963–974. https://doi.org/10.1037/dev0000483

Hoijer, B. (2018). Ontological assumptions and generalizations in qualitative (audience) research. *European Journal of Communication*, *23*(3), 275–294. https://doi.org/10.1177/0267323108092536

Holmgren, H. (2021a). Life came to a full stop: The experiences of widowed

   fathers. *Omega: Journal of Death & Dying*, *84*(1), 126–145.

   https://doi.org/10.1177/0030222819880713

Holmgren, H. (2021b). Returning to work following spousal loss? The experiences of

   widowed parents. *Illness, Crisis & Loss*. Advance online publication.

   https://doi.org/10.1177%2F1054137320986750

Holter, M. T. S., Johansen, A. B., Ness, O., Brinkmann, S., Høybye, M. T., & Brendryen,

   H. (2019). Qualitative interview studies of working mechanisms in electronic

   health: Tools to enhance study quality. *Journal of Medical Internet*

   Research, *21*(5), Article e10354. https://doi.org/10.2196/10354

Houlihan, S. (2018). Dual-process models of health-related behavior and cognition: A

   review of theory. *Public Health*, *156*, 52–59.

   https://doi.org/10.1016/j.puhe.2017.11.002

Hsiao, Y.-H., Lee, M.-C., Yeh, C.-J., Tai, C.-J., & Lee, S.-S. (2021). Social participation

   and survival in widowed persons: Results of the Taiwan longitudinal study on

   aging. *International Journal of Environmental Research and Public*

   Health, *18*(20), Article 10974. https://doi.org/10.3390/ijerph182010974

Husain, W. (2020). The psychosocial variations in grieving parental and spousal death.

   Journal of Loss & Trauma, *25*(1), 99–104.

   https://doi.org/10.1080/15325024.2019.1645926

Iglewicz, A., Shear, M. K., Reynolds, C. F., III., Simon, N., Lebowitz, B., & Zisook, S. (2020). Complicated grief therapy for clinicians: An evidence-based protocol for mental health practice. *Depression and Anxiety*, *37*(1), 90–98. https://doi.org/10.1002/da.22965

Itsweni, P., & Tshifhumulo, R. (2018). Coping strategies employed by young Vhavenda widows in Vhembe in dealing with death and bereavement. *Gender & Behaviour*, *16*(2), 11705–11727.

Jackson, C., Vaughan, D. R., & Brown, L. (2018). Discovering lived experiences through descriptive phenomenology. *International Journal of Contemporary Hospitality Management*, *30*(11), 3309–3325. https://doi.org/10.1108/IJCHM-10-2017-0707

Jackson, M. R. (2015). Resistance to qual/quant parity: Why the "paradigm" discussion can't be avoided. *Qualitative Psychology*, *2*(2), 181–198. https://doi.org/10.1037/qup0000031

Jamali, H. R. (2018). Does research using qualitative methods (grounded theory, ethnography, and phenomenology) have more impact? *Library & Information Science Research*, *40*(3–4), 201–207. https://doi.org/10.1016/j.lisr.2018.09.002

Jones, E., Oka, M., Clark, J., Gardner, H., Hunt, R., & Dutson, S. (2019). Lived experience of young widowed individuals: A qualitative study. *Death Studies*, *43*(3), 183–192. https://doi.org/10.1080/07481187.2018.1445137

Kailaheimo-Lönnqvist, S., & Kotimäki, S. (2020). Cause of parental death and child's health and education: The role of parental resources. *SSM - Population Health*, *11*, Article 100632. https://doi.org/10.1016/j.ssmph.2020.100632

Kamp, K. S., O'Connor, M., Spindler, H., & Moskowitz, A. (2019). Bereavement

    hallucinations after the loss of a spouse: Associations with psychopathological

    measures, personality and coping style. *Death Studies*, *43*(4), 260–269.

    https://doi.org/10.1080/07481187.2018.1458759

Karydi, E. (2018). Childhood bereavement: The role of the surviving parent and the

    continuing bond with the deceased. *Death Studies*, *42*(7), 415–425.

    https://doi.org/10.1080/07481187.2017.1363829

Kazlauskaite, V., & Fife, S. T. (2021). Adolescent experience with parental cancer and

    involvement with medical professionals: A heuristic phenomenological

    inquiry. *Journal of Adolescent Research*, *36*(4), 371–397.

    https://doi.org/10.1177/0743558420985446

Kenen, R. (2021). Uncoupled: American widows in times of uncertainty and ambiguous

    norms. *Journal of Contemporary Ethnography*, *50*(4), 550–579.

    https://doi.org/10.1177/0891241621996801

Kiedan, F., & Khalil, R. (2019). The relationship between the parentless of adolescents

    and risk behaviors. *Journal Plus Education / Educatia Plus*, *24*, 53–55.

    https://www.uav.ro/jour/index.php/jpe/article/view/1314/1398

Klral, B. (2020). A case study regarding of the parental responsibilities to their children.

