

This is an Accepted Manuscript of an article published by SAGE in OMEGA: Journal of Death and Dying on September 11, 2019. The article is available online at: <https://doi.org/10.1177/0030222819873489>.

The Development of the Widowhood Resilience Scale

Carrie L. West

Schreiner University

Samuel J. Dreeben

Schreiner University

Kyle Busing

Schreiner University

Author Note

Data collection for this scale was made possible by Soaring Spirits International. We thank Michele Neff Hernandez and the Board at Soaring Spirits for consulting on language used for scale items and authenticity at various stages in the research process. A special thank you is extended to the widowed people who participated in this project and offered valuable feedback.

Correspondence concerning this article should be addressed to Carrie L. West,
Department of Communication Studies, Schreiner University, 2100 Memorial Blvd., Kerrville,
TX, 78028. E-mail: clwest@schreiner.edu

Keywords: Widowhood, Widow/Widower, Resilience, Grief, Bereavement

Abstract

Widowhood researchers have been increasingly interested in the construct of resilience and identifying factors which contribute to adaptive responses to conjugal loss. Available measures of general resilience were validated on non-widowed samples and broadly lack face validity for use with widowed people. This paper reports the development and validation of a resilience scale specific to widowhood, the Widowhood Resilience Scale (WRS). Initially qualitative responses from 744 widowed people were analyzed and cross-referenced with existing literature on resilience to develop 49 items. The 49 items were tested on a sample of 1188 widowed people, resulting in a 6 factor, 25-item scale.

In the Social Readjustment Rating Scale, Holmes & Rahe (1967) famously listed “death of spouse” as the most stressful life event, suggesting that conjugal loss significantly increases the likelihood of stress-related health issues. Since then, there have been a number of studies documenting the increased risk of emotional and physical consequences of grief such as an increased risk for depression (Sasson & Umberson, 2014), anxiety (Onrust, & Cuijpers, 2006), and even increased mortality rates in the first year after bereavement in older adults (Williams, 2005).

While conjugal loss is understandably associated with deep sadness and with a temporary increase in stress and associated health issues (Kowalski & Bondmass, 2008; Onrust & Cuijpers, 2006) research suggests that most people do not experience significant prolonged psychological consequences after the death of a spouse or partner (Pitzer & Bergeman, 2013; Sasson & Umberson, 2014). This lack of prolonged psychological disturbances amongst grievers is likely an indication of resilience. For example, resilient grievers differ from individuals who experience prolonged grief on a variety of factors including less attachment anxiety and greater healthy dependency (Mancini, Sinan, & Bonanno, 2015). Resilient widowed people may experience mild perturbations in well-being and ability to concentrate (Bisconti, Bergeman, & Boker, 2006) yet continue to function well in day-to-day life.

Resilience after the loss of a partner or spouse is especially important to understand because the bereaved are simultaneously dealing with a loss of resources and an increase in demands, all without the person who was likely their primary support and confidant. In samples of widowed people, resilience is consistently associated with markers of psychological well-being including higher life satisfaction (Rossi, Bisconti, & Bergeman, 2007), lower distress

(O'Rourke, 2004), better financial satisfaction and marital/cohabitation peace after remarriage (West, Grable, Mattia, Leitz,& Rehl, 2019), and greater emotional complexity (Pitzer & Bergeman, 2013).

The Construct of Resilience

Early research in psychological resilience focused on ego-resiliency, or personal characteristics of individuals who were deemed resilient (Block, 1969). For example, Masten and Garmezy (1985) discussed autonomy and self-esteem as examples of intrinsic characteristics that contribute to positive adaptation in the face of adversity. More recently, researchers have proposed that resilience not be limited to static personality characteristics (Bonanno, 2005), or be conceptualized as a goal to be achieved but should instead be conceptualized as an ongoing dynamic process (Chmitorz et al., 2018). This concept of resilience allows individuals to improve their resilience through learning particular skills and practicing behaviors positively associated with resilience. Additionally, using this definition allows for more than one “right” path to become more resilient. For the purposes of this study we decided to adopt the definition of resilience provided by Luthar Cicchetti, and Becker (2000) which is “the dynamic process encompassing positive adaptation within the context of significant adversity” (p. 543).

Factors That Contribute to Resilience

One of the themes that recurs across multiple studies is the significance of relationships and social support to resilient adaptation (Lowe & McClement, 2011). For example, Bisconti, Bergeman, and Boker (2006) identified that emotional support is associated with resilience after conjugal loss. In addition, O'Rourke (2004) reports that engagement and resilience are positively related, and other studies have demonstrated that personal relationships are significantly associated with engagement (Mo & Singh, 2008). Engaging in relationships and accessing social

support allow an opportunity for bereaved spouses to adapt to a new identity in environments that promote feelings of safety.

Adapting to a new identity is a difficult and important process for resilience after a spouse dies. Effective identity management has been found to contribute to resilience in widowed populations (Bennett, Gibbons, & Mackenzie-Smith. 2010; Lowe & McClement, 2011) as well as non-widowed populations (Clauss-Ehlers, Yang, & Chen, 2008; Pearce & Morrison, 2011). A strong individuated sense of self preceding conjugal loss may protect against ensuing identity instability (Friborg, Barlaug, Martinussen, Rosenvinge & Hjeddal, 2005). In addition, self-regulation in managing thoughts and emotional responses and the regulation of positive emotions has also been related to resilience (Lund et al., 2009).

Other physical and emotional well-being factors influence resilience such as physical activity (Penedo & Dahn, 2005), a healthy diet (Cartwright et al., 2003), and spirituality (Naef et al., 2013). Additionally, self-care is a key factor for resilience in older adults dealing with conjugal loss (Naef et al., 2013). This is especially important since mortality rates in older adults are increased for more than two years after the death of a spouse and depression and spousal bereavement are both associated with increase cardiovascular disease (Williams, 2005).

