

"THE SHOW MUST GO ON" :
A CARING INQUIRY INTO THE
MEANING OF WIDOWHOOD AND
HEALTH FOR OLDER INDIAN WIDOWS

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by

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This dissertation was prepared under the direction of the candidate's dissertation advisor, Dr. Marilyn A. Ray and has been approved by the members of her supervisory committee. It was submitted to the faculty of the Christine E. Lynn College of Nursing and was accepted in partial fulfillment of the requirements for the degree of Doctor of Nursing Science.

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ABSTRACT

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India, a country in transition, is home to over 33 million widows. Historically, Indian widowhood has been associated with victimization and vulnerability. Using Caring Inquiry, a phenomenological-hermeneutic methodology having caring at its center, this study explores the meaning of health and widowhood to 14 older Hindu widows living in urban South India. Shifting attitudes toward widowhood reflect the rapid changes occurring in India as demonstrated by six metathemes (Drawing From Within, Seeking Help and Guidance, Accepting the Role, Challenging Tradition, Serving Others, Finding Companionship) that emerged from study data. The common need to move on with life, articulated by one widow as the “The Show Must Go On,” became the foundation for a theory and model of the Meaning of Health and Widowhood for Older Indian Widows.

Providing an opportunity for the voices of older Indian widows to be heard through poetic expression and theme identification, research findings are further illuminated by employing Ray's Transcultural Caring in Nursing and Health Care Model linking caring, the central focus of nursing, with Indian culture, ethical principles and religious beliefs.

This research's purpose is to advance the body of knowledge relating to older Indian widows' lives and begin an open dialogue about their health experiences and needs. Although Indian widows have been the subject of numerous studies, this is the first to specifically focus on their health. Study recommendations include implementing health promotion strategies for the prevention and management of chronic disease including accurate, low-cost, culturally appropriate health education information, widow-to-widow support groups to help widows with the day-to-day issues they face and meet women with common experiences and establishing networks that provide widows with opportunities to assist others less fortunate.

The need for transcultural content in nursing education to prepare nurses transculturally in all areas of nursing practice is discussed as are the study's implications for nursing research. Further study of older Indian widows in other parts of India and within other religious and socio-economic groups is recommended so that a more comprehensive picture can be achieved about widows' lives, health, social needs, and the meaning that widowhood has for them.

TABLE OF CONTENTS

LIST OF FIGURES	xii
-----------------------	-----

CHAPTER

1	INTRODUCTION	1
	Background	1
	Purposes and Research Question.....	6
	Research Question	7
	Definition of Terms	7
	Significance of the Research	7
	Health Studies and Indian Widows.....	9
	Significance to Nursing.....	9
	Indian Widows, History and Tradition	10
	Ray's Model for Transcultural Caring in Nursing and Health Care.....	17
	Caring and Ethics.....	20
	Rationale for Selecting Ray's (in press) Model for Transcultural Caring in Nursing and Health Care	22
	Ray's (in press) Model for Transcultural Caring in Nursing and Health Care and the Indian Worldview.....	23
	Transcultural Caring	23
	Transcultural Context.....	25
	The Caste System	26
	History of the Caste System.....	26
	Universal Source.....	29
	Hinduism	29
	Ethical Principles.....	32
	Process of Inquiry	35
	Caring and Caring Inquiry	37
	Chapter Summary	38
 2	 RELATED LITERATURE	 39
	The Setting	42
	Andhra Pradesh	44
	Hyderabad	45
	Kinship and Family Organization in South India.....	47
	Marriage	47

Husbands, Wives, Mothers and Mothers-in-Law	50
Sons	51
Daughters	52
Sisters and Brothers	53
Brothers	54
Sisters	54
Older Women	55
Older Indian Widows and Health	57
Nutritional Impact on Widows' Health.....	60
Additional Research Related to Older Indian	
Widowhood and Health	61
India in Transition: A Growing Middle Class.....	75
Chapter Summary	76
 3 PROCESS OF INQUIRY: DESIGN AND METHOD.....	77
Phenomenology and Nursing Research	78
Phenomenology: A Philosophy and Methodology	81
Intentionality	83
Essences	83
Intuiting	84
Phenomenological Reduction.....	84
Hermeneutic Phenomenology	86
The Dutch Tradition of Phenomenology	87
Caring Inquiry	89
Ray's (1991) Caring Inquiry Steps	90
Recruitment of Participants	91
Data Collection.....	93
Interview Questions	93
Confidentiality	94
Use of an Interpreter	94
Data Analysis	96
Ethical Considerations	96
Rigor	97
Risks and Benefits	99
Chapter Summary	100
 4 POETIC IMPRESSIONS AND THEMES OF	
OLDER INDIAN WIDOWS.....	101
Poetic Impressions	104
Begonia	105
Buttercup	106
Camellia	108
Carnation	109

Dahlia	110
Daisy	111
Gardenia	113
Hibiscus	114
Jasmine	115
Lily	117
Marigold	119
Orchid	120
Rose	121
Violet	122
Chapter Summary	124
5 THE SHOW MUST GO ON: FROM THEMES TO THEORY. THE EMERGENCE OF A UNIVERSAL UNDERSTANDING OF THE MEANING OF OLDER INDIAN WIDOWHOOD.....	125
The Model: The Meaning of Widowhood and Health for Older Indian Widows.....	130
Health	132
Their Words	132
Drawing from Within.....	134
Their Words: Self-Sufficiency	134
Freedom	135
Independence	135
Strength/Bravery.....	135
Living with Happiness	136
Living with Love	136
Seeking Help and Guidance	136
Their Words: Family/Friends	137
Physicians	138
Husband	138
God	138
Challenging Tradition	140
Their Words	140
Accepting the Role	141
Their Words	141
Serving Others.....	142
Their Words	142
Finding Companionship.....	144
Their Words	144
The Metaphor: The Show Must Go On	145
Their Words	145
Chapter Summary	146

6	COMING TO UNDERSTANDING.....	148
	Globalization	153
	The Model for Transcultural Caring in Nursing and Health Care Revisited	155
	Transcultural Caring Dynamics.....	155
	Their Words	156
	Her Words	158
	Transcultural Context.....	158
	Caste	158
	Finances	159
	Their Words	160
	Education	161
	Their Words	161
	Health	162
	Health Education	164
	Their Words	164
	Nutrition	164
	Their Words	165
	Marriage	165
	Their Words	167
	Living Arrangements	170
	Their Words	170
	Adherence to Mourning Rites and Rituals	172
	Her Words	172
	Reactions by Others	173
	Their Words	173
	Ethical Principles.....	174
	Their Words	174
	Universal Source.....	175
	Their Words	175
	Choice	176
	Upon Further Reflection	179
	Her Words	180
	Chapter Summary	180
7	A RETURN TO MEANING: THE SHOW MUST GO ON	182
	Social and Health Policy Implications.....	183
	Recommendations.....	184
	Nursing Research Implications.....	186
	Nursing Education Implications	187
	Nursing Practice Implications	188
	Summary	189

REFERENCES	191
APPENDIXES	
A Glossary	206
B Chart of Varna/Caste Categories	214
C Consent Forms in English and Telugu.....	216
D IRB Protocol Approval	219
VITA	221

LIST OF FIGURES

FIGURE

1	Model for Transcultural Caring in Nursing and Health Care	16
2	South Central India (Hyderabad)	42
3	The Model of the Meaning of Widowhood and Health for Older Indian Widows.....	131
4	Model of New Tradition: Older Indian Widowhood.....	152

Chapter 1

Introduction

Background

Entering the sand-colored house, I see it. It's propped up on a small table in the entranceway, a black-and-white photograph of a gray-haired, older man. It looks like it had once been small but enlarged to fill the frame. The man's features are fuzzy; he's smiling a kind of half smile. Looking like he'd been heavier at one time but had lost weight, the skin on his face sagged. The marigold garland draping over the picture is wilted and some of the flowers have dried. An orange and a stick of incense sit on the table in front of the picture. I move along with the crowd up the stairs, my husband behind me, Anil behind him pushing us along. "Ten-day ceremony," the family driver who brought us from the airport said – 10 days after the death. Anil's shaved head, "a son's duty," he said.

I inch slowly past the rainbow sea of *saris* and look down at my dress, a black-and-beige jersey print, "perfect for travel," the saleswoman promised. "Won't hold wrinkles." I feel hot and conspicuous. "American," I hear someone whisper, "business partner," "the wife." I look behind me, more women. Someone grasps my hand. "In here," she says. "She's in here." I see her. She's sitting cross-legged on the bed, pillows holding her up. Her gray-and-white streaked hair is pulled tightly in a bun, her wrinkled *sari* stretched across her plump frame. The women sitting around her on the bed and the

ones on the floor look up at me as I'm gently pulled into the room by the hand in my hand. She sees me. Her black eyes meet mine.

For me, that memorial ceremony seems like a lifetime ago; for "Mummy," the object of my attention that day and impetus for this research, it seems like yesterday. She wears her grief for the man she married at 10 years old like the large red *bindi* on her forehead, openly and without shame. Her life has become as familiar to me as my own mother's. Her daughter, Mena, my "adopted sister," is "The Book" from which we both read: English/Telugu, Telugu/English, Mummy and I struggle to communicate. "If only you would learn 'good' Telugu," she chastises me, emphasizing her frustration with a thump on my arm. "I have so much to tell you," The Book translates to me. The few child-like words and phrases we share are heavy with meaning, carrying many thoughts and much feeling.

"How is she?" Always the next question after, "How are you?" Mena answers, "Fine. Her BP is better. It was high when she came back from Fourth Brother's house, but it's okay now; sugar is okay, too." "She's having some problems with her feet. No, no burning or tingling, just pain when she stands for a long time. Maybe it's her *cheppulu* (sandals). Having problems with her teeth, appetite's good, everything else is okay." So begins our weekly trans-continental conversation.

It was not always this way. Eight years ago, living with her youngest son and his wife since her husband's death, "Mummy" became critically ill, unable to walk without help, hypertension and diabetes out of control. Things had become difficult in her son's home. Everyone was working, no one to help her, no one to prepare food she could eat, alone all day, no friends or relatives in the new colony. The relationship with her

daughter-in-law, although never good, deteriorated. “A burden, too demanding, too costly,” her daughter-in-law told her son. Her other sons were busy, lived too far away, had their own problems. Her daughter? Not possible. What would people say? Daily *puja* (prayer) provided an answer. She would move into her own flat. “Not done,” said her friends. “How will you manage?” asked her youngest son.

Following the move, Mummy’s health improved and her mobility was restored, her independence became a vehicle for her recovery. Her daughter, living and working in a nearby neighborhood, arranged for a live-in maid and visited her daily for lunch. The lunches, an important part of Mummy’s days, were at first brought by her daughter or prepared by the maid, but soon Mummy began to prepare them herself. *Sambar*, *dosas*, egg and chicken curries, family favorites filled the rooms with smells of times past. One by one, sons came to visit, no longer fearful of facing their mother’s decline and eager to sample the meals of their childhoods, foods that nourished their mother’s recovery. Soon Mummy became friends with others in her apartment building. The two little girls next door, wearing their blue-and-white school uniforms, braids tied with blue scraps of ribbon flying in the air as they ran up the stairs to the open door of their flat, stopping to visit the lady next door, the one with the round steel box filled with sweets.

Unlike most Indian widows, Mummy had resources. Land left by her husband was sold and used for living expenses and, although tradition kept her from moving into her daughter’s home, her daughter’s support became the glue that held this arrangement together.

My first day in Hyderabad, India, the 10-day ceremony (memorial service) for a friend’s father was my introduction to South Indian culture. The vision of grief-stricken

Mummy sitting on her bed, surrounded by her women friends and family members, will remain with me forever. Since then, owning a home in Hyderabad and spending a great deal of time there, I have attended many memorial services and seen similar grief and fear in the faces of those new widows. Relationships with these women have given me insight into the status of Indian widows, their roles in their families and society, and their struggles to maintain themselves in a sometimes hostile world. As a nurse, I have served as their unofficial healthcare advisor and, although of different castes and socio-economic backgrounds, they share the same history, i.e., their health and well-being are inextricably bound with their widowhood and the society in which they live.

While having cared for American widows during my nursing career and knowing a number of widows personally, there was something about my friend's mother – being with her, hearing her story over the next several years – that prompted me to conduct a search for “anything” having to do with Indian widowhood. This obsession was fuelled by Martha Chen's (2000) research on rural Indian widows and Lamb's (2000) work on aging and gender in India. Much that I read portrayed Indian widows as impoverished, abused, destitute, desperate and alone.

My interest in older South Indian widows came from my association with them. Almost all the families I am acquainted with in Hyderabad have a widowed mother, aunt, mother-in-law or all three. Chen (1998), commenting on Bhat's (1998) research, noted that widows tend to live longer in South India than in the North. “Compared to married women, widows have a 94 percent higher mortality in India's northwest and a 54 percent higher mortality rate in South India” (p. 33). Citing Bhat's study regarding the significant gap in mortality rates between widows and married women in a number of northern

Indian states compared to those in South India, Chen (1998) speculated that “[t]he regional kinship differences, and related factors play a role in enabling widows in South India to lead a less deprived life than their North Indian sisters and contribute to the particularly high mortality rates of North India” (p. 33).

The older widows I am acquainted with in South India have varied lifestyles. Many have families with whom they live or who support them emotionally, physically and/or financially; and some, like Mummy, live independently, perhaps with a live-in maid, in flats or small houses. The majority are considered middle-class by Indian standards, although I have also met widows from rural and poor urban communities. In general, they appear cared for, engaged in family issues, and consulted with regarding important family matters. Most have had some type of health problem/s: diabetes, hypertension, mobility issues, visual impairments, to name just a few.

Prolonged visits (a month or more) by mothers and mothers-in-law are “de rigueur” in South Indian households, especially during family functions, engagements, weddings, births and deaths when they can be found in the kitchen preparing the family’s favorite dishes. My experience with widows who speak little or no English is that initially they are standoffish if I am speaking English to other family members and their lack of English comprehension excludes them from the conversation. Usually, within a short period of time, their curiosity cannot be contained and they begin, in Telugu, to ask questions about me. My rudimentary knowledge of the language clues me into what they are asking. Over the years, I have become accustomed to the personal nature of their questions about my family, my work, my income and my cooking.

Since I am now proficient at “tying” *saris* and wear them during my visits, *saris* have become a way for me to relate to older Indian widows. Commenting on the color and design, they will frequently ask where I purchased the *sari* and how much it cost. If I am a guest in their home, often I am taken on a tour of their *sari* wardrobe.

As the bedroom cupboard opens, I glimpse piles of brightly colored *saris* – silk, cotton, crepe, chiffon, plain and embroidered – starched and folded into perfect rectangles. Like a pearl in an oyster, each *sari* holds a matching or coordinating jewel-colored blouse. “This one I wore on my wedding day; it’s more than 60 years old,” she says pointing to a soft, faded, red and gold ‘Kanchee.’ “This one my mother’s brother brought me from Banares when I was 18,” she says, opening the peach-and-cream colored rectangle. “This one my husband bought for me when my first son was born,” she says, her eyes filling, pointing to a sheer robin’s-egg blue chiffon *sari* embroidered with tiny, white silk flowers.

A part of her history is woven into the lengths of fabric, a tower of memories stacked one on top of another, a widow’s life stored behind closed doors. Through this research, I hope to open those doors, shedding light on issues surrounding widowhood and helping others to see what the world of older Indian widows is like.

Purposes and Research Question

The purpose of this research is to generate data about the meaning of widowhood to older Indian widows; to advance the current body of knowledge relating to older South Indian widows’ lives; and to begin an open dialogue about their health and health needs. I anticipate that the results of this study will serve to inform nurses and other health professionals in India and elsewhere about the health needs of older Indian widows,

influence the way they relate to and care for their older Indian widow clients/patients, and impact Indian health and social policies affecting widows.

Research Question

The question to be answered by this research is: What is the meaning of widowhood and health to older Indian widows?

*Definition of Terms**

For the purpose of this research, the following definitions shall apply:

Health – “A dynamic state of being involving [physical], mental, emotional, social and spiritual well-being” (adapted from the International Council of Nurses (ICN), 2000a, p. 2).

Indian – Being of Asian Indian birth, living in South India and of the Hindu religion, since more than 80 percent of Indians are Hindu (U.S. Department of State, 2004a) and because widowhood is different for other religious groups in India (Chen, 2000).

Meaning – Inner importance; psychological or moral sense, purpose, or significance (Encarta, 2006).

Older – Over 40 years of age.

Widow – A woman whose husband has died.

Significance of the Research

In 1991, the most recent Indian census data available on widows identified that there were more than 33 million widows living in India. Among women over 50 years old, the proportion of widows was 60 percent; among women between 50 and 70, it was

* A complete definition of terms is included in Appendix A: Glossary

64 percent; for those 70-79, it was 73 percent; and 86 percent for those 80 years and older (Census of India, 1991). Women are at considerable risk of widowhood in India because of the tradition of marrying men, on average, five years or older and the generally higher male mortality rates (Chen, 2000; Chen & Dreze, 1995). Despite widow remarriage being more accepted in India today for widows, it is rare and often frowned upon (Chen, 2000; Lamb, 2000; Patil, 2000; Mandlebaum, 1970; Tyler, 1986). An emerging concern in India is how to meet the healthcare needs of women widowed in later years (National Family Health Survey, 1992-1993); United Nations Population Fund [UNPF], 2002).

Emotional and financial support has become elusive to today's Indian elderly. Often superseded by responsibilities to a spouse and children, the obligation to parents (especially by sons) is diminishing (UNPF, 2002). Traditionally, the Indian family fulfilled the needs of the elderly by providing social, psychological, and economic security. In turn, the elderly contributed to the family unit by dispensing acquired wisdom, distributing wealth and belongings, and maintaining harmony within the family (Chen, 2000; Lamb, 2000; UNPF, 2002). This system of mutual support is becoming difficult in modern, post-industrial India. Middle-income families need two paychecks for basic necessities, including education and health care (UNPF, 2002). The extended family is being threatened by children leaving their native places to seek better education and employment in major Indian cities or abroad. Therefore, no longer can it be assumed that elderly widows live comfortably at home receiving care from loving family members (UNPF, 2002). According to the UNPF:

Millions of the elderly are trapped in misery through a combination of low income and poor health. A lack of economic and other resources, including food,

housing and medical care, invariably leads to dependency, which limits the decision-making power of older persons at all levels, particularly in protecting and enhancing their well-being. Older persons tell of suffering from poverty, health problems, isolation, loneliness, physical and emotional abuse, financial and other forms of exploitation, and fear (p. 23).

Older women are particularly disadvantaged, facing structural, social and economic inequalities throughout their lives.

The experience of widowhood in Indian society is generally associated with many deprivations and has many implications for the health and well-being of older women. It is one of the leading factors associated with poverty, loneliness and isolation, as a widow suffers much indignity, often losing her self-reliance and respect. Many widows, ignored by both family and society, including their own children, are forced to beg for their food (p. 23).

Health Studies and Indian Widows

Prior to this study, it appears that no formal health studies had been carried out on older Indian widows.