    Eurasian Journal of Educational Research, *85*, 65–92.

    https://doi.org/10.14689/ejer.2020.85.4

Knowles, L. M., Jovel, K. S., Mayer, C. M., Bottrill, K. C., Kaszniak, A. W., Sbarra, D.

    A., Lawrence, E. E., & O'Connor, M.-F. (2021). A controlled trial of two mind–

    body interventions for grief in widows and widowers. *Journal of Consulting and*

    Clinical Psychology, *89*(7), 640–654. https://doi.org/10.1037/ccp0000653.supp

Kokou-Kpolou, C. K., Cénat, J. M., Noorishad, P.-G., Park, S., & Bacqué, M.-F. (2020).

    A comparison of prevalence and risk factor profiles of prolonged grief disorder

    among French and Togolese bereaved adults. *Social Psychiatry and Psychiatric*

    Epidemiology, *55*(6), 757–764. https://doi.org/10.1007/s00127-020-01840-w

Kokou-Kpolou, C. K., Moukouta, C. S., Sani, L., McIntee, S.-E., Cénat, J. M., Awesso,

    A., & Bacqué, M.-F. (2020). A mixed methods approach of end-of-life care,

    social rites, and bereavement outcomes: A transnational perspective. *Culture,*

    Medicine and Psychiatry, *44*(4), 501–523. https://doi.org/10.1007/s11013-020-

    09669-3

Kõlves, K., Zhao, Q., Ross, V., Hawgood, J., Spence, S. H., & de Leo, D. (2019). Suicide

    and other sudden death bereavement of immediate family members: An analysis

    of grief reactions six-months after death. *Journal of Affective Disorders*, *243*, 96–

    102. https://doi.org/10.1016/j.jad.2018.09.018

Kongsuwan, W., Khaw, T., Chaiweeradet, M., & Locsin, R. (2019). Lived experience of

    grieving of Thai Buddhist husbands who had lost their wives from critical illness.

    Journal of Nursing Scholarship, *51*(4), 390–398.

    https://doi.org/10.1111/jnu.12477

Korstjens, I., & Moser, A. (2018). Series: Practical guidance to qualitative research. Part 4: Trustworthiness and publishing. *European Journal of General Practice*, *24*(1), 120–124. https://doi.org/10.1080/13814788.2017.1375092

Kronaizl, S. G. (2019). Discussing death with children: A developmental approach. *Pediatric Nursing*, *45*(1), 47–50.

Kung, C. S. J. (2020). Health in widowhood: The roles of social capital and economic resources. *Social Science & Medicine*, *253*, Article 112965. https://doi.org//10.1016/j.socscimed.2020.112965

Lancaster, H., & Johnson, T. (2020). Losing a partner: The varying financial and practical impacts of bereavement in different sociodemographic groups. BMJ *Supportive & Palliative Care*, *10*(2), Article e17. https://doi.org/10.1136/bmjspcare-2016-001215

Lange, R., Dykeman, C., & Beckett, C. (2020). Grieving styles of young Banso widows. *Omega: Journal of Death and Dying*, *81*(3), 493–506. https://doi.org/10.1177/0030222818785090

Levoy, K., Tarbi, E. C., & De Santis, J. P. (2020). End-of-life decision making in the context of chronic life-limiting disease: A concept analysis and conceptual model. *Nursing Outlook*, *68*(6), 784–807. https://doi.org/10.1016/j.outlook.2020.07.008

Liu, H., Umberson, D., & Xu, M. (2020). Widowhood and mortality: Gender, race/ethnicity, and the role of economic resources. *Annals of Epidemiology*, *45*, 69–75. https://doi.org/10.1016/j.annepidem.2020.02.006

Logan, E. L., Thornton, J. A., Kane, R. T., & Breen, L. J. (2018). Social support

 following bereavement: The role of beliefs, expectations, and support

 intentions. *Death Studies*, *42*(8), 471–482.

 https://doi.org/10.1080/07481187.2017.1382610

Lytje, M. (2018). Voices that want to be heard: Using bereaved Danish students

 suggestions to update school bereavement response plans. *Death Studies*, *42*(4),

 254–267. https://doi.org/10.1080/07481187.2017.1346726

Martin, V. B., Scott, C., Brennen, B., & Durham, M. G. (2018). What is grounded theory

 good for? *Journalism & Mass Communication Quarterly*, *95*(1), 11–22.

 https://doi.org/10.1177/1077699018759676

Martinez, A.-M., Castiglione, S., Dupuis, F., Legault, A., Proulx, M.-C., & Carnevale, F.

 (2021). Having therapeutic conversations with fathers grieving the death of a

 child. *Omega: Journal of Death & Dying*, *82*(4), 609–622.

 https://doi.org/10.1177/003022281982591

Mastrocinque, J. M., Hartwell, T., Metzger, J. W., Carapella-Johnson, R., Navratil, P. K.,

 & Cerulli, C. (2020). Spirituality and religion after homicide and suicide: Families

 and friends tell their stories. *Homicide Studies: An Interdisciplinary &*

 International Journal, *24*(2), 107–126.

 https://doi.org/10.1177/1088767918807263

McAdams, D. P. (2018). Narrative identity: What is it? What does it do? How do you

 measure it? *Imagination, Cognition & Personality*, *37*(3), 359–372.

 https://doi.org/10.1177/0276236618756704

McClatchey, I. S. (2018). Fathers raising motherless children: Widowed men give voice to their lived experiences. *Omega: Journal of Death and Dying*, *76*(4), 307–327. https://doi.org/10.1177/0030222817693141

McManus, E., & Paul, S. (2019). Addressing the bereavement needs of children in school: An evaluation of bereavement training for school communities. *Improving Schools*, *22*(1), 72–85.