In addition but related to inter and intrapersonal factors, and health and wellness factors, some teachable behaviors and skills can help construct resilience as well. For example, goal setting had a positive effect on resilience in older widowed adults (Naef et al., 2013) as well as non-widowed populations (Leary and DeRosier, 2012). Finding and returning to a consistent structure in daily life (Muller & Thompson, 2003) is also associated with improved resilience in widowed people.

While certain commonalities exist between resilient responses in widowed and non-widowed populations, resilience in widowhood also has certain unique characteristics. For example, acceptance of the loss (Mancini, Prati, & Bonanno, 2011) and continued connection with the deceased (Bennett, Gibbons, & Mackenzie-Smith 2010) are factors that are unique and specific to those who have experienced conjugal loss.

Assessing Resilience after Conjugal Loss

As with the inconsistency in the operational definitions of resilience, there has been equal inconsistency and confusion in the measurement of this construct. This lack of consensus has made it difficult to compare research and has hampered the incorporation of resilience assessment in clinical settings. For instance, Powers, Bisconti, & Bergeman (2014) found like Bonanno et al. (2002) that depression post-loss improves for widowed people in most cases, in a ‘resilient’ manner. They found, however, that life satisfaction continued to decrease significantly until the one year mark and then only marginally increased over the second year. Which of these, absence of depressive symptoms or life satisfaction most accurately assesses resilience as it relates to widowed people? Without a clearly operationalized definition of resilience post-conjugal loss and a validated means of assessment, it is difficult to say which is more valid and create consistency for comparison purposes.

In addition to operationalization inconsistencies, most currently available measures of resilience were validated on non-widowed samples and broadly lack face validity for use with widowed people (Graber, Pichon, & Carabine, 2015). For instance, some studies (e.g. Rossi, Bisconti, & Bergeman, 2007) have used versions of the Dispositional Resilience Scale (DRS; Bartone et al., 1989)], a scale initially validated on a sample of city bus drivers (Bartone, 1989) that has been since used to explore stress and resilience in other vocational settings such as the

military (Bartone et al., 2008), and in disaster workers (Bartone et al., 1989). Other resilience scales used in widowhood resilience studies (e.g. Ong et al., 2006) such as the psychoanalytically-informed Ego Resilience Scale (Block & Kremen, 1996) include face valid items for assessing resilience in widows but exclusively assess static dispositional traits.

Such static assessments lack significant clinical utility as they do not assess the dynamic processes involved in resilient responses to conjugal loss. This also limits the usefulness as an aspirational or goal-setting tool and can be demotivating if used for self-assessment because the bereaved person has little or no control over, or hope to improve their own resilience score when it is based on static personality traits. Finally, because these assessments are not specific to the context of spousal loss or grief, they do not measure one's ability to integrate the loss into their life, their cognitive structures, or their identity, which are important to adapting to the death of a spouse (Enez, 2018; Hasson, Peri, Rotschild, & Tuval, 2017).

One currently available assessment, the Inventory of Daily Widowed Life (IDWL) (Caserta & Lund, 2007) does measure coping processes following conjugal loss but does not explicitly assess resilience. Informed by Stroebe & Schut's (1999) dual-process model of coping with bereavement, the scale assesses the balance (or oscillation) between loss-oriented and restoration-oriented coping. Stroebe & Schut's model describes this oscillation (as well as the oscillation between negative and positive affect (Stroebe & Schut, 2010) as critically important to coping with conjugal loss. In practice however, the IDWL may lack ecological validity as numerical ratings of oscillation, loss-oriented coping, and restoration-oriented coping are not easily translated to applied contexts.

Given the lack of validated measures for assessing resilience in widows, many researchers have turned to alternative means of assessment. Bonanno et al. (2002) operationalize

resilience as low pre-conjugal loss depression with low depression following the loss as well. In another widowhood study, Pitzer & Bergeman (2013) defined resilience as high emotional complexity as assessed by a mental health inventory. While interesting, these measures do not explore the processes by which people are resilient nor do they consider facets of resilience apart from mood. Other researchers such as Bennett (2010) assess resilience through qualitative, semi-structured interviews. While these assessments may attain greater construct validity, they suffer from the shortcomings of all qualitative assessments: namely, subjectivity, lack of replicability, and poor generalizability and ecological validity.

The development of a validated measure of widowhood resilience could help clarify the nature of resilience in widowed people, to identify individual and subpopulation variations, to delineate idiographic strengths and weaknesses, as well as to make possible meaningful comparisons within the research literature. Additionally, a measure of widowhood resilience should reflect the conceptualizations and aspirations of those who are widowed. Although some items in existing scales of resilience are appropriate for representing resilient behaviors in other contexts such as after a natural disaster, those same behaviors such as actively replacing losses in one's life, may actually be counterproductive when the individual is coping with the loss of their partner or spouse. The items in a self-assessment scale can establish "desirable" behaviors; if those behaviors do not feel attainable or authentic to the individual using the scale, the assessment could have the inadvertent effect of creating self-judgment and discouragement as well as possibility of decreased support from friends and family who perceive the person as grieving incorrectly.

The current study is the first to report on the development and validation of a measure of domain-specific resilience to conjugal loss. There are likely general attributes of resilience that

are transferable yet there is growing interest in determining which protective factors are particularly important and adaptive to a particular stressor. Understanding the domain-specific attributes of resilience that are most relevant to positive adaptation to conjugal loss may inform the development of effective interventions for those experiencing prolonged grief, maximizing the benefits to a specific group with specific needs which Graber et al., (2015) notes is essential for effective interventions. At present, we report on the development and validation of such a scale, the Widowhood Resilience Scale (WRS).