Significance to Nursing

Understanding older Indian widows, their health experiences and needs is important for the delivery of quality preventive and curative nursing care in India and wherever Asian Indians live. Asian Indians represent the third largest population of Asians living in the United States (1.6 million) after the Chinese and Filipinos (U.S. Census, 2000). The first Asian immigrants to the U.S. were predominately young, college-educated, professional males. However, a major shift occurred in the 1980s when

Asian Indian immigrants qualified for visas based on family unification. Many of these immigrants were parents coming to the U.S. to join their children and are now elderly and being cared for in U.S. hospitals, nursing homes and the community (Doorenbos & Nies, 2003). To deliver culturally sensitive, holistic care to this population, it is important for nurses to understand the special circumstances in which older Indian widows live.

Feetham and Deatrck (2002) suggested that scientific and social issues create opportunities and responsibilities for nurses in populations vulnerable to health problems. Although the primary goal for conducting nursing research with these populations is to add to the knowledge bases of practice and science, to meet this goal, the research also must inform health and social policy. Gebbe, Wakefield and Kerfoot (2000) argued that nurses play a major role in policy development by speaking for patients and their families who need care but have limited or no voice. Participation in policy development is logical for nurses who identify a need for change in the type or allocation of resources for a particular population or group. Feetham & Deatrck (2002), summarizing actions necessary for positioning nursing research to inform policy, included the need for research to address specific policy gaps.

Indian Widows, History and Tradition

The Hindu widow is called *vidhava*, “the one whose husband is gone.” Perceived as polluted through her association with death, the widow has often been avoided because of her ability to pollute others and labeled inauspicious because, in some way, she was responsible for her husband’s death. Her presence, and sometimes even her glance, may cause others discomfort, especially for married women who fear her power to cast the same misfortune onto them (Chen, 2000). In some communities, windows and doors shut

when a widow passes by. A young widow friend of mine leaves for work earlier in the morning than her position requires, avoiding the embarrassment of her neighbors pulling their children into their homes as she walks by.

To come to terms with this treatment, one must appreciate that the traditional Indian wife's goal is to prolong her husband's life and retain her *satitva* (goodness) through serving her husband and family (Chen, 2000). An upper-caste widow in Lamb's (2000) study of the elderly in West Bengal illustrates this goal when she says,

A woman's husband is master, lord (*pati*), and must be treated with devotion (*bhakti*). There is only one husband lord in the world, a husband is the woman's master (*guru*); he is the highest lord (*parampati*). If a wife worships and serves her husband, then no other duty (*dharma*) is necessary. (p. 224)

The perfect woman, the *pativrata*, has made a vow (*vrata*) to her husband (*pati*) (Chen, 2000). Although the substance of the vow is devotion, its principal purpose is protection. The *pativrata* takes a vow to protect her husband. She does this by serving him (food, care, and children), performing religious rituals on his behalf, and remaining devoted and loyal to him (Chen). Weekly and monthly *vrats* correspond with the phases of the moon. By fasting and performing other forms of self-denial, the wife averts her husband's death. By fulfilling these duties, the *pativrata* secures her position and, by embodying domesticity and married respectability, she preserves the ideal social order. Influenced by rituals and myths, many Hindu women believe devotion to their husbands will ensure his long life and prosperity. Conversely it is believed by some that if the husband should predecease his wife, she is responsible for his death through bad acts or deficiencies in this or a past life (Hejib & Young, 1988).

Underlying this idealization is the belief that, by nature, women are dangerous. Traditional Hindus believe that women are powerful and have more psychic energy and stronger sex drives than men, principally because of their ability to give birth. These female powers, called *shakti*, must be contained and controlled (Chen, 2000). Of particular concern are the sexual powers which can cause potential ruin to the purity and honor of their fathers as daughters and their husbands as wives and widows (Fruzzetti, 1982). This multifaceted and paradoxical concept of *shakti* is also critical to understanding the Hindu view of women.

Central to the meaning of *shakti* is the idea that women have both the power to preserve their family's honor and save their husband from death. In this split-image model, controlled women (wives) are safe and good while uncontrolled women (widows and unmarried women) are dangerous and bad. This image of women – ideally good but inherently bad – is mirrored in the opposing iconographies of Hindu goddesses. Although the goddess is understood as a single power and presence, she has no single form and tends to be identified with two very different types of personae: one fierce, the other docile. The fierce form, most clearly embodied in the goddess *Kali*, is represented as dark and malevolent; the docile form, personified in the goddess *Gauri*, is light and benevolent. In South Indian mythology, the goddess of smallpox, *Mariamamma*, is a widow and one of the most powerful and feared local deities (Harlan & Courtright, 1995).

By tradition, it is believed that a faithful wife is married in each of her rebirths to the same husband, to whom she proves deserving and wins through her virtue. It is her flawless conduct through cycles of past births and her pure and well-oriented dispositions which have, through the germination and accumulation of “psychic residues,” formed her

nature and power (Chen, 2000). The belief that the widow has “caused” her husband’s death is related to the concept of *karma*; that a person’s fate is the outcome of past actions. In this case, the widow’s bad fate, outliving her husband, is caused by her bad actions or sins in this or a previous life (Gold, 1988).

In centuries past, the rejection of widowhood occurred in the burning of a Hindu widow on her husband’s funeral pyre, a practice known as *sati* (meaning true or virtuous one). Women who perished in the funeral flames were posthumously adulated and, even into the present century, are worshiped at memorials and temples erected in their honor (Bremmer & van den Bosch, 1995; Chakravarti, 1998; Chen, 2000; Weinberger-Thomas, 1999). Although illegal since 1829 and not officially recorded as being practiced since 1987, a few cases of *sati* still occur in India every year (U.S. Department of State, 2004b). The *sativa* (the widow who commits *sati*) embodies the ideal wife, “Devoted to her husband, her voluntary immolation demonstrates that she has gone through fire for him in order to achieve his well-being. Her death clears all his faults and brings them together again as a couple in the heavenly regions” (Bremmer & van den Bosch, pp. 188-189).

A woman who sacrifices herself suffers only in proportion to the sins she has committed in her past lives, sins that are the immediate cause of her widowhood in this life. For, according to the *dharma* treatises, “[a] faithful spouse ought to accompany her husband in his earthly existence and precedes him in death” (Weintraub-Thomas, 1999, p. 45). In 1906 Dubois wrote:

The happiest death for a woman is that which overtakes her while she is still in a wedded state. Such a death is looked upon as the reward of goodness extending

back for many generations. On the other hand, the greatest misfortune that can befall a wife is to survive her husband. (p. 350)

As Chen (2000) pointed out, although idealizations, these constructs and their representations affect the everyday lives of real women. In orthodox Hinduism, the real and the ideal are not separate but are aspects of a single reality. Hinduism's moral authority and social dominance is reflected in models of behavior and are internalized as symbols of ritual purity and social status.

In societies where the basis of social organization is marriage, the widow is an anomaly. What is unique to India is the mechanism of the rituals and taboos used to control the widow's identity throughout her lifetime. Contrary to what happens in other societies, many Hindu widows, even today and especially those of upper castes, are never fully reincorporated into mainstream society, living marginalized lives, segregated from family members, restricted in what and how much they eat, how they dress, to and with whom they speak and associate, and their participation in communal and religious activities (Chen, 2000). Ideally, an Indian widow is celibate, devotes her life to her family and religious matters, restricts her diet and reduces her attractiveness (Bremmer & van den Bosch, 1995; Chakravarti, 1998; Chen; Lamb, 2000; Weintraub-Thomas, 1999).

The level of adherence to ideal widowhood tends to vary according to caste and can be moderated by wealth or, in old age, becoming the dominate female in the household (Tyler, 1986). In general, the majority of middle and lower castes (the social organization system that still dominates in India discussed in more detail later in this chapter) impose fewer restrictions on widows in comparison to upper castes. In addition to widows of middle and lower castes tending to be less bound by rituals and notions of

purity and pollution than those of higher castes, many lower caste widows need to work outside the home and cannot adhere to orthodox codes and values (Chen, 1998, 2000; Karve, 2002; Uberoi, 2002). As Tyler (1986) noted, it is ironic that, while many upper castes are relaxing the rules surrounding widowhood, a number of middle and lower castes have begun tightening the rules to elevate their status and position in Indian society. According to Chen & Dreze (1995), “sanskritization,” the term used to identify the process by which a caste elevates its status through the imposition and tightening of traditional rules, was popularized by M. N. Srinivas in 1952. This term may present problems for lower castes however, “[b]ecause it precludes the possibility of viewing on their own terms their rituals and other practices that might resemble the upper castes’; instead the concept of sanskritization interprets what the lower castes do within the *upper-caste ritual and social paradigm*” (Cameron, 1998, p. 56).

The North-South difference in gender relations is extensively discussed in the literature (Chen, 2000, 1998; Dumont, 2002; Karve, 2002; Mandelbaum, 1970; Tyler, 1986; Uberoi, 2002). Chen (1998) reported that kinship systems in South India give widows greater freedom than in the North, as they are better able to return to the villages of their parents, claim ownership rights on their father’s land, and take up productive employment.

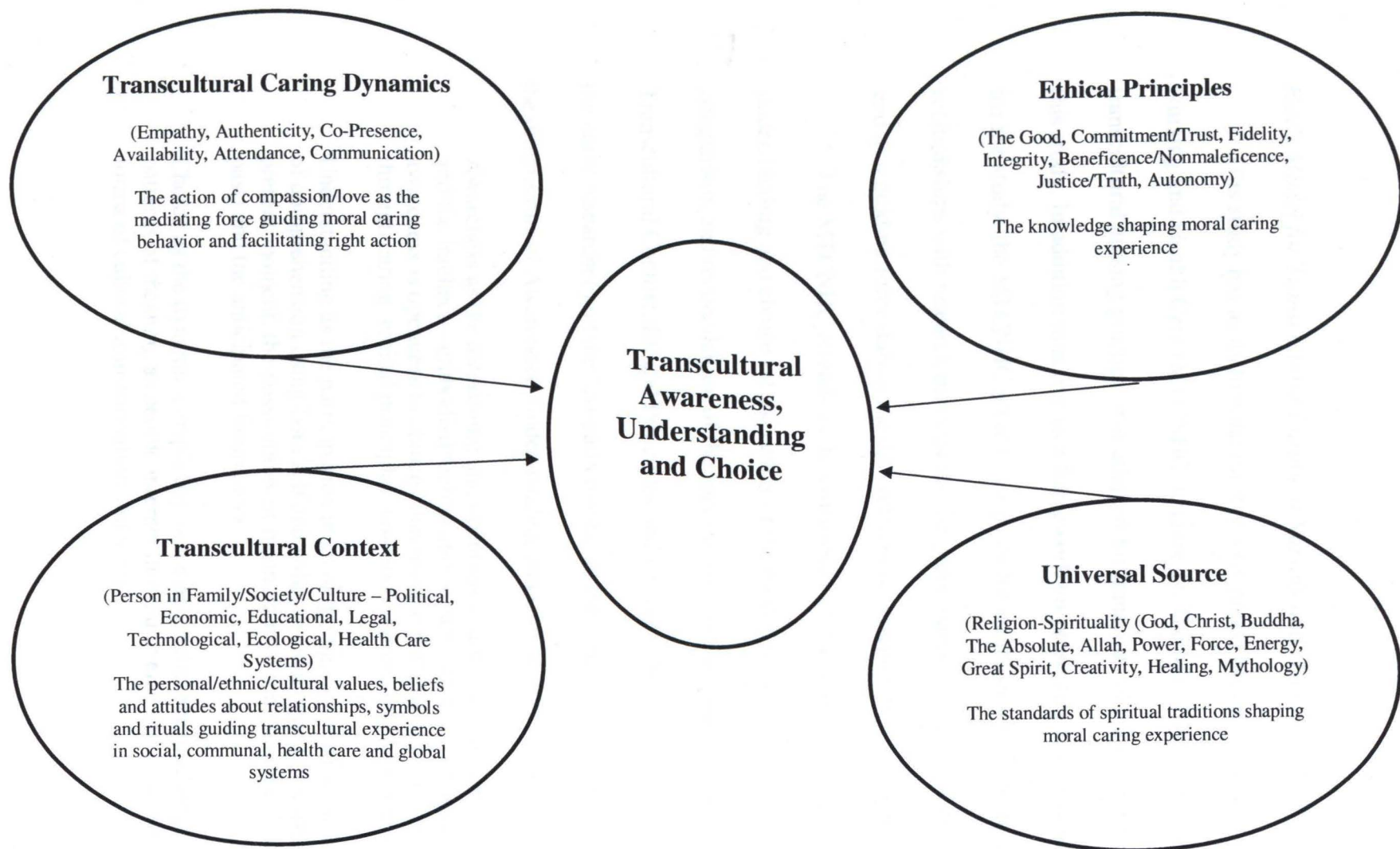


Figure 1. Model for Transcultural Caring in Nursing and Health Care.

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Ray's Model for Transcultural Caring in Nursing and Health Care

This study has as its foundation Ray's (in press) Model for Transcultural Caring in Nursing and Health Care (MTCNHC) (Figure 1). The MTCNHC, a model for transcultural nursing practice, was adapted for transcultural nursing research to conduct this study. In addition to acting as a framework for presenting background information for the study, the MTCNHC served as a guide for establishing and maintaining relationships with research participants (co-participants) during the data collection phase and as a guiding force during the data reflection, interpretation and reporting phases.

The MTCNHC attends to the complexity of transcultural awareness, understanding and choice (at the center of the model) through the identification, comparison and reconciliation of the four domains of the model (Transcultural Caring, Transcultural Context, Ethical Principles and Universal Source) within the life-worlds of the nurse researcher and the "co-participants" in the study. According to Ray (in press) the dimensions of Awareness, Understanding and Choice refer to:

Awareness as the awakening and openness to a way of life that befriends feeling and the intellect—embodied feeling and comprehension. In nursing, transcultural awareness is openness to choices that involve patterns of meaning co-created through caring, ethical principles, universal source, and the cultural context.

Understanding as the participation in an on-going, co-creative, dialectical process of comprehension using both self and collective dialogue that captures within the present moment, the possibilities of meaning involving historical culture (the past) and the anticipated future; and

Choice as the dynamic complexity--a metaphor that encapsulates co-creative patterns of meaning as people interact in the universe and move through different forms of cultural transformation and unity.

Transcultural Caring encompasses empathy, authenticity, co-presence, availability, attendance and communication. It is the action of compassion/love as the mediating force guiding moral caring behavior and facilitating right action.

Transcultural Context is described as a person in a family, society and culture within the political, economic, legal, technological, ecological and health care systems; the personal, ethnic, cultural values, beliefs and attitudes about relationships, symbols and rituals guiding transcultural experience in social, communal, health care and global systems.

Ethical Principles addresses “The Good,” commitment, trust, fidelity, integrity, beneficence and non-maleficence, justice, truth and autonomy, the knowledge shaping moral caring experience.

Universal Source refers to religion and/or spirituality (God, Christ, Buddha, The Absolute, Allah, Power, Force, Energy, Great Spirit, Creativity, Healing, Mythology) and includes the standards of spiritual traditions shaping moral caring experience.

According to Ray (personal communication, March 24, 2004), society’s and, therefore, nursing’s increased awareness of cultural diversity in the early 1990s was the impetus for development of the MTCNHC.

Culture, defined as “[t]he learned and shared beliefs, values, and lifeways of a designated or particular group that are generally transmitted intergenerationally and influence one’s thinking and action modes” (Leininger, 2002) formed the basis of the term “transcultural nursing” coined in the mid-1950s by Madeline Leininger, the first

nurse to systematically explain the concepts of culture and care as being central to nursing (Leininger).

The MTCNHC assumes that the nurse-researcher and the participant are moral agents engaged in mutual ethical/moral interaction. Ethics in this context “refers to how individuals or groups should or ought to behave, whereas morals refers to how individuals or groups need to conduct themselves with respect to what is held to be good, bad, right or wrong” (Leininger 2002, p. 271). Within a global society, ethical questions must include how people ought to live with members of communities who share the same lived world but hold different views of human virtues, ethical principles, cultural values, and religious beliefs (Ray, 1994a). Nursing ethics is rooted in Western moral philosophy and is influenced by the same ethical principles and rules applied to health care ethics by Beauchamp & Childress (2001): patient autonomy, do no harm, do good, justice, truth telling, and promise keeping (Davis, 2001). Conducting nursing research in an international setting presents unique challenges and rewards different from conducting research “at home.” Ethical principles must be responsive to differences between the researcher and the participants in language, culture, and economic status (Mill & Ogilvie, 2002).

A nursing model emphasizing a collaborative relationship between researchers and participants is particularly important when conducting international research where a cultural gap may exist between the participants’ and researchers’ basic assumptions regarding life worlds and health (Olsen et al., 2003).

Davis (2001) said that “[a] code of ethics, one of the marks of a profession, serves to inform both members of a profession and the public about the profession’s collective values” (p. 68). Although some countries have nursing codes of ethics, others use the code of ethics developed by the International Council of Nursing (ICN) (Davis, 2001). The ICN (2000a) Code of Ethics for Nurses states in its preamble that “inherent in nursing is respect for human rights, including the right to life, to dignity, and to be treated with respect” (p. 2).

Transcultural nursing ethics, incorporating the ethics of virtue, principle, values, and belief as interactive parts of a holistic process, addresses how people ought to live and act when subjectively sharing a common world within the realm of nursing (Ray, 1994a). Transcultural nursing ethics serves as a foundation for assessing and analyzing nursing transactions and facilitating understanding and direction toward culturally-based ethical decision-making in all nursing arenas, including nursing research (Ray, 1994a).

Caring and Ethics

“Caring not only describes what nurses do but also what they believe they should do” (Chambliss, 1996, p. 63). Beauchamp & Childress (2001) identified interdependence in relationships and emotional responsiveness as central to the ethics of care. The ethics of caring, a more contemporary focus in nursing and first articulated by Carper (1979) as a unique epistemic position (way of knowing), gained momentum as the starting point for nursing ethics research during the mid-1980s (Ray, 1994b). Roach (as cited in Ray, 1994b, p. 105) identified caring as the “locus of nursing ethics” and “the human mode of being.” Roach’s scope of caring included the capacity or power to care, the calling forth

of this capacity, the responsibility of being called to someone or something who/which matters, the actualization of the capacity or power to care and the activity or performance of caring as manifested in the six attributes of caring: compassion, competence, confidence, conscience, commitment and comportment ultimately answering the question, “What is a nurse doing when she or he is caring?” (Roach, 2002, p. 43).

“Caring is not unique TO nursing in the sense that it distinguishes nursing from other professions or occupations. Rather caring is unique IN nursing in the sense that among other characteristics descriptive of nursing, caring is unique (p. 39).” Ray (1994b), tracing the origins of caring and ethics in nursing, pointed to Nodding’s (1984) feminine approach to the ethics of caring as contributing to the “evolving feminist movement in nursing ethics” (p. 105) and one of the forces that helped nursing identify caring as its disciplinary approach and nursing ethics as uniquely caring. Nursing scholars and researchers whom Ray (1994b) recognized as illuminating “the unique position of caring within a moral perspective as the central thesis of nursing” (pp. 105-106) included Watson (1985), who categorized caring as the moral ideal in nursing, and Leininger (1981), who advanced caring in nursing from a transcultural perspective. Gaut (1981) philosophized that caring was a process of awareness of need directed toward the good of the other; and Benner and Wrubel (1991) argued that “caring as a moral art is primary for any health care practice.” However, as Ray (1994a) pointed out, it was Gadow (1989, 1990), more than any other nursing scholar, who focused on one of the most important roles a nurse can assume in the nurse-patient [nurse-researcher/research participant] relationship: the moral position of advocacy in nursing. Gadow (1989) maintained that

the nurse, entering into the subjective world of the client, must be an advocate through a caring presence with and for the client.

