

The Husband: Navigating the Relational Challenge Of Her Institutionalization Or His Widowerhood

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Abstract

Marital status is central to one's identity. Using interview data from US husband caregivers and British widowers, we explore how men's relational identity as husband is maintained despite challenges as, and after, marriage ends. These data, analyzed using the constant comparative method associated with constructionist grounded theory, corroborate that the work of being married is key to identity maintenance for husbands and that the married relationship and its associated responsibilities affirm a sense of self as a man. Marriage shelters men, providing a secure place for that self-perception as a man. But a wife's institutionalization in long-term care or widowerhood threatens the ontological security offered through marriage and prompts identity work. We extend the literature in finding that (former) husbands attempt to retain their long-term relational identity and thus remain sheltered by marriage. They reconstruct masculinity-affirming identities through activities that help them harbor their self-presentation as a (former) husband.

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Identities are fundamentally relational and endlessly amended as people navigate institutional settings, engage in everyday interactions, and enter and exit relationships (Anderson & Chen, 2002; Brewer & Gardner, 1996; McCall & Simmons, 1966; Stets & Burke, 2003). One of the most “identity-relevant” relationships is marriage (Bookwala, 2012; Thoits, 1991). Berger and Kellner (1964) discuss marriage as an identity-defining process, or “*nomos* building instrumentality” (p. 1), in which the two “I’s” entering marriage come to develop a privately felt “we.”

If, as Berger and Kellner (1964) theorized, the identity turn of being married constitutes a “nomic rupture” from the premarital state of being an independent “I,” ending a long-term marriage—when the husband’s frail wife is relocated to institutional care or when he becomes a widower—is also a nomic rupture when the “we” begins to come apart. The ending of the long-term marriage is expected to disrupt the ontological security—the sense of continuity and order in the everyday activities that make up one’s life—and it removes the platform for the man to experience himself as a husband and, perhaps, as a successful “man” (Thompson & Walker, 2001; Thompson, 2001). In this paper, we explore the impact on middle-aged and older men’s sense of themselves as men when their marriage is limited to “visiting” their institutionalized wives or has ended as a result of becoming a widower. Our intention is to extend the understanding of how husbands (re)construct their relational identities and (re)create or sustain feelings of masculinity when long-term marriages end.

Research Questions

Most research on aging men’s identity work has investigated the retirement transition (cf., Barnes & Parry, 2004; Gradman, 1994; Reitzes & Mutran, 2004). As Kimmel (2000) flagged, because the traditional view of gender emphasized “roles” and distinct gender geographies, men’s workforce participation was theorized as primary to their identities as a man (cf., Adams & Coltrane, 2005; Bernard, 1972, 1981). We contend that whenever employment-based identity or being a “provider” was spotlighted, the salience of relational identities and being a husband were masked.

The importance of a marriage or a similarly partnered relationship to adult men’s well-being and daily life has been well documented. Through

marriage, men come to possess the private and public identities of “husband,” and this accomplishes normalcy and affirms masculinity (Giddens, 1990; Gilbert, 2005; Townsend, 2002). Evidence also shows that much of men’s time is spent in family interactions that provide mutual companionship, enjoyment, and satisfaction as opposed to quarrelsome or stressful exchanges, although the latter certainly occur (Szinovacz & Schaffer, 2000), and these close ties improve with age (Carstensen et al., 1999; Fingerma et al., 2004). When partnered, men in American and British societies gradually become more interested in spending quality time within family relations and less concerned with the traditional markers of masculinity. Numerous studies attest to the regularity of exchanges of support (cf., Franks et al., 2004) and the benefit that men derive from being married or partnered throughout middle and late adulthood, whether this benefit is operationalized in terms of nourishing feelings of masculinity (cf., Cohen, 1987; Davidson & Fennell, 2004) or fewer illness episodes, and chronic co-morbidities and better subjective well-being (cf., Murphy et al., 1997; Zhang & Hayward, 2006).

By comparison to the research that has examined the nature of men’s marital relations and the benefits derived, less is known about men’s self-conception as a husband. The scant evidence available reveals that when asked directly, married men acknowledge their lives as a husband as their prominent identity. While studying the retirement transition, Vinick and Ekerdt (1991) unexpectedly discovered that being a husband is a “master role” that creates a bridge between past and present autobiographical narratives. Although the worker “ex-identity” (Ebaugh, 1988) may linger after aging men exit the workforce, being a husband and part of a marital dyad remained predominant and even more important to identity, social anchorage, and quality of life once men’s participation in the labor force ended. Thoits (1992) observed that married men, mean age 40 years, claimed and valued their identity as a “spouse” more than a “worker” when responding to the question, “Who am I?”. Freund and Smith (1999) similarly found that when respondents aged 70–84 years answered the question, “Who am I?”, they too defined themselves in terms of their family relations. Cazenave (1984) reported that middle-class black men most often endorsed being a husband and only infrequently did they view worker as the primary “role.” Sand et al. (2008) found that married and partnered men from eight countries (age range 20–75 years) rated “having a good relationship with a partner/wife” nine times more important to quality of life than a “satisfying work life or career.” They concluded that despite the traditional mandates of masculinity that direct men’s lives toward independence and achievement, men’s identities are aligned more with family and, in particular, the marital relationship than the workplace. Altogether these findings suggest that the

salience of being a husband (or long-term partner) is, as Berger and Kellner theorized, central to how men self-identify.