McManus, R., Walter, T., & Claridge, L. (2018). Restoration and loss after disaster: Applying the dual-process model of coping in bereavement. *Death Studies*, *42*(7), 405–414. https://doi.org/10.1080/07481187.2017.1366599

McSherry, T., Loewenthal, D., & Cayne, J. (2019). A phenomenology of the therapeutic after Husserl and Merleau-Ponty. *Existential Analysis: Journal of the Society for Existential Analysis*, *30*(1), 128–143.

Meyer-Lee, C. B., Jackson, J. B., & Gutierrez, N. S. (2020). Long-term experiencing of parental death during childhood: A qualitative analysis. *Family Journal*, *28*(3), 247–256. https://doi.org/10.1177/1066480720926582

Milic, J., Muka, T., Ikram, M. A., Franco, O. H., & Tiemeier, H. (2017). Determinants and predictors of grief severity and persistence: The Rotterdam study. *Journal of Aging and Health*, *29*(8), 1288–1307. https://doi.org/10.1177/0898264317720715

Min, J., Li, Y., Xu, L., & Chi, I. (2018). Psychological vulnerability of widowhood: Financial strain, social engagement and worry about having no care-giver as mediators and moderators. *Ageing and Society*, *38*(11), 2356–2375. http://dx.doi.org/10.1017/S0144686X17000654

Mohamed Hussin, N. A., Guàrdia-Olmos, J., & Aho, A. L. (2018). The use of religion in coping with grief among bereaved Malay Muslim parents. *Mental Health, Religion & Culture*, *21*(4), 395–407. https://doi.org/10.1080/13674676.2018.1500531

Moran, L. S. (2016). Men in mourning: Depictions of masculinity in young and older widowers in contemporary film. *Men and Masculinities*, *19*(1), 85–104. https://doi.org//10.1177/1097184X15588591

Morrigan, B., Keesing, S., & Breen, L. J. (2020). Exploring the social networks of bereaved spouses: Phenomenological case studies. *Omega: Journal of Death and Dying*. Advance online publication. https://doi.org/10.1177/0030222820944062

Murray-Swank, A. B. (2019). The cracks where the light gets in: Exploring therapist transformation following the loss of a family member to suicide. *Journal of Psychotherapy Integration*, *29*(2), 188–196. https://doi.org/10.1037/int0000147

Nakagomi, A., Shiba, K., Kondo, K., & Kawachi, I. (2021). Can social capital moderate the impact of widowhood on depressive symptoms? A fixed-effects longitudinal analysis. *Aging & Mental Health*, *25*(10), 1811–1820. https://doi.org/10.1080/13607863.2020.1793296

Näppä, U., & Björkman-Randström, K. (2020). Experiences of participation in bereavement groups from significant others' perspectives; a qualitative study. *BMC Palliative Care*, *19*(1), Article 124. https://doi.org/10.1186/s12904-020-00632-y

Nuttman-Shwartz, O., Shorer, S., & Dekel, R. (2019). Long-term grief and sharing courses among military widows who remarried. *Psychological Trauma: Theory, Research, Practice, and Policy*, *11*(8), 828–836. https://doi.org/10.1037/tra0000439

Nyirenda, L., Kumar, M. B., Theobald, S., Sarker, M., Simwinga, M., Kumwenda, M., Johnson, C., Hatzold, K., Corbett, E. L., Sibanda, E., & Taegtmeyer, M. (2020). Using research networks to generate trustworthy qualitative public health research findings from multiple contexts. *BMC Medical Research Methodology*, *20*, 1–10. https://doi.org/10.1186/s12874-019-0895-5

Olawa, B. D., Omolayo, B. O., & Azikiwe, J. C. (2021). Gender influence on loneliness and family and nonfamily support among older adults: The confounding role of widowhood. *Journal of Women & Aging*, *33*(3), 268–287. https://doi.org/10.1080/08952841.2019.1690370

Pacaol, N. F. (2021). Acceptance, endurance, and meaninglessness: A qualitative case study on the mourning tasks of parental death from childhood experience to adolescence. *Omega: Journal of Death and Dying*. Advance online publication. https://doi.org/10.1177/00302228211024465

Pan, H. (2019). Response to spousal death according to faith in traditional Chinese culture among older Chinese: Moderation by occupation. *Health & Social Care in the Community*, *27*(5), 1224–1231. https://doi.org/10.1111/hsc.12763

Parente, N. T., & Ramos, D. G. (2020). The influence of spiritual-religious coping on the

quality of life of Brazilian parents who have lost a child by homicide, suicide, or

accident. *Journal of Spirituality in Mental Health*, *22*(3), 216–239.

https://doi.org/10.1080/19349637.2018.1549525

Park, E. M., Deal, A. M., Yopp, J. M., Chien, S. A., McCabe, S., Hirsch, A., Bowers, S.