Method

Item Development

The goal of this project was to capture the concept of resilience that is consistent with how resilience is defined by widowed people. An additional goal of the project was to develop a scale to be used by widowed people for ongoing self-assessment and goal setting. To understand resilience from a widowed person's perspective, an inductive process was used to analyze qualitative responses. Responses were collected from 744 widowed people using Survey Monkey. Participants were recruited through email and social media by Soaring Spirits International (SSI). In keeping with SSI's policy of inclusiveness, individuals qualified for the survey if they "had lost the person with whom they thought they would spend the rest of their life." SSI is a nonprofit organization that offers peer-based support to widowed people through several programs including three annual conferences, online support, and regional groups. Research was done in partnership with the founder and executive director of SSI.

In this initial stage of this study participants primarily identified as female ($N = 684$), with 57 identifying as male, and 3 identifying as transgender. The average age of participants

was 53.26 ($SD = 11.13$), they were between the ages of 23 and 81, and were an average of 7.86 years post-loss ($SD = 3.93$). Participants primarily identified as white ($N=695$), followed by Hispanic ($N = 36$), Black or African-American ($N = 18$), Asian ($N=13$), American Indian or Alaska Native ($N = 12$), and Native Hawaiian or other Pacific Islander ($N = 4$). Participants were all widowed as defined by SSI. Before losing their partner, 688 participants were legally married, 22 were engaged, 32 were in a committed relationship, and 2 were divorced from their deceased spouse. At the time of the survey 32 participants reported being remarried, 89 reported being in a committed relationship, and 623 reported not being in a relationship or remarried.

Participants were asked to complete the following open-ended about resilience: “I feel resilient/strong when I …”, and “Think of a widow or widower you admire. What is it about the way they’ve handled things that you would like to be able to do?” The questions were optional items at the end of a longer survey. There were 591 responses about their own resilience and 506 responses about what resilient behaviors they admired in other widowed people.

To analyze responses to the first question, “I feel resilient/strong when I …”, three undergraduate research assistants (RAs) were recruited and trained to code all qualitative responses. The RAs were trained by one of the primary researchers in open coding and taken through a practice coding session. Next, 30 responses were randomly selected and all three RAs coded the responses one at a time using line-by-line open coding. They met to refine coding categories until, after three rounds they had and acceptable reliability (Krippendorff’s alpha $> .7$) resulting in 18 themes. The RAs then used those themes to code the remaining responses.

Next, two of the primary researchers used the same process to find themes in the responses to a second open-ended question, “Think of a widow or widower you admire. What is it about the way they’ve handled things that you would like to be able to do?” The authors had

acceptable reliability (Krippendorff's alpha > .7) after two rounds of coding and revising.

Analysis of the second question resulted in 14 themes.

Finally, participants were asked to respond to 18 statements reflecting resilience behaviors. These items were written by based on experience working with widowed people, feedback from widowed people, and discussion with members of the SSI organization who have years of experience supporting widowed people. Participants rated each of the 18 items on a 4-point scale, with 1 representing "This is NOT true of HOW I PICTURE RESILIENCE at all" and 4 representing "This is VERY TRUE of how I picture resilience." All 18 statements represented reported a mean of at least 2.4, demonstrating they captured at least some of how participants think of resilience.

The authors then cross-referenced the themes from the qualitative responses, the ratings of prewritten statements representing resilience, and themes identified through literature review. By cross-referencing the three sources, the authors next identified 22 domains that were highly represented in participants' qualitative responses as well as in the literature. Together with a small group of widows and external experts, the original responses were consulted to find those that were most representative of each of the domains and the original language of the participants was retained or slightly adapted to create items to test for the scale. This allowed the researchers to keep the wording of the questions authentic to the participant group. We pre-tested potential items on a small sample of widowed people; with their feedback, we identified 49 items with strong face validity that also reflected the distribution of items in our qualitative domain analyses.

Scale Validation

Participants were primarily recruited online through Soaring Spirits' International, using mailing lists and social media. The survey was also shared on other social media sites and blogs. Participants were required to be at least 18 years of age. Participants were eligible to participate if they identified as a widow or widower, which included anyone who lost the person they were planning to spend the rest of their life with. This definition is inclusive of participants who were in same-sex relationships, divorced, committed relationships, or engaged at the time of their loss.

Participants completed an informed consent and a battery of questionnaires anonymously through SurveyMonkey. A total of 1188 participants completed the battery in full. There were 1052 who identified as female, 135 identified as male, and 1 identified as transgender. The average age of participants was 50.65 years ($SD = 11.55$) and the average reported time since loss was less than 9 years ($M = 8.83$, $SD = 4.06$). Participants primarily identified as White ($N = 1121$) followed by Hispanic ($N=45$), Black or African-American ($N=23$), Asian ($N = 24$), American Indian or Alaska Native ($N=25$), and Native Hawaiian or other Pacific Islander ($N=10$). Most of the participants were married to their spouse or partner at the time they were widowed ($N=1065$), while 44 were engaged, 71 were in a committed relationship but not legally married or engaged, and 8 were divorced. Participants experienced different types of losses such as sudden loss ($N=509$), loss within 6 months of discovering illness or other issue ($N =177$), long-term illness or issue ($N=363$), or other ($N=139$).

Results

Data Analysis

The 49 items of the Widowed Resilience Scale were assessed to ensure suitability of the data for factor analysis. The correlation matrix reported most correlations above .3, the Kaiser-

Meyer-Olkin value was .97, which is well above the recommended threshold of .6 (Kaiser, 1974.) Additionally, Bartlett's test of Sphericity reported a significant value ($p = <.001$).