But surprisingly little is known about how husbands recreate and sustain their gendered identity when the shelter of their long-term marriage ends. Faced with the ontological assault of again living singly after a health-impaired wife's institutionalization or a wife's death, our research expectation is that both soon-to-be and actual widowers will go all-out to maintain their relational identity that affirms their sense of themselves as men. The ending of a relationship does not mean that the man's identity as a husband no longer exists. To the contrary, Moss and Moss (1984, 1996) detailed how many aspects of the earlier marital tie allow for the continuity of men's identity after spousal loss, and that "[a]ffirming the [marital dyad] is a way of affirming one's self and the meaning of a significant part of one's life (1996, p. 167)." Therefore, our first question was whether the soon-to-be and actual widowers would seek identity continuity by never forgetting their "ex" identity as a husband. Second, we were curious if these husbands engage in identity preservation in ways that sustain their private and public selves as men.

Using data from two qualitative studies, we explore how men's relational views of self as husbands are maintained as, and after, marriage ends. In the first study, 12 US husbands who continued to engage in some daily care work even after their wives transitioned to institutional care were interviewed. The second study uses qualitative data generated in interviews with 12 British widowers. Both studies provide rich narratives that reveal men's strategies to (re)negotiate their identities and do masculinity as they adapt to spousal loss and "widowerhood" (Caserta, 2003).

Study I: Husband as "Visitor"

Transitioning into the "role" of spousal caregiver is a prevalent experience among middle-aged and older men. But it is not a role. Men perceive it to be an intrinsic part of marital life, as an extension of being a husband, and do not typically identify themselves as carers (O'Connor, 2007; Ribeiro et al., 2007; Russell, 2007). This transition is sometimes touted as either heroic or deficient, because the traditional view of gender would not anticipate men capable, particularly when today's responsibilities of care work are qualitatively different than what husbands faced a generation ago. Wives' comorbidities often require the bodywork that used to be performed only by skilled nurses (Rosalynn Carter Institute for Caregiving, 2010). Once researchers on chronic illness management began to abandon the study of the individual carer, care work became recognized more as it is—an evolving arrangement that couples negotiate (Berg & Upchurch, 2007; Hellström et al., 2005;

Seymour-Smith & Wetherell, 2006). Viewing care work from a dyadic perspective takes for granted that older husbands and wives share lifetime habits, consider chronic illness a “we-disease” rather than “his” or “her,” and engage in a collaborative effort to manage chronic illnesses (cf., Kayser et al., 2007).

It is our observation that too few studies have paid attention to husbands’ experiences with the ending of caring and the ways husbands may sustain their marital relationship and their authenticity as a husband well after the wife’s institutionalization. As an exception, Eriksson and Sandberg (2008; Sandberg & Eriksson, 2009) assessed how older men reflect upon themselves during the process of providing for an ill wife. They concluded that most men undergo a process of identity reconstruction as the nature and context of marital interaction evolves—from being a loving husband, to being a caring husband, to finally being a visiting partner and spectator with her move to a nursing home (NH).

The current study had two research interests: (a) What identity information do husband carers draw from their diminishing care work once the wife is relocated from home to a long-term care facility? and (b) In what ways does their caregiving “story” embrace their relational and gendered self?

Method

The study was designed to use conversational interviews to draw out men’s care work narratives. It was approved by the IRB at the second author’s home institution. Pseudonyms are used. It draws on the narratives of 12 husbands ranging in age from 62 years to 86 years who were the primary carer for their wives for between 2 and 14 years, before their wives became residents of a NH. The wives’ life-altering illness ranged from chronic obstructive pulmonary disease, stroke, Alzheimer’s to a fibromyalgia diagnosis with comorbid kidney disease. The men were recruited with the assistance of geriatric social workers who worked in institutional settings in New England; the social workers introduced the study idea to the men and mediated an introduction to the research team. The husbands were invited to take part in an interview that could last up to three hours. The median age of the participants was 78 years; only two remained in the labor force. All were white and had been married to their wife for at least 30 years. The majority of the men were of a Christian denomination, two were Jewish, and two were unaffiliated/agnostic.

Procedure. Private face-to-face interviews were conducted at a location most comfortable to the husband carer, often his home or a meeting room at the long-term facility. The interviews were largely unstructured, as is customary

with conversational interviewing (Gray, 2013), and audio-recorded. The conversational interview was chosen because it facilitates a relaxed, nondirective approach to elicit the men's own concerns with and stories about caring for their wife. The interviews addressed general questions about when their wife was diagnosed with her illness and the changing nature of the husband's life (work history and carer history). They also tracked his place in her illness career, with probes questioning when he began to recognize her dependency on him and what it was that prompted his care work. The interviews are the personal stories of being a caregiver before and after the wife's relocation to a long-term care facility.

Data analysis. These data were analyzed using the constant comparative method of grounded theory (Charmaz, 2006). This analytic strategy is principally about data compilation and does not necessitate the systematic step of generating theory (Charmaz & Belgrave, 2012). Its defining components include foregoing preconceived assumptions, such as the way other researchers describe husband carers, and constructing analytic categories directly from the data; a reiterative close reading of the interviews to code what the men create as meaning; and, constantly presenting the emerging themes from one interview to the next for verification and to revise analytical categories.

Logistically, the second author transcribed the interviews verbatim no later than four days following the interview. This researcher also jotted field notes shortly after each interview, reviewing the themes and class of issues heard within the participant's interview. A day or two after the interviews were transcribed, the researcher began the line-by-line coding of the transcript. No coding software was used. The identification of thematic categories and their underlying structure is an iterative process of listening. The process went through distinct phases, which were consistent with what Charmaz (2006) identified as open-coding, focused coding, axial coding, and, finally, theoretical coding. The themes identified reflect their "ground"—the experiences of men caring for a wife's bodily and emotional needs. Initially, words and phrases were selected to describe themes within the data. From this preliminary stage of analysis, 11 thematic categories were identified (e.g., the shock of diagnosis, disclosure to family, anticipatory grief, loneliness, and coping strategies). The thematic categories were illustrated with bits of the narrative—lines, paragraphs, or segments. Working with the coded transcripts, a more detailed, or focused, interpretation of the categories concentrated on the specificities of discourses, commonalities across narratives, and variations in the ways in which a particular discourse was construed. Throughout the process, the audio interviews were replayed and transcripts were reread to further identify nuance to affirm categories and

systematically fold these into subthemes. Replaying and rereading of the interviews often assessed one thematic category at a time. That is, to resolve whether a category or code was appropriately assigned to a man's narrative, the thematic categories and their illustrative segments were compared across other men's narratives. During the last phase of coding, what Charmaz (2006) called theoretical coding, the categories were further condensed to arrive at the main stories. This process of consolidating discrete themes into core ones concluded when existing themes were uncontested and no new themes were identified.