M., Edwards, T., & Rosenstein, D. L. (2021). Parenting through grief: A cross-

sectional study of recently bereaved adults with minor children. *Palliative*

Medicine, *35*(10), 1923–1932. https://doi.org/10.1177/02692163211040982

Paul, S., & Vaswani, N. (2020). The prevalence of childhood bereavement in Scotland

and its relationship with disadvantage: The significance of a public health

approach to death, dying and bereavement. *Palliative Care & Social Practice*.

Advance online publication. https://doi.org/10.1177/2632352420975043

Peffer, M. E., & Ramezani, N. (2019). Assessing epistemological beliefs of experts and

novices via practices in authentic science inquiry. *International Journal of STEM*

Education, *6*(1), Article 3. https://doi.org/10.1186/s40594-018-0157-9

Pentaris, P., & Thomsen, L. L. (2018). Cultural and religious diversity in hospice and

palliative care: A qualitative cross-country comparative analysis of the challenges

of health-care professionals. *Omega: Journal of Death and Dying*, *81*(4), 648–

669. https://doi.org/10.1177/0030222818795282

Petry, S. E., Hughes, D., & Galanos, A. (2021). Grief: The epidemic within an

epidemic. *The American Journal of Hospice & Palliative Care*, *38*(4), 419–422.

https://doi.org/10.1177/1049909120978796

Pham, S., Porta, G., Biernesser, C., Payne, M. W., Iyengar, S., Melhem, N., & Brent, D. (2018). The burden of bereavement: Early-onset depression and impairment in youths bereaved by sudden parental death in a 7-year prospective study. *The American Journal of Psychiatry*, *175*(9), 887–896. https://doi.org/10.1176/appi.ajp.2018.17070792

Pitman, A. L., Stevenson, F., Osborn, D. P. J., & King, M. B. (2018). The stigma associated with bereavement by suicide and other sudden deaths: A qualitative interview study. *Social Science & Medicine*, *198*, 121–129. https://doi.org/10.1016/j.socscimed.2017.12.035

Prior, A., Fenger-Grøn, M., Davydow, D. S., Olsen, J., Li, J., Guldin, M.-B., & Vestergaard, M. (2018). Bereavement, multimorbidity and mortality: A population-based study using bereavement as an indicator of mental stress. *Psychological Medicine*, *48*(9), 1437–1443. https://doi.org/10.1017/s0033291717002380

Pujar, L., Chanda, K., & Hittalamani, D. D. (2018). Mental health of single parents. *Indian Journal of Health & Wellbeing*, *9*(3), 373–376.

Rackoff, G. N., & Newman, M. G. (2021). Distinct psychological characteristics predict resilience and recovery throughout widowhood. *Behavior Therapy*. Advance online publication. https://doi.org/10.1016/j.beth.2021.11.002

Rambu, N. (2018). Axiological interpretation in the thought of Max Weber: To rediscover an important hermeneutical concept. *Filosofija-Sociologija*, *29*(3), 150–157. https://doi.org/10.6001/fil-soc.v29i3.3771

Recksiedler, C., Loter, K., Klaas, H. S., Hollstein, B., & Perrig-Chiello, P. (2018). Social

    dimensions of personal growth following widowhood: A three-wave study.

    Gerontology, *64*(4), 344–360. https://doi.org/10.1159/000485916

Revet, A., Suc, A., Auriol, F., Djelantik, A. A. A. M. J., Raynaud, J.-P., & Bui, E. (2021).

    Peritraumatic distress predicts prolonged grief disorder symptom severity after the

    death of a parent in children and adolescents. *European Journal of*

    Psychotraumatology, *12*(1), Article 1936916.

    https://doi.org/10.1080/20008198.2021.1936916

Rodriguez, A., & Smith, J. (2018). Phenomenology as a healthcare research method.

    Evidence Based Nursing, *21*(4), 96–98. https://doi.org/10.1136.eb-2018-102990

Roos, S. (2012). The Kubler-Ross model: An esteemed relic. *Gestalt Review*, *16*(3), 312–

    315. https://doi.org/10.5325/gestaltreview.16.3.0312

Rosenblum, K. L., McDonough, S. C., Sameroff, A. J., Muzik, M., Rosenblum, K.,

    Lawler, J., Alfafara, E., Miller, N., Schuster, M., & Muzik, M. (2018). Parenting

    Reflectivity Scale. *Child Psychiatry and Human Development*, *49*, 372–384.

