

5-2019

Occupational Responses of Older Adults Following Partner Loss

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<https://doi.org/10.33015/dominican.edu/2019.OT.05>

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Recommended Citation

Huang, Carol; Song, Jane; Behr, Peter; and Sterner, Stephanie, "Occupational Responses of Older Adults Following Partner Loss" (2019). *Occupational Therapy | Graduate Capstone Projects*. 5.

<https://doi.org/10.33015/dominican.edu/2019.OT.05>

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This thesis, written under the direction of the candidate's thesis advisor and approved by the program chair, has been presented to and accepted by the Department of Occupational Therapy in partial fulfillment of the requirements for the degree of Master of Science in Occupational Therapy.

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Occupational Responses of Older Adults Following Partner Loss

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A culminating capstone projects submitted to the faculty of Dominican University of California in
partial fulfillment of the requirements for the degree of Master of Science in Occupational
Therapy

Dominican University of California

San Rafael, California

December 2018

Abstract

Spousal loss has been frequently identified as a life stressor that can greatly impede one's ability to age at home. The purpose of this study is to identify the occupational changes that commonly result after this event and their impacts on one's ability to age in place. This study utilized a qualitative phenomenological research design. Eight participants were recruited from an educational program for older adults and were interviewed using a semi-structured interview format. Researchers transcribed and coded all interviews to determine emergent themes. Two major categories of themes were found: occupational and intrinsic responses. The areas of occupation that were most commonly identified include: social participation, caregiving, activities of daily living, financial and household management, meal preparation, and leisure. Intrinsic responses were identified as autonomy, intrapersonal transition, and filling in time. Occupational and intrinsic responses occur transactionally and influence each other. Older adults may need to effectively address changes to both of these categories to facilitate successful aging in place after partner loss.

Acknowledgements

The researchers would like to thank our faculty advisor Susan Morris, PhD, OTR/L for her guidance and support throughout the duration of our project. We would also like to thank Laura Hess, PhD, OTR/L for sharing her extensive knowledge on qualitative research and coding with Dedoose, as well as Karen McCarthy, PhD, OTR/L for her assistance with research on occupational science. Special thanks go out to the Osher Lifelong Learning Institute and the participants in our study, without whom none of this would have been possible.

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Introduction

According to the U.S. Census Bureau (2017), the population of older adults, or individuals ages 65 and up, is projected to increase to approximately 98.2 million in 2060. For comparison, this population was estimated to be about 47.8 million in 2015. With more than 90% of this population preferring to live at home, this staggering growth in number indicates a need to gain a greater understanding of how to support older adults such that they can safely age in place (National Aging in Place Council, 2016). The Centers for Disease Control and Prevention [CDC] (2013) defines aging in place as “the ability to live in one’s own home and community safely, independently, and comfortably” (p. 1). However, a variety of challenges may hinder one’s ability to do so. Of these challenges, spousal loss is frequently identified as an extreme life stressor that can greatly impede one’s ability to age in place (Lindquist, Ramirez-Zohfeld, Sunkara, Forcucci, Campbell, Mitzen, & Cameron, 2016).

In 2009, 17% of men and 48% of women ages 70 and older were identified as widows or widowers (Kreider & Ellis, 2011). Widows and widowers may experience disruptions to daily living after spousal loss such as difficulties with managing physical and mental health, maintaining their homes and finances, and participating in social activities (Collins, 2014; Lee, Cho, Grodstein, Kawachi, Hu, & Colditz, 2005; Lindquist et al., 2016; Miller, 2004; Naef, Ward, Mahrer-Imhof, & Grande, 2013). For this reason, an interdisciplinary team of health care professionals that can effectively address the various areas of care may be beneficial when providing assistance to this population. Occupational therapy is a profession that focuses on health promotion, prevention, education, and quality of life. Therefore, an occupational therapist can be an extremely valuable member of such a team (Benthall, 2017).

Occupational therapists are skilled in analyzing the individual and his or her ability to engage in meaningful occupations within a relevant context to facilitate optimal occupational performance. In this context, the term “occupation” refers to the purposeful activities that give meaning and value to the participating individual. Occupational performance is defined as “the act of doing and accomplishing a selected action, activity, or occupation that results from the dynamic transaction among the client, the context, and the activity” (American Occupational Therapy Association [AOTA], 2014). The sudden occupational changes that occur after spousal loss may hinder one’s ability to age in place (Lindquist et al., 2016). For this reason, occupational therapists may have a role in utilizing their knowledge and expertise to assist widows and widowers to productively adjust to these changes and, thus, successfully age in place.

Background and Review of Literature

Occupational science is a method of inquiry that adds to our understanding of human participation and engagement in life activities. As such, this approach was used to conceptualize occupational transition and its relationship to pivotal life events such as partner loss. The literature on spousal loss describes multiple types of responses to partner loss including non-occupational as well as occupational responses. Non-occupational responses encompass physical impacts, psychosocial impacts, disrupted sense of time, and resilience. Research has identified difficulties following partner loss in the occupational areas of instrumental activities of daily living (IADLs), leisure pursuits, sleep, and social participation. These occupational changes are of importance due to their effect on an individual's ability to manage one's environment to healthily live at home or ultimately impede one's ability to age in place (Lee et al., 2005; Linquist et al., 2016; Miller, 2004; Watson, 2015).

As occupational changes commonly occur after partner loss, a further examination is needed to determine the impact these changes have, and how to facilitate the independence of older adults who are living at home (Lindquist et al., 2016). A review of current literature provides a base of knowledge about some of the challenges and coping strategies that were utilized by widows or widowers. For the purposes of this study, the term partner loss is used in place of spousal loss. Partner loss is defined as the death of a long-term partner. The researchers coined this term to be inclusive of all relationships. Additionally, the terms widow and widower are defined as the surviving partner of a long-term relationship.

Occupational Science

Occupational science is the study of the form, function, and meaning of engagement in occupations (Zemke & Clark, 1996). This discipline was originally created to reinforce occupational therapy practice by bringing value to the ability to engage in occupations (Pierce, 2014). The importance of understanding the value of engagement in occupations lies in its relationship to physical, mental, emotional, and social well-being (Zemke & Clark, 1996). Participation in occupations provides meaning to the individual's life and a sense of satisfaction, accomplishment, ability, and control (Christiansen, Backman, Little, & Nguyen, 1999; Kielhofner, 2008; Law, Steinwender, & Leclair, 1998). As engagement in occupations can promote health and quality of life, examining it in widows and widowers may help to illuminate pathways for improving physical, mental, and social well-being in the event of a spousal loss.

Occupational transitions. Occupational transitions often occur as a result of major life events, such as marriage, the birth of a child, or the loss of a long-term partner. These types of events change an individual's life situation. As a response to this change, the individual must go through a transitional period in which their occupations adjust in order to align with their new-found status. A transition has been defined by Adams, Hayes, and Hopson (1976) as a discontinuity of one's life space. In terms of occupations, this discontinuity leads to changes in the individual's roles, routines, and habits which in turn changes the way in which occupations are performed and experienced. This ultimately leads to a need to recognize and accept the life event, in this case the loss of a long-term partner, and to utilize an adaptive response in order to move forward (Blair, 2000).

Non-Occupational Responses to Spousal Loss

The event of a spousal loss can have a range of effects on the surviving partner. These include changes in physical health and psychological health including depressive symptoms, grief, loneliness, and resilience. The following section outlines and explores the various non-occupational impacts that may occur after the event of spousal loss.

Physical impacts. Spousal loss has been found to cause declines in emotional, mental, and physical health of the surviving partner (Lee et al., 2005; Miller, 2004; Watson, 2015). These impacts may be attributed to decreased participation in self-care or health management activities. Loss of a partner has an impact on co-occupations, which have been defined as activities wherein “the occupational performance of one member depends on that of the other” (Humphrey & Thigben-Beck, 1998, p. 837). Similarly, Zemke and Clark (2006) further define co-occupation as occupations where “both people must be seen as actors to define their activity as co-occupation” (p. 213). For example, partners may remind each other of regular health examinations and participate in exercise and healthy diets together, affecting one another’s overall well-being. Over a lifetime, partners come to operate as a unit for a variety of functional outcomes and occupations. This phenomenon illustrates co-occupation.