When quotations from the husbands are used, the fictive name assigned is reported, the man's age, followed by the page number on the interview transcript. For example, Mr.H.77.26 refers to a citation on the 26th page of the interview with Mr H, who is 77 years old.

Findings

Two dominant themes emerged that characterize the experiences of the husband carers after the context of care work moved from the home to the wife's residence in a NH: the rhythm of caring modified the husband's everyday life but never uprooted his marriage-identity, and men's worries changed from fretting about the efficacy of their everyday care work to, once she was institutionalized, how to sustain a sense of accomplishment and pride as husbands when relegated to visiting as others did most of the care work.

From full-partner to "visiting" husband. For the occasional tourist to a long-term care facility—either a NH or a specialized facility for Alzheimer's—walking down a corridor is an opportunity to glance in room after room, somewhat akin to window shopping. The tourist looks in but does not interact with the residents or their visitors. His unmistakable first impression is how few residents have visitors. Although there may be a continuum of family and friends' involvement with some NH residents, many NH residents have few, if any visitors.

The husband carers in this study were a distinct group. Unlike most family visitors, they "visited" nearly every day, spent much if not nearly all day with their wives, and engaged in a distinct type of "visiting"—sitting with, reading to, talking to, running errands for, assisting in bodywork, taking walks together, bringing nightly desserts, feeding her the day's soup, or holding her hand as she sleeps. These forms of caring were what the husbands could provide to their institutionalized wives. The men reported that their visiting helps sustain their wife's well-being; the subtext is how visiting sustains the men's biographies as husbands. No longer able to be 24/7 carers, the men's

identities shifted to their acknowledged status as “visiting husbands” who partnered with the professional staff. Speaking more directly than most of the men, one husband noted:

I know I am not the typical husband. Most other men have never had to bath their wife. I did. That was tough. Being here is easy. Because I am always here, the nursing staff often remark how “wonderful” I am. I find this comment disarming. I made [Mrs. C] the absolute center of my life the last five years, and I certainly prefer being with her over being alone with a television. We’ve spent nearly fifty years together. (Mr.C.74.19)

This man compares himself to men who have never been carers. His comment about his current contribution to his wife’s care work “being easy” acknowledges the luxury of sharing the labor-intensive task of care work with the facility’s professional staff. It also speaks to the staff’s recognition and welcome of him as their partner in his wife’s care. He commented near the onset of the interview, “At some point during the day, the charge nurse slips in, briefs me on [Mrs. C’s] in-and-outs [fluid intake and voiding], and asks my opinion about her well-being and needs” (Mr.C.74.6).

All the husbands reported similar views. One husband emphasized his carer status and himself as indispensable to his wife’s quality of life:

She still recognizes me. She is able to walk just a bit with assistance. . . . umm, her legs are becoming much more wobbly, so she has to use a walker when she does that. The rest of the time she spends in the wheelchair. I have tried to maintain a constant relationship because I can see in the absence of me being in fairly constant attendance, she slips. . . . even though the staff does as well as they can, in any nursing home, there is periods and activities that she would never be up and around and participating in if I wasn’t able to be there. (Mr.A.84.32)

Mr. A’s modified husband-identity was based on accepting the rhythm of daily life within the NH context and his opportunity to again be an interactive husband rather than principally a carer husband. His wife’s place of residence did not supersede his perseverance in care work, which sustained his, as well as his wife’s, identity as a spouse. This is perhaps more evident as Mr. H emphasizes his effort to tweak institutional rhythms, all to maintain a marital conversation that centered on habits, traditions, and values:

Now I’ll mention that we do go out every day. . . . We’ll go out around the grounds in the wheelchair and spend time, as much time outside as we can. . . . It gives us a chance to see the flowers and just enjoy each other’s company.

Nursing homes are very institutional places. . . I gradually figured out how I could make her stay there as pleasant as possible. . . I found out that if I was here she could have her meals in her room, and we could avoid the chaotic, noisy dining room and be together. (Mr.H.77.24)

He goes on to comment that this dining arrangement puts on him the responsibility to cut her food into bite size portions and coax his wife to eat, occasionally picking up one of her utensils and feeding her. Mr. H's marriage-identity accommodated the rhythm of daily life within the NH context and his displacement as the primary carer, but he was not willing to forego being her husband and her being his constant companion.

In support of previous research on husbands engaged in home-based care work, the men in this study found meaning by providing care. They spoke in moral terms about a sense of "rightness." Mr. J, for example, answered when asked why he visits his wife for several hours daily:

Well we were married for 60 years. You get accustomed to helping each other. When we first got married I complained to her how she cooked the eggs. She said well, the only way out of that is to cook them yourself, and I've been doing that ever since. It's payback time I guess, you know. . . I probably wasn't always there when I should have been. (Mr.J.85.37)

Mr. Z retired shortly after his wife's Parkinson's diagnosis, normalized his all day "visiting" as "that's what marriage is all about—us being together" (Mr.Z.74.22). In sync with the stories of the other husbands, Mr. Z's narrative disclosed how his earlier care work and his current visiting provided him a way to actively maintain his marriage: "She is my whole life" (Mr.Z.74.3). For Mr. Z, his care work was not about his commitment to marital vows; rather, it was his and her sense of self. They were a couple. He envisioned himself as a husband emotionally wrenched by his wife's stiffness and arthritic pain, and as an advocate for her.