Rudaz, M., Ledermann, T., & Grzywacz, J. G. (2020). The role of private religious

    practices, spiritual mindfulness, and years since loss on perceived growth in

    widowed adults. *Journal of Religion and Health*, *59*(6), 2819–2832.

    https://doi.org/10.1007/s10943-020-00986-w

Ruíz, F. M. D., Fernández, M. I. M., Granero, M. J., Hernández, P. J. M., Correa, C. M.,
    & Fernández, S. C. (2021). Social acceptance of death and its implication for
    end☐of☐life care. *Journal of Advanced Nursing*, *77*(7), 3132–3141.
    https://doi.org/10.1111/jan.14836

Sævareid, T. J. L., Pedersen, R., & Magelssen, M. (2021). Positive attitudes to advance
    care planning - a Norwegian general population survey. *BMC Health Services*
    Research, *21*(1), Article 762. https://doi.org/10.1186/s12913-021-06773-x

Sakashita, A., Morita, T., Kishino, M., Aoyama, M., Kizawa, Y., Tsuneto, S., Shima, Y.,
    & Miyashita, M. (2018). Which research questions are important for the bereaved
    families of palliative care cancer patients? A nationwide survey. *Journal of Pain*
    & Symptom Management, *55*(2), 379–386.
    https://doi.org/10.1016/j.jpainsymman.2017.09.012

Salo, V. C., Schunck, S. J., & Humphreys, K. L. (2020). Depressive symptoms in parents
    are associated with reduced empathy toward their young children. *PLoS ONE*,
    15(3), Article e0230636. https://doi.org/10.1371/journal.pone.0230636

Saltzman, L. Y. (2019). It's about time: Reconceptualizing the role of time in loss and
    trauma. *Psychological Trauma: Theory, Research, Practice and Policy*, *11*(6),
    663–670. https://doi.org/10.1037/tra0000435

Santos, M. R., Lu, Y., & Fairchild, R. E. (2021). Age, period and cohort differences
    between the homicide trends of Canada and the United States. *British Journal of*
    Criminology, *61*(2), 389–413.

Sargeant, H., Forsyth, R., & Pitman, A. (2018). The epidemiology of suicide in young

    men in Greenland: A systematic review. *International Journal Of Environmental*

    Research And Public Health, *15*(11), Article 2442.

    https://doi.org/10.3390/ijerph15112442

Sari, K., Fatia, N., Khairani, M., & Faradina, S. (2020). Grief dynamics in widower.

    Social Education / Socialinis Ugdymas, *53*(1), 109–122.

    https://doi.org/10.15823/su.2020.53.6

Schmitz, A. (2021). Gendered experiences of widowhood and depression across Europe:

    The role of loneliness and financial resources from a longitudinal

    perspective. *Journal of Affective Disorders*, *280*(Pt A), 114–120.

    https://doi.org/10.1016/j.jad.2020.11.091

Scott, H. R., Pitman, A., Kozhuharova, P., & Lloyd-Evans, B. (2020). A systematic

    review of studies describing the influence of informal social support on

    psychological wellbeing in people bereaved by sudden or violent causes of

    death. *BMC Psychiatry*, *20*(1), Article 265. https://doi.org/10.1186/s12888-020-

    02639-4

Sekgobela, G., Peu, M., & van der Wath, A. (2021). "They brought my smile back": A

    phenomenological description of widows' experiences of psychosocial support.

    Death Studies, *45*(8), 603–612. https://doi.org/10.1080/07481187.2019.1671542

Shapiro, E. R. (1996). Grief in Freud's life: Reconceptualizing bereavement in

    psychoanalytic theory. *Psychoanalytic Psychology*, *13*(4), 547–566.

    https://doi.org/10.1037/h0079710

Shear, M. K. (2010). Exploring the role of experiential avoidance from the perspective of attachment theory and the dual process model. *Omega: Journal of Death and Dying*, *61*(4), 357–369. https://doi.org/10.2190/OM.61.4.f

Shufutinsky, A. (2020). Employing use of self for transparency, rigor, trustworthiness, and credibility in qualitative organizational research methods. *OD Practitioner*, *52*(1), 50–58.

Silverman, P. R., & Thomson, S. (2018). When men grieve: Widowers' stories of coping with their wives' deaths. *Omega: Journal of Death and Dying*, *77*(2), 133–153. https://doi.org/10.1177/0030222817695178

Sipes, J. B., Mullan, B., & Roberts, L. D. (2020). Ethical considerations when using online research methods to study sensitive topics. *Translational Issues in Psychological Science*, *6*(3), 235–239. https://doi.org/10.1037/tps0000266

Skopp, N. A., Holland, K. M., Logan, J. E., Alexander, C. L., & Floyd, C. F. (2019). Circumstances preceding suicide in US soldiers: A qualitative analysis of narrative data. *Psychological Services*, *16*(2), 302–311. https://doi.org/10.1037/ser0000221

Slettebø, T. (2021). Participant validation: Exploring a contested tool in qualitative research. *Qualitative Social Work*, *20*(5), 1223–1238. https://doi.org/10.1177/1473325020968189

Song, Z. (2017). The debate between empirical and broader phenomenological approaches to research. *Tourism Management*, *58*, 307–311. https://doi.org/10.1016/j.tourman.2016.03.016

Soydas, S., Smid, G. E., Lenferink, L. I. M., Djelantik, A. A. M. J., Goodfellow, B., Wilson, R., & Boelen, P. A. (2021). Psychopathology in a treatment-seeking sample of homicidally bereaved individuals: Latent class analysis. *Journal of Affective Disorders*, *292*, 234–241. https://doi.org/10.1016/j.jad.2021.05.026

Stahl, N. A., & King, J. R. (2020). Expanding approaches for research: Understanding and using trustworthiness in qualitative research. *Journal of Developmental Education*, *44*(1), 26–28.