Rationale for Selecting Ray's (in press) Model for Transcultural Caring in Nursing and Health Care

A frequent "guest" to India, I have become familiar with aspects of the Indian worldview. Although I am not an Indian woman, being neither born nor raised in India, my knowledge of India has grown through my own curiosity and research, that which was shared by friends and strangers, and through personal achievements and blunders. It was important, therefore, that the co-participant relationships established during the research process be guided by the core assumption of the MTCNHC, "that all discourse and interaction is transcultural because of strengths and differences in values and beliefs of individuals and groups within a global society" (Ray, 1994a, p. 251). To authentically describe, understand and interpret the world of older Indian widows, I had to keep my mind and heart open to their experiences, their culture, their values, their ways of making sense of their lives, while taking into consideration the way I was interacting with them, where my lived-world, my culture and my belief systems connected and departed from theirs.

As an older, married woman studying older Indian widowhood, my connection with the research participants and the co-creation of the research process was significant and personal. Many of my day-to-day issues are similar to theirs. The processes of getting older, dealing with adult children, grandchildren, and one's mortality are universal for women. Weskott (1979) noted that "[w]omen studying women reveals the complex way

in which women as objects of knowledge reflect back upon women as subjects of knowledge. Knowledge of the other and knowledge of the self are mutually informing because self and other share a common condition of being women” (p. 426).

Ray's (in press) Model for Transcultural Caring in Nursing and Health Care and the Indian Worldview

Using the four domains of the MTCNHC as an organizing framework, the following was background information necessary to understand the Indian worldview and conduct research on older Indian widows.

Transcultural Caring

Ray (1994a) indicated that this aspect of the model (transcultural caring) reveals the importance of caring in nursing. “Caring as the essence of nursing (Leininger, 1981) is a dynamic phenomenon that is significant to moral interaction and ethical understanding because the moral agents (nurse-researcher and research participant) are mutually involved and connected in a particularistic way” (p. 255). Through sharing in the life of another, the self as human, needful, sensitive, and emotional, is disclosed. Transculturally, caring may be expressed differently within different cultures. Caring in the MTCNHC means,

A loving, compassionate way of being. Through a process of sharing with another in mutual trust, a deep spiritual knowing is sparked that facilitates a movement toward mutual transformation (Mayeroff, 1990; Ray, 1989a). The degree to which people interact compassionately or the ability to enter into the lives of others depends on complex interrelational phenomena associated with

learning, history, tradition, commitment, spiritual connectedness and emotions.

(Ray, 1994b, p. 256)

Caring is expressed in different ways in India. Caring and devotion among close kin, described in detail in Chapter 2, is exhibited in the daily lives of Indian families, but rarely talked about. Trawick's (1992) descriptions of the way love and caring were demonstrated in a Tamil family with whom she lived in South India are similar to my own experiences. Trawick identified love in Tamil Nadu as being concealed, writing "[l]ove was by nature and by right hidden" (p. 93). The belief that by gazing lovingly into a child's face, especially if the child is sleeping, can invite "the evil eye" and harm the child was widely held by the Indian parents she studied. Although others' children were the objects of affection and "doting," the show of love for one's own child was to be avoided, especially in public, for this same reason. Although I have observed very loving gestures between parents and children – for instance children are often hand-fed until they are school-age and held and carried around until they are well beyond what I feel physically comfortable with – kisses and hugs appear almost "stolen" in front of others, as though even those types of public displays are not acceptable.

It has been my experience that, except in the most cosmopolitan families, husbands and wives are not openly attentive to each other and public display of affection between opposite genders is rare. Many married women I know do not call their husbands by their first names preferring to call them *Andee*, a more formal Telugu address, loosely translated as adoring respect plus affection. Trawick (1992) reported that some wives in her study said they did not call their husband by name out of habit, while

others told her they believed that if they spoke their husbands' names, harm might come to them. Although I've observed same sex couples – children, teens, young adults and adults (men and women) – on the streets with their arms slung over one another's shoulders or holding hands, I have only once seen a married couple holding hands while walking. While I often hug and kiss Mummy hello and goodbye, I have never seen any of her biological children do this. I have only witnessed public hugging and "cheek-to-cheek" kissing among Indians who have spent time abroad.

Another way Trawick (1992) identified that love was hidden was through the downgrading of loved ones. Smudging a beautiful child's face with ink, calling children by ugly names, men speaking harshly to wives in public, "Don't reveal your treasure" Trawick quotes the poetess Auvaiyar (p. 96). Caring in India is felt but not discussed. I feel cared for even when (or perhaps because) I am scolded or criticized. Mummy's hard thump on my arm when I tell her I am trying to learn Telugu is interpreted by me as love.

Transcultural Context

Transcultural context "addresses the expressive symbols by which people define their world, express their feelings, and make decisions." "Persons in culture and society reflect the patterns of the culture and subcultures to which they belong." "Personal beliefs, values, and attitudes about thinking and worth of thought, truth, beauty, and human experiences in general hold meaning for individuals as they socially interact. These meaning systems or patterns of culture form the fabric of morality and guide moral social interaction" (Ray, 1994a, p. 257).

To understand a people and its culture is to understand how it sees the world, itself, and other peoples; and unless and until members of each culture approach the philosophies of others with an open mind and study them seriously, there will be neither the understanding of other peoples nor the enlightenment and enrichment of one's own philosophy and culture that can only result from such understanding (Puligandla, 1997, p. 3).

Since many aspects of Indian culture have been addressed throughout this dissertation and since "caste" is one of the most distinctive of India's social institutions" (Fuller, 2004, p. 1), I have chosen to discuss the caste system in relation to the transcultural context component of the MTCNHC.

The Caste System

Klostermaier (1994) argued that "[w]hatever one's judgment may be there is no doubt that caste has shaped Indian society throughout the last several thousands of years and that it is still of large practical significance" (p. 333). The caste system is a social classification which categorizes people and defines their roles in India and has had a significant impact on the way widows have been viewed and treated (Chen, 1998, 2000; Lamb, 2000).

History of the Caste System

The Dravidians, the oldest known inhabitants of the Indian subcontinent dating back to 2700 BCE, were conquered by the Aryans who immigrated eastward into the upper Indus Valley around 1500 BCE. The Aryans, establishing what came to be called

the Vedic culture, imposed the caste system to organize society and to maintain strict social boundaries between themselves and the Dravidians (Flesher, 1998).

French anthropologist Louis Dumont (1970) interprets caste or *varna* as a ranking based on the opposition between pure and impure and maintains that the ritually purest of all persons, the *Brahmin* (Priest), is at the head of the cosmo-social body; and the most impure, the *Shudra* or servant, is at its feet. The other caste groups, *Kshatriya* (warrior), and *Vaishya* (merchant and cultivator) fall in between. Chen (2000) suggested that “varnas are not castes; they represent broader social groups than castes. The appropriate unit and (term) for caste is *jati*” (p. 20).

The two most important functions served by the caste system are the assignment of occupations and its associated purity/pollution issues. One’s *jati* is often, but not always, identified with an occupation, and the separation of *jatis* is through an intricate structure of purity and impurity. The higher one’s *jati*, the higher the level of purity one must maintain; the lower, the more likely they are to transmit impurity. Purity is primarily adhered to in the areas of marriage, drink, food, and physical contact. “The unitary concept of purity/pollution consists of an ideology which says that all things of the universe can be classed into categories of pure and impure and that these categories, including those of the *jati* system, can be hierarchically ranked” (Tyler, 1986, p. 149). Contact with anything that causes one to be polluted, e.g., a dead body, excrement, blood, must be ritually removed or purified (Tyler).

Mandelbaum (1970) suggested that *jatis*’ ranking can be explained by the scriptural concepts of *karma* and *dharma*. *Karma* deals with the transmigration of souls

and the “merit” or “demerit” earned by a soul in previous incarnations. One’s *jati* in this life, therefore, results from conduct in previous lives. To improve the soul’s *karma* for future incarnations, a person is bound to fulfill the obligations of their current role (*dharma*), especially those of his *jati* (Mandelbaum, 1970). “Even the most polluting work, if selflessly done as a matter of *jati*’s calling, can enhance one’s *karma* (p. 204).”

As additional new groups were conquered by the Aryans, a fifth group was created, known by various names over time, including Untouchables, Harijan, Scheduled Caste, Backward Caste and Dalits, who were placed below the *Shudras* and outside the caste structure entirely (outcastes). They were assigned the worst occupations – latrine cleaners, leather tanners, barbers and so forth (see Caste Chart Appendix B).

According to Flesher (1998) the caste system, stable in India for over two millennia, came under significant scrutiny when the State of India was formed. Although at that time the caste system was abolished and outlawed, the Indian government only abolished the notion of “outcaste,” making it a punishable offense to disadvantage a person because of this status (Klostermaier, 1994). Many of the practices and attitudes of the caste system remain embedded “[w]ithin political parties, professional groups, municipalities, in social and economic life, in education, and in government service, caste has remained an important part of life” (p. 335).

Fueled by modernization and urbanization, the caste system, like India, is in a state of transition. Entire castes have changed their status, claiming higher positions as they shed their traditional occupations or accumulate money and power. However, segregation of castes by neighborhoods, and through daily behavior still exists. In the

cities, segregation takes more subtle forms, emerging at times of marriage but existing more as an undercurrent affecting opportunities in education, hiring, and promotion (Fuller, 2004).

Universal Source

Human beings' spiritual natures and ethics are linked. Most world cultures have a religious system that shapes moral experience. The Universal Source is understood differently among the cultural traditions. Ray's (in press) MTCNHC includes spirituality because of its role in different cultures and its increasing importance in contemporary society (Ray, 1994a).

Hinduism

Hinduism, the world's oldest existing religion and largest non-biblical tradition, has approximately 1 billion adherents worldwide; one in six people is a Hindu. It is the world's largest non-organized religion, emphasizing individual spiritual experience and the realization of the Higher Self over any religious institution, book, dogma, or savior. Although Hinduism is the largest pluralistic tradition, it recognizes One Truth while acknowledging many paths to realize it (Huyler, 1999). India's indigenous religion, Hinduism, takes its name from the word Hindu, meaning "of India," "a term devised by those outside the culture attempting to understand it" (Huyler, p. 28). Many of its followers refer to it as *Santana Dharma*, the eternal law that governs everything (Huyler). Historically, Hindus did not define Hinduism's "essentials" until challenged by break-away movements (Buddhism and Jainism) and proselytizing invaders (Muslims and Christians). Despite significant outside influences, Hinduism assumes unity between

religion and culture. “[i]n Hinduism, the sacred and the mundane, the spiritual and the practical, are in constant balance, the one providing the context for the other” (Huyler, 1999, p. 24).

Hinduism has no common creed and requires no declaration of faith from its members. One’s membership in the Hindu community is based on participation in rituals, which are part of traditional Indian culture (Klostermaier, 2003). Since Hinduism is a religion of individuality, the practice of these rituals is as varied as the participants; there is no one right way (Huyler, 1999). However, many specific Hindu worship traditions (*sampradayas*) draw narrow boundaries for its members, i.e., diet, lifestyle, reading, and worship regimens (Klostermaier).

One of the fundamental principles of Hinduism is that the “Absolute,” also known as *Brahman*, “is a universal force, indivisible, and yet infinitely divisible, the one and the many, the perfect mixture of all facets of existence” (Huyler, 1999, p. 28).

The cosmos is not so much a creation, but more of an emanation from *Brahman*, meaning that the cosmos – with all its gods, goddesses, humans, animals, and other beings and objects – is actually a unity; it is one divine being. *Maya*, the reality humans perceive with their senses every day, hides the cosmos’ unity. The overcoming of *maya* to perceive true reality (*Brahman*) is an important task in Hinduism. The soul of each human being – called *atman* – is *Brahman*. The soul of each person is thus *Brahman*, the entirety of creation. (Flesher, 1998)

Referred to as a religion of millions of Gods, most Hindus acknowledge their oneness with the “Absolute” through Gods and Goddesses which manifest it and its

powers. Although three primary sects of Hinduism coexist in India: the worshipers of *Shiva*, (the creator and destroyer of all existence); of *Vishnu* (the protector or preserver of the universe); and *Shakti* (the feminine principle, the dynamic power) (Huyler, 1999), “each of these deities is believed by their millions of devotees to be the Supreme Personified Godhead” (p. 32).

Some Hindus believe the Absolute is without form, a “supreme cosmic force that cannot be completely known by humankind” (Huyler, p. 32). Many more, however, make contact with the Absolute through one or more deities with whom they conduct rituals and worship (Huyler, 1999). “No emphatic statement can be made about Hinduism that cannot be contradicted; it truly is a religion of opposite and complementary forces that embraces an extraordinary diversity” (p. 32).

For most Hindus, the Divine is both personal and approachable. *Darshan* is the word used to describe worship, meaning “seeing and being seen by God” (Huyler, 1999, p. 263). The worshiper believes she can establish contact with her chosen deity through *Puja*, the ceremonial act of showing reverence to a God or Goddess through invocation, prayer, song, and ritual. Contact is usually made with an image -- an element of nature, a statue, vessel, painting, or print. When the image is consecrated at its installation in a shrine or temple, the deity is invited to endow it with its cosmic energy. To devotees, the icon becomes the deity and is the subject of daily rituals of honoring and invocation. Hinduism recognizes that the power of a God or Goddess is much greater than any image and the divine power is so all-encompassing it can be present anywhere in the world at any time (Huyler). Almost all Hindus maintain a personal *puja* space and shrine in their

homes (and places of business) for worshiping personal or household deities and showing devotion to deceased relatives.

Ethical Principles

“Commitment, beneficence, nonmaleficence, autonomy, justice, fidelity to keeping promises and telling the truth are some of the primary principles that shape the moral experience of health care providers (and clients) specifically in Western cultures” (Ray, 1994a, p. 256). “The foundational knowledge associated with principles is grounded in traditional and historical ethical frameworks: deontology (ethics of duty) and utilitarianism (the right act to maximize the greatest utility) (Ray, p. 256).

Hindu principles are expressed through the foundational text of Hinduism: the Veda. The Veda, commonly referred to as the *Vedas*, is actually four different books written more than 6000 years ago in an ancient form of Sanskrit called *Vedic*. The *Rig* or *Rg Veda*, a collection of 1,017 hymns to various gods, is the most important of these books. The *Sama Veda*, primarily a collection of hymns taken from the *Rig Veda*, puts melodies to the hymns. The *Yajur Veda* hymns are used for certain types of sacrifices while the *Atharva Veda*, the most practical of the Vedas, contains hymns for useful purposes including attracting lovers, subduing enemies, regulating the weather and curing diseases. In addition to the Vedas, three special compendiums of texts are used to discuss and explain the Vedas: the *Brahmanas*, which explain how to perform the Vedic rituals, and the *Aranyakas* and *Upanishads*, which discuss the significance of the Vedic rites. The *Bhagavad Gita* is revered as a sacred text of Hindu philosophy. The name ‘Bhagavad

Gita,' translated into English means 'Song of God.' Originating from the famous epic Mahabharata, its written format is a poem 700 verses long (Tyler, 1986).

From an Indian or Hindu standpoint, one's vision of reality should bear on his/her life and conduct. If it does not, it cannot serve him as a guide for realizing the four basic ends of human life recognized by the Indian tradition: *dharma*, *arthra*, *kama*, and *moska* (Puligandla, 1997). For Hindus, the puzzle is how to enjoy life, or, more specifically, how to enjoy one's lives (Flescher, 1998). *Dharma*, although having many meanings in Sanskrit, is derived from the root *dhr* meaning to sustain, maintain and support. *Dharma* relates to duties, obligations and justice-rules of conduct and guides for action since they protect and perpetuate the individual and society (Puligandla). "[d]harma is the duties and obligations of the individual toward himself and the society as well as those of the society toward the individual" (p. 8). It is *dharma* that makes it possible for individuals to live and function in society by fulfilling oneself, while contributing to the well-being of the society at large.

In ancient times, the concept of *dharma* was studied in special schools which produced treatises called the Dharmasutras and Dharmashastras, a compendium of brief prose instructions on human conduct, morals, and ethics, and were written to meet the need for a more elaborate set of rules than was provided in earlier Vedic texts. Written by Brahmin priests, these treatises present an idealized and normative pattern of human behavior (Chen, 2000).

Manusmirti, the most popular of the *Dharmashastras*, commonly referred to as the Laws of *Manu*, is a fundamental text of the orthodox form of Hinduism. A work of

encyclopedic proportion and thought to have been composed between 200 BCE and 200 CE, *Manu* has had the most profound impact on the lives of Indian widows (Chen, 2000).

Artha, also having many meanings in Sanskrit, has as its root meaning 'that which one seeks' or more broadly speaking, "one's means of supporting one's life" (Puligandla, 1997, p. 9). *Artha* pertains to job, wealth, and other material means necessary for maintaining one's life. *Artha* does not exclude spiritual life. Material well-being is a necessary condition for a spiritual life; however, one should not earn his living or wealth in violation of *dharma* by deceiving, stealing or killing. In Indian philosophy, wealth is a means but not an end in itself (Puligandla). The purpose of wealth, *kama*, refers to "pleasure and enjoyment, food, drink, sex, home, friendship" (p. 9). These things are not considered unworthy or sinful, rather they constitute one of the main goals of life. However, *artha* and *kama* must be in harmony with each other and *dharma*. The fourth aim of life, *moksha*, comes from the root *muk* meaning 'to free', 'to emancipate, to 'release.' *Moksha* is complete freedom, a state that is strived for (Puligandla, 1997).

Samsara, the reincarnation system in Hinduism, continually causes people to be reborn after death. Therefore, each life should maximize one's enjoyment both in the present and in future lives. In terms of the present life, enjoyment comes from working towards *dharma*, *artha*, and *kama*. The reward for following virtue, fulfilling the duties of one's *varna* and *jati*, one's stage in life, etc, comes in future lives. The more a person lives according to *dharma*, the greater a store of good *karma* she develops. Good *karma* can lead to a higher position in rebirth, while an accumulation of bad *karma* can lead to a

lower. The more virtuous the present life, the higher one will be born in the next life. The higher one is born, the more enjoyable their life will be (Flesher, 1998).

Since life is not always a good experience, having many lives is, therefore, not a good thing. To get out of the system of *samsara*, dying without being reborn, one must achieve release or freedom from the cycle of re-birth. *Moksha* (freedom) is accomplished by not accumulating karma thereby preventing rebirth and/or taking the person out of the system. It is only through the practice of specific types of yoga that one can avoid accumulating *karma* and reach the divine reality, whether the ultimate goal is a better life, union with the divine, or a release from life (Flesher, 1998).