Mr. Z's emphasis on his preference to be with Mrs. Z is repeated in the narratives of the other men. When asked after an hour of conversation why he spends lunchtime through dinnertime with his wife daily, Mr. G's edgy comment poignantly answered what he viewed as a stupid question: "Because I am a human being. Because it's my wife. Because I love her. She's the most important thing in the world. She's always done everything she could for me. So I will do everything that I can for her." (Mr.G.81.48).

As men do what marital interaction they can do, it provides them with a sense of continuity and postpones the ontological assault they know that is coming with the wife's death. All of the older husbands recognized that their

visiting and conversations extend, in a sense, their marriage. They are constantly looking for new ways that enable them to be with and support their wives. Perhaps, as Boylstein and Hayes (2012) suggest, Mr. J and Mr. Z managed to maintain a consistent sense of identity as a husband and carer because they remained protector and provider. This relational self is articulated well in Mr. W's comment:

I was her go-between between the staff and herself. She'd bring things to my attention or I would see things, you know, that weren't quite right. I'd bring these to the attention of the nurses. . . I felt she has a kind of protector while she is here. (Mr.W.69.34)

Working as an advocate for his wife, yet recognizing his tenuous, negotiated position as a "visiting" partner with the professional staff, Mr. W navigated his new carer boundary by trying to help the helpers, or bringing the nursing staff chocolates or bagels on occasion, much as a fellow colleague might: "The first time I brought in a box of bagels and cream cheese, the nurses were grateful and let me know it; when I came in yesterday with chocolates, which wasn't the first time I brought them chocolates, it wasn't extraordinary anymore" (Mr.W.69.38-39).

Although the husbands' marital interaction and caring career went through significant transitions once wives were placed in a long-term facility, as visitors, the husbands drew on long-standing interaction rituals to provide them the resilience to remain involved husbands. They defined themselves in terms of the habitus of their marriage. They also used familiar masculinities—behaviors such as assertiveness, stoic silence, and gift-giving—to find the way to remain active partners with the professional carers.

Emotion work. The often unseen and invisible emotion work older husband carers do was revealed in the men's worries. It has been argued that worrying is synonymous with caring (Cheung & Hocking, 2004); in prior studies of husband carers, men's discourses of worrying pivoted on the efficacy of their care work and their fight to forestall their wives' prospect for institutional care (e.g., Kirsi et al., 2004). In the current study, the way men disclosed their worries also makes a statement about themselves as a spouse and as a man. Mr. Z, for example, worried about the possibility of becoming unable to "be there" for his institutionalized wife: "I fear something happening to me, and [Mrs. Z] becoming cut off, or worse yet, giving up" (Mr.Z.74.48). Other husbands expressed anguish about their lesser ability to maintain and honor important marital habits and values within the care setting, such as making breakfast or sleeping together.

Facing deep concern about their wives' suffering, the existential emptiness spurred by "down the road" uncertainties, and by being displaced as the primary carer and decision-maker, the men's worries resonated with a threatened sense of personal control and anticipatory aloneness. The vulnerability of their wives and their own sense of helplessness left the husbands with a gnarled sentiment rooted in worrying: "I feel stuck between a rock and a hard place" (Mr.T.82.39); "At times, I find myself tensing up because I want to do more but I cannot. . . they're [nursing home] in charge." (Mr.A.84.43). This emotion reflects the fact that the men were no longer in control of the care environment, as they had been, which reveals the NH can be a site for contested masculinity.

Quite often their worries were expressed as annoyance or anger toward the nursing staff's lack of capability to meet a wife's care preferences and husband-defined needs. (Re)interpreting their powerlessness and worries as other-determined offered the men an antidote to their diminished status.

She went downhill pretty quickly. I blame it all on. . .well, not all. The morning shift, everyone is wonderful. I guess they've got on the job training. They're knowledgeable. The others, they come and go; some they don't speak English; some are black. My wife's afraid of all the unfamiliar faces. I don't think it's prejudice, cuz' they come and go, and I know it's not their fault. They're looking to earn a better living. My concerned is with management; that's who I blame. It all comes back to the big buck and not paying lower ranking staff well enough to retain them. (Mr.B.78.46)

My biggest complaint is that they don't have trained people. I mean common sense, when would you get into a bathtub without testing the water? I mean, you do that for yourself. (Mr.E.81.14)

Targeting institutional care as the opponent, the men preserved their sense of themselves as responsible husbands. As Black et al. (2008, p. 178–179) eloquently summarized, "personal control and masculinities are intricately linked. . . . Personal control, or a perceived ability to alter external events or influence outcomes, or having a 'say' over some aspect in life, not matter how small, works in concern with masculinities."

Discussion

This study observed husbands doing marriage. In their narratives, the men positioned themselves as husbands and only secondary as engaged with the maintenance of masculinities. Whether or not the men sustain a self-identity

as a man by engaging in traditionally gendered relational work such as being a protector or bringing gifts, their discourse emphasizes how they worked to sustain their marriage-identity. Drawing from Simmel's (Wolff, 1950) formal sociology, we know that the intense dependence of the dyadic group on each member makes it possible for a husband to immerse himself in the other and to engage himself in a deeper marital "conversation." Much may be demanded of the husband carer as he negotiates the care responsibilities in his home and later in his wife's institutional setting, yet this new version of their relationship is itself identity-maintaining and it adds a layer of closeness and intimacy to the earlier patterns of interaction, whatever they were. Together, the transition of the marriages from the private management of their "we-disease" in the home to being with a wife in her new living quarters, and the felt need among these husbands to do both emotion work and unseen care work, affirm the man's relational self and extend his biography with his wife.