After a loss, co-occupations may alter, decline, or end. The consequences may then lead to changes in behavior affecting physical health. Williams (2004) studied the changes in social regulation of health following spousal loss. Findings included a decline in health reminders and assistance in the age groups 50’s and 60’s, which resulted in an increase in unhealthy practices. For the 70’s and 80’s age groups, health was not affected as much, even with decline in reminders and assistance. However, the specific health practices and behaviors were not

explored. An in-depth exploration of changes in health management activities following spousal loss may provide insight into the ways that occupational transitions may impact physical health.

Psychosocial impacts. The World Health Organization (2017) defines health as “the complete state of physical, mental, and social well-being” (p. 1). For this reason, analyzing the psychosocial impacts following spousal loss is essential to understanding the effect the loss may have on overall well-being of widows and widowers.

Depression. The death of a spouse, or spousal bereavement, is associated with significant distress and can be a painful and sometimes debilitating experience (Bonanno, Wortman, & Nesse, 2004). Sikorski et al. (2014) found that older adults who experience the loss of a spouse are disposed to higher rates of depressive symptoms. These depressive symptoms may result in impairment and lowered quality of life that may reach a concerning level of severity. Additionally, even mild depressive symptoms may be correlated with impaired function and higher mortality from comorbid medical conditions.

Sikorski et al. (2014) found that the risk of the occurrence of depressive symptoms in older, bereaved adults decreases over time, though these individuals are disposed to higher rates of depressive symptoms. These symptoms result in somatic and cognitive changes that significantly affect the individual’s capacity to function and should be addressed to avoid becoming chronic and lowering an individual’s quality of life in late adulthood, even if they do not always meet criteria for a diagnosis of depression (Sikorski et al., 2014). Powers, Bisconti, and Bergeman (2014) examined the nature of depression, life satisfaction, and social support in widowhood and also found that depressive symptoms decrease with time passed since the loss of a spouse. This study examined data on widows from approximately one month after the death of a spouse to across two years of widowhood. Depression showed a linear downward trend over

time, in that widows' depression level appeared to decrease over the course of two years (Powers et al., 2014). This decline in depression occurred as social support amongst friends remained constant while family support declined slightly.

Grief. Grief, loneliness, and a disrupted sense of time are prevalent psychosocial effects of spousal loss. Merriam-Webster's Dictionary (2018) defines the term "grief" as a "deep and poignant distress caused by or as if by bereavement" (p. 550). Although similar to depression, grief differs in that it results from a specific cause and does not necessarily result in a decline in daily function. Naef et al. (2013) aimed to determine key characteristics of the bereavement experience of older adults. In their systematic review, the researchers found several studies that reported how grief and other indicators of bereavement, such as depression, distress, mental health or personal growth develop over time. Additional emotions reported by older adults who have experienced spousal loss include shock, sadness, pain, numbness, and turmoil. Regret, betrayal, remorse, and self-blame were also identified.

Loneliness and disrupted sense of time. A pervasive sense of loneliness was also reported in daily life following spousal loss. Collins (2014) describes "loneliness" as an isolating and excluding experience. Across twelve studies, loneliness was described and characterized by physical aloneness and feelings of emptiness due to absence of daily sharing with a partner. This loneliness continued although individuals maintained social connections and lead busy lives (Naef et al., 2013). In addition to loneliness, individuals experiencing spousal loss may also perceive a disrupted sense of time. Older widows and widowers experienced a sense of discontinuation of time, or a disruption between the past, present, and future and found a new perception of the future as limited and fraught with uncertainty (Naef et al., 2013).

Collins (2014) explored the challenges older female widows faced during cultural holidays and found that these times of the year exacerbated feelings of loneliness. During these times, the loss of a spouse can become more apparent. Since these particular days of the year are significant and steeped in ritual and symbolism, they are regarded as social resources to reinforce kinship ties through the gathering of family and friends. These rituals reinforce social identity and norms. During widowhood, holidays may exacerbate grief due to the pressure to participate in and maintain former family rituals. Further, for some widows and widowers, holidays are spent alone, which may intensify feelings of loss and loneliness.

Resilience. Hedonic treadmill is a theory that people always return to their baseline of well-being, even after major life events – such as the event of spousal loss (Brickman & Campbell, 1971). The popular belief was that people’s adaptations were transient, disregarding the type of life experiences. Mancini, Bonanno, and Clark (2011) challenged the theory and found that people generally coped well with bereavement and divorce, but that each individual has a unique response to life events and is not affected in a uniform way. In fact, positive results may be reported by some individuals. According to Merriam-Webster Dictionary (2017), resilience means “ability to recover from or adjust easily to misfortune or change” (p. 1). Mancini et al. (2011) found positive responses following major life events (bereavement, marriage, and divorce) across all age groups—resilience was found to be a common response after the event of widowhood, and grief reactions were not as evident among older adults. Anusic, Yap, and Lucas (2014) found an increase in positive affect after spousal loss among the majority of participants in the study, with the increases beginning at the nadir of the loss. The study further supports the notion that long-term decline does not necessarily result from spousal loss but more mostly due to changes associated with typical aging (Anusic et al., 2014). To explore

the variables that may influence positive impacts after widowhood, Ong, Fuller-Rowell, and Bonanno (2010) studied prospective predictors and found that resilience and marital relationship prior to spousal loss promoted positive emotions. Sometimes, spousal loss means ending a relationship with a history of marital difficulties and chronic stress, such as accumulated disagreements among the couple or responding to a chronic serious illness. The study supported the evidence that positive emotions were increased, for those who had such factors, after the event of spousal loss and considerations of pre-loss factors (Ong et al., 2010).

An individual's emotions and beliefs dynamically interact with his or her choice of activities—regardless of negative or positive impact. The current literature has limited evidence examining the experience of partner loss and how it affects an individual's level of participation in activities while taking into consideration psychosocial impacts. The majority of research surrounding partner loss has a focal lens on psychological and emotional responses of grief, depressive symptoms, and loneliness. Additionally, studies investigating physical symptoms and resilience are found throughout the literature related to partner loss. While these non-occupational responses cannot be fully disentangled from occupation, they may influence one's engagement in occupations and must be considered when exploring occupational responses.

Occupational Changes After Spousal Loss

The loss of a long-term partner can result in a number of occupational changes that can greatly impact the surviving partner's day-to-day living experience. From the occupation-centered perspective, engaging in occupations is a means to cope with spousal loss. In such experiences, individuals manage bereavement by engaging in a pattern or routine of activities. McIntyre and Howie (2002) completed a case study exploring adaptation to widowhood through

engaging in occupations. Though generalizability is limited, they concluded that active occupational engagement contributed to positive aging (McIntrye & Howie, 2002).

Instrumental activity of daily living. AOTA defines IADLs as day-to-day activities that are more complex in nature and support one's ability to function within the home and community (AOTA, 2014). When the death of a spouse occurs, the surviving partner may be forced to take on the responsibilities of the deceased partner. However, if the surviving partner is unfamiliar with the process of managing these tasks, participation in IADLs may become challenging.

Financial management. Of the various responsibilities, financial management has been identified as a task that becomes difficult to engage in after spousal loss (Collins, 2014). Financial management is the use of fiscal resources to successfully achieve short-term and long-term objectives. Financial difficulties may result from the loss of a partner's income, sudden assuming of financial responsibilities that may be unfamiliar, or depletion of assets following spousal loss. Since being able to manage finances is critical to maintaining independence, inability to successfully do so may impede one's ability to age in place. In some cases, family members had to become involved and provided assistance in managing these types of tasks (Collins, 2014). The stress from this additional burden on the caregiving family members has been found to sometimes lead to family friction, which may negatively impact the widow or widower's already reduced social circle.

Home management. Another IADL that has been identified as a challenge after spousal loss is home management (Lindquist et al., 2016). Home management pertains to tasks that aim to obtain and maintain household objects and environment or knowing how and when to seek assistance in handling these types of tasks. Such tasks may include cleaning the home, fixing the

kitchen sink, and pulling weeds in the yard. Lindquist et al. (2016) found that inability to take care of the home has resulted in the older adult leaving his or her home and moving in with a family member or into an assisted living facility. For this reason, difficulty with home management tasks after spousal loss may directly interfere with one's ability to age in place.

Health management. Health management activities include creating and maintaining routines for health and wellness (AOTA, 2014). Studies found that men tended to increasingly engage in physical activity both before and after the loss of a spouse, where some found physical activity to be beneficial in making the transition to their new situation (Stahl & Shultz, 2014; Utz, Carre, Nesse, & Wortman, 2002). This demonstrates the use of occupations, in this case physical activity, as a strategy used to cope with spousal loss.