Process of Inquiry

The need to “know” the world of older Indian widows was a major impetus for this research. Perhaps it was that first experience in India, confronted with Indian widowhood so soon after my arrival, like the imprint of the mother hen on her chick moments after release from its shell, I bonded with one Indian widow and became united with all Indian widows. Van Manen (1990) suggested that from a phenomenological perspective, “[t]o do research is always to question the way we experience the world, to want to know the world in which we live as human beings.” It is a way of attaching ourselves to the world, “[t]o know the world is profoundly to be in the world in a certain way, the act of researching, questioning – theorizing is the intentional act of attaching ourselves to the world, “to become more fully a part of it, to ‘become’ the world” (p. 5). My inquiry is an act of love, a way of bringing older Indian widows closer to me.

In doing research we question the world's very secrets and intimacies which are constitutive of the world, and which bring the world as world into being for us and in us. Then research is a caring act: we want to know more that which is essential to being. To care is to serve and to share our being with the one we love. We desire to truly know our loved one's very nature. And if our love is strong enough, we not only will learn much about life, we also will come face to face with its mystery. (van Manen, 1990, pp. 5-6)

Ray's (1994) *Caring Inquiry*, a phenomenologic-hermeneutic methodology, was used to conduct this study. Phenomenology and hermeneutics are contemporary approaches to conducting research. Phenomenology is a philosophy, approach, and perspective on living, learning and conducting research. Hermeneutics is a method of interpretive inquiry about how humans understand experience (Ray, 1985).

Philosophy deals with "a valid knowledge of things, derived by rigorous, critical, systematic, and intellectual investigation" (Ray, 1985, p. 84). According to Ray, phenomenology is a method the philosopher uses to secure a foundation for herself through the cumulative consciousness of one's life-world made explicit by the rigorous process of structured reflection which informs and structures the way he or she views and experiences the ever-changing world of present experience. "Philosophy, essentially phenomenology, offers a means by which the nurse can constantly rediscover his or her awareness of the world" (p. 84).

Oiler Boyd (1993) pointed out that using phenomenological philosophy to guide research changes the researcher's involvement with the subject matter. When engaging in

phenomenological research, the researcher recognizes the research process as a lived experience for participants and has a deep regard for how that experience might be perceived and interpreted. Recognizing the participant's involvement in the research, the researcher's concern for the individual and for the effects of the research on participants is a manner of valuing people in a certain way: "[t]hat realities are at the very least influenced by the research process, the research process itself becomes part of the context of the phenomenon under study" (p. 87).

Caring and Caring Inquiry

Ray (1991) equated caring to love. Love is the heart of caring and its unifying focus. Co-presence or participatory life is essential to the structure of nursing. Caring is authentic presence, availability, attendance and communication which includes interest, acceptance, touch and empathy. Ray said that caring unites the heart and soul. Caring Inquiry is a way of life. It is a holistic act of being with another in order to discover the essence of another's experience. Caring Inquiry, as a research methodology, captures all dimensions of experience in which caring is the unifying focus and co-presencing is an essential element. Through the use of Caring Inquiry, the nurse-researcher searches for essences and meanings by looking at daily lived experiences (Ray). Description (phenomenology), interpretation (phenomenological-hermeneutics) and esthetic knowing of the experience of caring are the means by which questions about the meaning of a phenomenon are illuminated (Ray).

It is through this caring way of being that I explored the lived world of older Indian widows.

Chapter Summary

Although my “discovery” of older Indian widows came about serendipitously, my desire and commitment to know and understand the meaning of the lived-world of older Indian widows and their health experiences did not. When it comes to the subject of older Indian widows, Caring Inquiry is more than a research methodology for me; it is a metaphor for the feelings, emotions, thoughts and love I have for these women. Ray’s (in press) Model for Transcultural Caring in Nursing and Health Care served as the bridge to knowledge. As Ray (1991) suggested, it provided a space where I may, in the role of nurse researcher, commune with the “other” to form the compassionate “we” (p. 182). “Recognizing the benefits of belonging to others and caring for individuals and community fostered a new understanding of cosmic interconnectedness (p. 173).” The Model for Transcultural Caring in Nursing/Health Care is a vehicle for exploring this interconnectedness within the context of nursing research in a way that is holistic and inclusive, yet mindful and respectful of the differences that form the research relationship.

In this chapter, I frame the Indian worldview and culture in which older Indian widows live within the confines of the Model for Transcultural Caring in Nursing and Health Care. In Chapter 2, I summarize acquired knowledge specific to the life-world of older Indian widows.

Chapter 2

Related Literature

*AH, these jasmines, these white jasmines!
I seem to remember the first day when I filled my hands
with these jasmines, these white jasmines.*

*I have loved the sunlight, the sky and the green earth;
I have heard the liquid murmur of the river
through the darkness of midnight;
Autumn sunsets have come to me at the bend of the road
in the lonely waste, like a bride raising her veil
to accept her lover.
Yet my memory is still sweet with the first white jasmines
that I held in my hands when I was a child.*

*Many a glad day has come in my life,
and I have laughed with merry-makers on festival nights.*

*On grey mornings of rain
I have crooned many an idle song.*

*I have worn round my neck the evening wreath of
BAKULAS woven by the hand of love.*

*Yet my heart is sweet with the memory of the first fresh jasmines
that filled my hands when I was a child.*

*Excerpted from The Crescent Moon by
Rabindranath Tagore*

I know quite a bit about India by having spent much of the last 12 years living and interacting with “adopted” family members, their relatives and friends, participating in their lives, seeing India through their eyes, from the other side of the window – the inside side. I have made hundreds of trips to ancient markets and modern supermarkets, bazaars,

multi-storied shopping malls, department stores and jewelry shops. I have accompanied friends to five-star hotels, continental-style restaurants, open-air *dabas* (road-side trucker's eateries), dusty side-street offices of match-makers, doctors, dentists, "bone-setters" and "hi-tech" state-of-the-art hospitals and clinics. Countless evenings have been spent in three-hour spans of theatre darkness among seas of people watching and my struggling to understand the obviousness of Telugu dramas and comedies on scratched screens with the sound of bug lights zapping their victims in the background. I have spent nights sitting in front of the TV, in "halls" (living rooms) next to revolving fans viewing Hindi soap operas and CNN and, in one special garden, watching my "adopted sister," my friend, my guide, weave chains of perfume-scented jasmine flowers into garlands for her hair and mine, talking in whispers like school children about the day, some problem a relative was having, how it is to get old, or the most favored topic: how it is that we are so much alike. Sari shopping, food shopping, cooking, eating, holidays, ceremonies, dinners, birthday parties, road trips, "your Indian life" my friends back home call it, too polite to call me an Indiaphile or an Indian "wannabee."

Prior to this study much of the research on Indian widows had been conducted in rural villages in North India, perhaps because, as Trawick (1992) suggested about research in India in general, researchers were looking for the "pure" Indian culture and tradition, uncontaminated data, the real non-westernized world. These reports bear little resemblance to the India I know. For me, reading these studies is like reading Mark Twain to understand 21st century United States. Trawick in her book *Notes on Love in a Tamil Family* refers to the conundrum of reconciling what others have said about India

with her own experiences as “the way that India both exceeds and shatters Western expectations” (p. 4).

Of course there are the stereotypes: India is ‘more spiritual’ than the West, its people ‘impoverished,’ ‘non-materialistic,’ ‘fatalistic,’ and ‘other-worldly,’ its society structured according to a “rigid caste hierarchy,” its women ‘repressed’ and ‘submissive,’ its villagers ‘tradition-bound’ and ‘past-oriented,’ their behavior ordered by ‘rituals’ and constrained by ‘rules’ of ‘purity’ and ‘pollution.’ These words are not just products of popular Western fantasy. Scholars and specialists in South Asian culture use them often. But one thing I learned in India was that these words are *just* words, *our* words, to refer to certain scattered events occurring in South Asia. The propositions they imply are partial truths, half truths, and anyone going to India who expects all of Indian life to conform to them will find herself merely deluded and confused. It would almost be better, I think, if we could abandon such words, all those words that imply explanation and understanding of such a large place as India, at least those words whose referents are only scholarly abstractions, certainly those words over which academic people fight. (pp. 4-5)

Although “my India” seems to be quite different from those who have come before me, it is important to provide a frame of reference and means of comparison for what I have come to know about India through my own experiences and the life-worlds of the participants in this study.

What follows in this chapter is an overview of South India and the state (Andhra Pradesh) and city (Hyderabad) in which I conducted this research, and a review of the literature as it applies to South Indian kinship structure, marriage, and aging and a summary of the literature pertaining to older Indian widows and their health.

The Setting

The research was conducted in and around the South Indian city of Hyderabad, the capital of the State of Andhra Pradesh.



Figure 2. South Central India (Hyderabad).

South India is a geopolitical and linguistic/cultural region, comprising the Indian Peninsula south of the Satpura and Vindhya mountain ranges and Narmada River. Made up of the five south Indian states of Andhra Pradesh, Goa, Karnataka, Kerala, and Tamil Nadu, as well as the union territories of Lakshadweep, Pondicherry & Andaman and Nicobar, South India is a triangular peninsula bounded on the west by the Arabian Sea and on the east by the Bay of Bengal. The five South Indian states generally follow similar linguistic boundaries. Culturally and linguistically, South India is distinguished as the home of the Dravidians, but ethnic Dravidians also live in parts of eastern and central India, Sri Lanka, and Southeast Asia, and some non-Dravidian peoples (for example the Konkani) make their home in South India. South Indians are united by the Dravidian language family. A distinct linguistic family, it includes Telugu, Tamil, Kannada, Malayalam, and Tulu among others (Library of Congress, 2004).

Although much of South India is agrarian, information technology (IT) has become a growth industry. Home to over 200 software companies, Bangalore, the largest city in the region, is India's IT center. Hyderabad is also an important IT city, and Chennai (formerly Madras), the capital of Tamil Nadu, continues to maintain its status as a strong manufacturing and trading hub. South Indians are racially, linguistically and culturally different from North Indians, although their cultures have influenced each other at various points in history (Library of Congress, 2004).

South India was the crossroads of the ancient world linking the Mediterranean with the far-east. The southern coastline has been the most important trading shore on the Indian sub-continent, bringing about the intermingling of natives with traders. The South

Indian coast of Malabar and the Tamil people traded with the Phoenicians, Romans, Greeks, Arabs, Syrians, Hebrews, and Chinese. There were several rulers and significant dynasties in South Indian history, including the Chola Empire, Pandyas, Pallavas, Hoysalas, Cheras, Wodeyars, Chalukyan Empire and the Vijayanagar Empire (Library of Congress, 2004).

Shaivism and Vaishnavism, branches of Hinduism, are the main spiritual traditions of South India. Jainism and Buddhism are also practiced, and there is a large Muslim community on the Malabar Coast. Hyderabad, capital of Andhra Pradesh, is an historic center of Islamic culture in South India and has a significant Muslim population. The Cochin Synagogue, located in the state of Kerala, is the oldest synagogue in India, its community having arrived around 70 CE. There are also small Jewish communities living in Mumbai and Calcutta. Christianity flourished in coastal South India from the earliest times. The last members of the Nasranis, the earliest Judeo-Christian tradition of Syrian Christians, including the Knanaya community, still live in Kerala. The Church of South India is an autonomous Protestant Church formed in 1947 through the merger of several Protestant denominations. Goa, a former Portuguese colony, is home to a large Roman Catholic population (Library of Congress, 2004).

Andhra Pradesh

Andhra Pradesh (AP), a state located in southern India, is bordered on the south by Tamil Nadu state, on the west by Karnataka state, on the north and northwest by Maharashtra state, on the northeast by Chhattisgarh and Orissa states, and on the east by the Bay of Bengal.

AP's population was 75,727,541 in 2001 (about the same population as France), giving the state an average density of 712 people per square mile. Hyderabad is the state capital and largest city. The state's name refers to the Andhra people, who, having lived in the region for more than 2,500 years, comprise more than 85 percent of its current population. The Andhras are Hindus and their language, Telugu, is the state's official language. A Muslim, Urdu-speaking minority lives in the upland plateau area, mostly in Hyderabad, and there are Tamil and Kannada speakers in the south and southwestern parts of the state. Agriculture is the most important sector of the Andhra Pradesh economy. About 70 percent of the population works in agriculture. Andhra Pradesh is also one of India's most industrialized states. Its industries include steel, shipbuilding, machine tool manufacturing, pharmaceuticals, heavy machinery, cement, chemicals, sugar refining, and jute processing. Tourism is of growing importance to the economy (APOnline, n.d.).

Hyderabad

More than 400 years old, Hyderabad, India's fifth largest city, lies on the Deccan Plateau 1776 feet above sea level and covers an area of 100 miles. Hyderabad and Secunderabad are twin cities, separated by Hussain Sagar (also known as Tank Bund), an artificial lake constructed during the time of Ibrahim Quli Qutb Shah Wali in 1562. The area around Hyderabad was once part of Ashoka's Empire in the 3rd century BCE. Various Hindu and Muslim kingdoms claimed the area until 1591 when Hyderabad was founded by Sultan Muhammad Quli Qutb. All seven Qutb Shahi sultans were patrons of learning and great builders. In 1687, the Golconda sultanate was conquered by the

Mughal Emperor Aurangzeb and Hyderabad joined the Mughal Empire. As the empire weakened in the 18th century, provincial officials gained greater autonomy. In 1724, Asif Jah, who had already been granted the title Nizam al Mulk, defeated a rival official to take control of Hyderabad province and established his independence from the Mughals. His successors ruled as Nizams of Hyderabad. The rule of the seven Nizams saw the growth of Hyderabad both culturally and economically (Municipal Corporation of Hyderabad, n.d.).

When the Portuguese, French and British dominated the country, the Nizam won their friendship without relinquishing his power. The title "Faithful Ally of the British Government" was bestowed on Nizam VII. Although the British stationed a Resident in Hyderabad, the state continued to be ruled by the Nizam. Hyderabad was the largest and richest princely state in India. Soon after India gained independence in 1948, Hyderabad as an Indian state was forcefully annexed. On November 1, 1956, the map of India was redrawn into linguistic states and Hyderabad state was divided between Andhra Pradesh, Bombay state (present-day Maharashtra), and Mysore state (present-day Karnataka). Hyderabad and the surrounding areas were added to Andhra Pradesh based on the Telugu linguistic majority, and Hyderabad became the capital of the state (Municipal Corporation of Hyderabad, n.d.).

In the late 1990s and the early years of the 21st century, increasing numbers of information technologies (IT) companies set up in Hyderabad. India's fourth largest software company, Satyam, is headquartered in Hyderabad. Infosys, Microsoft, Oracle, Wipro, Kanbay, GE, Dell, Deloitte, HSBC, Juno, Intergraph, Keane, Baan Tata

Consultancy Services and Google are some of the prominent companies that have established centers in the city. Ramoji Film City, Asia's largest film production center - India's own 'Universal Studios' – is also located there (Municipal Corporation of Hyderabad, n.d.).

The city population is estimated at over 3.69 million (2001) while the population of the greater metropolitan area is estimated at over 6.39 million. Although principally Hindu, Hyderabad also has a large Muslim population. Languages include Urdu, Telugu and Hindi, with a significant amount of English used in business. Hyderabad has eight universities and professional colleges including the well-known Osmania University, the University of Hyderabad, as well as the Central Institute of English & Foreign Languages (CIEFL) and Jami'ah Nizamiyyah, the largest Islamic University in Southern India (Municipal Corporation of Hyderabad, n.d.).

Kinship and Family Organization in South India

According to Karve (2002), “the three things absolutely necessary for the understanding of any cultural phenomenon in India are: the configuration of the linguistic regions, the institution of caste, and the family organization” (p. 50). Since I have addressed the issues of linguistic regions and caste in other chapters, I will address family organization and its relationship to widowhood here.

Marriage

Marital practices and beliefs are complex and vary from region to region and among various Indian communities and castes; however, according to Harlan and Courtright (1995), “some general principles, such as marriage, are seen to be

recognizable through most of Hindu culture” (p. 5). Marriage arrangements control family, lineage, and kin group rank in relation to others. A family’s status is maintained, strengthened, or weakened through marriage. Most marriages today are arranged, with marriage partners chosen from within one’s caste or subcaste (Chen, 2000).

Harlan and Courtright (1995) suggested that the idea that social status and human capacities are embedded in bodily substances, particularly blood, is central to traditional Hindu marriage. Descent is patrilineal. Blood, inherited through the male line with women acting as intermediaries, is not just a substance but is the vehicle for caste purity. It is the basis of personal and family character and can be rendered less or more pure according to the actions and circumstances of those possessing it. Blood defilement or pollution results from contacts with less pure persons or substances which taint or dilute character. Line-preserving marriages between persons of the same caste or *jati* maintain purity while inter-caste marriages or affairs produce impure offspring. Purity, as previously noted, is determined not only by the circumstances of one’s birth but also by the actions performed during one’s life. Since responsibility for maintaining the purity of the husband’s line rests heavily on the wife, there is concern that her actions be consistent with the rules and expectations of her conjugal kin. A woman is expected to preserve her chastity and perform rituals and duties that will maintain and promote household purity and well-being.

Purity, joined and opposed by inauspiciousness (*mangala*), is derived in part from the actions of women performed in their roles as wives and mothers. The notion that positive values can be assigned to pure acts and substances and negative values to

polluting ones is challenged, however, by the fact that sexual intercourse and birth, although positively valued, are both highly polluting (Harlan & Courtright, 1995).

The Dravidian, or South Indian kinship organization, although fundamentally different from that of North India, is similar in that in many South Indian states, including Andhra Pradesh, the most common form of family organization is patrilineal and patrilocal (Karve, 2002). In most North Indian communities, marriage is based mainly on considerations of consanguinity. "The ancient rule of avoiding marriage with somebody who is removed by less than seven degrees from the father and five degrees from the mother is quoted by all castes from the highest to the lowest when asked about marriage practices" (p. 54). According to Karve, marriage in North India means clan exogamy (marriage outside the clan) and village exogamy (marriage outside the village). Thus, a North Indian woman leaves her parental family, home and village when she marries.

In the South, there is a preference for marriage just outside of the primary family but within the kinship group, clan or *gotra*; and, therefore, a woman may not leave her natal village when she marries (Karve, 2002). By tradition in a number of castes in the South, it is preferable for a man to choose his eldest sister's daughter, his father's sister's daughter or his mother's brother's daughter as a bride. When these preferred types of marriages are not possible, there are marriages outside the close-kin group. In spite of the fact that close-kin marriages are now considered outmoded by many South Indians, Karve (2002) noted that in her investigations she rarely found a family where at least one of these marriage types did not exist. I personally know of these marriages within my own contemporary circle of friends in India. Although the majority of my friend's

children have married outside their kin network, almost all have found Telugu-speaking mates within their caste or clan and most from the cities or villages where they or their parents were born. Karve pointed out that close-kin marriages result in “reciprocal relations and reciprocal kinship terms” (p. 70).

A man does not bring a stranger as a bride to his home and a woman is not thrown among complete strangers on her marriage. Marriage strengthens existing bonds.

The emphasis is on knitting families closer together and narrowing the circle of

kin-groups, a policy exactly the opposite of that followed in the north (pp. 70-71).