Husband carers blur the gender boundary traditionally associated with marriage. Sheltered in their marriages, the mandate of doing masculinity was less constraining, and they did the care work that their wives needed and accepted. Later, as "visiting" husbands, the men did considerable emotion work and, at times, the bodywork within the normalcy of a marital "looking glass" rather than the societal "looking glass" that expects a (stereotypical) masculine self-presentation. The sense of purpose and fulfilment "visiting" generates for these men; the opportunity to demonstrate their love, if not devotion; and the feeling of reciprocity they know they would have experienced if the situation with their wives had been reversed—these are what motivated the men. As one anonymous reviewer surmised, "the ongoing reciprocity. . . enables the men to maintain their husband role—which is the central role of their overall identity. The visits help maintain continuity of self."

As a wife-nursing staff dyad becomes, by necessity, primary within a care facility, the men faced threats to their relational selves. Again drawing on Simmel's theorizing, although both the husband and the nursing staff maintain separate primary (dyadic) relations with the wife, as visiting husbands within the long-term care facility, the men must broker a strong relation with the staff. They are the third member in the triadic group, and the primary dyad—the medically-dependent wife and the nursing staff—is only threatened should the husband interfere. The husbands sensed this. In cases where a husband quietly insisted on continuing to provide a type of care such as feeding his wife her meal, arbitrating his wife's interests was empowering to their sense of being married. For some men, so was advocating for a wife's needs, preferences, and values. They were her protector. Whether arbitrating

or advocating, the husband solidified his marriage-identity and continuing career as a carer, and because his care work was public, he also solidified his public identity as a husband.

Study 2: Widowerhood

The death of a spouse, whether it follows a period of caregiving or otherwise, is one of the most challenging life experiences. By disturbing a husband's ontological security and removing his primary source of support, bereavement entails both an existential loss and a social network crisis (Glaser et al., 2006; Thompson, 2001). The widower is alone, and the sense of personal wholeness and rootedness is challenged. Of the widowers that Moore and Stratton (2003) studied, many identified a sense of a continuing "hole in their lives" despite being engaged in meaningful activities. Bandini and Thompson (2014) found that with the loss of their wife, young widowers reported the loss as if it was a bodily severance: "It's like somebody pulled your arm or leg off." Other researchers have similarly uncovered from older widowers the feeling of being dismembered (cf., Glick et al., 1974; Lund & Caserta, 2001). Hooyman and Kramer (2006, p. 205) described the ontological assault of becoming a widower as:

In effect, the partner must deal with the loss of the "mirror" aspect of his. . . relationship, in which one partner can reinforce the positive self-image of the other. The loss of this "mirror" can create secondary losses, such as the loss of the sense of being important, special. . . loved, or even lovable."

Becoming a widower also uproots the man's taken-for-granted relationship with his social world as a husband and as a man. van den Hoonaard's (2009, 743) report on men's experiences with widowerhood noted, "When the men's wives died, the meaning of being at home changed." They did not want to be in the empty house, alone. Their houses no longer felt like "home," sheltered by their marriage and daily lives as husbands. In Bennett's (2007) study many of the men who had previously regarded themselves as independent and as a "sturdy oak" disclosed that they were unaware of how dependent they had been on their wife both socially and emotionally. Their wife could elicit talk about their feelings, and the marriage sheltered them from the traditional gendered mandate for emotional self-control and "no sissy stuff." However as Moore and Stratton (2003) and van den Hoonaard (2010) recognized, the experiences of a widower are not well understood. Here we use data from interviews with 12 British widowers to examine (a)

how the death of their wives' affected their sense of identity and the ways that they talk about it within an interview, and (b) how they maintain a sense of being a husband.

Method

This study draws on data from qualitative interviews with 12 British widowers aged between 40 years and 79 years (median 58). The research was approved by the first author's University Research Ethics Committee. Interview participants were recruited from a range of social organizations using posters and internet advertisements that communicated the aims of the research, and through snowballing techniques. The men had been married between 12 years and 54 years (median 29 years), and had been widowed for between 1 year and 20 years (median 6 years). All were White British. Three had provided some form of care for their wife prior to her death. Two of the men had remarried and three had re-partnered.

The interviews sought to identify the key social changes that occurred following spousal bereavement. A fluid interview schedule was developed that allowed freedom of question direction and an extensive narrative, inviting participants to talk about their daily routine, social relationships and support, and how these had changed over time. The interviews were held face-to-face in a quiet meeting place and lasted around 90 minutes. Interviews were recorded and transcribed verbatim. Consistent with constructivist grounded theory methods outlined by Charmaz (2006), data was collected and analyzed simultaneously, constantly comparing the interviews using an iterative qualitative coding process that aimed to capture meaning in the data. Each line, or segment of text was coded using an initial descriptive code, keeping as close as possible to the words of the participants. Next, initial codes were sorted into categories and, in the process of comparing the interviews to one another, thematic codes were developed and refined to provide a conceptual understanding of the data. NVivo software was used as a tool to store the emerging codes. To enhance trustworthiness, the first and third authors independently coded a portion of transcripts and emerging themes were discussed throughout the analysis process. Data is used to illustrate the themes, and a man's age at interview and time since wife's death is provided alongside each extract. For this study too, when excerpts from the husbands are used, the fictive name assigned is reported, the man's age, followed by the page number on the interview transcript. Thus, Mr.K.47.1 refers to a citation on the first page of the interview with Mr K, who is 47 years old. The widowers are not the same men as the husband carers, though many share a common fictive name.