Li and colleagues (2016) studied Taiwan's widow population and found physical activity as a method to reverse poor health. Poor health in widowed older adults was common due to minimal physical activity, obesity, increased alcohol drinking and smoking behaviors, drugs, sleep issues, and depression (Li et al., 2016). Sustained physical activity was found to be a method to manage physical and mental health in widowhood (Li et al., 2016). Promoting health and well-being activities—such as developing a schedule for physical activities—may be a strategy to cope with spousal loss.

Leisure. AOTA defines leisure as a “non-obligatory activity that is intrinsically motivated and engaged in during discretionary time” (AOTA, 2014, p. S21). Janke, Nimrod, and Kleiber (2008c) found a causal relationship between the well-being of older adults and their engagement in leisure, where a better sense of physical, mental, and emotional well-being can lead to higher rates of participation in leisure activities. Older adults who experienced depressive symptoms associated with spousal loss were more likely to exhibit a reduction in time spent

doing leisure activities (Janke et al., 2008c). Janke, Nimrod, and Kleiber (2008b) additionally found that widows demonstrated a shift in leisure repertoire, or the types of leisure activities in which they chose to participate. When compared to married women, widowed women were more likely to engage in social leisure activities, which may be due to a heightened need for social support (Janke, Nimrod, & Kleiber, 2008a). In these cases, the loss of an essential person in her social network resulted in the widowed woman seeking leisure activities to fill this void.

Sleep. Older adults have been found to experience impairments in sleep after experiencing spousal loss, with 19% of widows reporting disrupted sleep patterns during the two years following spousal loss (Kowalski & Bondmass, 2008). The decreased quality of sleep can be linked to changes in familiar routines or psychosocial responses and has been found to improve with time (Kowalski & Bondmass, 2008; Naef et al., 2013).

Social participation. Social participation is defined as the interaction between an individual and his or her family, friends, peers, or community and may occur in person or electronically (AOTA, 2014). When spousal loss occurs, the surviving partner experiences a significant change in his or her social circle. This change can lead to feelings of loneliness that can additionally impact the widow or widower's interest in participating in other activities. For example, some widowed older adults experienced discomfort when appearing in the public alone, socializing as a single person, and eating a meal by themselves (Naef et al., 2013). However, another study found that older widows tend to increase their participation in non-family relationships after the loss of their spouses (Donnelly & Hinterlong, 2009). Participation in activities such as volunteering and socializing with friends and neighbors tend to increase in order to occupy time that was once spent with one's spouse (Donnelly & Hinterlong, 2009).

These examples demonstrate how widows and widowers may have starkly different experiences with their social relationships after spousal loss.

After the loss of a spouse, social interactions of widowed older adults tend to consist of more support from neighbors, children, or other members of the community. Widows or widowers occasionally turn to the social support found at religious centers to seek emotional support, peace, and ways to cope with the event of a spousal loss (Naef et al., 2013). Jacobson, Lord, and Newman (2017) found that a higher perceived emotional support system can have mediating effects on depressive symptoms experienced by those who have experienced spousal loss. A strong support system can additionally reduce anxiety related to the loss.

Naef and his colleagues (2013) identified themes related to the bereavement experience of older adults after spousal loss that included coping with routines, emotions, life as a single person in a social context, and everyday activities--such as going to church and visiting friends. When widows and widowers were with friends and family, remembrance activities were found to be initiated by the older adults as a helpful mean of coping (Naef et al., 2013). Donnelly and Hinterlong (2009) also found that the event of spousal loss resulted in maintenance or increase of social participation to compensate for the loss. In general, having positive relationships and engagement with others, promote better well-being for widows and widowers (Naef et al., 2013).

Multiple studies found that many individuals talked to their deceased spouse, using the practice as an effective coping strategy (Bennett, Hughes, & Smith, 2005; Naef et al., 2013). Another study looked at repartnering after their loss. While not everyone was always receptive to the idea, Koren (2016) found that for many of the study's subjects, the process of building a new relationship was helpful in coping with their loss.

Work. Work is an occupation that requires some level of commitment, with or without monetary gains (AOTA, 2014). Older adults commonly explore and participate in volunteer activities as a type of work commitment. Li (2007) found that widowers were more likely to engage in volunteerism because participation helped with decreasing depressive symptoms and increasing self-efficacy. However, the commitment to volunteerism did not start until a few years after spousal loss (Li, 2007). Donnelly and Hinterlong (2009) reviewed a few studies including Li's (2007) and suggested further research was necessary in regards to the effects of increased volunteerism in widowhood.

Summary and Conclusions

To date, research has suggested that the loss of a partner results in changes in social participation, leisure activities, health management, and financial situations that may impact a widowed individual's wellbeing and ability to successfully age in place. Various impacts may be detrimental to the surviving partner's physical and mental health or result in inability to manage one's environment to healthily live at home (Lee et al., 2005; Linqvist et al., 2016; Miller, 2004; Watson, 2015). These issues may impede one's ability to age in place. For these reasons, information centering around the common occupational changes that occur and how they affect the surviving partner is necessary to facilitate successful aging in place.

Although a wide range of research has been conducted on the topic of spousal loss, a gap in knowledge exists in identifying the overall impacts to key occupations that occur in response to spousal or partner loss and their effects on one's ability to age in place.

Statement of Purpose

Determining the occupational factors that are affected by partner loss may be beneficial when providing services to widowed older adults given that the loss of a long-term partner has been found to impact health and well-being (Lee et al., 2005; Lindquist et al., 2016; Miller, 2004). The information gathered from this study may enable healthcare professionals to know more about the areas to focus on when working with this population. The findings of this qualitative study may also provide the foundational information to facilitate a quantitative study that aims to further understanding. The purpose of this study is to explore the occupational and other associated responses of older adults following partner loss. The researchers aim to explore: What are the occupational impacts that occur after partner loss and how do they affect one's ability to age in place?

Theoretical Framework

Within occupational science literature, transactionalism has emerged as a potentially viable theoretical perspective for scholarship on occupation (Aldrich, 2008). Using a transactionalist lens allows researchers to approach phenomena based on their relationship with other phenomena. John Dewey was the principle architect of the theory of transactionalism, which is used across a large number of academic and professional fields such as the social sciences, psychology, business, quantum mechanics and of course occupational science. The central construct of transactionalism is that phenomena (such as behaviors, people, and contexts), do not merely interact as separate forms, they move through one another and transact as co-constituted entities (Cutchin, Aldrich, Bailliard, & Coppola, 2008).

Building on Dewey's foundational concepts of transactionalism, transition has emerged as a phenomenon of interest within the disciplines of occupational therapy and occupational science. Though a significant body of research has focused on transition, most current theories have roots in psychology and a theory of transition grounded in occupational perspective has yet to be developed (Crider, Calder, Bunting, & Forwell, 2015). In an integrative review of occupational science and theoretical literature exploring transition, Crider et al. (2015) argues that there appears to be a reasonably robust body of knowledge that would support a 'coming of age' and readiness for a theory of life transition from an occupational perspective. Crider et al. (2015) conducted a review of the occupational science literature and found that occupational science theories do not address whether "doing", or participating in novel or routine activities, influence the experience and outcomes of transitions. Instead, they tend to focus on how internal strategies and interactions with others shape transitions. For example, studies have focused on a

person's level of self esteem, flexibility, and optimism and how these influence the outcomes of transition, rather than looking at the influence of participation in occupation.

Within a review of occupational therapy literature, Crider et al. (2015) developed seven strands which weave a coherent description of how healthy populations experience transition from an occupation perspective; numerous components of these seven transition strands have the potential to contribute to a theory. Crider et al.'s (2015) strands of transition illuminate the ways in which healthy populations experience transition from an occupational perspective. The seven strands and their descriptions can be found in Table 1. Numerous components of these seven strands have the potential to contribute to a theory of transition that could be used, evaluated, and included in the broader life transition process (Crider et al., 2015).