Suggesting that “The whole tone of the southern society is different” (p. 71) Karve (2002) identified that “[t]he distinction between the father’s house and the father-in-law’s house is not as sharp as it is in the north. The distinction between ‘daughters’ and ‘brides’ or ‘wives’ is not as deep as in the north. A girl’s behavior in her husband’s family is much freer” (p. 71). In the South, girls tend to marry into families living close to their natal home. They visit their parents frequently and often spend much of the time during and after their pregnancies with them (Karve).

Husbands, Wives, Mothers and Mothers-in-Law

Marriage is destiny for nearly all Indian men and women, for to achieve the status of an adult in India, one must be married (Dube, 1997). Although it is difficult to generalize, according to Tyler (1986), when a young bride goes to her husband’s home, she is treated with ambivalence and jealousy by her mother-in-law, her every move scrutinized. If from the North, she may have married a man she hardly knew; if from the South, the transition may be easier since the woman may be related to the husband or

from the same village. In general, in public, a husband and wife do not show affection to each other. A wife shows deference to her husband and a husband demonstrates his authority over her.

Aside from her husband's very young siblings, a wife's major supporter is her husband's younger brother. Her husband's older brother is treated with the same deference as her father-in-law. The wife's position in the family remains relatively the same until she has her first male child when she is treated with the respect given a mother. With the passage of time, the wife may obtain substantial authority and power within the family, especially if her father-in-law should die (Tyler, 1986).

Sons

The most important person in an Indian man's life is his mother. Remaining close with and dependent on his mother, even after he marries, a man's view of womanhood is significantly influenced by this relationship. "Mothers contribute to their sons' ambivalence toward women even after marriage, for they do not relinquish their authority over their sons when they take a wife" (Tyler, 1986, p. 135). The mother plays an important role in her son's wife-selection process. In general, a wife is never as close to her husband as is his mother (Tyler).

Sons' relationships with their fathers tend to be marked by reserve and restraint (Mandlebaum, 1970; Tyler, 1986). Although each may have great affection for the other, there is little shown by way of intimacy or demonstrativeness between them, especially as sons mature and become adults (Mandelbaum). Any rebellious or difficult behavior is met with immediate punishment. Ideally, "a son devotes himself completely to the

welfare as well as the will of his parents” (p. 59). In many villages, after a son marries, he may be given some economic responsibilities; but while his father is still alive, he does not attain full adulthood (Mandelbaum).

Daughters

“Hindu marriage involves the symbolic gift of a woman from one family to another; ritually and legally, the woman leaves her father’s family and enters her husband’s family” (Chen, 2000, p. 228). When married, a woman’s allegiance, fertility, possessions and the efforts of her labor are transferred to her husband’s family. The relationship, secured in this way, means that parents, including older and widowed parents, are not to seek help or support from married daughters. The responsibility for caring for widowed mothers rests with the sons (Chen; Lamb, 2000). According to Chen, shame underlies the reluctance of widows to rely on their daughters for help. Chen’s experiences with widows and their daughters is mirrored in my own experience with my friend’s mother who refused to live with her married daughter even though the daughter was childless and had adequate resources to look after her. Conversely, Galvin (2003), in her study of widows in urban Nepal, found daughters afforded their mothers a particular type of protection as referees between their brothers’ interests and their mothers’.

Chen (2000) noted that widows without sons would not ask their daughters for help but held out hope that the daughters would offer help. An elderly, sonless widow in Chen’s study expressed this notion saying, “I will not request help from my married daughter, it is against our custom (*ritiwas*). I do not want others to chide my daughter saying: ‘You gave such-and-such to your mother.’ But if she offers support, I will accept”

(p. 228). Several sonless, older women Lamb (2000) met during her research of elderly in Mangaldihi, a village in West Bengal, told her that “they would rather live in an old age home in Calcutta than with a married daughter” (p. 83). “Among Bengalis, we must give to daughters and *jamaïs* [sons-in-law], but we can’t take from them. In taking from them, disrespect happens” (p. 84). As Lamb pointed out, this exemplifies the practice of gift giving from a woman’s natal home to her marital home. Beginning with the father’s gift of his daughter, “the gift of a virgin” to his son-in-law, a dowry and other gifts are continually expected and given throughout the daughter’s lifetime.

Sisters and Brothers

The relationship between a brother and his sister is both close and lasting. Brothers protect their younger sisters, give them material things and provide for them in times of crisis (Tyler, 1986). “An elder sister is often a boy’s chief companion, looking after him when he is small, carrying him about on her hip, and providing him with a watchful, protective playmate” (p. 137). I have often seen girls carrying their little brothers around in fields or at road construction sites where their mothers and fathers are working, the boys’ clinging bodies almost as long as the little girls carrying them. An Indian friend of mine stayed back a year in school so she could be in the same building as her younger brother to look after him. Special holidays, *rakshabandam* and *bhaiyaduj*, celebrate this close relationship (Dube, 1997). In South India, girls give their brothers charm bracelets and other gifts during these holidays in recognition of the special tie brothers and sisters share. Even after a sister marries, a brother will visit his sister, bring

her gifts, and look out for her general welfare. Tyler reported that in the North, a wife's brother is seen as an inferior and treated as such. In the South he is given more respect.

In all regions, when his sister gives birth, a brother assumes the new role of mother's brother to his sister's children. The mother's brother is seen as benevolent and kind and someone a child can count on if in need of help. He is especially close to his sister's sons, "Toward this boy he can be happily attached and conveniently detached," not "having the duty of molding him into a proper member of society" (Mandelbaum, 1970, p. 71). The mother's brother is an important figure in many of the Hindu life-cycle ceremonies and his nephews play important roles in his funeral ceremonies (Tyler, 1986).

Brothers

Following the father's retirement or death, the division of family property can be a major source of tension among brothers. I have seen a number of families become estranged during this process; however, even in these situations, there remained the expectation that the brothers would support each other during difficult times.

A brother is also expected to support and maintain his brother's widow and children. A child shall give the same respect to a father's brother as they give to one's own father. If close in age to the father's brother, they may view him like a sibling. Ultimately, however, their relationship to the father's brother is influenced by the relationship their father has with that brother (Tyler, 1986).

Sisters

Sisters, although having no proscribed responsibilities toward each other, are usually close and affectionate. When they marry, this bond may change depending on

where they live. By tradition, women in the North marry away from their natal family's community and, therefore, sisters have difficulty maintaining this closeness. In the South, sisters tend to stay in their natal community when they marry and this close relationship continues. In this case, the mother's sister is viewed as a mother extension and her children regarded like brothers and sisters (Tyler, 1986).

Older Women

The World Bank (2001) reported that India had one eighth of the world's elderly and predicted that the number of Indians over 60 will grow from 76 million in 2000 to more than 218 million in 2030. In southern Indian states, where fertility rates have declined in recent years, the population is aging dramatically. By 2020, about 15 percent of the population in Tamil Nadu and Kerala will be over age 60, a number roughly equal to the population of Australia. Almost 10 percent of India's population of more than one billion people is women over the age of 55. The number of older Indian widows is not known.

Vatuk (1995) noted that, "[o]ld age security is something no woman (or man) in India leaves to chance" (p. 296). Even the youngest married women understand the importance of having support in old age, particularly from sons. According to Vatuk, although most older women have sons who help care for them, the numbers vary. "Sonlessness" among older women ranges between 12 percent-30 percent. Between 55 percent-80 percent of women over the age of 60 live with their married sons at some point in their lives, while the rest live with husbands, other relatives and/or unmarried children. The majority of older women living alone are widows (Vatuk).

Van Willigen and Chadha's (1999) study, a random sample survey of 150 men and women aged 55 years of age and older conducted in an upper-middle-class neighborhood in Delhi, North India, found that a majority of women in the sample reported feeling physically overworked. Seventy-five percent of the people surveyed who reported their health as being poor were women, whereas 70 percent of the people reporting their health as being excellent were men. Older men reported being engaged in more activities than women, with the exception of housework and going to religious places of worship. All of the subjects in the sample (men and women) reported being social supports for others. On the question of having power in their households, less than 10 percent of older women scored in the higher power category.

According to Lamb (2000), "One common image of older women in India is that of powerful matriarchs who have come into their own as elderly mothers, mothers-in-law, and grandmothers" (p. 1). However, older village women in her study in Mangaldihi, West Bengal:

Speak not of power and reverence but of losses and waning powers, of being forgotten by sons and their wives, of having poured out love, breast milk, and effort to raise their children and serve their families all of their lives – and in the end never receiving as much as they have given. (pp. 1- 2)

For women, aging was defined in Mangaldihi in terms of "cooling" and "drying" and becoming more masculine.

As women went through the aging process (including menopause, the cessation of childbearing, and widowhood), they were seen as becoming increasingly "cool"

and “dry,” and thus, in important ways, “like men” – bringing with it increased freedom of movement beyond the home and the option to participate in inner temple life, wear men’s white clothing (*dhotis*), and expose the body. It is not that older women ever precisely *become* men. But it would be nonetheless highly misleading to think here of women and men, femaleness and maleness, as binary, opposing categories, grounded in unchanging physical differences. (p. 15)

Older Indian Widows and Health

No research in nursing or any other field specifically addresses the health of older Indian widows living in India was found in the literature and there is no mention of older Indian widows in the most recent Indian National Family Health Survey (1991-1992).

Since the impact of widowhood on the health of older Indian widows has not been studied, research from other countries may be used as a point of reference for discussing the significance of this phenomenon. It should be noted that research conducted on widows from other cultures may have limited applicability to the life-world of Indian widows.

The death of a spouse is among the most stressful life-changing events that humans experience, and yet it is a common experience for middle-age and older women (Wilcox, Evenson, Aragaki, Wassertheil-Smoller, Mouton, & Loevinger, 2003; Holmes & Rahe, 1967). Wilcox et al. pointed out that, although the psychosocial correlates of widowhood have been studied, “Few studies have focused on physical health, health behaviors, and health outcomes of widows” (p. 514). Stating that, “The evidence relating widowhood to poor health status and negative health behaviors is inconsistent” (p. 514).

Early studies conducted in the U.S. indicated that, in addition to being a painful and life-changing event, the loss of a spouse results in higher surviving spouse morbidity (Parkes, 1964a, 1964b) and mortality (Helsing, Moyers, & George, 1981). Maddison and Walker (1967) found a 20 percent incidence of major, adverse health outcomes in the first year of widowhood. Parkes (1964b) reported that widowed people consulted physicians at three times the expected rate during the first year of widowhood.

In a more recent and larger scale investigation conducted in Australia, Byles, Feldman and Mishra (1999) compared the health and health needs of older widows with older married women. Using base-line survey data from the Australian Longitudinal Study on Woman's Health (WHA), a study designed to track the health of several cohorts of women over a 20-year period, widows scored lower than married women on mental and emotional health-related, quality-of-life scales and on physical sub-scales. However, women widowed for longer than 12 months had quality of life scores that were no different from the married women. Also, despite poorer health, widows did not report greater use of health care services and the only significant difference in health care use was their greater use of sedative medications.

These findings were supported by Wilcox et al. (2003) who conducted a cross-sectional, prospective study of women participating in the Women's Health Initiative (WHI) observational study (N=93,725). This study examined if base-line marital status was associated with physical health, mental health and health behaviors at baseline, and whether the transition to widowhood was associated with poorer physical health, mental health, and health behaviors. Consistent with the findings from Byles, Feldman and

Mishra (1999), Wilcox et al, found that marriage was associated with a more favorable health profile than widowhood but that the timing of widowhood was very important. Women who were recently widowed (within the past year) reported higher rates of depressed mood and poorer social functioning, overall mental health effects, poor or reduced physical functioning, and general health problems than longer term widows. A paradox in the research, however, was the difference between the baseline and prospective findings. They reported that baseline associations indicated that, although widowhood was negatively associated with various physical and health behavior variables, there was little evidence to support the hypothesis that becoming a widow had a negative impact on changes in physical health, health behaviors, or health outcomes.

Bennett (1997) found the effects of widowhood had an impact on mental health and morale several years following the loss but that physical health and social participation remained unchanged. However, as Bennett pointed out, it is difficult to determine if the health changes widows experience are age-related or the result of being widowed since

Many of the physical and emotional changes assessed in relation to widowhood are known to occur as a result of ageing per se. Thus, both physical health and morale show age-related decreases. If assessed longitudinally, therefore, it is important to distinguish between the effects of widowhood and the confounding effects of ageing” (p. 137).

Nutritional Impact on Widows' Health

According to Chen (2000), Lamb (2000) and others, the diet of many Indian women changes substantially when they become widows. Studies have shown that deterioration of nutritional status contributes to excess morbidity and mortality (Rauscher, 1993), and weight loss is predictive of nutritional deterioration among older people (Chandra, Imbach, Moore, & Skelton, 1991).

Newly widowed elders may be at nutritional risk via two mechanisms. One is the practical aspect of losing a partner who has either been responsible for or shared in the responsibility of food provision and preparation. The other is the grief reaction and its impact on self-care, self-feeding, and appetite. For most elders in developed countries, widowhood means the disintegration of the family unit. Since food preparation and consumption are typically communal, when a spouse is lost, these activities lose both function and meaning for the surviving spouse, often resulting in nutritional deficits (Shahar, Schultz, Shahar, & Wing, 2001). Shahar et al., using data from the Cardiovascular Health Study, studied the effect of recent widowhood on eating behavior, dietary intake, depression, and cognitive and physical functioning by comparing women who were widowed for at least six months at the time of their evaluation to a group of randomly selected married participants from the same study.

The researchers found that weight loss in the first year of widowhood was significantly higher among the widowed group, widows ate more meals alone, more commercial meals, and fewer homemade foods per week. The widows reported less enjoyment in eating and their total feeling score tended to be lower. Eating behavior

scores were significantly lower in the widowed group; however, none of the non-nutritional variables differed between groups including depression score, cognitive functioning, subjective health status, and physical functioning.

Although limited in their scope and relevance to older Indian widows, the published research regarding the effects of widowhood on health status suggests that the most profound health impact of widowhood occurs within one year following the death of a spouse but that these effects may resolve over time as women adjust to their bereavement. These findings, as noted by Wilcox et al. (2003), “speak to the resilience of older women and underscore the importance of studying how individuals successfully cope with major life stressors, for example, by creating and maintaining new social and emotional support networks and close emotional relationships” (p. 15).

Additional Research Related to Older Indian Widowhood and Health

Vulnerability and poor health. Conditions that lead to vulnerability and poor health are lack of human capital, social connectedness or integration, social status, and environmental resources. A lack of human capital, operationalized as income, employment, education and housing, places people at risk for poor health (Flaskerud & Wilson, 1998).

According to The World Bank (1996), poverty is the most consistent predictor of disease and premature death worldwide and occurs with regularity among groups identified as vulnerable to poor health. “The loss of a husband usually results in a significant decline in household income, in social marginalization, and in poorer health and nutrition” (p. 2).

Widow remarriage. The remarriage of widows can mitigate many of the factors related to a lack of human capital. The British instituted the Widow Remarriage Act in 1856, officially making widow remarriage legal. Lamb (2000) suggested that the Act actually reduced widows' rights among the lower castes, who had previously condoned the practice, by legislating that property and children, upon a widow's remarriage, remain with the deceased husband's family. In South India, widow remarriage is practiced among almost all castes except Brahmins; nevertheless, older widow remarriage is rare within all castes (Chen, 2000).

Though the system of *niyoga* or levirate (marriage of a widow to her husband's brother) is found among a number of castes in North India, it is neither religiously sanctioned nor thought to be suited to present times (Karve, 2002). In the southern states of Tamil Nadu, Andhra Pradesh, Karnataka and Kerala, widows are not allowed to marry their husband's brothers; however, in the more northern South Indian states where the population has had greater contact with North Indians, this prohibition tends not to be strictly observed (Karve).

Of the 562 ever widowed respondents in Chen's (2000) field survey of rural villages in the seven Indian states of West Bengal, Bihar, Uttar Pradesh, Rajasthan, Kerala, Tamil Nadu, and Andhra Pradesh, 13 percent of the widows in North India remarried compared to 6 percent in the South. Of the 52 widows in the study who remarried, 35 women became widowed again, 17 women had again remarried and were still married at the time of the survey, 24 were from Scheduled Castes, 22 were from

Backward Castes, and only six were from Upper Castes (all six were Rajputs or Brahmins from the Garhal Hills who practice levirate and widow remarriage).

Common reasons for not wanting to remarry included not wanting more children, fear that a second husband would not take good care of children fathered by the first husband, and not wanting to lose a claim on one's deceased husband's land (Chen, 2000). According to Lamb (2000), remarriage was forbidden for the Mangaldihi Brahmin widows in her study, even if the widow was a child bride and had never lived with her husband. Since a woman can have only one true marriage, widows in all other caste groups may be re-mated in a ritual called "joining." "Joining" is practiced primarily by younger widows with children.

Several researchers have associated Indian widowhood with economic deprivation. Patil's (2000) study of 300 widows living in Dharwad and surrounding rural villages in the state of Karnataka, investigating the conditions under which widows live, found that less than 1 percent of the widows in the study worked before their husband's death and more than 12 percent worked after they became widowed. Lamb (2000) found that in the 335 households included in her study of old age in West Bengal, India, all the elderly widows worked to make ends meet. Kitchlu (as cited in Patil), reporting on the socioeconomic conditions of widows in Delhi, stated that 78 percent of 185 widows started working following their husbands' deaths due to economic necessity. Baidynath (as cited in Patil) reported that more than 50 percent of the women in her study of 150 Kashivasi widows received no economic support from their natal or husband's family and about 99 percent pursued begging as a primary source of income. Chen (2000) found that

27 percent of the South Indian widows in her study were in the paid labor force as compared to 14 percent in the North.

Family support and living arrangements. Data from interviews conducted by Aruna and Reddy (2001) with 125 widows living in South India showed that support networks tended to be small, kin-centered, physically proximate and homogeneous in gender and caste. While members of primary kin and same-gender friends were active in extending emotional support, parents and siblings were the usual financial supporters.

Chen's (2000) field survey found the percentage of widows living in their natal or parental village significantly higher in South India (42 percent) than in North India (10 percent)

Chen (2000), reviewing living arrangements and maintenance of widows, noted that, although widely acknowledged in India that a function of extended kinship ties is to look after wives and children of dead relatives, less than 100 widows in her study were maintained by relatives other than an adult son and that not all widows had adult sons who were willing and able to take on this role. In Chen's study, no widows reported receiving regular shares of harvests and only five percent reported receiving some assistance from their in-laws when they were ill or needed food.

Of the widows in Chen's (2000) study who never remarried, over 66 percent lived in their late husband's village and less than 3 percent lived with their in-laws. However, only 10 percent of the widows lived with their in-laws even before their husbands' death. Interestingly, Chen reported that 16 widows in her sample living with in-laws supported them. Of the 16, 8 lived with brothers-in-law, 5 with fathers-in-law and 3 with their

mothers-in-law. Twenty-seven widows lived with their parents or brothers. Vlassoff (1990) identified Indian widows living with sons as falling into three main groups: those who are totally dependent on their sons; those not totally dependent on their sons; and those who have dependent sons living with them. Sixty-two percent of the widows in Chen's study had married sons, 41 percent lived with at least one married son, and of those living with married sons, 56 percent reported their son was the head of the household and 44 percent that they were head of the household.