Next, the 49 items were analyzed using SPSS version 24. First, any items with an item-total correlation below .4 were removed. Principle axis factoring yielded 7 factors with Eigen values over 1. The seven-factor solution explained a total of 59.03% of the variance with the first factor explaining 40.96%, the second factor explaining 4.29%, the third factor explaining 3.52%, the fourth factor explaining 3.40%, the fifth factor explaining 2.57%, the sixth factor explaining 2.43% and the seventh factor explaining 2.14%. We next proceeded to extract factors using principal axis factoring (PAF) with a promax rotation to aid in interpretations of the factors. We then removed items that did not load at a minimum of 0.4 and items that cross-loaded at more than 0.3. We also removed any items loading in a single factor with collinearity of 0.7 above and only retained factors with more than one remaining item. Then the remaining 25 items were subjected again to a PAF with Promax rotation which reported a six-factor solution (Table 1) with each remaining item loading strongly $>.4$, and substantially only on one factor. It was decided to retain 6 factors even though the first factor explains a substantial percentage of the variance due to construct validity considerations. The six factors have construct and face validity and each item within the factors group around a common theme. The result is the following subscales: *Agency, Social Support, Living in the Present, Helping Others, Integration, and Outlook.*

Table 1

Factor Loadings for Widowhood Resilience Scale

	Agency	Social Support	Living in the Present	Helping Others	Integration	Outlook
I can face my problems head-on instead of ignoring them		0.717				

I trust my gut	0.557
I can make a decision and follow through	0.556
I don't let others' expectations determine how I grieve	0.459
I feel confident I can learn how to do things my partner used to do	0.440
I have a strong sense of who I am, independent of my late partner	0.427
I have a fulfilling social life	0.659
I belong to a strong supportive community	0.646
I can find support for the things I need	0.570
I am comfortable asking for help when I need it	0.451
I can have fun in the moment	0.855
I can find humor in life	0.771
I find there are times when I can live in the moment	0.731
I laugh at least once every day	0.509
I can feel joy for others when something good happens to them	0.422
I am caring and compassionate	0.657
I use my experiences to help others	0.587
I can sit with someone else in pain	0.513
I have integrated the love of my late partner with my current life and relationships	0.732
I have found ways to honor my deceased partner or spouse	0.617
I have blended my past life with my present life	0.542
I have created a new life that honors the past	0.542

I can picture a positive and happy future	0.703
I have goals I am working toward	0.612
I like the person I am now	0.453

Reliability and Validity

The 25 remaining items demonstrated good reliability in this sample, reporting a Cronbach's alpha of .94 in the current study. The six subscales demonstrated high internal consistency (Table 2).

Table 2.

Correlation between Widowhood Resilience Subscales

<u>Subscale</u>	<u>Agency</u>	<u>Social Support</u>	<u>Living in the Present</u>	<u>Helping Others</u>	<u>Integration</u>	<u>Outlook</u>
Agency	--	.578**	.652**	.485**	.586**	.725**
Social Support	.578**	--	.614**	.448**	.639**	.660**
Living in the Present	.652**	.614**	--	.527**	.602**	.691**
Helping Others	.485**	.448**	.527**	--	.499**	.474**
Integration	.586**	.639**	.602**	.499**	--	.650**
Outlook	.725**	.660**	.691**	.474**	.650**	--

*Correlation is significant at the 0.05 level (2-tailed)

**Correlation is significant at the 0.01 level (2-tailed)

Measures

Construct validity of the overall scale and subscales was assessed using the following measures.

Connor-Davidson Resilience Scale 25. The Connor-Davidson Resilience Scale (CD-RISC-25)© (Connor & Davidson, 2003) is a 25-item general resilience scale validated on both clinical and non-clinical samples. Scale items were inspired by research conducted by Kobasa

(1979), Rutter (1985), and Lyons (1991), as well as Alexander's (1998) account of Shackleton's expedition to the Antarctic in 1912.

The Brief COPE. The Brief COPE (Carver, 1997) is a 28-item scale measuring a range of potential coping responses. The Brief COPE calculates 14 two-item coping dimensions including self-distraction, active coping, denial, substance use, use of emotional support, use of instrumental support, behavioral disengagement, venting, positive reframing, planning, humor, acceptance, religion and self-blame.

The Inventory of Daily Widowed Life. The Inventory of Daily Widowed Life (Caserta & Lund, 2007) is a 22-item scale based on the dual-process model of coping with bereavement (Stoebe & Schut, 1999). The scale measures loss-orientation coping, restoration-oriented coping, and the oscillation between these two coping processes.

The Texas Revised Inventory of Grief-Revised. The Texas Revised Inventory of Grief-Revised (Faschingbauer, 1981) is a 21 item-scale developed to measure unresolved grief. The scale includes a subscale assessing behavior after the loss as well as a subscale measuring present emotional experience.

The Ten-Item Personality Inventory (TIPI). The Ten-Item Personality Inventory (Gosling, Rentfrow, & Swann, 2003) is a 10-item scale developed to quickly assess the Big Five personality dimensions. This personality inventory is comprised of five subscales: extraversion, agreeableness, conscientiousness, emotional stability, and openness to experience.

The University Rhode Island Change Assessment Scale (URICA). University Rhode Island Change Assessment Scale, (McConnaughy, Prochaska & Velicer, 1983) is a 32-item scale designed to assess readiness for change. The scale was developed based on Prochaska and colleagues' Transtheoretical Model and includes subscales measuring precontemplation,

contemplation, action, and maintenance. As the scale was originally developed to assess readiness for change in the domain of health behaviors, the current researchers made minor adaptations to the language when necessary to better fit a bereaved population.

Construct validity was assessed using Pearson product moment correlations. All relationships were significant at the $p < .001$ level in the hypothesized directions (Table 3).