	Strands	Descriptions
1	Qualities of transition	<ul style="list-style-type: none"> • Involves adaptation • Occurs at task, social, and environmental levels and may be observed as changes in behavior
2	Experience of transition	<ul style="list-style-type: none"> • An individualized process with significant diversity in its experience • One individual may perceive the outcomes of a transition to be positive, while another may perceive a similar outcome to be negative.
3	Roles and transition	<ul style="list-style-type: none"> • Transitions involve changes in pre-transition roles and taking on new roles. • Maintaining roles during transition may provide a sense of continuity and engaging in occupations associated with a new role rules in feelings that one has successfully adopted to this new role.
4	Environment and transition	<ul style="list-style-type: none"> • The environment influences transitions and transitions occur in and are influenced by the social context. • Societal beliefs include individual experiences of transition. • Societal context (e.g. economic, governmental, health care, education) and the way individuals interact with these systems influences the objective transition process and subjective experiences of transition.

5	Occupation and transition	<ul style="list-style-type: none"> • Transitions may disrupt participation in occupations, result in changes in the meaning of occupations and patterns of occupational participation, and involve changes in the way former occupations are carried out. • Involves trying to establish balance, through occupational choices, after experiencing imbalance
6	Factors that facilitate transition	<ul style="list-style-type: none"> • Linking the past to the future when experiencing a transition, continuity of occupation, and occupational participation before, during and after transitions, preparation, taking steps to alter patterns of thoughts and behaviors, and social supports • Coping facilitates transition and may involve adaptation of occupational behaviors and employing adaptive strategies.
7	Factors that make transitions difficult	<ul style="list-style-type: none"> • Lack of skills, education, and social support • Cultural differences • Language barriers • Experiencing multiple simultaneous transitions

Table 1. Strands of Transition Descriptions

Ethical and Legal Considerations

Interviews about sensitive topics have the possibility of bringing out emotional and possibly painful reactions. If, at any time, a participant feels uncomfortable about a topic or the interview as a whole, the participant has the right to move on to the next question or end the interview and remove themselves from the study at any time and for any reason. This reflects to ethical principle of autonomy by allowing participants to freely decide on their inclusion in the study at any time. All information collected will remain confidential and participants' identities will remain anonymous to all except the researchers and their academic advisor, which is a reflection of this study's adherence to the principle of fidelity by maintaining a commitment to privacy of the participants of the study. Nonmaleficence, or the duty to not harm others, will also be strictly adhered to throughout the process of recruiting and interviewing. This project was approved by Dominican University's Institutional Review Board for the Protection of Human Participants (IRBPHP) application identification #10673). A copy of this study's IRB approval can be found in Appendix A.

Methods

Design

This study's qualitative phenomenological research design explored the phenomenon of the lived experiences of surviving partners following partner loss. This approach has guided the gathering of narrative data—detailed information that is focused on the behaviors and meaning of the experience. Data was gathered through in-depth, semi-structured interviews—which were approximately one-hour in length. The interview questions were designed to be open-ended and neutral in attempt to control bias. An activities guide was utilized during the interviews to control time and adhere to topics that are within the study's focus.

Participants

To recruit participants, the researchers sent a flyer to the director of the Osher Lifelong Learning Institute (OLLI) program at Dominican University of California. The director, then, distributed the flyer (Appendix B) through a weekly e-newsletter to the program's students. Inclusion criteria required participants to be above the age of 65, have experienced the loss of a long-term partner within the last one to six years, and speak English fluently. Participants were included regardless of sexual orientation or marital status. Participants were excluded if they had any cognitive impairments that may hinder them from accurately recalling their experiences with partner loss, are unable to participate in an hour-long interview, or have not experienced partner loss in the targeted time frame.

Each participant agreed to sit down for an interview with a researcher for approximately one hour. Due to the sensitive nature of the interviews, each interviewee was informed that the interview would be recorded and transcribed for research purposes only and participants were

able to pause or end the interview at any time. Each participant reviewed and signed informed consent prior to the beginning of the interviews. They were then entered in a raffle to win a \$20 gift card to a local coffee shop at the end of their interviews.

Data Collection

After potential participants were identified, researchers made contact by phone to screen them and schedule interviews with those who fit the inclusion criteria. Data was collected for this study by conducting semi-structured interviews (interview questions can be found in Appendix C) that were audio recorded, each of which lasted between 30 minutes to one hour in length. All participants signed a consent form (Appendix D) prior to participating in the interviews. Carefully crafted questions focusing on the participant's lived experience and their resulting occupational changes were used in conjunction with an occupationally based activity guide (Appendix E) in order to focus responses. Interview questions were open-ended and neutral in an attempt to control bias. Interviews were conducted either on the campus of Dominican University of California or in the participant's home, depending on the participant's preference. Each interview was then transcribed and entered into Dedoose, an application designed to help researchers organize and code data in qualitative research studies.

Data Analysis

For the purpose of this study, data was analyzed using a grounded theory approach in order to identify relevant components and concepts. Constant comparison analysis was then used to identify themes and guide the development of a theoretical model related to occupational changes in response to partner loss. According to Thorne (2000), constant comparison analysis involves taking a piece of data and comparing it to the rest to identify the relationships between

various components of the data. Each interview was reviewed and coded by each individual researcher. All of the researchers then came together to identify and discuss codes until 100% consensus on the codes was achieved. Themes were then developed to identify similarities amongst participant experiences.

Results

Participant Characteristics

The researchers recruited eight individuals from the OLLI program to participate in this study. The characteristics of the participants can be found in Table 2. To maintain their confidentiality, participants were randomly assigned a letter for the purposes of this section.

Age	Gender	Years Since Loss
74	M	6 years
80	M	1 year
79	F	3 years
85	F	1 year
72	M	2.5 years
72	F	2.5 years
80	M	1 year
72	F	2.5 years

Table 2. Participant Characteristics

Occupational Responses

For the purposes of this study, the researchers define “occupational responses” as the potential changes in occupations to partner loss. The following occupations were found to have been impacted by the event of partner loss. The participants continued their engagement in occupations by either modifying the occupations and/or establishing new routines. For some of the occupations, no changes were reported because the participants were able to maintain their engagement in those occupations. Additionally, due to the open-ended nature of the interviews, all occupational responses were not addressed by each participant.

Social participation. All eight participants mentioned social participation as an occupation that was impacted by partner loss. Social relationships were divided into four categories: peers and friends, community, family, and dating. Multiple impacts to these relationships were found following partner loss, including an increase in the number of single friends, reconnecting with past friends, and a decrease in interaction with partner's friends. Further, participants engaged in continuing education, religious services, community groups, and exercise programs post-loss. Further exploration of each category of social participation is discussed in the following sections.

Peers and friends. All eight participants described a change in their relationships with their peers and friends. Changes in these relationships were both positive and negative. Positive changes in social relationships with peers or friends were due to being able to spend more time with and receiving social support through them. Four participants discussed an increase in socialization with other friends who were also single, and doing activities that they used to do with their partners with these friends now.

Participant C: "We were still going to the ballet when he died. I still subscribe, so I'm going [to the symphony] with my women friends."

Three participants mentioned a decrease in socialization with certain individuals.

Participant F described an increase in single friends and a decrease in couple friends as "some of the couple's activity maybe has fallen off." The participants who similarly experienced this change discussed feeling like a "fifth wheel" when spending time with couple friends. A number of the participants experienced decreased social interactions with friends who were a couple.

Participant A: "And after a while, at least for me, I felt uncomfortable. So I started to decline and I started looking for other ways to socialize."

Additionally, two participants described a decrease in social relationships with their partners' friends.

Participant F: "He has one really good friend that I still occasionally see, but I certainly see him less often."

Community. Seven of the eight participants mentioned a change in community engagement. After the loss of their partners, participants proactively sought out participation in activities in the community to increase socialization. These activities varied greatly, including education courses, leisure clubs, support groups, religious groups, and physical exercise groups. The following excerpts describe various ways that participants engaged with their community:

Participant F: "We still meet for coffee every six weeks or so. It provided a forum forgetting out things that you need to get out, and having somebody to talk to, and you don't feel like you're bothering them."

Participant G: "I've met more a lot of people in the block now, as a result of walking the dog and of course everybody knows what happened. Not everybody, but those who did, you know. So now I know quite a few people in the block."

Participant A: "...I started looking for other ways to socialize. And one of the ways socializing was getting involved with the OLLI program, or it could be getting involved at a club, or some other social organization where you meet regularly, and you meet other people, and you just get together [sic]. It's not going out with people who are trying to support you. It's people going out trying to enjoy life with you... it's finding a program that will afford you an ability to resocialize and you know get back into a flow... it really comes down to...a desire to fill the time."