Steffen, E. M., & Klass, D. (2018). Culture, contexts and connections: A conversation with Dennis Klass about his life and work as a bereavement scholar. *Mortality*, *23*(3), 203–214. https://doi.org/10.1080/13576275.2018.1469481

Streeter, J. L. (2020). Gender differences in widowhood in the short-run and long-run: Financial, emotional, and mental wellbeing. *The Journal of the Economics of Ageing*, *17*, Article 100258. https://doi.org/10.1016/j.jeoa.2020.100258

Stroebe, M. (2002). Paving the way: From early attachment theory to contemporary bereavement research. *Mortality*, *7*(2), 127–138. https://doi.org/10.1080/13576270220136267

Stroebe, M., & Schut, H. (2010). The dual process model of coping with bereavement: A decade on. *Omega: Journal of Death and Dying*, *61*(4), 273–289. https://doi.org/10.2190/OM.61.4.b

Tafà, M., Cerniglia, L., Cimino, S., Ballarotto, G., Marzilli, E., & Tambelli, R. (2018). Predictive values of early parental loss and psychopathological risk for physical problems in early adolescents. *Frontiers in Psychology*, *9*, Article 922. https://doi.org/10.3389/fpsyg.2018.00922

Tang, R., Xie, T., Jiao, K., Xu, X., Zou, X., Qian, W., & Wang, J. (2021). Grief reactions and grief counseling among bereaved Chinese individuals during COVID-19 pandemic: Study protocol for a randomized controlled trial combined with a longitudinal study. *International Journal of Environmental Research and Public Health*, *18*(17), Article 9061. https://doi.org/10.3390/ijerph18179061

Tay, D. L., Thompson, C., Jones, M., Gettens, C., Cloyes, K. G., Reblin, M., Hebdon, M. T., Beck, A. C., Mooney, K., & Ellington, L. (2021). "I feel all alone out here:" Analysis of audio diaries of bereaved hospice family caregivers during the COVID-19 pandemic. *Journal of Hospice & Palliative Nursing*, *23*(4), 346–353. https://doi.org/10.1097/njh.0000000000000763

Taylor, B., & Harrold, J. (2021). Widowhood and mental health: Social predictors of mental health disorders among widows. *Illness, Crisis & Loss*. Advance online publication. https://doi.org/10.1177/10541373211054189

Taylor, N. C., & Robinson, W. D. (2016). The lived experience of young widows and widowers. *American Journal of Family Therapy*, *44*(2), 67–79. https://doi.org/10.1080/01926187.2016.1145081

Taylor, S. (2020). Transformation through loss and grief: A study of personal transformation following bereavement. *The Humanistic Psychologist*. Advance online publication. https://doi.org/10.1037/hum0000172

Timmermann, S. (2019). Adjusting to widowhood: What financial service professionals need to know. *Journal of Financial Service Professionals*, *73*(1), 37–39.

Tippens, J. A., Roselius, K., Padasas, I., Khalaf, G., Kohel, K., Mollard, E., & Sheikh, I. (2021). Cultural bereavement and resilience in refugee resettlement: A photovoice study with Yazidi women in the Midwest United States. *Qualitative Health Research*, *31*(8), 1486–1503. https://doi.org/10.1177/10497323211003059

Tuohy, D., Cooney, A., Dowling, M., Murphy, K., & Sixsmith, J. (2013). An overview of interpretive phenomenology as a research methodology. *Nurse Researcher*, *20*(6), 17–20. https://doi.org/10.7748/nr2013.07.20.6.17.e315

Urcia, I. A. (2021). Comparisons of adaptations in grounded theory and phenomenology: Selecting the specific qualitative research methodology. *International Journal of Qualitative Methods*. Advance online publication. https://doi.org/10.1177/16094069211045474

van Denderen, M., de Keijser, J., Stewart, R., & Boelen, P. A. (2018). Treating complicated grief and posttraumatic stress in homicidally bereaved individuals: A randomized controlled trial. *Clinical Psychology & Psychotherapy*, *25*(4), 497–508. https://doi.org/10.1002/cpp.2183

Van Rosmalen, L., van der Horst, F. P., & van der Veer, R. (2016). From secure

    dependency to attachment: Mary Ainsworth's integration of Blatz's security

    theory into Bowlby's attachment theory. *History of Psychology*, *19*(1), 22–39.

    https://doi.org/10.1037/hop0000015

Vasara, P. (2020). Opposite ends: Widows' narratives of contemporary late life.