An alternate living arrangement identified by Dreze (as cited in Chen, 2000) was that some widowed mothers with multiple sons rotated from one son's household to another's, none wanting to maintain her on a regular basis. Chen suggests that another reason for this was that each son competed for his mother's labor – child caretaking, domestic services, etc. A variation of this was that, while some widows lived at one son's house, they ate at other sons' homes living nearby.

Of the one-third of the widows in Chen's (2000) study with married sons living separately from them, 2 percent of the widows lived with married daughters, 6 percent had once-married daughters living with them and 16 percent received regular assistance from daughters of various kinds. Chen noted that daughters found ways to support their widowed mothers that did not openly conflict with the social norm. Daughters living close by provided a number of services including washing, combing and braiding their hair, laundering clothes, helping to maintain and repair the home and caring for them during illness. A study conducted by Chen and Dreze (as cited in Chen) found that daughters tend to provide physical assistance during their widowed mothers' illnesses,

while sons provide financial assistance. Galvin's (2003) study, as noted earlier, also highlighted the importance of daughters in their widowed mothers' lives.

Living alone, although not the norm in India, is an option for many older Indian widows. My own experience with "Mummy," the first older widow I met in India, confirms this. Kolenda (as cited in Chen, 2000) found in her study of the 15 widows over the age of 70 who lived alone in Tamil Nadu, South India, seven had sons, one had a daughter and seven were childless. Eighty-six widows lived alone in Chen's survey and 45 of those had married sons living separately. Some widows live with other widows or single women. In Chen's study, the number of widows living with other widows (24) was almost equal to the combined number of widows living with parents, in-laws and brothers (26).

Inheritance and pensions. To ensure economic security for widows in India, it is necessary to enforce their rights over property and these rights need to be secured as daughters, prior to their widowhood (Agarwal, 1998). Although the Hindu Succession Act of 1969 made women eligible to inherit equally with men and some individual states have legislated equality provisions into inheritance laws, there is no uniform law in India that governs widows' rights to inherit moveable or immoveable property (Empowering Widows in Development, n.d.; Sarkar & Banerjee, 1998). India allows each community to govern inheritance laws based on religion. All the major Indian religions recognize the widow as an heir, but how much property she can inherit and whether she can fully inherit varies by community, family, tribal and area customs (Agarwal).

In Nandwana and Nandwana's (1998) study of 57 widows in two villages (Kavita and Kadiyan) in Rajasthan state, Northwest India, of the 17 widows who had land registered in their own names, only two had land registered solely in their names while 15 widows had land jointly registered in their names and in the names of their sons. The two widows who had land registered in their own names had no sons. Nandwana and Nandwana (1998) noted that, even when land was registered in a widow's name, she was prohibited by her sons or sons-in-law from selling, mortgaging or transferring it.

Chen's (2000) study data relating to land and property rights of widows revealed that only 51 percent of widows whose husbands had owned land exercised use rights of that land, and only 11 percent reported they exercised use rights over a share of their parents' land. Those widows who attempted to exercise use rights over land often faced problems securing their rights which ranged from simple management problems to (sometimes violent) attempts by sons and other relatives to disinherit them. Eighteen percent of the widows in the South inherited land from their fathers as compared to eight percent in the North.

According to *Empowering Widows in Development* (n.d.), India is one of the few developing countries where, in certain states, a pension plan exists for destitute widows; however, the government is unable to guarantee that those widows will actually receive any funds "because of corruption and bureaucracy issues latent in the system" (p. 2). In a study of 300 widows in Karnataka state, Patil (2000) found that more than 75 percent of the respondents in the study knew about a state government pension program yet only about 16 percent were receiving a pension.

Social connectedness and social status. Lack of social connectedness may lead to vulnerability and adverse health outcomes. Individuals who are marginalized, stigmatized and discriminated against are neither socially connected nor integrated (Flaskerud & Wilson, 1998, p. 73).

Although impossible to describe the life of an Indian widow in detail, since great variations exist in region, caste, economic/social level, education and whether the widow is living in a rural or urban area, it is fair to say that all Indian women suffer a loss of power when their husbands die (Patil, 2000). Generally, the higher her caste, the greater a widow's lifestyle restrictions.

According to Chen (2000), all Indian widows practice life-long mourning rites that stigmatize and separate them from the rest of society although there is variation from caste to caste. The lower castes, as mentioned earlier, tend to be freer than those in the higher castes. Brahmin widows likely suffer the most limitation to their lifestyle. Mourning practices may include: shaving their head, having to wear a white sari without a blouse; giving up all decoration and cosmetics – no bangle bracelets, toe rings, flowers, *kumkum* (red brow spot indicating marriage); eating subsistence levels of only bland food, foregoing relish, pickle, spices; never singing or dancing; not being allowed to look at any man outside the immediate family; being forced to marry a brother-in-law; being in seclusion and avoiding social gatherings such as weddings and *puja* (temple worship); living the remainder of her life as an ascetic in an ashram or temple. (Chen; Empowering Widows in Development, n.d.; Khanna, 2002; Lamb, 2000; Patil, 2000; Tyler, 1986).

According to Khanna (2002), Havik Brahmins of Malnad believe that seeing a widow threatens the success of any venture and that Hindu married women seeing a widow on *Karva Chauth* (the fast day for a husband's longevity) fear their own husbands will die. *Punya Dhan* (charity for religious purposes), if touched by a widow, is not to be accepted and, in most of India, a widow cannot perform *Kanyadaan*, giving her daughter away during her daughter's marriage. Participation in a son's marriage is also limited, as blessings are considered inauspicious or bad luck if made by a widow.

Chen (2000) found significant variations, even among upper castes, regarding widow requirements and restrictions. Some strictly adhered to customary practices while others did not. To illustrate this point, Chen quoted three Brahmin widows in her study:

In times past, Brahmin widows shaved their heads: my mother, mother-in-law, and grandmother all shaved their heads. And they wore white *saris* with no blouse. Now, customs have changed. Those who choose to wear white *saris* generally choose to shave their heads as well. But those who wear coloured, bordered, or printed *saris*, do not shave their heads. (Rajaratna, an elderly Brahmin widow, Andhra Pradesh. (p. 144)

In the olden days, if widows did not shave their heads, visitors would not eat the food cooked by them. Nowadays, they only have to remove the *pottu* [forehead dot] from their forehead and the flowers from their hair. The other changes are that widows no longer have their heads shaven (unless they personally want to), now wear all colours of *saris* (not the mandatory white or mud-coloured *saris*), and now wear blouses. Also, in olden times, widows had to sleep on the wooden beds without mattresses: They could only spread out their own sari to sleep on. Otherwise, even today, widows avoid the same "hot" foods (drumstick, radishes, onions, garlic, root vegetables), are not allowed to attend weddings (except for very close younger relatives such as granddaughters), but are visited instead by the bride and groom. (Rajalakshmi, elderly Telugu Brahmin widow, Tamil Nadu (p. 144-145)

Before, widows couldn't appear before the bride and groom – they were seen as inauspicious and were not supposed to mix with others. Now, widowed mothers can participate in the wedding ceremony. I am a widowed mother, I have done nothing wrong. (Nirmala Ghosh, elderly Kayastha widow, West Bengal (p. 145)

Lamb (2000) found that most senior Brahmin *Mangaldihi* widows in her study still shaved their heads, wore white clothing, avoided all “hot,” non-vegetarian foods, ate rice only once a day, avoided bodily adornments, and maintained lifelong celibacy. The widow’s diet, she was told by her study participants, was used to reduce sexual desire, decrease blood, cool the body, make the widow thin and ugly, and prevent her from wanting a man. Lamb quoted a senior Brahmin widow who explained:

These eating rules were originally designed to prevent young widows’ bodies from becoming (hot) *garam* and so ruining their (character) *svabhab* and *dharma* (social-moral order). Fasting is not for either *pap* (sin) or *punya* (merit). Doing it doesn’t produce *punya*, nor does not doing it make *pap*. It is simply to weaken the body. (p. 220)

Lamb (2000), reporting the results of her study in reference to restrictions on widows, noted,

Across caste lines in Mangaldihi, as throughout North India, widows were considered to be inauspicious and thus had to refrain from participating in auspicious life-cycle rituals such as marriage. Widows could attend and watch such ceremonies, but they could not perform any of the rituals; nor could they touch the bride or groom, or cook and serve food. ‘Widowed mothers in Mangaldihi could not even participate in their own daughters’ weddings.’ (p. 217)

Environmental resources. A lack of environmental resources, access to health care and quality of care, leads to increased morbidity and premature mortality (Flaskerud & Wilson, 1998). Although little is known about the access of widows to health care, the position of women in general in traditional Indian society can be measured by their autonomy in decision-making and by their degree of access to the outside world.

By these measures, Indian women fare poorly. According to The World Bank (1996), in much of India, women are prevented from working outside the home and from traveling without a chaperone, which have profound implications on access to health care.

The World Bank (1996) reported that, despite India having made progress in improving its life expectancy, infant mortality and literacy indicators in recent decades, improvements in women's health have lagged behind. Females experience more episodes of illness than males and are less likely to receive medical treatment before an illness is well advanced. Because the nutritional status of women is compromised by unequal access to food, heavy work demands, and special nutritional needs such as iron, women are particularly susceptible to illness. To further emphasize this point the report stated,

Women's health and nutritional status is inextricably bound up with the social, cultural, and economic factors that influence all aspects of their lives, and it has consequences not only for the women themselves but for the well-being of their children, the functioning of households, and the distribution of resources. (p. 1)

The quality of health care available in India ranges from privately-owned hospitals with the latest state-of-the-art equipment and well-trained staff to small one-room outfits with untrained staff, without basic equipment or even a continuous supply of water or electricity. General practitioners in slums charge for injections with limited efficacy and possible harm and traditional health practitioners often practice allopathic medicine for which they are not trained. All of these practitioners thrive free of regulation. (Infochange, n.d.)

Relative risk and health status. Relative risk is the result of exposure to risk factors and a concomitant vulnerability to adverse health outcomes (Flaskerud & Wilson, 1998).

Stressful life events, such as abuse, violence and crime, are associated with marginalized groups. Gender-related domestic violence is well documented in India (U.S. Department of State, 2004b). Widows are frequently accused of having caused their husband's death. "You have eaten my son," accused a mother-in-law in a Bihar village who helped her other children throw hot oil on a young widow's face (Empowering Widows in Development, n.d., p. 6).

In Indian tribal communities, widows are sometimes killed as witches (U.S. Department of State, 2004b). The underlying motivation is often economic, with the accusers tending to be male relatives, brothers-in-law or step-sons who want control of the widow's land. Rape, forced marriage and sexual abuse are life threatening because of exposure to AIDS. AIDS is a very taboo subject, especially in rural India. The overwhelming stigmatization and ostracism of widows who are raped, pregnant and/or infected with STDs or HIV keeps them from seeking professional help, adding to their high morbidity and mortality rates (Empowering Widows in Development, n.d.).

Morbidity and mortality. Exposure to a greater number of health risk factors has been shown to result in patterns of increased morbidity and premature mortality among certain population groups. The relationship between risk factors and morbidity is multidimensional and complex (Flaskerud & Wilson, 1998; Leight, 2003).

Although there has been no research conducted specifically on health-related risk factors related to Indian widowhood, poverty underlies the poor health status of most of the Indian population and women represent a disproportionately greater share of the poor (Infochange, n.d.). Women's relatively low status exacerbates what is already an unfavorable overall health situation.

Mortality patterns. Despite the vulnerabilities of Indian widows described above, widowhood has received little attention as a cause of deprivation (Chen, 2000; Chen & Dreze, 1995). Noting a lack of information available on the health status of Indian widows, Chen and Dreze, using data from mortality studies of Bangladeshi households from the 1970s and 1980s, identified that the consequences of social and economic marginalization of Indian widows have resulted in their overall poor health and high mortality levels.

To support this, Chen and Dreze (1995) cited studies conducted between 1974 and 1982 by Rahman and Menken (1990); Rahman (1990); and Rahman, Foster & Menken (1992). Based on data of differential mortality rates among women 45 years of age and older of differing marital status in rural Bangladesh, the studies found that widows had significantly higher mortality rates than married women in the same-age groups. Widows living alone had the highest mortality rates, but those having an adult son living in the household and/or being the head of the household resulted in the lowest mortality rates.

Using census data from the 1970s and 1980s, when matched by age, Bhat (1998) found widows' mortality rates 85 percent higher than married women's. This difference

appeared to be larger in many northern states, including Punjab, Haryana, Uttar Pradesh, and Bihar, than in South India. Further, when comparing married women to widows, widows had a 94 percent higher mortality in Northwest India and 54 percent higher mortality in South India.

Relationship between health status and resource availability. Poor health status further depletes socioeconomic and environmental resources (Flaskerud & Winslow, 1998). “Excessive morbidity of any kind in population groups who are traditionally medically underserved and unserved may, in fact, further aggravate underservice and lack of access to care for these groups” (p. 78).

A World Bank (1996) report on Indian women’s health indicated that heavy use of traditional and local health practitioners suggests these practitioners are more accessible to and affordable for women – especially poor women – and are more culturally acceptable than allopathic providers. Although India has one of the largest private health sectors in the world, consuming an estimated 75 percent-85 percent of all health expenditures, the Indian government’s health care expenditure is less than 2 percent of gross domestic product (GDP) and just 21.7 percent of India’s total health expenditure, one of the lowest proportions in the world (Infochange, n.d.; Peters, Yazbeck, Sharma, Ramana, Pritchett, & Wagstaff, 2002). What this means in a country where 26 percent of the population is below the poverty level is that poverty and ill health go hand in hand. The poor, having limited access to the private health sector, are forced to use whatever services are available to them (Peters et. al.). Limited income for older Indian widows means that their health care is often a last priority. Because informal

support from families for the elderly, particularly the poor, is not always forthcoming or may not be sufficient, many elderly widows rely on charitable, non-governmental organizations (NGOs) for assistance (Cohen, 1998).

India in Transition: A Growing Middle Class

In view of the fact that the majority of the participants in this research are middle-class, defined as “the social class between the very wealthy and the lower working class” (Neufeldt, 1989, p. 272), urban widows, a discussion on the growth of India’s middle class and accompanied societal changes is in order.

Since the 1980s, India has witnessed a growing middle class. According to the U.S. State Department (2004a) India’s middle class comprises 15 percent to 25 percent of the population. A recent article published in *Newsweek* (Zakaria, 2006) reported that India’s middle class has grown to 300 million people. This middle class group includes members of affluent farming families and urban-based professionals – medical, administrative, and business people – who have profited from 50 years of government protection and training. Members of the middle class want an education for their children to prepare them for technical and professional careers in the private sector. They have access to sophisticated health care services and technologies and have built “up-scale” houses in suburban neighborhoods, surrounding their homes with walls and gates and drive scooters or cars to work and their children to private schools. For the middle class, this is a period of prosperity. Incomes have kept pace with inflation and jobs may still be acquired through family, friends and business connections. An emphasis on consumer goods – washing machines, kitchen appliances, refrigerators, microwaves, and

dishwashers – makes family life easier. For the industrial working class, this is also a time of transition. The growth of new industries, especially in the private sector, has provided jobs and the promise of better lives for them and their children (U.S. State Department, 2004a).

Chapter Summary

This chapter contains an overview of the setting for this study, the marriage and kinship practices in South India as compared to the North, and a summary of related research associated with older Indian widows and their health. Much of the research on Indian widows has focused on higher-caste women in North India, in rural villages or poor urban communities. A number of studies have been conducted on India's elderly, but most have addressed the issues of aging in older Indian men. Those which included women have not specifically identified widows in their sample. Although there were no previous studies found on the health of Indian widows, I have referred to the studies and reports regarding social, economic, and health system issues that could impact a widow's health. India's changing status in the global economy and its growing middle class has had a significant impact on the lifestyles of many Indian families.

Chapter 3 presents the research's design and methodology. A description of Caring Inquiry, the methodology that was used for this study, will include an extensive discussion of its origins in the philosophies and practices of phenomenology and hermeneutics.

Chapter 3

Process of Inquiry: Design and Method

This chapter presents Ray's (1991) Caring Inquiry, a phenomenological-hermeneutic nursing research method within the historical context of phenomenology as philosophy, theory and methodology. The study's design, analysis technique, setting, participants, criteria for maintaining rigor and ethics of research for human subject protection will also be discussed in relation to conducting research in a culture different from that of the researcher.

Caring Inquiry is grounded in the hermeneutic-phenomenological philosophical and methodological perspective of van Manen (1990) and influenced by, among others, Husserl, Heidegger, Gadamer and Buber. According to Ray, Caring Inquiry incorporates caring with the human science approach to phenomenology. The term human science, coined in the 19th century by Dilthey, differentiates human phenomena (mental, social, historical) from natural phenomena (physical, chemical, behavioral, and animal) thus requiring interpretation and understanding (hermeneutics) rather than external observation and explanation used in the natural sciences (Ray, 1990). Phenomenology, although first and foremost a philosophy, or a number of related philosophies, is also concerned with approach and method (Ray, 1994).

A phenomenon is most appropriate for investigation using the phenomenological method if there is little, if any, published material on the subject or if what is published

needs to be described in more depth (Streubert-Speziale & Carpenter, 2003). In choosing a phenomenological method, the researcher must consider whether the voices of those experiencing a phenomenon will provide the richest and most descriptive data since “lived experience of the world of everyday life is the central focus of phenomenological inquiry” (p. 44). It is the lived experience that presents to the individual what is true or real in his or her life, gives meaning to each individual’s perception of a particular phenomenon and is influenced by everything internal and external to the individual (Streubert-Speziale & Carpenter).

Phenomenology and Nursing Research

Phenomenology is a means by which human phenomena, the lived experiences and meaning of the “lifeworld” of nurses and the persons for whom they are responsible, can be studied and understood (Ray, 1990). “Phenomenology, as a philosophy and a method, is a fundamental way through which the nurse clinician or researcher at the beginning of an enterprise secures an absolute foundation for herself or himself” (p. 175). Ray contended that “phenomenology offers a means by which a nurse can constantly discover and rediscover her or his awareness of the world” (p. 175).

It was during the 1970s and 1980s that nurse researchers began examining in depth the philosophical basis of nursing and the relationships among philosophy, scientific methods and knowledge development. Although Madeline Leininger was the first nurse-researcher to use ethnoscience in her doctoral research in the 1960s (M. Ray, personal communication, May 23, 2005), she was soon joined by other human science researchers who began questioning traditional quantitative research methodologies with

regard to their adequacy for studying human life experiences – the focus of nursing practice (Van der Zalm & Bergum, 2000). “What was deleted in the objective scientific experiment, the subjective experience, was beginning to be perceived as more basic and real in the understanding of human knowledge and behavior than the codifications that the experimental researchers called data” (Omery, 1983, p. 54). Phenomenology is viewed as a research method that provided an understanding of the person’s reality and experience, values individuals and the nurse-patient experience, and embraces a holistic approach (Van der Zalm & Bergum).