Family. Seven of the eight participants discussed changes to familial relationships after the loss of their partners. All seven of these participants described a positive change with their family members, where an increased sense of closeness was achieved. Such strengthened relationships with family include increase in contact with children, siblings, other relatives i.e. cousins, and brother/sister-in-laws.

Participant D: “Luckily I’m very close to my daughters, and we talk and email daily about everything. They’re very caring of me and want to make sure I’m safe.”

Participant G: “I talk with [WIFE’S] sister every week because that's what [WIFE] did. Friday afternoons at 4:00 is [SISTER-IN-LAW] and [WIFE] time. Now it’s [SISTER-IN-LAW] and [my] time.”

On the other hand, three participants also experienced strains in their familial relationships. In one situation, a participant stated that her relationship with her daughter became strained when she started dating another man two years after the passing of her husband.

Participant H: “The following February, we started going out. I think my daughter is very upset with that. She even says she thinks it's too early for me. She says, ‘I feel like Daddy just died.’ It's been 2 years...and sometimes I think...“Oh heck with it! It's my life and she is only home for 2 days”.

One participant discussed becoming more distant from her partner’s children after his passing.

Participant F: “It has, in some ways, made the relationship with [SPOUSE]'s children more difficult. And they, [PARTNER]'s son behaved very badly at the celebration of life for [PARTNER]. He resented that some things in his father's way of bringing him up as a kid [sic] those were his problems but he chose to vent them in a highly inappropriate way. That has affected me a lot... While [PARTNER] was alive, he, despite the fact that he and his family kept sort of rocky relationships, were always able to pull together because [PARTNER] made it happen you know. And the daughter, we have one daughter that doesn't speak to us and she's [sic]. From my standpoint, it's sort of more of a problem now that he's not alive because people somehow seem to think that I will just like get over it and say, she could just like be part of the family but no. I mean she made her choice and she didn't even come back when he died, so it was like, not interested in the having her part of my family particularly, but the rest of the family seems to think that okay, he's dead so that solves that problem... But anyway, that's one issue.”

Dating. Individuals found they needed to adapt to changes brought about in social relationships. For some, this meant getting closer to friend or family members to compensate for the loss, while for others, it resulted in a more difficult relationship since the partner was an important part of the ongoing relationship. Three of the eight participants expressed interest in

dating after the loss of their partners and discussed both positive and negative experiences with this activity.

Participant H: "It's fantastic and I've met another kind man. I'm a lucky person."

Participant E: "I believe that somebody like me that's probably home most nights, whoever's going to be, if there's going to be another relationship for me, is probably home at night also. And it would be the same type of person that I am, that doesn't want to online date. That doesn't want all that drama and all that kind of stuff. How you meet that person, it's a tough one...I've attempted [dating]. Not as easy as it sounds...at my particular time of life right now, I would like to find another relationship. And if it happens, great. If it doesn't happen, then I had a wonderful relationship that I can fall back on. That keeps me going, too."

Socialization was found to be the most frequently affected occupational area impacted by partner loss. Although occupational responses varied in nature, they occur in conjunction with intrinsic responses to result in successful occupational adaptation. The researchers defined "intrinsic responses" as changes that occur within the individual during the process of adapting to partner loss. For example, Participant A experienced an intrinsic desire to fill in time, which interacted with his occupational desire for social participation in the community. The interaction of these two factors resulted in increased participation in community programs to satisfy his needs.

Participant A: "...I started looking for other ways to socialize....It could be getting involved at a club, or some other social organization where you meet regularly...It's not going out with people who are trying to support you. It's people going out trying to enjoy life with you... it's finding a program that will afford you an ability to resocialize and you know get back into a flow... it really comes down to...a desire to fill the time."

In a similar manner, Participant H experienced an intrinsic response of a sense of autonomy which interacted transactionally with her occupational response to socializing with family. Participant H modified her occupations to promote her autonomy and continued her

dating relationship despite her daughter's disapproval by not seeing her dating partner when her daughter visited her at home, which was a few days out of the year.

Participant H: "We started going out. I think my daughter is very upset with that. She even says she thinks it's too early for me. She says, 'I feel like Daddy just died.' It's been two years...and sometimes I think..." "Oh heck with it! It's my life and she is only home for two days."

As demonstrated by these examples, occupational responses influence intrinsic responses and vice versa. This transactional relationship occurred within occupational responses throughout the four levels of socialization: peers and friends, community, family, and dating.

Instrumental activities of daily living. All participants discussed to some extent the impact of partner loss on their engagement in IADLs. The IADLs that were mentioned include caregiving, financial management, household management, meal preparation, and driving.

Caregiving. As all participants were acting on some level as caregivers to their partners before they passed, six of eight participants mentioned a change in caregiving after the loss of their partners. The change consisted of discontinuing the occupation of caregiving. Participant F described her experience with caregiving for her husband as "an exhausting thing, number one, and it kind of absorbs your whole life." She, then, continued to describe her experience after the passing of her partner as a shift from caring for her partner to "caring for yourself."

Financial management. Five participants mentioned a change in their engagement in financial management tasks. They all had to assume the partner's responsibilities and/or hired professionals to assist with such tasks. Participant F found financial management to have changed a lot after the loss and proceeded with planning with a corporate trustee.

Participant F: "If anything happened to me, to [avoid] my children having to worry about me or arguing about the estate and stuff."

Managing finances was a change that did not always happen immediately after passing of partner. A few of the participants assumed the responsibility before the partner's passing due to the partner's chronic illness affecting cognitive abilities.

Participant D: I had been paying the bills for quite a while. And also paying restaurant bills because when he became, when he got [CONDITION] he wasn't able to figure out taxes on the bill, and that was part of the [CONDITION]. How we knew it was going downhill [sic]. So I took over all that kind of bill paying when we did go out much to his dismay he does not like being dependent.

Household management. Five participants discussed changes to their engagement in household management tasks. Two themes emerged: assuming responsibility of routine household tasks and adapting the home to suit a one-person lifestyle instead of two. For some participants, their partners were the ones to attend to household issues such as fixing the plumbing, gardening, and cleaning prior to partner loss. When their partners were unable to continue doing these tasks, they were forced to deal with and adapt to such problems in a different manner. A participant assumed these responsibilities by "send [ing] my brother pictures and he tells me how to fix something in my house" while others sought professional help.

Participant G: "I still have the same two cleaning ladies. Except they don't come as often because, you know, just keep it that way. I mean there's only me unless the dog has an accident."

One participant chose to move out of her home into an independent living facility after her husband passed. The participant mentioned that the responsibility of upkeep of a house required a lot of commitment. Her choice to move out of her home is important to note, as she was not forced to do so but rather chose to do so.

Participant D: "Just the responsibilities of the upkeep of an old house. We lived there 56 years, so it meant there was a lot of upkeep like the pool, which wasn't working right, fences that were coming down, everything that happened about a house physically [sic]."

Another household issue that emerged was not related to the aforementioned tasks but rather adapting the home to suit a one-person lifestyle instead of the needs of two people.

Participant A: "...getting the proverbial house in order or readjusted from a two person household to a one person now. I was just kind of involved in re-organizing my life. You're busy cleaning things up, cleaning things out in dealing with all the emotional you know situation of that as well. And it is a process."

Meal preparation. Five participants discussed changes to their meal preparation routine after the loss of their partners. Such changes centered around modifying their means of meal preparation by either preparing their own meals (changed from preparing meals for two persons to a single person), utilizing meal delivery services, eating out more often, or dining out with friends. The choice of how to modify their meal preparation was dependent on what best suited their needs and desires. For example, seeking a quick and easy meal vs a meal with friends.

Participant G: "I had this app that delivers food, delivered food. You know, so I can like I can go here, send an e-mail out [sic]. They do it Monday through Friday."

Participant A: "I'm a regular at Costco, I'm on their lunch diner around plan."

Participant B: "I have to cook and prepare my own meals. I did that sometimes but my wife did more of that."

Driving. Three participants discussed changes in driving after the loss of their partners. Driving is more than the ability to operate a vehicle but also the ability to access community events and activities outside of home. Changes found in driving included establishing a new routine on specific times of the day to drive because the participant was accustomed to her late spouse doing most of the driving. The participants changed their driving patterns or chose other modes of transportation to best suit their needs. The ability to understand their own capabilities in driving and problem solve, enable the participants to age in place and navigate around the community successfully and safely.