Findings

With very little prompting, widowers in this study described a process of identity reconstruction following their wife's death. But the interviews strikingly demonstrate the continued importance of their relationship with their wives in their adjustment to widowhood, and men's resistance to undoing the "togetherness" of their marriage.

The amputation. All except one of the men had been in a relationship with their wife for at least half of their life. Their relationship with their wife was one of their most important ones, and their identity as a husband and an active partner in their marriage was central to their sense of self. The widowers described themselves as being part of "a unit" (Mr.A.72.31) or "a team" (Mr.F.78.23). Mr. J said of his wife, "She helped me be who I was. She was very much a part of my identity." (40.2). They recounted stories about their wives and their married relationship with great affection. Mr. A described the intimacy which characterized his marriage:

We'd been very, very close. I was very lucky. I had a wonderful marriage. And we were close and we seemed to grow closer as we got older, which is perhaps unusual in this day and age where people seem to grow apart. (Mr.A.72.26)

When reflecting on day-to-day life, their narratives demonstrated their collaboration as a couple and the extent to which their marriage influenced how they spent their time, how they formed and maintained relationships with others, and how they dealt with everyday challenges as partners. They also talked in ways which honored their wives' memories, describing valued positive qualities: her kindness, the way she raised their children, how she was "*the one that glued it all together,*" (Mr.H.57.7) and they managed to bring out the best in them, even recalling her strength in the time around her death.

The interdependence that characterized the men's married lives was important for their experiences in widowhood. The men described the overwhelming sense of loss that accompanied the death of their wife. Her death represented a loss of the person they had spent most of their life alongside; the plans they had made for their shared future; the practical, emotional, and social security that their marriage offered; and the identity that they had developed as a husband, as a dyad. As Mr. I put it, he "lost their world" (57.21). Mr. G compared the loss of his wife to "having an amputation. . . A whole piece of me has gone, ceased to exist" (79.22). Describing how he felt after his wife's death, Mr. J disclosed:

She was everything to you. She was everything to who you were. She's not here anymore, I'm no longer who I was, I'm a different person now, something has changed irreversibly. (Mr.J.40.15)

The transition to widowerhood challenged their personal and public identities, which had become rooted in their married relationship. They recognized that they would have to reconstruct their identity as a widower. All of the men described socializing as more difficult after their wife's death, and many discussed the challenges of a couple-oriented social network. Mr. A spoke of his realization that becoming a widower meant a changed, uninvited public status that would influence his daily routine and his friendships.

I realised that I'd have to, erm, rebuild my life on a completely new basis, on the basis that I was a widower. I didn't have her and I had new responsibilities and different relationships with friends, and so on. (Mr.A.72.27)

Mr B described widowerhood as being "like a badge" (45.9). He went on to emphasize the importance of his status as a widower for his identity. As "widower," he maintains his identity as a husband, and acknowledges the losses associated with her death. Even Mr. H, who had remarried, described himself as "a bereaved man who is in recovery" (57.37). As a remarried man, he negotiates the boundaries of being both a widower and a spouse. Likewise, Mr. J emphasized the importance of his first marriage and the experience of his bereavement to his identity in his second marriage:

When people ask you your status or say are you married?, Oh yes I'm married, but actually you then think, oh yeah, I'm married-bereaved-widowed-previously married, but it's like a chain going backwards, erm, so my identity is not, it's not that I am purely married to [second wife]. I am, you know, married to [second wife] and that's our relationship, erm, but I was bereaved, you know? I'm married now but I also was married before and that's not the same as just being married the first time. (Mr.J.40.21)

In identifying as a widower, the men's marriage and their identity as "husband" remains acknowledged.

Men maintained their identities as former husbands by sustaining relationships with shared friends and in-laws, and developing new friendships with widowed men and women. Mr. D commented how he tends "to gravitate towards other people who've been bereaved rather than people who have never been married" (59.6). These relationships help to facilitate the continuity of the symbolic married relationship. The men demonstrated an openness to share stories of their marriage and their experiences in widowhood. Talking about their wife

kept her memory alive, validated their married lives, and maintained their identity as husbands. Keeping their wife's memory alive was not limited to their interaction with others. The men talked about keeping physical reminders of their wife: an item of clothing, her jewelry, or favorite photographs. Mr. K, for example, had cared for his wife at home prior to her death and made a decision to carefully photograph the house after her death, so that he could remember it as his wife would have last known it. The importance of the married home as a physical bond to their marriage was evident in Mr. A's discourse of his reluctance to leave the family home, even though it is larger than he needs:

I made a decision once my wife died that I wasn't going to move. I mean, I've got four bedrooms, it is a very big house. But I'm very comfortable here, and it's a nice house, it's usually a very sunny house. . . I've got all my memories here, and all my thousands of books here and so on. (Mr.A.72.32)

Most of the men in the study described at length the many challenges they faced following their wife's death, such as the battle of what to do with their wife's possessions—representations of her and their marriage.

There's a thousand and one questions that come up like when do you take your wedding ring off? When do you sort out your partner's clothes? What do you do with their old things? (Mr.K.47.11)

Since her death, they described treasuring their wife even more, realizing how much they relied on her. Mr H reflected:

They say that grief is a measure of the love of that person and there's a saying that you hear in kind of grief circles, "That's the price of love," and err, Jesus Christ I loved that woman. (Mr.H.57.9)

He went on to talk about how he felt he had developed qualities that his wife would admire.

You're on a different journey and one you would never have chosen, but I do think there's good in that journey as well. . . [Wife] tried to teach me that in my life, not to judge people, because she was never one to do that and I think I'm a bit more, I've picked a lot of good stuff up from her, but the loss of her has made me more compassionate to other people.