Table 3

Construct validity, Widowhood Resilience Scale

	Connor-Davidson Resilience Scale	Inventory of Daily Widowed Life: Oscillation Balance	Texas Revised Inventory of Grief: present	TIPI Emotional Stability	Brief COPE: Active Coping
Widowed Resilience Scale	.754**	.631**	.532**	.488**	.540**
Total					

** $p < .001$

Discussion

Expanding the availability of measures of resilient adaptation is central to providing individualized resources to those experiencing conjugal loss. Pre-existing measures are not domain specific to resilience after conjugal loss. Thus, the current study examined aspects of reliability and validity of the newly developed, domain specific Widowhood Resilience Scale (WRS). The results of this study suggest the WRS demonstrates adequate inter-item reliability, and is significantly correlated with a range of self-report criteria, including the Connor-Davidson Resilience Scale, the Inventory of Daily Widowed Life, the Texas Revised Inventory of Grief (Present), TIPI (Emotional Stability) and the Brief Cope: Active Coping subscale, which provide evidence of construct validity for the WRS. In addition, the WRS, although significantly

correlated with other measures of resilience, was found to identify specific factors that are central for resilient adaptation to conjugal loss. One particular scale used in the battery, the URICA, did not appear to adequately assess stages of change for a widowed population despite modifications made to it to better fit a widowed population. We suspect the nonsignificant results of the URICA subscales were a result of the original measure being designed to specifically assess health behaviors.

Throughout our investigations we observed the centrality of identity to resilient adaptation post-conjugal loss. Qualitative analyses of open-ended responses and the ultimate factor model leading to the WRS revolve around themes of identity maintenance and formation for the widowed person. This aligns with Luthar et al.'s (2000) conception of resilience as the positive adaptation in the context of adversity rather than bouncing back after adversity.

For instance, the Agency subscale centers on ways in which the widowed person can take on new roles and navigate life independent of their late partner. The Social Support and Helping Others subscales reflect the ways in which the self is oriented to others, either via giving or receiving. The theme of an evolving sense of self in the wake of the loss is further echoed by the remaining three subscales – Living in the Present, Integration, and Outlook – each of which assess evolving orientations to life post-loss. The thematic similarities these subscales share may explain why our model appeared unidimensional by certain metrics. We believe, however, that each specific subscale of the WRS elucidates a specific facet of the evolving self that can be important to the widowed person's adjustment. We chose to include each subscale for this reason: the descriptive, instructive power each scale possesses.

Our results point to a dynamic process of change and growth that transcends static characterological resilience or behavioral checklists. This provides support for prior research suggesting a fixation on the past being detrimental for widowed people (Bonanno, Wortman, & Nesse, 2004; Nolen-Hoeksema, McBride, & Larson, 1997). If the primary task of the widowed person is to establish a new integrative identity, a ruminative focus on making meaning of death may indeed delay that process. This contradicts the significance of meaning-making in other models of positive adaptation and well-being (Baerger & McAdams, 1999; Seligman, 2011). The irreversibility of conjugal loss and the oftentimes seeming randomness of death may suggest why searching for meaning and ruminating about the loss are indicative of less resilient response styles. Instead, we see that integration of the past with a new present is indicative of a more resilient response style.

These findings are also consistent with previous research suggesting that widowed people with a strong sense of self evidence more resilient coping (Bennett, Hughes, & Smith, 2005; Bonanno, Papa, & O'Neill, 2002). It appears that it is that sense of "Who am I now?" that is often most profoundly affected by conjugal loss. It may be that widows who derive much of their identity and sense of meaning from others may experience the most difficult adjustment to conjugal loss.

Instability of identity distinguishes widowed people from other populations coping with adversity. Resilience, as measured by other scales, frequently focuses on traumas or challenges that do not mirror this loss of identity experienced by the widowed. The necessity of developing a unique resilience scale for widowed populations is underscored by these very differences. As expected, the WRS demonstrated moderately high convergent validity with measures of resilience, emotional stability, and coping, and divergent validity with a measure of grief.

Specifically, the relationship with the Connor-Davidson Resilience Scale indicates an alignment with what may be a core set of behaviors related to resilience paired with a unique set of behaviors specific to widowhood.

Conjugal bereavement is a unique experience with different processes for constructing resilience. A scale that is limited to this context needs to create a positive model for resilient behaviors. For instance, previous research has supported the idea that grieving individuals should remain connected to their deceased loved one (Bonanno, et, al., 2004). Some global resilience scales do not take into account how the loss must be integrated into the person's life going forward, and how a healthy behavior for a widowed person is not to move on but to move forward with their loss to integrate their past, present, and future.

A shortcoming of the current study is the lack of racial and gender diversity in the participants recruited. This largely reflects the demographic composition of the primary recruiting course, Soaring Spirits International. Future studies should explore the validity of the WRS with populations underrepresented in the current sample. In addition, further study must also determine the clinical utility of the WRS. Although most widowed people evidence resilient responding with time, the WRS may well eventually identify factors that predict poor adjustment to loss, with targeted suggestions for how to intervene. Further analyses of the construct validity of the subscales may also suggest uses for each subscale in predicting adaptation to loss.

REFERENCES

- Baerger, D. R., & McAdams, D. P. (1999). Life story coherence and its relation to psychological well-being. *Narrative Inquiry*, 9(1), 69-96. <https://doi.org/10.1075/ni.9.1.05bae>
- Bartone, P. T. (1989). Predictors of stress-related illness in city bus drivers. *Journal Of Occupational Medicine.: Official Publication Of The Industrial Medical Association*, 31(8), 657–663. Retrieved from <http://search.ebscohost.com.schreiner.idm.oclc.org/login.aspx?direct=true&db=cmedm&AN=2668455&scope=site>
- Bartone, P. T., Ursano, R. J., Wright, K. M., & Ingraham, L. H. (1989). The impact of a military air disaster on the health of assistance workers. *Journal of Nervous and Mental Disease*, 177(6), 317-328. <http://dx.doi.org/10.1097/00005053-198906000-00001>
- Bartone, P.T. (1995). A short hardiness scale. Paper presented at the American Psychological Society Annual Convention, New York.
- Bennett, K. M. (2010). How to achieve resilience as an older widower: turning points or gradual change? *Ageing & Society*, 30(3), 369-382. <https://doi-org.schreiner.idm.oclc.org/10.1017/S0144686X09990572>
- Bennett, K. M., Gibbons, K., & Mackenzie-Smith, S. (2010). Loss and restoration in later life: An examination of dual process model of coping with bereavement. *Omega: Journal of Death & Dying*, 61(4), 315–332. <https://doi-org.schreiner.idm.oclc.org/10.2190/OM.61.4.d>
- Bennett, K. M., Hughes, G. M., & Smith, P. T. (2005). Psychological response to later life widowhood: Coping and the effects of gender. *Omega-Journal of Death and*