    International Journal of Ageing & Later Life, *14*(2), 35–59.

Vasileiou, K., Barnett, J., Thorpe, S., & Young, T. (2018). Characterising and justifying

    sample size sufficiency in interview-based studies: Systematic analysis of

    qualitative health research over a 15-year period. *BMC Medical Research*

    Methodology, *18*, Article 148. https://doi.org/10.1186/s12874-018-0594-7

Wagner, B., Hofmann, L., & Maaß, U. (2020). Online-group intervention after suicide

    bereavement through the use of webinars: study protocol for a randomized

    controlled trial. *Trials*, *21*(1), Article 45. https://doi.org/10.1186/s13063-019-

    3891-5

Weber, L., Kamp-Becker, I., Christiansen, H., & Mingebach, T. (2019). Treatment of

    child externalizing behavior problems: A comprehensive review and meta-meta-

    analysis on effects of parent-based interventions on parental

    characteristics. *European Child & Adolescent Psychiatry*, *28*(8), 1025–1036.

    https://doi.org/10.1007/s00787-018-1175-3

Weber, M., Alvariza, A., Kreicbergs, U., & Sveen, J. (2021). Family communication and psychological health in children and adolescents following a parent's death from cancer. *Omega: Journal of Death & Dying*, *83*(3), 630–648. https://doi.org/10.1177/0030222819859965

Wehrman, E. C. (2021). "I was their worst nightmare": The identity challenges of military widows. *Death Studies*, *45*(8), 583–593. https://doi.org/10.1080/07481187.2019.1671540

West, C. L., Dreeben, S. J., & Busing, K. (2021). The development of the Widowhood Resilience Scale. *Omega: Journal of Death and Dying*, *83*(4), 958–975. https://doi.org/10.1177/0030222819873489

Wilson, D. M., Cohen, J., MacLeod, R., & Houttekier, D. (2018). Bereavement grief: A population-based foundational evidence study. *Death Studies*, *42*(7), 463–469. https://doi.org/10.1080/07481187.2017.1382609

Wilson, D. M., Underwood, L., & Errasti-Ibarrondo, B. (2021). A scoping research literature review to map the evidence on grief triggers. *Social Science & Medicine*, *282*, Article 114109. https://doi.org/10.1016/j.socscimed.2021.114109

Wilson, J., Mandich, A., & Magalhães, L. (2016). Concept mapping: A dynamic, individualized and qualitative method for eliciting meaning. *Qualitative Health Research*, *26*(8), 1151–1161. https://doi.org/10.1177/1049732315616623

World Health Organization. (2021). *What is depression*. https://www.who.int/en/news-room/fact-sheets/detail/depression

World Health Organization. (n.d.). *Recognizing adolescence*.

https://apps.who.int/adolescent/second-decade/section2/page1/recognizing-adolescence.html

Wu, E. L., LeRoy, A. S., Heijnen, C. J., & Fagundes, C. P. (2021). Inflammation and future depressive symptoms among recently bereaved spouses. *Psychoneuroendocrinology*, *128*, Article 105206. https://doi.org/10.1016/j.psyneuen.2021.105206

Xu, J., Wu, Z., Schimmele, C. M., & Li, S. (2020). Widowhood and depression: A longitudinal study of older persons in rural China. *Aging & Mental Health*, *24*(6), 914–922. https://doi.org/10.1080/13607863.2019.1571016

Yang, F., & Gu, D. (2021). Widowhood, widowhood duration, and loneliness among older adults in China. *Social Science & Medicine*, *283*, Article 114179. https://doi.org/10.1016/j.socscimed.2021.114179

Yoon, H., Park, G.-R., & Kim, J. (2022). Psychosocial trajectories before and after spousal loss: Does gender matter? *Social Science & Medicine*, *294*, Article 114701. https://doi.org/10.1016/j.socscimed.2022.114701

Yopp, J. M., Deal, A. M., Nakamura, Z. M., Park, E. M., Edwards, T., Wilson, D. R., Biesecker, B., & Rosenstein, D. L. (2019). Psychological and parental functioning of widowed fathers: The first two years. *Journal of Family Psychology*, *33*(5), 565–574. https://doi.org/10.1037/fam0000528.supp

Young, D. S., & Casey, E. A. (2019). Examination of the sufficiency of small qualitative samples. *Social Work Research*, *43*(1), 53–58. https://doi.org/10.1093/swr/svy026

Zakarian, R. J., McDevitt-Murphy, M. E., Bellet, B. W., Neimeyer, R. A., & Burke, L. A. (2019). Relations among meaning making, PTSD, and complicated grief following homicide loss. *Journal of Loss & Trauma*, *24*(3), 279–291. https://doi.org/10.1080/15325024.2019.1565111

Zhang, Z., Li, L. W., Xu, H., & Liu, J. (2019). Does widowhood affect cognitive function among Chinese older adults? *SSM - Population Health*, *7*, Article 100329. https://doi.org/10.1016/j.ssmph.2018.100329

Zilberstein, K. (2013). The use and limitations of attachment theory in child psychotherapy. *Psychotherapy*, *51*(1), 93–103. https://doi.org/10.1037/a0030930

Appendix A: Recruitment Flyer

Recruitment Flyer for a Confidential Research Study

You are invited to participate in a research study on the lived experiences of ethnic minority widowers raising their dependent children.