Like others in this study, despite the fundamental threat to his identity, her legacy and his valued memories of their marriage continue to shape how he lives his life and rebuilds his identity as a widower.

Reconstructing identities in widowhood. The widowers in this study observed that as time passed, they learned to adjust to their new status as a widower. In the following quote, Mr. L uses an analogy of an inner storage room to eloquently describe adapting to the death of his wife and how he has learnt to continue to treasure memories of her, without allowing them to so frequently influence his mood:

So, you put them into the room, your psyche has lots of room, and you're always going to be passing through the room but then, eventually, you don't go in so often, and then it gets to the point where you dust over it and the memories. Then you go in, every now and then, and you keep it stored in your mind and you go back every few months or every six months or year, take the screen off and dust it all down, look at it and then leave it again, so it becomes a place you can go to and it's no longer upsetting you; it's actually "yes, that's lovely." (Mr.L.42.27)

The men used their narratives to demonstrate their self-reliance after their wife's death, and discussed overcoming the varied emotional and practical challenges of widowhood, such as adapting to domestic tasks previously been performed by their wife and taking control of changed daily routines. Mr. G went as far as to say that it was better that she died first, because she may not have adjusted as successfully as he managed to.

I was left as the survivor to pick up all the pieces, get probate and cope with changes of insurances and so on. She would have had great difficulty with that. It would have been very depressing. (Mr.G.79.11)

The widowers recognized the value of their partnered life and actively sought to "make the most of the time [I've got]" (Mr.A.72.28) by spending more time with existing friends, cultivating new relationships, and taking on new responsibilities. The types of responsibilities the men described were typically those that would be "a benefit to other people" (Mr.G.79.11), provided a "bit of belonging" (Mr.E.73.2), and allowed them to "feel useful" (Mr.D.59.2). These restorative actions provided a sense of purpose and helped the men to "find [themselves] again" (Mr.L.42.19), facilitating the development of a reconstructed identity and a means of maintaining or re-establishing a sense of masculinity. Friendships—new and old—may offer a chance to take on a provider role through the provision of support. Mr. A developed a companionate friendship with a widow. They went on day trips regularly and were a source of practical and emotional support for one another. He said:

We go out together and she has me up to her house, feeds me! Which is a big thing because I'm not a good cook! (Mr.A.72.10)

This new friendship allowed him to place himself in a role where he was the recipient of care and attention, as had been the case in his marriage.

Re-partnering was a challenge. In this sample of widowers, nine were widowed before they turned 60 years. All of the men talked about their attitudes to a new romantic relationship and felt that there were unwritten rules about how much time should pass beforehand. Three of the men had re-partnered, and two had remarried and re-established themselves as husbands. Those widowed at a younger age were keener to re-partner and more likely to have pursued a new relationship. The most frequently cited reasons for wanting to re-partner was companionship. Re-partnership—dating, living apart together, and remarrying—offered the men an opportunity to experience mutual care and support, as had been the case in their first marriage. Re-partnering also allowed them to reassume a preferred identity as “husband.” Yet, it was clear that for all of the men that their former wives, and their marital biography, remained important. They discussed new relationships in a way that honored their wife and elevated their marriage above these current relationships. For example, when building a profile on a dating website, Mr. K was asked who had been the most influential person in his life. He had responded that it was his first wife. Likewise, Mr. H commented that his second marriage cannot compare to his first. He said:

I have another wonderful lady in my life, but I wish I never met her. I wish I never met her because I wish my wife didn't die. (Mr.H.57.22)

In sum, the men described diverse trajectories of identity work following their wife's death. Yet collectively, they attempted to make sense of their experience by viewing it as an opportunity for personal growth. Mr. I talked at different points during his interview about becoming more compassionate and less judgmental as a result of his wife's death and through their shared experience of illness:

I'm a better person as a man through the death of my wife and I am a better person and we were better people at the end of [wife's] cancer through having cancer, and err, that's just err, err, one part of its lovely and the other part is incredibly cruel. (Mr.I.57.40)

Discussion

Envision an aging widower who has just lost his wife. He never expected to outlive her. He is alone—but this is not the kind of autonomy he wanted (cf., van den Hoonaard, 2010). Despite being told that a man needs to be able to

stand alone, he discovered that being a husband is life sustaining. The widowers in this study had spent more than half of their life sheltered in marriage and had learned to experience the world as a husband and, where widowerhood was preceded by a period of care work, her illness as a “we-disease.” The men presented their marriage as a shared partnership, and their identity was enmeshed in their status as husbands (Soulsby & Bennett, 2017).

Becoming a widower represented a severance of his relational self—an amputation (Bandini & Thompson, 2014). The men in this study were not in a rush to relinquish their identity as a husband, and their narratives as widowers preserved their marital biography and their identity as a husband. Extending Lopata’s (1981) concept of husband sanctification to men, the widowers’ narratives treasured their wives, creating a warm image of her and their married life (Bennett et al., 2013). Even for those who had re-partnered, their identity was as a widower (and former husband), and no one could compare to her and to what they had shared (Moss & Moss, 1996). The men made clear that widowerhood is an extension of marriage. They described themselves as former husbands first, men second. Their deceased wife was still part of them, as if a phantom limb. Earlier the psychiatric literature classified the felt presence of a deceased wife as an “illusion” or the occasional imagined conversation with the deceased a “hallucination”; however, viewing marriage as *nomos*-building and identity affirming, it is understandable that the widowers never surrendered their identity as an ex-husband. As Ebaugh (1988) also recognized, significant ex-identities are expected to linger.