Dying, 51(1), 33-52. <https://doi-org.schreiner.idm.oclc.org/10.2190/9JPJ-1FM1-37NX>

2DEC

Bisconti, T. L., Bergeman, C. S., & Boker, S. M. (2006). Social support as a predictor of variability: An examination of the adjustment trajectories of recent widows. *Psychology and aging*, 21(3), 590. <https://doi-org.schreiner.idm.oclc.org/10.1037/0882-7974.21.3.590>

Block, J. (1969). Parents of schizophrenic, neurotic, asthmatic, and congenitally ill children. *Archives of General Psychiatry*. 20, 659–674
doi:10.1001/archpsyc.1969.01740180043005

Block, J., & Kremen, A. M. (1996). IQ and ego-resiliency: conceptual and empirical connections and separateness. *Journal of personality and social psychology*, 70(2), 349.
<http://dx.doi.org/10.1037/0022-3514.70.2.349>

Bonanno, G. A., Moskowitz, J. T., Papa, A., & Folkman, S. (2005). Resilience to loss in bereaved spouses, bereaved parents, and bereaved gay men. *Journal of Personality and Social Psychology*, 88(5), 827. <https://doi-org.schreiner.idm.oclc.org/10.1037/0022-3514.88.5.827>

Bonanno, G. A., Papa, A., & O'Neill, K. (2001). Loss and human resilience. *Applied and Preventive Psychology*, 10(3), 193-206. doi: 10.1016/S0962-1849(01)80014-7

Bonanno, G. A., Lehman, D. R., Tweed, R. G., Haring, M., Wortman, C. B., Sonnega, J., ...

Nesse, R. M. (2002). Resilience to loss and chronic grief: A prospective study from preloss to 18-Months postloss. *Journal of Personality & Social Psychology*, 83(5), 1150–1164. <https://doi-org.schreiner.idm.oclc.org/10.1037/0022-3514.83.5.1150>

- Bonanno, G. A., Wortman, C. B., & Nesse, R. M. (2004). Prospective patterns of resilience and maladjustment during widowhood. *Psychology & Aging, 19*(2), 260–270. <https://doi-org.schreiner.idm.oclc.org/10.1037/0882-7974.19.2.260>
- Cartwright, M., Wardle, J., Steggles, N., Simon, A. E., Croker, H. and Jarvis, M. J. (2003). Stress and dietary practices in adolescents. *Health Psychology, 22*(4), 362-369. doi: [10.1037/0278-6133.22.4.362](https://doi.org/10.1037/0278-6133.22.4.362)
- Carver, C. S. (1997). You want to measure coping but your protocol's too long: Consider the Brief COPE. *International Journal of Behavioral Medicine, 4*(1), 92. https://doi-org.schreiner.idm.oclc.org/10.1207/s15327558ijbm0401_6
- Caserta, M., & Lund, D. (2007). Toward the development of an inventory of daily widowed life (IDWL): Guided by the Dual Process Model of coping with bereavement. *Death Studies, 31*(6), 505–535. <https://doi-org.schreiner.idm.oclc.org/10.1080/07481180701356761>
- Chmitorz, A., Kunzler, A., Helmreich, I., Tüscher, O., Kalisch, R., Kubiak, T., Wessa, M., & Lieb, K. (2018). Intervention studies to foster resilience – A systematic review and proposal for a resilience framework in future intervention studies. *Clinical Psychology Review, 59*, 78-100.
- Clauss-Ehlers, C. S., Yang, Y. T. T. and Chen, W. C. J. (2006). Resilience from childhood stressors: The role of cultural resilience, ethnic identity, and gender identity. *Journal of Infant, Child, and Adolescent Psychotherapy, 5*(1), 124-138. doi: [10.2513/s15289168jicap0501_7](https://doi.org/10.2513/s15289168jicap0501_7)
- Cohen, S., and Janicki-Deverts, D. (2009). Can we improve our physical health by altering our social networks? *Perspect Psychol Sci, 4*(4), 375-378. doi 10.1111/j.1745-6924.2009.01141.x

Connor, K.M. & Davidson, J.R.T., (2003). Development of a new resilience scale: The Connor-Davidson Resilience Scale (CD-RISC). *Depression & Anxiety* (1091-4269), 18(2), 76.

<https://doi-org.schreiner.idm.oclc.org/10.1002/da.10113>

Dugan, E., & Kivett, V. R. (1994). The importance of emotional and social isolation to loneliness among very old rural adults. *Gerontologist*, 34(3), 340. <https://doi-org.schreiner.idm.oclc.org/10.1093/geront/34.3.340>

Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The Satisfaction with Life Scale. *Journal of Personality Assessment*, 49, 71-75.

Enez, Ö. (2018). Complicated grief: Epidemiology, clinical features, assessment and diagnosis. *Current Approaches in Psychiatry / Psikiyatride Guncel Yaklasimlar*, 10(3), 269–279.

<https://doi.org/10.18863/pgy.358110>

Faschingbauer, T. (1981). *The Texas Inventory of Grief—Revised*. Houston: Honeycomb Publishing.