Participant D: “I don’t drive at night. I do drive, and I have my car, and I do go all over. I don’t drive into the city anymore. I could. I don’t want to... but I no longer drive so I’ve started thinking about using a car service like [COMPANY] or [COMPANY]. I don’t drive at night at all, and so I try to get matinee tickets that’s a big difference. Instead of going in the evening, I go on a Sunday afternoon. If I do go in at night, or even in the day, if I don’t go with a new friend who has a car at the [FACILITY], I’ll go with, I guess, a taxi or [COMPANY] or [COMPANY] to [sic].”

Work and volunteer. Four participants reported a change in work and volunteer activities. Such changes included establishing new routines to incorporate volunteer and work into their new lifestyle following partner loss, or modifying volunteer work hours. Meanwhile, three participants reported no change in work and volunteer activities because they have been maintaining their role as a volunteer before and after partner loss. Overall, the participants found work and volunteer to be a favorable way for them to fill in time and stay socially active.

Participant A: “When she passed, her company called me and asked me to take over her business if you will. Which I initially declined. But then I thought about it, I said well you know you need a couple of days to fill in. And if I digress for a minute when you become single and you're a senior, I think what a lot of us are doing is looking for ways to fill in the extra time... And that's what I did. And I wound up taking over her business. And then since I never worked for anyone in my life, I go, why don't I start my own, which I did... So now I have my own business.”

Participant F: “I’ve picked up some new non-profit work. I’m president of a local nonprofit here... They were great. They were a big help to me when I ...[SPOUSE] was... life was shrinking. And then I went on a national nonprofit board after he died. And so I’m pretty occupied with those kinds of things...[sic].”

Participant E: “On the volunteer side, I'm still looking for where I want to volunteer. That's been a little more difficult because of time constraints and all of that stuff. But again, the more you put yourself out there, the more you're going to meet people that are probably in your boat. And you help one another that way. But you can't do it by yourself, my opinion anyway [sic].”

Participant C: “I had taken care of stuff until then, and I still was volunteering... I also did the same program... which I'm still doing.”

Activities of daily living. Five participants expressed no changes to their engagement in basic activities of daily living such as toileting, grooming and hygiene, bathing/showering, or

self-feeding. They maintained independence in these activities after the losses of their partners. The capabilities to be independent in basic activities of daily living greatly supports the participants to age in place safely and independently.

Sexual activity. One participant reported being sexually active and four participants reported not being sexually active at the time of the interviews. One participant created a new intimate relationship to enable her to satisfy her needs while having her own space at home. Meanwhile, although some participants are not sexually active, they did not express a strong desire to maintain such engagement or negative influences in their ability to age in place.

Participant H: “I didn't sign up for any dating thing or anything like that. We are friends with benefits and it's fantastic. It's fantastic and I've met another kind man. I'm a lucky person.”

Participant E: “Sexual activity, that went away a long time ago I'm afraid. And partly due to the fact... I had the first heart attack, which almost took me.”

Participant F: “On the other hand, you do miss the sex you know, it's just like one of those things. It's like, you get used to it in a marriage and all of sudden it's not there you know, it's an odd thing. It's not traumatizing or anything but it's just an odd thing and I'm not of the generation that thinks okay well let's just go on [ONLINE DATING APPLICATION] and figure out how to have some kind of short term relationship with somebody who's also looking just for sex. That's not my style.”

Leisure. Four of the eight participants expressed no change in leisure activities. Leisure activities consisted of activities the participants chose to engage in for pleasure and without a sense of obligation. They were able to maintain their engagement in leisure activities after partner loss. Some leisure activities that were maintained include sports, social outings, reading, travel, and entertaining at home. Such activities were important for the participants to maintain because they affected their social health, which also affects their emotional health and well-being.

Intrinsic Responses

As previously mentioned, intrinsic responses have been defined as internal changes that occur during the process of adapting to partner loss. Intrinsic responses were noted to have a transactional relationship with the occupational responses. The occupational responses influenced intrinsic responses and vice versa. Three intrinsic responses were identified in this study: autonomy, intra-transition, and filling in time. The following sections will define each intrinsic response and entail the frequency of occurrence among the participants. Due to the open-ended nature of the interviews, all intrinsic responses were not addressed by each participant.

Autonomy. Among the eight participants, five out of eight experienced an increased sense of autonomy. The participants felt more free because they made independent decisions and proceeded to engage in occupations of choice. Most importantly, autonomy enabled them to choose how they want to age in place. All of the participants were caregivers for their late spouse/partner right before their passing. Lifestyle changed dramatically following partner loss, but they were able to make independent decisions and aged in place. Additionally, positive feelings were cultivated as the participants developed a sense of autonomy. The following excerpts describe how participants experienced autonomy:

Participant B: "I'm totally free. I don't have anyone else to worry about or take care of."

Participant F described the experience as the freedom to make decisions, "don't need to consult with anyone, change room. But the fact was you had to sort of consult somebody and often we didn't agree and for the most part nothing really was a life or death kind of thing was far as I was concerned. But there was a fair amount of jockeying back and forth there. So yeah I would say that was a positive thing I didn't even think about it as being a positive at the time, but it certainly has been a lot easier to fix up the house."

Intra-transition. Five of the eight participants experienced intra-transition, which is an intrapersonal change where a participant internally accepted and changed from a sense of being tied to another person to one of being a single, unattached person. Participant D described this transition as “learning to say ‘I,’ not ‘we.’” The effects of experiencing occupational and intrinsic responses simultaneously influenced how the participant engaged in occupations. The stage of transition that the participant is in may determine how the participant chooses to modify their engagement in activities. For example, Participant A initially engaged in social dinners with his couple friends but later transitioned to only having dinners with single friends. He felt more comfortable participating in social dinners as a single person with single friends. Learning to be a single person also entailed engaging in occupations for a single person. Participant A shared that he had to learn to grocery shop and cook for just himself, whereas he used to do so for two. These experiences demonstrate how this phenomenon can impact one’s participation in occupations.

The process of intra-transition may influence daily routines as well. Participant D shared how an established habit continued to exist despite the passing of her partner:

Participant D: “I still turn to tell him things. I’m so used to him being on my right side for all these years, and I’m here, and I still, although less, turn to remark about something or something I’m reading. I want to tell him, and I can’t, you know, so that’s different.”

Learning to be a single person may also occur on a spiritual level, as the form of the relationship transitions to a spiritual one. The following quote describes a spiritual intra-transition:

Participant E: “I talk in the present sometimes because I feel as though she hasn’t left me in the spiritual sense. She’s been a part of me all throughout this. I do believe in the spiritual side of things. I’ve gone to a medium and I’ve done that work, also, and it’s been very reassuring for me.”

Experiences of intra-transitions are not always observable and are unique to the individual. During this transition, participants learned to renegotiate life to operate as a single person after having been a part of a couple for the duration of their relationships. This phenomenon, in turn, affected their participation in occupations, requiring them to modify the manner in which they engaged in such due to their newly formed identity.

Filling in time. Three of the eight participants acquired the intrinsic sense of having more time to be filled. All the participants were caregivers for their late partners, so they had more free time after their passing.

Participant A: "You just stay active as much as you can." "...as a single person, with extra time on [my] hands."

With this extra time, the participants created new routines to remain productive.

Participant E: "I go kind of midday or mid-morning, midday. And you have a group in the morning, you have a group in the afternoon... Maybe in some ways I have too much time. But that's the way it is right now. And that's why I've gotten a lot of satisfaction by going to the gym that I go to."

Additional Findings

The frequency of all occupational responses can be found in Tables 3-8. Responses are separated by occupation, and some include more specific categories that provide further insight into the occupational changes. Those mentioned by three or less subjects were not included since they were experienced by less than half of the participants. Due to the open-ended nature of the interviews, all occupational responses were not addressed by each participant.