Although it was important to the men to ratify having been married, they recognized the need to rebuild their lives as a widower whilst maintaining their biographical narrative as husbands. Longstanding friendships provided a sense of identity continuity and allowed the men to share memories of wife as ways of affirming their status as former husbands. New friendships and responsibilities offered fresh opportunities to maintain a masculine self-presentation through the giving and receiving of support and facilitated the formation of a new widowed identity. Bennett (2007) suggested that bereavement challenges masculinity through the emotional impact of bereavement and loss of control. Similar to Bennett’s widowers, these men reconstruct their gendered identity within their narratives by describing taking control and actively seeking opportunities that allow them to act as “provider.” In their discourses, they were keen to show that they had grown to be self-sufficient in their wife’s absence—able to manage their finances and reclaim their social life and day-to-day activities—so to reconstruct their lives as widowers.

General Discussion and Conclusions

The purpose of this paper was to understand the identity turn when a man's marriage is ending and he becomes a "visiting" husband to an institutionalized wife or becomes a widower. In both studies, men's efforts to position themselves as a "husband" were striking. We found that both wives' relocation to institutional care and when a husband becomes a widower represent nomic ruptures to the men's sheltered lives—an as-if amputation of a familiar life. The men in the two studies unquestionably expressed their loss and feelings of discontinuity. Yet, the unwinding and ending of their marriage does not mean the men's identity as a husband and "full-bodied" married man no longer exists. The majority of soon-to-be and actual widowers sought identity continuity by purposefully never forgetting their identity as a husband (Moss & Moss, 1984, 1996). They engaged in identity preservation strategies that sustained their public masculine identities of being a protector and provider.

We are aware that the carers' and widowers' narratives and discourses are also performative, whether the audience is themselves alone in front of a mirror (Cooley's looking glass self), a sociologist interviewer, or a neighbor or daughter who asks, "How are you?" It is not so much a need to comment on narratives/discourses as performative; rather the themes heard within the men's discourses strongly attest to the carers' and widowers' efforts to sustain private and public identities as men and husbands, wounded or not.

Although husbands' marital interaction went through marked transitions once wives were placed in a long-term facility, as "visitors," the husbands drew on long-standing interaction rituals to provide *them* the resilience to remain husbands. They defined daily life in terms of the habitus of their marriage, notwithstanding its relocation. Although the men no longer had exclusive control of her care, they used familiar masculinity performances—behaviors such as assertiveness, stoic silence, and gift-giving—to find ways to remain active partners with professional staff. Similarly, widowers' self-concept was decidedly informed by their former marriage. The status of being a widower certainly requires men to restructure their identity in the absence of their wife. However, the data presented in this paper strongly suggest that widowers affirm their marital identity by remembering their wives, thinking about them, as much as maintaining a symbolic relationship through storytelling and material reminders. Re-partnership and remarriage offer an opportunity to once again be publicly acknowledged as husbands, but even for these men, the first marriage is pedestalled (Moss & Moss, 1996). For "visiting" husbands, there is a sense of the world shrinking and their marital interactions are performed in the context of the institutional setting, as partners with professional staff. Though widowerhood represents a substantial loss, the data also points to a pattern of fortification—that is, over time widowers gradually

find ways to strengthen their identity, both as former husbands and as men. Establishing new responsibilities, friendships, and re-partnership preserve widowers' masculine identity, allowing opportunities to provide and receive support and care.

As husbands sheltered long-term in marriage, the mandates of traditional hegemonic masculinities were actually less constraining to the men we interviewed. Visiting husbands could quietly do the spousal work that their wives most often wanted, whether talking together or sitting with and feeding, without thinking in terms of doing stereotypical masculinity by bringing fresh flowers on weekly visits. Widowers similarly would do spousal work such as honoring the wife's memory and known preferences, and they often framed their post-marriage behavior as an ex-husband. Poorly studied is *exactly* what husbands—married to healthy partners, married to institutionalized wives, and as widowers—regard as their motivating framework: their marriage, or traditional masculinities. This would be a valuable avenue for future research.

There are limitations to this study. The findings are drawn from two samples of men from two different countries, and the data were not collected specifically with the intention of examining relational identity. It was a meta-theme that emerged from the data. The data from each study provided rich narratives from which we observed that these men maintained their relational self following their wife's transition to institutional care or death, and thus perhaps their sense of self as a man.

There is a wider age range in the widowed sample—several were widowed in mid-life and still working. We are not certain how age intersects with gender and marital status to affect the men's relational and gender selves. But with one exception, the widowers had spent over half of their lives with their wife and, with for all, their identities were clearly entwined with this relational self and their status as husband. It would be worthwhile to try to more thoroughly investigate the bearing of age on men's identities and to better determine if, and if so at what point in men's marital biographies, their relational selves and status as husbands may become men's core identity and supersede other identities as father or wage earner.

Finally, there may be interesting gender similarities as well as differences in regard to relational and gendered identity that have not been captured within this paper. However, it is our view that if, indeed, marriage fundamentally shapes men's experiences—sheltered by and in marriage, from expectations to perform much of traditional masculinity—then purposeful gender comparisons might not be appropriate. In prior studies, gender comparisons have emphasized the inequalities between husbands' and wives' privilege, power, and resources. More purposefully designed studies to investigate middle-aged and older men's marital based identities are needed.

We find that the relational identity formed in marriage is central to middle-aged and older men's sense of self. The status of "husband" shelters men from hegemonic masculinities and, although both transitions captured in this paper represent biographical disruptions that create uncertainty, men are reluctant to relinquish their identity as a (former) husband. The husband carer whose wife moves to an institutional care setting endeavors to maintain familiar patterns of marital interaction to sustain his identity as husband, and finds ways to remain her protector as he relinquishes control of her care to professional staff. Even in widowhood, his husband identity persists long after her death. Men preserve their long-term relational identity, and in doing so, protect their gendered identity as thriving men.

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