Friborg, O., Barlaug, D., Martinussen, M., Rosenvinge, J. H., & Hjemdal, O. (2005). Resilience in relation to personality and intelligence. *International Journal of Methods in Psychiatric Research*, 14(1), 29–42.

<https://doi.org.schreiner.idm.oclc.org/10.1002/mpr.15>

Gosling, S. D., Rentfrow, P. J., & Swann Jr., W. B. (2003). A very brief measure of the Big-Five personality domains. *Journal of Research in Personality*, 37(6), 504. [https://doi-org.schreiner.idm.oclc.org/10.1016/S0092-6566\(03\)00046-1](https://doi-org.schreiner.idm.oclc.org/10.1016/S0092-6566(03)00046-1)

Graber, R., Pichon, F., & Carabine, E. (2015). Psychological resilience: State of knowledge and future research agendas. (Working paper 425). Retrieved from Overseas Development Institute website: <https://www.odi.org>

Hasson, O. I., Peri, T., Rotschild, I., & Tuval, M. R. (2017). The mediating role of Integration of loss in the relationship between dissociation and prolonged grief disorder. *Journal of Clinical Psychology*, 73(12), 1717–1728. <https://doi.org/10.1002/jclp.22479>

Holmes, T. H., & Rahe, R. H. (1967). The Social Readjustment Rating Scale. *Journal of Psychosomatic Research*, 11(2), 213-218. [http://dx.doi.org/10.1016/0022-3999\(67\)90010-4](http://dx.doi.org/10.1016/0022-3999(67)90010-4)

Kaiser, H. F. (1974). An index of factorial simplicity. *Psychometrika*, 39(1), 31-36. <https://doi.org/10.1007/BF02291575>

Kobasa, S. C. (1979). Stressful life events, personality, and health: An inquiry into hardiness. *Journal of Personality and Social Psychology*, 37(1), 1-11. <http://dx.doi.org/10.1037/0022-3514.37.1.1>

Kowalski, S. D., & Bondmass, M. D. (2008). Physiological and psychological symptoms of grief in widows. *Research in Nursing & Health*, 31(1), 23-30.

<https://doi.org/10.1002/nur.20228>

Leary, K. A., and DeRosier, M. E. (2012). Factors promoting positive adaptation and resilience during the transition to college. *Psychology*, 3(12a), 1215-1222. doi: [10.4236/psych.2012.312A180](https://doi.org/10.4236/psych.2012.312A180)

Lee, G. R., DeMaris, A., Bavin, S., & Sullivan, R. (2001). Gender differences in the depressive effect of widowhood in later life. *Journals of Gerontology Series B: Psychological Sciences & Social Sciences*, 56(1), S56. <https://doi.org.schreiner.idm.oclc.org/10.1093/geronb/56.1.S56>

- Lowe, M. E., & McClement, S. E. (2010). Spousal bereavement: The lived experience of young canadian widows. *Omega: Journal of Death & Dying*, 62(2), 127–148. <https://doi-org.schreiner.idm.oclc.org/10.2190/OM.62.2.c>
- Lund, D. A., Dimond, M. F., Caserta, M. S., Johnson, R. J., Poulton, J. L., & Connelly, J. R. (1986). Identifying Elderly with Coping Difficulties after Two Years of Bereavement. *OMEGA - Journal of Death and Dying*, 16(3), 213–224. <https://doi.org/10.2190/MRKP-FN6N-VVG4-EUTU>
- Lund, D. A., Utz, R., Caserta, M. S., & de Vries, B. (2008). Humor, laughter, and happiness in the daily lives of recently bereaved spouses. *Omega: Journal of Death & Dying*, 58(2), 87–105. <https://doi-org.schreiner.idm.oclc.org/10.2190/OM.58.2.a>
- Luthar, S. S., & Cicchetti, D. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child Development*, 71(3), 543. <https://doi-org.schreiner.idm.oclc.org/10.1111/1467-8624.00164>
- Lyons, J. A. (1991). Strategies for assessing the potential for positive adjustment following trauma. *Journal of Traumatic Stress*, 4(1), 93-111. <https://doi.org/10.1002/jts.249004010>
- Maccallum, F., Galatzer-Levy, I. R., & Bonanno, G. A. (2015). Trajectories of depression following spousal and child bereavement: A comparison of the heterogeneity in outcomes. *Journal of Psychiatric Research*, 69, 72–79. <https://doi.org/10.1016/j.jpsychires.2015.07.017>
- Mancini, A.D., Prati, G, & Bonanno, G.A. (2011). Do shattered worldviews lead to complicated grief? Prospective and longitudinal analyses. *Journal of Social and Clinical Psychology*, 30, (2), 184-215. <https://doi.org/10.1521/jscp.2011.30.2.184>

- Mancini, A. D., Sinan, B., & Bonanno, G. A. (2015). Predictors of Prolonged Grief, Resilience, and Recovery Among Bereaved Spouses. *Journal of Clinical Psychology*, 71(12), 1245–1258. <https://doi-org.schreiner.idm.oclc.org/10.1002/jclp.22224>
- Masten, A. S., & Garmezy, N. (1985). Risk, vulnerability, and protective factors in developmental psychopathology. In: Lahey B.B., & Kazdin A.E. (Eds.), *Advances in Clinical Child Psychology*. Boston, MA: Springer. doi.org/10.1007/978-1-4613-9820-2_1
- McConaughy, E. A., Prochaska, J. O., & Velicer, W. F. (1983). Stages of change in psychotherapy: Measurement and sample profiles. *Psychotherapy: Theory, Research & Practice*, 20(3), 368–379. <https://doi-org.schreiner.idm.oclc.org/10.1037/h0090198>
- McCrae, R. R., & Costa, P. T. (1988). Psychological resilience among widowed men and women: A 10-year follow-up of a national sample. *Journal of Social Issues*, 44(3), 129–142. <https://doi.org/10.1111/j.1540-4560.1988.tb02081.x>
- Middleton, W., Moylan, A., Raphael, B., Burnett, P., & Martinek, N. (1993). An international perspective on bereavement related concepts. *Australian and New Zealand Journal of Psychiatry*, 27, 457-463.
- Mo, Y. & Singh, K. (2008) Parents' relationships and involvement: Effects on students' school engagement and performance, *RMLE Online*, 31:10, 1-11, DOI: 10.1080/19404476.2008.11462053
- Muller, E. D., & Thompson, C. L. (2003). The experience of grief after bereavement: A phenomenological study with implications for mental health counseling. *Journal of Mental Health Counseling*, 25, 183. Retrieved from <http://www.amhca.org/news/journal.aspx>.