Social Participation			Number of Participants
Community	Change	Exercise groups	1
		Religious groups	1
		Support groups	2
		Volunteer groups	1
	No change		2
Dating	Interested	Currently dating	2
		Not currently dating	1
	Not interested		1
Family	Change	Negative	3
		Positive	8
	No change		3
Peers/Friends	Change	Decrease couple friends	3
		Decrease spouse's friends	2
		Increase single friends	4
	No change		4

Table 3. Frequency of Occupational Responses - Social Participation

Instrumental Activities of Daily Living			Number of Participants
Caregiving	Change	Had in home help	4
		Transition out of being primary caregiver for spouse	4
		Transition to being primary caregiver for spouse's child	1
Driving	Change		3
	No change		1
Event planning	Change		2
	No change		1
Financial management	Change		5
	No change		2
Health management	Change		2
	No change		1
Household management	Change		5
	No change		3
Meal preparation	Change		5
	No change		1
Pet care	Change		2
	No change		2

Religious and spiritual activities	Change		2
	No change		3
Shopping	Change		3
	No change		2

Table 4. Frequency of Occupational Responses - Instrumental Activities of Daily Living

Activities of Daily Living		Number of Participants
Basic ADLs	No change	5
Sexual activity	Active	1
	Not active	4

Table 5. Frequency of Occupational Responses - Activities of Daily Living

Leisure	Number of Participants
Change	2
No change	4

Table 6. Frequency of Occupational Responses - Leisure

Sleep	Number of Participants
Change	3
No change	1

Table 7. Frequency of Occupational Responses - Sleep

Work/Volunteer	Number of Participants
Change	4
No change	3

Table 8. Frequency of Occupational Responses - Work/Volunteer

Discussion

The results of this study highlight two main categories of changes after a partner loss: occupational and intrinsic responses. The main areas of occupation that were commonly identified to have changed after partner loss include social participation and IADLs. A majority of the participants also reported that engagement in the occupations of ADLs and leisure had not changed due to the loss of their partner. Intrinsic responses were found to occur transactionally with the aforementioned occupational responses. The researchers created the Transactional Model of Partner Loss (Figure 1) to demonstrate how the loss of a partner sets off a series of interactions between the need to make occupational adaptations and the intrinsic drive to adapt to partner loss. The model also aims to demonstrate how these factors interact in a way that drive successful adaptation, helping the person to achieve successful aging in place. The participants in this study demonstrated a strong ability to adapt to these responses in order to age in place. However, despite their successes, the transactional model may also demonstrate barriers to success. Such barriers may involve unsuccessful adapting to occupational and intrinsic responses. For example, an individual that experiences difficulty obtaining food to feed himself (meal preparation) may have to move in with a relative or to an assisted living facility to receive the support he needs to engage in this occupation and maintain his health.

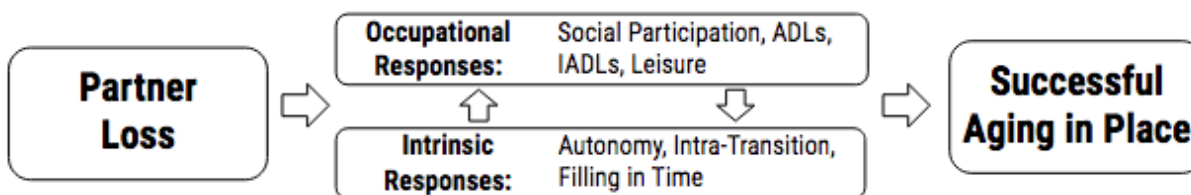


Figure 1. Transactional Model of Partner Loss

This model exemplifies the process that occurs in response to the loss of a partner, with the ultimate result being successful aging in place. An individual must effectively adapt to the

occupational and intrinsic challenges that occur after partner loss to reach successful aging in place. The model also highlights an essential aspect of the process: occupational and intrinsic responses occur transactionally and influence each other. For example, transitioning to the new identity of being a 'single person' affected the manner in which a participant cooked for himself. Additionally, the change that occurs in one's social circle after partner loss can influence one to fill in his or her time with other activities or social relationships. The participants in this study demonstrated an effective model of adapting to the occupational responses occurring after partner loss. Their ability to adapt to such changes enabled them to successfully age in place. For this reason, the findings of this study may be generalized to a population that has similar characteristics as the study's participants, including engagement in lifelong learning, community involvement, and strong networks of social support.

The researchers were pleasantly surprised by the strong resilience demonstrated by the study's participants. As the literature review showcases a variety of negative impacts to psychosocial factors and occupational engagement, seven of the eight participants of this study alternatively exhibited the ability to independently overcome their obstacles and successfully age in place. No significant differences in ability to age in place were found amongst our participants despite the varying times since partner loss and gender. This phenomenon significantly differs from the researchers' initial aim, which was to identify more lasting challenges arising from partner loss. Future studies may produce more diverse information by integrating a participant pool with different characteristics from those in this study. Doing so may shed more light on the challenges that are more difficult to deal with in the event of a partner loss.

Our research findings may further support and contribute to an emerging theory of transition viewed from an occupational perspective. Within the research literature on transition,

most current theories are based in psychology and a theory of transition grounded in occupational perspective has not yet developed (Crider et al., 2015). Crider et al. (2015) outlines seven strands of transition which may potentially contribute to such a theory. These strands were created through review of occupational therapy literature and weave a coherent description of how healthy populations experience transition. Of the seven strands, our research further supports strands two, five, and six. Strand two, “experience of transition”, is supported in that our findings indicate that occupational responses following spousal loss are an individualized process with significant diversity in its experience. Strand five, “occupation and transition”, is supported in that after spousal loss, many previous occupations are challenged, and may need to be adapted, which may may disrupt participation in occupations. Further, strand six, “factors that facilitate transition” is supported in that individuals may employ adaptive strategies and take steps to alter behaviors during the facilitation of transition. In particular, our study found that “transitioning from we to I” and developing autonomy appeared to facilitate the transition process. Ultimately our research may provide further evidence to support an emergent theory of transition from an occupational perspective.

Implications for Occupational Therapy

The findings of this study examined changes in occupations that were more common following spousal/partner loss. The participants were aware of their circumstances and challenges, and made changes to their occupations to best enable their ability to age in place safely and independently. Frequently, the participants modified occupations, established new routines in occupations, and/or maintained occupations. Occupational therapists may utilize what was learned in this study to help older adults create occupational balance following partner loss. Occupational therapists may develop community programs using multiple intervention approaches while working with older adults to assist in adapting to changes in daily life following partner loss. Intervention approaches may include establish, maintain, adapt/modify, and prevent. Some examples of occupational therapy interventions may be found at Table 9.

Intervention	Definition*	Example From Study
Establish	“... to change client variables to establish a skill or ability that has not yet developed...”	Establish a new work out and volunteer routine to fill in time
Maintain	“... to provide the supports that will allow clients to preserve the performance capabilities they have regained...”	Maintain independence in self-care activities such as brushing teeth
Adapt/Modify	“...to revise the current context or activity demands to support performance in the natural setting...” (Dunn, McClain, Brown, & Youngstrom, 1998, p. 533)	Modify financial management routine by using professionals to assist with financial tasks
Prevent	“...to prevent the occurrence or evolution of barriers to performance in context.”	Prevent social isolation by joining a community education program

Table 9. Examples of Occupational Therapy Interventions Used By Participants

*As defined by the Occupational Therapy Practice Framework [3rd ed.] (AOTA, 2014, p. S33)

Occupational therapy is a client-centered practice and occupational therapists evaluate the needs of the older adults, which includes the examination of how their occupational changes require assistance and the selection of appropriate intervention approaches. Older adults with limited resources experiencing occupational changes after partner loss may find such assistance invaluable to their ability to age in place.

A component of occupational science involves examining the process of occupational transition, which proposes that the roles, routines, and habits of an individual may be impacted during a transitional process. The findings of this study are determined to be in line with this construct. All participants demonstrated some level of change in their engagement in occupations. A number of the participants discussed shifting from the role of caregiver to his or her partner to the role of an independent individual who did not have this responsibility. Some mentioned changes to their routines, such as the participant who started to call his sister-in-law every week since the passing of his partner. Another participant talked about her still having the habit of turning to speak to her late husband towards his side of the bed, and upon realizing that he is not there, felt the need to stop doing this action. These examples demonstrate how individuals may experience the changes that occur during the occupational transition suggested in occupational science theory after a transitional process.