Phenomenology attempts to provide a method from which to study human experience as it is lived, including a description of the meanings these experiences have for the participants and, therefore, is a relevant and necessary research method for the nursing profession and one particularly suited for studying the lived world of older Indian widows. My decision to use this approach came from a desire to conduct this research as a ‘labor of love’ reflecting my love for India, which I regard as my second home, my love for the profession of nursing, having been a nurse for more than 35 years, my love for the beauty and artistry of the written word, and the love and compassion I have for the widows whose stories I tell. According to Ray (1991), “Caring and love are synonymous. Inquiring about caring touches the heart and translates through the soul, the ‘speaking together’ between the one caring and the one cared for” (p. 181), the shifting of consciousness from a focus on “they” or “I” to a compassionate “we” (p. 182). Webster’s *New World Dictionary* (Neufeldt, 1989, p. 89) defines compassion as “suffering together, having deep sympathy for.” Ray said, “[i]t is a wounding of the heart by the other where

the other enters into us and makes us other” (p. 182). “It is an immersion into the human encounter that also reveals the human, environmental and spiritual contexts that are nursing” (pp. 181-182). “In the compassionate way of being, the forms of ‘other’ in consciousness communicate a depth of felt realness or authenticity which is intuitive” (Steiner as cited in Ray, 1991, p. 182), “and depends on the granting to the other to whom one communicates a share in one’s being” (Buber as cited in Ray, 1991, p. 182).

Caring inquiry, as an aesthetic process in research attends to both immanence – communion with and transcendence – and reflective intuition. When a researcher engages in caring inquiry, the compassionate ‘we’ is enacted, description (phenomenology), interpretation (phenomenological hermeneutics), and the aesthetic knowing of the experience of caring are the means by which questions about the meaning of caring are illuminated. (Ray, 1991, p. 183)

Phenomenology and phenomenological hermeneutics (van Manen, 1990) are human sciences that study persons who are experiencing the life-world. Esthetic knowing in caring research attends to the creativity, sensitivity, and the quality of presences. It is an approach of describing and understanding the meaning of being and becoming through caring (p. 183).

In bringing to reflective awareness the nature of caring, the researcher and research participant, through the creating partnership, are mutually transformed, feeling the fullness of being and answering the call to a life of integrated wholeness and openness to creative forces (Ray, 1991). What makes caring inquiry an aesthetic endeavor is the investment of one’s own being into the research process. “The translation

of data communicated as text from the shared remembrances of participants of the meaning of caring into the general perspective of human recognition is teaching the way of the compassionate heart and soul” (p. 183).

Phenomenology: A Philosophy and Methodology

Immanuel Kant first described the concept of phenomena or things in 1764 (Cohen, 2000). However, it was only during the first decade of the 20th century that the phenomenological movement took root in the first of three phases. The preparatory phase was dominated by Franz Brentano and his student Carl Strumpf. Brentano, a philosopher, focused on the concept of intentionality. Intentionality, implying the inseparable connectedness of the human being to the world (van Manen, 1990), became a concept basic to all later phenomenological analyses (Cohen). Strumpf founded experimental phenomenology using experimentation to uncover connections between the elements of what is perceived. Strumpf’s belief that the essence of the experience should not be sacrificed by examining the relative component parts of the experience is evident in many contemporary phenomenological movements (Parker, 1994).

Edmund Husserl led the second, or German, phase of the movement. Husserl, often referred to as the father of phenomenology, is considered the central figure and principal philosopher of phenomenology (Cohen, 2000). Husserl’s phenomenology “came to mean the study of phenomena as they appear through consciousness” (Koch, 1995, p. 830). Husserl introduced the concept of the life-world, the lived experience, maintaining that the life-world is not readily accessible to individuals because it consists of what is taken for granted, those things which are common sense (Koch). The task of

phenomenology is to return to the taken-for-granted experiences and to re-examine them by first bracketing presuppositions or assumptions about a phenomenon. Husserl sought to bring to light the ultimate structures of consciousness (essences), and “evaluate critically the role these structures play in determining the sense of it all” (Dreyfus & Dreyfus as cited in Koch). Thus the inquirer using Husserlian phenomenology always asks about the “meaning” of the human experience. “Reality is the life-world” (p. 830).

Ray (1990) wrote that Husserl related phenomenology to knowing. “How do human beings know? How is knowledge manifested to us?” (p. 174). As such, Husserl’s phenomenology is a theory of knowledge, an epistemology. Disenchanted with positivist empiricism, Husserl’s phenomenology was a reaction to the context-free generalizations of the natural sciences’ positivist approach. Husserl attempted to restore the reality of humans in their “life worlds” and capture its “meaning,” believing that the study of philosophy should be infused with a new humanism (Munhall, 1994, Ray).

Although Husserl was the first philosopher to propose the use of phenomenology as a way to gain meaning through the study of human experience (Appleton, 1990) and wrote extensively on the subject, Stapleton (1983) noted that Husserl’s major works were only introductions to phenomenology; not presenting a complete system of results as the product of phenomenological reflection, they “beckon the reader to engage actively along with the author in the philosophical activity” (p. 10). Husserl’s focus, as such, did not elucidate researching experience interrelationally to seek understanding as was addressed later by hermeneutics or interpretative phenomenologists. Thus, notions considered

essential in Husserlian phenomenology include intentionality, essences, intuiting and phenomenological reduction (Ray, 1985; Koch, 1995; Streubert & Carpenter, 1995).

Intentionality

Intentionality includes the meaning we have for and intent toward something we perceive. Intentionality includes retentions (past) and protentions (anticipations) in the present or now (Reeder, 1984). Most phenomenologists ascribe to some view of intentionality (Welsh, 1999). Building on the work of Franz Brentano, his mentor, Husserl devoted significant attention to the concept. Intentionality refers to the directedness of consciousness toward its object and is based on the assumption that our own conscious awareness is the one thing of which we can be certain. It is this directedness called intentionality that our knowledge of reality is built upon (Welsh; Koch, 1995).

Essences

“Essences are related to the ideal or true meaning of something; that is, those concepts that give common understanding to the phenomenon under investigation. Essences emerge in both isolation and in relation to each other” (Streubert & Campbell, 1999, p. 46). Hoping to come face to face with the ultimate structures (essences) of consciousness, Husserl directed that phenomenology be a descriptive psychology, returning things to themselves and to the essences constituting the consciousness and perception of the human world (Koch, 1995). In searching for essences, Koch suggested Husserlian phenomenology assumes the mind-body split or Cartesian duality and viewed the “container” as a Cartesian metaphor evident in Husserlian principles, the body being

viewed as a container for the mind within which symbolic representation takes place (p. 831).

This metaphor is evident within Husserlian principles, particularly in the search for essences. It is essentially this aspect of Husserlian phenomenology that makes it 'objective' [object of experience]. Thus phenomenological research means presenting a systematic view of mental content and assumes that this is possible if symbols representing the world are manipulated in the mind, as these manipulations permit the external world to be brought into internal consciousness by cognitive processes (p. 831).

Intuiting

Ray (1985) referred to intuition as "a technical term relating to the mode of awareness in which the object intended by it is not only 'meant' but originally given" (p. 90). To possess the character of intuition, one arrives at knowledge which grasps the ideal or the essence. According to Stapleton (1983), "[t]he entire spiritual force of Husserl's phenomenology lies in the demand that one *see* what is meant" (p. 9). The purpose of phenomenological description is not to generate an accurate image of the phenomenon but to make it evident to clear intuition.

Phenomenological Reduction

Phenomenological reduction (transcendental phenomenology) also referred to as *eidetic* reduction or bracketing, leads back to the source of meaning of the experienced world, as the world is experienced by uncovering intentionality (Cohen, 2000).

Eidetic is the adjective of *eidos*, Plato's alternative term for Idea (Form), which Husserl used to designate universal essences. It refers to a reduction from

particular facts to general essences. Husserl used the mathematical metaphor of bracketing, meaning to bracket one's prejudices and personal commitments, to understand [intuit] meanings as they are [direct apperception of the whole (Ray, 1990)] for those describing the experiences. (p. 7)

The elimination of all preconceived notions of the phenomenon under study is the first step in Husserl's method, and bracketing both the outer world and the individual consciousness is the ultimate level of transcendental phenomenology (Koch, 1995).

To bracket things in this way is not so much a matter of doubting their existence but of disconnecting from them. Husserl insisted on an initial suspension of belief in the 'outer world,' either as it is naively seen by the individual in everyday life, or as it is interpreted by philosophers or scientists. The reality of this outer world is neither confirmed nor denied; rather it is 'bracketed' in an act of phenomenological reduction. (p. 831)

Characterizing phenomenology as "a true science of the mind," Ray (1990) identified how, "through the process of phenomenological reduction (structured reflection), or the practice of thoughtfulness, the philosopher can recover the ability to describe with scientific exactness the life of consciousness [intentionality] in its original encounter with the world" (p. 174).

According to Ray (1990), Husserl's last major work, *Crisis of European Sciences*, in which he identified the notion of *Lebenswelt*, the life-world, was fundamental to the development of Husserl's student, Martin Heidegger's hermeneutic phenomenology. For Heidegger, phenomenology was an ontology, a study of the modes of "being in the

world” rather than the Husserlian notion, being of the world (Ray, 1994c). This phase served as the impetus for the third, or French, phase of the phenomenological movement characterized by Gabriel Marcel, Jean Paul Sartre and Maurice Merleau-Ponty.

Hermeneutic Phenomenology

Phenomenology was reinterpreted by Heidegger as hermeneutical or interpretive. Heidegger’s position that presuppositions should not be eliminated or suspended but are, in fact, what constitute the possibility of intelligibility or meaning is the primary distinction between Husserlian and Heideggerian approaches. Being, as such, is being present in the world, being of the questioner, which Heidegger refers to as *dasein*, German for “being there” (Ray, 1994c).

Dasein is the human being but it is also more than that. It is an openness in which entities are revealed in the light of being. The world is always revelatory of *dasein*. The world and the person co-constitute one another. A basic characteristic of *dasein* is that things show up as significant and the significance is the background for more reflective understanding. It is through understanding the person in a context that what a person values and finds significant shows up. (Dreyfus, 1991 in Welsh, 1999, p. 240)

Hermeneutics is an interpretive method in which one goes beyond description of what is manifested to uncover hidden phenomena and their meanings. The goal of hermeneutics is to discover meaning not immediately discernible to our intuiting, analyzing, and describing. Hermeneutic interpretations must be based upon and/or be within the horizon of understandings we already have (Cohen & Omery, 1994).

Heidegger set phenomenology on an ontological path, believing that, before we can effectively attend to epistemological concerns, we must first understand ourselves and what it means to be human (Drew, 1998).

Gadamer, drawing from Heidegger, articulated a hermeneutic within the context of temporality and the historicity of human existence (Ray, 1990). Focusing on experiences such as aesthetic judgment, jurisprudence, historical understanding, and the interpretation of texts, Gadamer argued that human understanding occurring through interpretation of tradition is not only an epistemological category but rather an ontological one. For Gadamer, tradition is preunderstanding, the total background of prejudices and prejudgments, practices, vocabulary, concepts, and hypotheses that condition the process of understanding (Thompson, 1999). “Thus the process of human understanding is comparable to the interpretation of tradition. It is a dialogical process of discovering inherited ‘biases’ or prejudgements and recognizing some prejudgements as blind and others as genuinely enabling. For Gadamer, the human understanding does not occur through a silent act of self-reflection; it occurs in dialogue, in linguistic experiences” (p. 376).

The Dutch Tradition of Phenomenology

Van Manen’s (1990) phenomenological method has been an influential force in nursing and other human sciences for the last 25 years. Van Manen (1990) works within the realm of phenomenological pedagogy, the name used to describe a phase in West European educational thought from about 1940-1970 (van Manen, 1996). The Dutch tradition of phenomenological pedagogy is associated with the names Langeveld, Beets,

Vermeer, Perquin and Strauser – unofficial members of what came to be known as the Utrecht School of Phenomenological Studies (van Manen, 1996). Historically, the most important figure of the Utrecht School was Langeveld. Beginning his career as a high school teacher and later as a child psychologist, Langeveld co-founded the Utrecht School of Phenomenological Studies. Langeveld died in 1980 and was succeeded by Beekman, who kept the phenomenological tradition alive in The Netherlands (van Manen, 1996). This practice of phenomenology is predicated on the philosophical belief that human knowledge and understanding can be gained from analyzing the pre-reflective descriptions of people who have lived the experience being investigated (van Manen, 1990).

The Utrecht School's phenomenological movement was further developed and advanced by representatives from education, medicine, counseling, psychiatry, psychology, theology, philosophy, philosophical anthropology and nursing. "Its proponents promote a practical, empirical concept of phenomenology guided by a method and attitude designed to better understand the other person from his or her lived world" (van Manen, 1996, p. 41). Suggesting that Husserl's transcendental ego was antithetical to the Utrecht School's "home kitchen, street approach to phenomenological inquiry" (p. 42), van Manen (1996) noted that much of the work of the Dutch and German phenomenologists post World War II was driven by "a general concern with examining human values that would restore a sense of meaningfulness, personal relationship, and at *homeness* in a world that was felt to be adrift on social currents of massification, nihilism, and alienation" (p. 41).

According to van Manen (1996), if there is a single thought that characterizes the phenomenology practiced by the Utrecht School, it is the diminished importance of abstract theory's role in understanding human experience.

Phenomenology merely shows us what various ranges of human experiences are possible, what worlds people inhabit, how these experiences may be described, and how language, if we give it its full value, has powers to disclose the worlds in which we dwell as fathers, mothers, teachers, students, and so forth. (p. 49)

Since human science research cannot be separated from the textual practice of writing, van Manen's research method "articulates the interrelationship of phenomenology, hermeneutics and semiotics [signs], and a research process of textual reflection that contributes to understanding practical action" (Ray, 1994c, p. 122). This emphasis on writing the story, the textual reflection that van Manen (2002) euphemistically refers to as "writing in the dark," is where insight occurs: Words become symbols, acquiring depth of meaning, wonder is induced and understanding is born. Van Manen said, "We can only understand something or someone for whom we care" (p. 6).

Caring Inquiry

According to Ray (personal communication, May 14, 2005), Caring Inquiry evolved from a desire to create a research methodology unique to nursing. She identifies caring, "the essence of nursing," as the basis for a research methodology specific to nursing. Ray (1991) described her six-step Caring Inquiry as a method that seeks integrity: "a coming to understand more fully what we have understood – where the word

and love are a synthesis” (p. 184). Thus, to understand the human experiences surrounding the widowhood of older Indian women, Caring Inquiry becomes:

The aesthetic act in a compassionate way of being, communicating in the understanding of forms of meaning, a simultaneous immanence and transcendence, human choice to share in the life of the other, and an intuitive knowing which, as nurses, we become ‘other,’ which can be translated into a call to a deeper life, a more integrated wholeness, and a coming to understand more fully what we have understood. (Ray, p. 182)

Caring Inquiry process steps are summarized as follows:

Ray’s (1991) Caring Inquiry Steps

1. *The Intentionality of Inner Being of the Researcher:* Imagining the vision of caring in nursing; listening to the “voices” within the embodied consciousness; identifying and focusing on presuppositions about the research subject and practicing bracketing.
2. *The Process of Dialogic Experiencing:* “Selecting participants for the study grounded within the imagined vision” (p. 185); discussing the research partnership and securing informed consents; co-presencing/sensing the compassionate “we,” conversing with participants in dialogical interviews about the phenomenological question using a bracketed, dialogical-dialectical process.
3. *The Process of Phenomenological-Hermeneutical Reflecting and Transforming:* “Reflecting and feeling the presencing of the participants’ beings in one’s consciousness” (p. 85); transcribing the data; engaging in bracketed reflection in the first

encounter with the data; attending to the speaking of language in the texts; highlighting the descriptive experiences; practicing interpretative reflecting (hermeneutical thinking or unbracketed reflecting) to reveal the immanent themes; consciously co-presencing and dialoguing with the data, writing and transforming the themes in the transcribed text; phenomenologically reducing or intuiting the transcendental meaning of the phenomenon; composing linguistic transformation of data to themes, metathemes or metaphor.

4. *The Movement of Phenomenological-Hermeneutical Theorizing to a Theory of Meaning:* Putting together a theory of meaning which becomes the form or structure of the phenomenological meaning of the experience studied.

5. *Dialoguing with Written Texts: Examining Similarities and Differences:* Relating the theory of meaning to literary writings in art or nursing to enhance the epistemic development of nursing theory.

6. *Credibility and Significance of the Process of Phenomenology of the Aesthetic Act:* Recognizing, believing and acknowledging the credibility of the research; affirming and confirming the meaning of the lived experience as movement toward the universal.

Recruitment of Participants

Fourteen participants from in and around Hyderabad were recruited through personal and professional contacts, a convenience sample. This area was chosen because of my familiarity with the community, having owned a home there for a number of years, the close relationships I continue to maintain there and my familiarity and comfort with

its culture. Participation in this study was limited to Hindu widows who were “older.” Twelve participants were over 50 years of age and two were in their mid to late 40s.

There were no restrictions with regard to participants’ caste or socio-economic status. Eight participants are of the Kamma caste. This caste falls under the *varna* Vaishya, which has traditionally comprised farmers, merchants, traders, and craftsmen. Four participants who are members of the Kamma caste also gave the designation of Choudhary, which further elucidates their status in the community as of the Kamma caste. One woman is of the Reddy caste, which also falls under the Vaishya *varna*. Four participants are Brahmin or priest *varna*, one participant is of the Rajput caste from the Kashtryia or traditional warrior *varna*, and one participant identifies herself as coming from the Banjara tribe and a scheduled caste member.

Although I did not ask specific questions related to class, according to their self-reports about home ownership, financial resources, employment, education, and so forth, 11 participants are middle-class and 3 participants are lower middle-class or working class.

The recruitment process occurred during a five-week period in July – August 2005. I had asked friends and acquaintances to identify potential participants prior to my arrival in India. A number had been identified in this way, the snowball effect. A close friend of the mother of my interpreter found other widows interested in the project. Two participants, residents (“inmates” is the word used in India) of a home for the aged outside Hyderabad, were identified through an acquaintance of my interpreter.

Data Collection

Data were generated from audio-taped interviews of Indian widows and from personal reflection and journaling. Although I chose to interview all those who expressed interest in the study, redundancy or saturation of the data began to occur around the eighth interview. Interviews took place at a location of the participants' choosing. Eleven interviews were conducted in participants' homes, two at the homes of acquaintances, and one took place in a private meeting room at a home-for-the-aged. Interviews lasted between one to three hours. Two interviews were stopped and then resumed after brief interruptions from relatives (one relative dropped by to visit and another to serve tea).

Interview Questions

Gadamer (1990) said that "[q]uestions always bring out the undetermined possibilities of a thing. Questioning opens up possibilities of meaning, and thus what is meaningful passes into one's own thinking on the subject" (p. 375). Participants were asked to talk about widowhood, but there was no preset interview guide. A few broad questions were used to motivate conversation. The general questions asked participants included: "Describe your experiences of becoming a widow and how you now live your life." "What was your health like before becoming a widow and what is it like now?" "Tell me how you care for yourself and/or how others care for you since becoming a widow." This style of interview supported the phenomenological (descriptive)-hermeneutic (interpretive) nature of the study, as I did not assume to know what the important aspects of the experience were and, therefore, could not design specific questions ahead of time to address those experiences (Ray, 1990, 1994b). Consistent with

the Caring Inquiry methodology, I engaged in a dialectical-dialogue using the cue-and-clue-taking approach to direct the interview process.