Requirements to participate in this study:

1.   Ethnic minority heterosexual male
2.   Widower
3.   Raising your dependent children 18 years and under.

This study is being conducted by Cathy Ann King a doctoral student at Walden University.

About this study:

Participation in this study is voluntary and would last 90 minutes.
All data collected is confidential and all personal information will be protected.

Payment: No monetary incentive, gifts or reimbursements will be provided to participants who decide to take part in the study.

The purpose of this study: To understand the lived experiences of Single-parent widowers as they raise their dependent children alone.

Appendix B: Interview Guide Questions

. What can you tell me about raising your dependent children without your spouse?

2. Please share how your life has changed from being married to now being a

widower?

3. How are you helping your children cope from the death of your wife?

4. How did your family decide to seek bereavement counseling?

5. In your own words, please describe bereavement grief?

6. In your own words, how is life without your loved one?

7. What is something that you miss about your wife?

8. How much did your culture influence whether you should seek professional

    bereavement services?

Appendix C: Interview Protocol

Interview: The Lived Experiences of Minority Widowers with Dependent Children

Interview ID number: _____

Interviewer_____

Location: _____

Date: _____ Begin Time: _____

End Time: _____

Part I.

The purpose of this qualitative phenomenological design study is to understand the challenges and cultural bereavement experienced by minority fathers with dependent children.

Part II.

1. The interview session will begin with relationship building, salutations, and introducing myself to the research participant. After introductions, the research topic will be introduced.

2. I will take the time to thank each participant for taking the time to respond to my invitation to participate in the study.

3. I will explain the informed consent. The participant will read the consent form and ask any necessary questions before proceeding to sign the informed consent.

4. The participant will be given a copy of the informed consent for their records.

5. The audio recorder (or electronic storage device) will be turned on. The date, time, and county the interview is taking place will be recorded. The participant will be informed that the session is being recorded.

6. The coded sequential interpretation of the participants 'name and/or church name (e.g., respondent Q1…) will be indicated on the audio recorder and documented on the consent form and the interview will begin.

7. The interview will take approximately 90 minutes for responses to the 8 research questions.

8. Participants will be reminded of the purpose of the study.

9. The participant will be informed regarding the review of the interview report that will be made available after transcription.

Appendix D: Supportive Resource List

Alliance of Hope
http://www.allianceofhope.org

American Widow Project
http://americanwidowproject.org

Camp Widow
http://www.campwidow.org

Gary Roe – Healing Is Possible
http://www.garyroe.com/

Grief Share
http://www.griefshare.org

National Hospice and Palliative Care Organization
http://www.nhpco.org

Appendix E: Participant Withdrawal Letter

Walden University

Research Study Withdrawal Letter

PI Name
PI Address
PI Phone #

Study Title: _____

Dear Dr. _____,

I would like to withdraw my participation from the research study referenced above and revoke my authorization to use and/or disclose my personal health information in connection with my study participation. I am aware that health information already collected will continue to be used and/or disclosed as described in the research consent and authorization form, which I signed when enrolling in the study.

I understand that I will receive confirmation of this withdrawal letter.

_____   _____
Signature of Study Participant   Date

_____
Printed Name of Study Participant

Optional:
I am ending my participation in the above-referenced study because:

_____

Appendix F: Confidentiality Agreement

CONFIDENTIALITY AGREEMENT

Name of Signer:

During the course of my activity in collecting data for this research: "The Lived

Experiences of Minority Widowers with Dependent Children." I will have access to

information, which is confidential and should not be disclosed. I acknowledge that the

information must remain confidential, and that improper disclosure of confidential

information can be damaging to the participant.

By signing this Confidentiality Agreement, I acknowledge and agree that:

1. I will not disclose or discuss any confidential information with others, including friends
   or family.

2. I will not in any way divulge, copy, release, sell, loan, alter or destroy any confidential
   information except as properly authorized.

3. I will not discuss confidential information where others can overhear the conversation.
   I understand that it is not acceptable to discuss confidential information even if the
   participant's name is not used.

4. I will not make any unauthorized transmissions, inquiries, modification or purging of
   confidential information.

5. I agree that my obligations under this agreement will continue after termination of the
   job that I will perform.

6. I understand that violation of this agreement will have legal implications.

7. I will only access or use systems or devices I am officially authorized to access, and I will not demonstrate the operation or function of systems or devices to unauthorized individuals.

Signing this document, I acknowledge that I have read the agreement and I agree to comply with all the terms and conditions stated above.

_____

Signature: Date:

Appendix G: Permission to Use the Thematic Analysis Table

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Using thematic analysis in psychology

Routledge
Taylor & Francis Group

Author: Virginia Braun, , Victoria Clarke
Publication: Qualitative Research in Psychology
Publisher: Taylor & Francis
Date: Jan 1, 2006

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