Limitations

To generalize findings of a study, the researcher must be able to assume that the responses of sample members will be representative of how the population members would respond to similar circumstances. Theoretically, a good sample reflects the relevant characteristics and variations of the population in the same proportions as they exist in the population (Portney & Watkins, 2015). Within this study, the target population was older adults aged 65 years or older who experienced partner loss. The study's findings may be limited in generalization to the population due to this homogeneity of this participant sample in geographic location, ethnicity, sexual orientation, participation in non-degree continuing education, and apparent lack of financial hardship. Further, all members of interviewees were participants of non-degree continuing education courses through the OLLI program. The participant sample is not fully representative of the target population members, who encompass nationwide older adults aged 65 years or older who have experienced the loss of a partner. However, the participant sample appears to represent a group of individuals who have experienced successful occupational transition after partner loss which allowed them to age in place.

Study limitations include potential bias associated with convenience sampling, self-selection, and recruitment from a non-degree continuing education program. This sample was chosen on the basis of availability in a consecutive manner, which involves recruiting all participants who meet the inclusion and exclusion criteria as they become available. A major limitation of convenience sampling is the potential bias of self-selection (Portney & Watkins, 2015). Unknown attributes may be present in those who offer themselves as subjects, as compared with those who do not, and how these attributes may affect the ability to generalize outcomes is unclear. Those who volunteer may be quite atypical of the target population in terms

of such characteristics as age, motivation, activity level, and other correlates of health consciousness. Future studies may benefit from incorporating more diverse participant pool. They may also focus on providing further insight into potential therapeutic interventions to promote successful aging in place for older adults following partner loss.

Conclusion

Although a large body of research related to partner loss has been conducted, a gap exists in knowledge of examining the impacts of such through an occupational therapy lens. As the occupational changes resulting from partner loss can hinder healthy aging, the researchers sought to bridge the gap between these factors to promote independence and facilitate successful aging in place. This qualitative study aimed to provide a foundation of information to build upon for future studies. Healthcare professionals may utilize the findings of this study to facilitate a more holistic approach to practice. Investigators learned that as older adults transition to life as a single individual, they generally experienced a transactional relationship between intrinsic and occupational responses. Interrelated responses to the need to change how one conducts occupations, such as social participation and leisure activities, are influenced by intrinsic factors including increased autonomy, an intrapersonal transition, and the need to fill in time previously spent on a lost partner. How these factors interact may help an individual to make the changes required to successfully age in place.

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Appendix A: Institutional Review Board Approval



February 23, 2018

Peter Behr
50 Acacia Ave.
San Rafael, CA 94901

Dear Peter:

I have reviewed your proposal entitled *Occupational Responses Following Partner Loss* submitted to the Dominican University Institutional Review Board for the Protection of Human Participants (IRBPHP Application, #10673). I am approving it as having met the requirements for minimizing risk and protecting the rights of the participants in your research.

In your final report or paper please indicate that your project was approved by the IRBPHP and indicate the identification number.

I wish you well in your very interesting research effort.

Sincerely,

A handwritten signature in black ink, appearing to read "Randall Hall", with a long horizontal flourish extending to the right.

Randall Hall, Ph.D.
Chair, IRBPHP

Cc: Susan Morris

Appendix B: Recruitment Flyer

Life After the Loss of Your Spouse or Partner

An opportunity to help others.

Our Research

A team of Dominican University graduate students are interested in learning about the lived experiences of those who have lost a spouse or long-term partner. Your story has the potential to help others.

All participants will have the chance to win a \$20 gift card to Peet's Coffee!

Qualifications

- * 60 years of age or older
- * Have lost a spouse or long-term partner within the past 10 years

Expectations

- * One 1-hour interview to take place between February 1, 2018 and April 1, 2018



If interested, please contact [REDACTED] at:

Phone: [REDACTED]

Email: [REDACTED]

by March 20, 2018

Appendix C: Semi-Structured Interview Guide

Interview Questions

1. Tell me a little about yourself.
2. What is your current living situation?
 - a. Who do you live with right now?
 - b. How long have you lived there?
3. Tell me about your late spouse or partner
 - a. Did you feel prepared for his/her passing?
4. What does a typical day currently look like for you?
5. What would you say are the biggest changes in your day-to-day life since the loss of your spouse or partner.
 - a. How did they affect you?
 - b. Other than changes in your daily routine, what about any other changes?
6. What were the most important activities to you? They may have been already mentioned or can be new activities.
 - a. How did they change, if any?
7. What were some big unexpected changes you struggled with?
8. In regards to the previously mentioned changes, what did you do to continue doing these activities?
9. What are some things you do now that you didn't do before?
 - a. How did that help you get through the loss?
10. How did losing your spouse or partner affect your relationship with others?
11. What advice would you give to someone who recently lost his or her spouse or partner?
12. What unexpected positive changes, if any, did you experience?
13. What else would you like to share with us today?

Appendix D: Participant Consent Form

**DOMINICAN UNIVERSITY OF CALIFORNIA
CONSENT FORM TO BE A RESEARCH PARTICIPANT**

1. I understand that I am being asked to participate as a Participant in a research study designed to explore certain lifestyle changes and coping strategies after the event of a spousal loss. This research is part of Peter Behr, Carol Huang, Jane Song, and Stephanie Sterner's Master's Thesis at Dominican University of California. This research study is being supervised by Susan Morris, PhD, OTR/L, Department of Occupational Therapy, Dominican University of California.
2. I understand that participation in this research will involve taking part in a one-hour face-to-face interview, which will include a personal life history, recalling experiences and lifestyle changes after the event of a spousal loss.
3. I understand that my participation in this study is completely voluntary and I am free to withdraw my participation at any time.
4. I have been made aware that the interviews will be recorded. All personal references and identifying information will be eliminated when these recordings are transcribed, and all Participants will be identified by identification number only; the master list for these codes will be kept by Susan Morris in a locked file, separate from the transcripts. Coded transcripts will be seen only by the researcher and her faculty advisors. One year after the completion of the research, all written and recorded materials will be destroyed.
5. I am aware that all study participants will be furnished with a written summary of the relevant findings and conclusions of this project. Such results will not be available until January 1, 2019.
6. I understand that I will be discussing topics of a personal nature and that I may refuse to answer any question that causes me distress or seems an invasion of my privacy. I may elect to stop the interview at any time.
7. I understand that my participation involves no physical risk, but may involve some psychological discomfort, given the nature of the topic being addressed in the interview. If I experience any problems or serious distress due to my participation, I am fully aware that I can withdraw from the study. In addition, I am aware that the researchers of the study have a list of resources that I may choose to explore.
8. I understand that by participating in this study, I may be contributing to the understanding of how the loss of a spouse can impact an individual.
9. I understand that if I have any further questions about the study, I may contact Peter Behr at Peter.Behr@students.dominican.edu or his research supervisor, Susan Morris at Susan.Morris@dominican.edu. If I have further questions or comments about participation in this study, I may contact the Dominican University of California Institutional Review Board for the Protection of Human Participants (IRBPHP), which is concerned with the protection of volunteers in research projects. I may reach the IRBPHP Office by calling (415) 482-3547 and

leaving a voicemail message, by FAX at (415) 257-0165 or by writing to the IRBPHP, Office of the Associate Vice President for Academic Affairs, Dominican University of California, 50 Acacia Avenue, San Rafael, CA 94901.

10. All procedures related to this research project have been satisfactorily explained to me prior to my voluntary election to participate.

I HAVE READ AND UNDERSTAND ALL OF THE ABOVE EXPLANATION REGARDING THIS STUDY. I VOLUNTARILY GIVE MY CONSENT TO PARTICIPATE. A COPY OF THIS FORM HAS BEEN GIVEN TO ME FOR MY FUTURE REFERENCE.

Signature

Date

Appendix E: Occupation-based Activity Guide

Self-Care Activities		Examples
Bathing / Showering		
Toileting		
Dressing		
Health management		Exercising
Hygiene and grooming		Brushing teeth, combing hair
Sexual activity		
Spiritual activities		Meditating, going to religious services
Sleep		Managing nighttime routine, quality of sleep

Social Participation		Examples
Communication		Using telephone, writing letters, using computers
Events		Attending community gatherings, clubs/ organizations events

Productivity Activities	Examples
Caregiving	Taking care of others (spouse, children)
Care of pets	Feeding, walking
Financial management	Paying bills
Getting around	In-home, outdoors, transportation
Home management	Cleaning, gardening
Cooking	Preparing meals
Shopping	Grocery shopping, clothes shopping
Education	Information sessions
Work	Job, volunteer

Leisure Activities	Examples
Hobbies	Sports, crafts, etc.