Naef, R., Ward, R., Mahrer-Imhof, R., & Grande, G. (2013). Characteristics of the bereavement experience of older persons after spousal loss: An integrative review. *International Journal of Nursing Studies*, 50(8), 1108-1121.

<https://doi.org/10.1016/j.ijnurstu.2012.11.026>

Neimeyer, R. A., & Levitt, H. Coping and coherence: A narrative perspective on resilience. In C.R. Snyder (Ed.), *Coping with Stress: Effective People and Processes*. Oxford, England: Oxford University Press.

Nolen-Hoeksema, S., McBride, A., & Larson, J. (1997). Rumination and psychological distress among bereaved partners. *Journal of Personality and Social Psychology*, 72(4), 855.

<http://dx.doi.org/10.1037/0022-3514.72.4.855>

Ong, A. D., Bergeman, C. S., Bisconti, T. L., & Wallace, K. A. (2006). Psychological resilience, positive emotions, and successful adaptation to stress in later life. *Journal of Personality and Social Psychology*, 91(4), 730. <http://dx.doi.org/10.1037/0022-3514.91.4.730>

Onrust, S. A., & Cuijpers, P. (2006). Mood and anxiety disorders in widowhood: a systematic review. *Aging & Mental Health*, 10(4), 327-334.

<https://doi.org/10.1080/13607860600638529>

O'Rourke, N. (2004). Psychological resilience and the well-being of widowed women. *Ageing International*, 29(3), 267-280. <https://doi.org/10.1007/s12126-996-1002-x>

Pearce, J. and Morrison, C. (2011). Teacher identity and early career resilience: Exploring the links. *Australian Journal of Teacher Education*, 36(1), 47-59. doi: 10.14221/ajte.2011v36n1.4.

- Penedo, F. J., and Dahn, J. R. (2005). Exercise and well-being: A review of mental and physical health benefits associated with physical activity. *Current Opinion in Psychiatry*, 18(2), 189-193. doi: [10.1097/00001504-200503000-00013](https://doi.org/10.1097/00001504-200503000-00013)
- Pitzer, L. M., & Bergeman, C. S. (2013). Synchrony in affect among stressed adults: The Notre Dame widowhood study. *Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 69(1), 29-39. doi: 10.1093/geronb/gbt026
- Powers, S. M., Bisconti, T. L., & Bergeman, C. S. (2014). Trajectories of social support and well-being across the first two years of widowhood. *Death studies*, 38(8), 499-509. doi: 10.1080/07481187.2013.846436.
- Rossi, N. E., Bisconti, T. L., & Bergeman, C. S. (2007). The role of dispositional resilience in regaining life satisfaction after the loss of a spouse. *Death Studies*, 31(10), 863-883. doi: [10.1080/07481180701603246](https://doi.org/10.1080/07481180701603246)
- Rutter, M. (1985). Resilience in the face of adversity: Protective factors and resistance to psychiatric disorder. *The British Journal of Psychiatry*, 147(6), 598-611. <https://doi.org/10.1192/bjp.147.6.598>
- Sasson, I., & Umberson, D. J. (2014). Widowhood and depression: new light on gender differences, selection, and psychological adjustment. *Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 69(1), 135-145. doi: 10.1093/geronb/gbt058.
- Seligman, M. (2011). *Flourish: A visionary new understanding of happiness and well-being*. New York, NY: Free Press.
- Sinclair, V. G., & Wallston, K.A. (2004). The development and psychometric evaluation of the Brief Resilient Coping Scale. *Assessment*, 11 (1), 94-101.doi: [10.1177/1073191103258144](https://doi.org/10.1177/1073191103258144)

- Stroebe, M., & Schut, H. (1999). The dual process model of coping with bereavement: Rationale and description. *Death Studies*, 23(3), 197-224. doi: [10.1080/074811899201046](https://doi.org/10.1080/074811899201046)
- 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. doi: [10.2190/OM.61.4.b](https://doi.org/10.2190/OM.61.4.b)
- Stroebe, W., Stroebe, M. S., & Domittner, G. (1988). Individual and situational differences in recovery from bereavement: A risk group identified. *Journal of Social Issues*, 44(3), 143-158. <https://doi.org/10.1111/j.1540-4560.1988.tb02082.x>
- West, C. L., Grable, J.E., Mattia, L., Leitz, L.Y, Rehl, K.M. (2019). Financial satisfaction post-widowhood: The role of resilience. Paper presented at the Financial Therapy Association 2019 Conference, Austin, TX.
- Williams Jr., J. R. (2005). Depression as a mediator between spousal bereavement and mortality from cardiovascular disease: Appreciating and managing the adverse health consequences of depression in an elderly surviving spouse. *Southern Medical Journal*, 98(1), 90–95. <https://doi.org/10.1097/01.SMJ.0000140832.14297.61>
- Zisook, S., Mulvihill, M., & Shuchter, S. R. (1990). Widowhood and anxiety, *Psychological Medicine*, 8, 425-430. Retrieved from <http://www.ovid.com/site/catalog/Journal/268.jsp>