Confidentiality

Prior to each interview, the purpose of the research, the questions that would be asked and the way in which the interview data would be used was discussed with each participant.

The Institutional Review Board (IRB)-approved research consent form (Appendix C) was given to participants to read or was read by myself in English or by a Telugu - English interpreter to those unable to read. Thirteen consents were signed by the participants. One verbal consent was audio tape-recorded because the participant was not willing to sign her name. Wang & Huch (2000) suggested that verbal consent be honored because, in some cultures, people are suspicious of signing documents. Although the consent form includes a statement eliciting a participant's willingness to be audiotaped, participants not wishing to be audiotaped could still have participated in the research project, all participants agreed to be audiotaped.

Use of an Interpreter

Since I am neither Indian nor fluent in Telugu, the most common language spoken in Hyderabad, when required, I used the services of a native Telugu interpreter, born and raised in Hyderabad, who also acted as my research assistant. Devereux & Hoddinott (1993) noted that working entirely without help in a foreign country is not feasible unless a researcher fully comprehends the local language and has a good understanding of the local culture. They suggested that "the main advantage of working with an interpreter is

that the researcher enjoys fairly direct contact with respondents while retaining some flexibility (to write and think) during interviews” (p. 26). Although the drawback in using an interpreter is that information is received second hand rather than directly from the participants, the positive aspect of working with an interpreter in phenomenology is that the interpretation can be captured and revealed as a data or information source in the data analysis (Ray, personal communication, May 23, 2005). I frequently asked my interpreter her reflections on an interview we had just completed. She often expressed surprise at the frankness and openness of the participants during interviews and said that the strength that the women exhibited was inspiring. She felt that her image of older women, especially older widows, was changed from the experience and related at the end of the data collection period that the experience had been life-changing for her.

The transcription service that transcribed the interviews is located in Hyderabad. Since its principal work is transcribing medical notes for American doctors, the transcriptionists are competent in both English and Telugu. Therefore, the transcripts contained the English as it was recorded and the translation from Telugu by the interpreter. This allowed me to review everything that has been said during the interview process and served as an additional check of rigor for the study. Questions and issues surfacing from transcripts that were missed during interview sessions were addressed at subsequent interviews, allowing for clarification and validation. Van Manen (1990) refers to this process as seeking to answer the question, “Is this what the experience is really like?” (p. 99).

Data Analysis

Through reading and reflecting on the transcripts, descriptive themes emerged from the data. Using Atlas-ti, version 5.0.66, software specifically designed to manage qualitative data, descriptive themes were assigned codes and grouped and regrouped into increasingly inclusive interpretive themes, eventually becoming six metathemes. The concept of “theme” refers to the point or meaning of an experience and is a way to capture an aspect of the phenomenon in question (van Manen, 1990).

Interpretive analysis, which will be fully described in Chapter 5, occurred during the process of reflecting on the transcribed text. As Ray (1991) and van Manen (1990) suggested, I responded to and interacted with the text, engaging in a dialectical process in which the subtleties of language give shape to the experiences of the phenomena. Paterson and Zderad (1976) suggested that “to attain the highest possible level of authenticity with the self requires later recollection of ongoing perceptions of the other and reciprocal responses, selected communications, and actions by the self” (p. 64). These recollections, they maintained, become raw data available for analyzing, questioning, relating, synthesizing, speculating, and ongoing correcting.

Ethical Considerations

Florida Atlantic University’s Institutional Review Board’s approval was obtained prior to beginning this study (Appendix D). There was no association by name to any individual’s interview. Audio-taped consents are kept separate from other data in a locked file accessible only by me and retained per IRB protocol. Field notes, recorded

interviews, transcripts, and computer diskettes of transcripts are kept in a locked file in my home office, protected with codes known only by me.

Rigor

According to Munhall (1994),

Rigor or merit is as critical to a phenomenologist as they are to an experimental researcher. If the phenomenological baseline has not been meticulously explored and described, then what follows, as in an experiment, will not be congruent with the connected underpinnings. It simply will not hold up. (p. 188-193).

Ray (1991) suggested that the credibility of phenomenological research ultimately rests with the researcher and readers:

Recognizing, believing, and acknowledging are the dynamics of credibility of the research. The phenomenological evidence of the reality-as-meant is what has been lived and communicated by the participants. Reality, as expressed in experience, is not inauthentic. Meanings convince, and the meanings of the experience alter the sensibilities of those dwelling in the phenomenological written text—the researcher and other readers. (p. 188)

Criteria for rigor (Munhall, 1994) included:

1. Resonancy. Does the written interpretation of the meaning of the experience resonate with individuals (p. 190)? Does it sound correct? Does it fit in with past *participation with the experience*?

2. Reasonableness. Does the interpretation seem reasonable? Is it a possible explanation of the meaning of an experience? Were the means of attaining the material reasonable (p. 190)?
3. Representativeness. Does the study adequately represent the various dimensions of the lived experience? Was enough material concerning the phenomenon considered (p. 190)?
4. Recognizability. Do those reading the study who have not had the experience recognize aspects of the experience as they relate to an experience they or someone they know have had?
5. Raised Consciousness. Does the study engender “a focus toward and a gaining of understanding of an experience that the reader has not considered” (p. 191)?
6. Readability. Does the study read like an interesting conversation? Is the writing understandable?
7. Relevance. Does the study “bring us close to our humanness, increase our consciousness, enable understanding, give us possible interpretations, offer us possible meaning, and guide us in our lives, personally and professionally?” (p. 192).
8. Revelations. Are we able to find a deeper level of understanding in something that was previously concealed?
9. Responsibility. Has the researcher taken appropriate steps with regard to the ethical considerations of the study; “process consent, sensitivity to issues of conversations, reverence for authentic representation” (p. 193), being true and being faithful to participants and other phenomenological material?

10. Richness. Is the study “a full, embodied, multifaceted, multilayered, thoughtful, sensitive, impassioned description of a human experience?” (p. 193). Does it stir people?

11. Responsiveness. “Are individuals moved to do something: To think through preconceptions or to follow through on your study?” (p. 193).

Risks and Benefits

There were minimal risks to participants in this study. In talking about the death of their husbands, their lives as widows, and their health, some women experienced emotional feelings, usually tearfulness, or became tired. I have significant experience working with older populations and discussing issues associated with death, loss, and widowhood and was therefore able to provide necessary support. Stopping the interview briefly or discussing the participant’s feelings was usually enough to remedy the situation.

The participants were told that the interview would be terminated at any point if they became uncomfortable with the process and did not wish to continue. Interviews were terminated on two occasions. During one interview, the participant began to feel ill; and during another interview, the participant said that remembering her husband’s death made her very sad. Participants were assured throughout the interview that their participation was voluntary and they could choose to withdraw from the study at any time without fear of consequences. None of the participants chose to withdraw from the study.

Chapter Summary

In this chapter, I presented Ray's (1994b) Caring Inquiry along with the reasons for its selection. I provided the background and history of phenomenology as a movement, a philosophy and a way to research the lived-experience of older Indian widows. I also discussed issues regarding developing countries, the research design used, including the research setting, selection and description of the participants and use of an interpreter. *Ensuring ethical research relationships and maintaining confidentiality during data collection and analysis were reviewed. Rigor in phenomenological research was discussed and criteria for rigor were presented. In Chapter 4, I offer my poetic impressions of each participant from the interviews and reflections on them later. These impressions or "herstories" provide a foundation for understanding the lived-world of the participants and gaining insight into their lives before and after widowhood.*

Chapter 4

Poetic Impressions and Themes of Older Indian Widows

Peace, my heart, let the time for the parting be sweet.
Let it not be a death but completeness.
Let love melt into memory and pain into songs.
Let the flight through the sky end in the folding of the wings over the nest.
Let the last touch of your hands be gentle like the flower of the night Stand still, O
Beautiful End, for a moment, and say your last words in silence.
I bow to you and hold up my lamp to light you on your way.

From *The Gardener* by Rabindranath Tagore

Interviews with the study participants were filled with emotional, mental and spiritual insights that lingered beyond our times together. My passion for the topic of Indian widowhood, the nature of the interview process, the use of the Caring Inquiry method, the arrangements made through mutual acquaintances, meeting for the first time, and needing to come to know and establish trust with each other so quickly gave these interactions a somewhat surreal quality. The visits became snapshots in time where two strangers came together briefly and were forever changed by the experience. Ray (1997) refers to this as “[t]he unique pattern of caring, as the sacred art of love [that] attends specifically to the creative and sensitive quality of loving presence within and communion with others” (p. 173). She said that “[t]he “compassionate we” is humanly visible (incarnate) and responds to the spiritually invisible (transcendent). In the choice of granting to the other a share in one’s being a spiritual intuition or transcendent knowing is present and at work” (p. 173).

It was often little things that created the connection with participants, inspiring the awareness, understanding and choice-making necessary for establishing and maintaining the research relationships. For instance, I followed Indian customs (Transcultural Context): removing my sandals when entering homes and always wearing a *sari*, Indian jewelry, and a *bindi* for the interviews. Most of the participants commented on my dress. “Oh! Look how she can tie a *sari*,” they would say to my interpreter, a family member, or anyone else within earshot or view. “Just like an Indian woman she looks.” “She looks like she’s from the North,” one participant said. My comfort with wearing a *sari*, having learned the intricacies of “tying” one many years before, seemed to help put participants at ease and frequently served as an icebreaker for our conversation. *Saris*, their design, place of purchase, quality and price, are a frequent topic of conversation among Indian women.

If I conducted an interview near a Hindu festival or religious observance, I often brought small food-gifts and participated in the celebration. I was honored on one occasion by being asked to visit a private shrine that was particularly significant to one of the participants (Universal Source).

Although my primary goal for these interviews was to obtain research data, I found what Leininger (1985) referred to as the “stranger-friend” relationship quickly moved into my becoming an extended family member, a healthcare provider and a confidant (Transcultural Caring). Thoughts, ideas and feelings these women had never expressed or discussed before created a bond between us. What was most remarkable, and something I had not anticipated, was that this “bonding” occurred even when the

interpreter was present. An anthropologist/gerontologist friend who has spent a number of years conducting research in China had tutored me regarding the use of an interpreter prior to starting my data collection. She emphasized the need to have the interpreter sit slightly behind me during the interview process, I should always face and look at the participant when asking a question or making a comment rather than the interpreter, and to have the interpreter speak in the first person. I feel these tips were instrumental to my success in the interview process and in establishing a productive and caring relationship with the participants.

To ensure anonymity, flower names were given to all of the participants. The relationship of flowers to these women occurred to me because of their shared beauty and because, as flowers' fragrances tend to linger in one's "sense memory," so do the recollections of the interviews and essences of the women's stories. Flowers play a major role in the activities of Indians. Many Indian women wear flowers in their hair, some daily and some only for special days and festivals; flowers are brought to the temple as offerings to the Gods; and flower garlands adorn new brides, pictures of husbands and other relatives who have passed away. Traditionally, flowers are not worn by widows.

The assignment of the flower names was, in most cases, intuitive and based on first impressions of the women. I had developed a list of flowers, which I kept in my field notebook. These were flowers about which I was familiar and could visualize in my mind's eye. During introductions, I determined which flower name to assign to the participant. I always asked her if the flower name was acceptable and, in a few cases

when I didn't have insight about a particular name assignment, I asked the woman to choose an unassigned flower name from my list. Some of the flowers were not familiar to the participant, and I took a few minutes to describe them by noting their shapes, colors, fragrances, and cultivation. Although a seemingly small detail in the research process, I discovered that I was able to call up the interview, words and expressions, feelings and impressions during the session when reflecting on the woman's flower name. The flower names seemed to fit each woman's personality and continues to be the way I recall my experiences with them.

Poetic Impressions

The following poetic impressions or "herstories", emerging from interview sessions and my reflections, are meant to inspire caring for and wonder about older Indian widows. In *Caring Inquiry*, "The translation of data communicated as text from 'shared remembrances' of participants of the meaning of caring into the general perspective of human recognition is teaching the way of the compassionate heart and soul" (Ray, 1991, pp. 183, 184).

"Phenomenology not only finds its starting point in wonder, it must also induce wonder" (van Manen, 1997, pp. 44, 45). "For a phenomenological text to 'lead' the way to human understanding it must lead the reader to wonder" (van Manen, 2002, p. 5).

Stories, as forms of human science, are life experiences lived vicariously (van Manen, 1990).

As we identify ourselves with the protagonist of a story, we live his or her feeling and actions without having to act ourselves. Thus we may be able to experience

life situations, events, and emotions that we would not normally have. We are given the opportunity, the chance of living through an experience that provides us with the opportunity of gaining insight into certain aspects of the human condition. Poetry allows the expression of the most intense feeling in the most intense form. (p. 70)

Begonia

A 52-year-old Kamma (see Chapter 1 and Appendix B for Caste discussion and description) widow. "Come in," she says, her short black hair damp with sweat. I struggle to remove my sandals and step barefooted onto the concrete stairs, a river of brown water flowing in the ditch beneath. It has been raining all day; the night fog makes the people in the doorways of the tarpaper huts across the road seem closer than they are. The smoke from the dung fires stings my nostrils as I breathe in the heavy air. "Sit here," she says, patting a spot on the flowered divan against the wall in the tiny room off the hall. Newspapers spread out on a low table in front of me, a florescent tube-light on the wall bathes her face in blue-white light. "Ask me," she says. "Do you have a form [survey]?" "Ask me the questions." "I have no form," I say, "Only to tell me the story, your life before and after."

It has been more than 13 years since he has been gone, almost as many years as they were together. He had seen her at work. She did not know him, they had never spoken. The arrangement, made through the elders, she says, the Indian way. "He is suitable, a suitable husband for you," they had told her. She met him at their wedding.

“He was a good person, he loved me very much.” The marriage was successful. “Only one thing,” she says, “God has taken him away from me, in front of my eyes, a heart attack, two hours fighting for his life, finished, but we can’t help it,” she says. “What can we do? We have to go on.” Children, work, finances, no time to think. Ten years, over.

“My in-laws were good, no restrictions, not like the old days. ‘Do as you like,’ they said.” Afterwards, from morning till night, no servants, just family, her mom gone too now, her elderly father living with her. “He does what he can.” From her parents, an education. This is how she has survived, she says. Work, family, this is her life.

Good health since childhood. A good eater, hard working, independent, “very independent and strong.” Depression at first, overcome through her children, she says. They give her strength and God: Lord Venkateshwara, Lord Sai Baba, Lord Shiva.

“My children? Nice, very good, very cooperative.” Two boys abroad, unmarried, one girl here, a match must be made soon. Without a husband there is no *Kanyadaan* for her daughter when she marries. “I cannot go and see her on the dais; I cannot sit beside her when she is a bride. Tradition from our forefathers,” she says. “Inside our mind from childhood, fear in our mind that we should not do; and, if we do, then something will happen. Like that,” she says. After the marriage, then what? “Alone,” she says, “unbearable.”

Buttercup

A 56-year-old Kamma Choudhary widow. It was arranged by her parents. She was 15 when they met at their wedding. He took her to his village; she labored in his family’s fields. Five babies in 10 years, too difficult for a girl from her background. Too

much work, too little money. "He was not responsible," she says. She cleared the debts, she cleared his name, and she prayed to the Christian God. It came when she was young, she says, the love of a Hindu girl for Jesus. The church near her school, they would educate her, they said. She would teach for them, but "it was not meant to be," she says. Not right, her parents said. What would people say?

They took the body from the hospital in an auto rickshaw, "my son and I," she says. Fever and jaundice. "A shock, I fainted," she says. The colored *sari*, bindi, bangles, flowers, they came to her village to see her as she had been, a married Hindu woman. After, the *dhobi* woman, "She wiped the bindi off my face and she broke my bangles and she removed the flowers from my hair and she made me to wear a white *sari*. And at that time my brother was allowed to see all these things and no other woman participated in this; and on that day after, they removed all the married woman's signs."

White saris for just three months, her aunts, the village widows in white insisted. Then colored ones only, "Do not do like us," they said.

"I think of him and miss him a lot. But if you think of him and cry every day, you are dying every day. It is not my way. What happened in the past does not change the future," she says. "Only to help others when I retire," she says, this will be her gift. For now, living near her youngest son and his family, her goal "to be independent, to live by myself with respect and dignity. "Later," she says, with her youngest daughter, "she is there for me. I have freedom with her."

Camellia

A 69-year-old Brahmin widow. She was 17, he was 26, a distant relative, arranged by her parents. A second marriage for him, divorced, with children, three sons and a daughter they told her. Three years later the secret revealed: There would be no children of her own, “the operation, you know, the family planning one, before he knew of me,” she says. Only another woman’s children to love, the anger and hurt, no place to put it, she says.

He was a professor, she had completed eighth Standard and that by force. Her education came from him, she says. He taught her the law. “I know my rights, he taught me well,” she says. After his death, the fight with his relatives and hers – the land and the money, it continues today. “I’m winning,” she says.

Two heart attacks, the first one mild, the second one that took his life. They took his body for cremation and then they took her *mangalsutra*. A white *sari*, broken glass bangles. “Remove your *bindi*,” her mother said as did the *dhobi*, the washer woman whose job it was. “The white *sari*, the most painful,” she says. “I never wore one after that. It made me weak, it made me shake,” she says. “For two years, I never wore the *bindi*, until I saw the Goddess,” she says. “She ordered me to wear it. ‘For your protection,’ she told me.” “No questions, no comments, no sympathy from society,” she said. “She has shown me the path, she has saved me through my toughest times. If God is with you, nobody can harm you,” she says.

High blood pressure, it came from the problems with relatives, the fight over property and money. Medicine and the Goddess, it is controlled now. A goal? To help

poor people who are needy, she says. The children? One is dead, the others drifted away, and now just a neighbor boy, sent from the Goddess to help look after her in old age, only this.

Carnation

A 43-year-old widow of the Banjara tribe. He was her first cousin, she was 14. She had known him all her life. His first wife was barren, she became his second. He was 30. Her parents said, "Marry him, property will be transferred to you," property from his first wife. They all lived together. "One family," she says, the first wife was fond of her. She gave them four boys; the first wife took care of them, now they take care of her. She works as a janitress, owns her own home. Her boys, grown now, live there, too. Her eldest, married, one grandson. All are employed, all but the first wife now.

A heart attack, 45 years old. "A shock, never sick before," she says. She was 26 her youngest just 4 months. "He cheated me by dying. I never worked in my whole life, only in my own house, and now I was a maid in someone else's house," she says. The first wife insisted on school for the boys, she paid the fees. "I am illiterate," she says, no school at all.

For 40 days, she did not go out. No bangles, no bindi, no toe rings, no marriage signs. They took her to her native village, her brothers and mother. They put back the bindi and bangles, too, disturbing to the boys to see their mother with a bare face and hands, they said. The toe rings returned also, a request from her sister-in-law.

Support came from relatives and her mother. "You should not depend on others," her mother told her. "I should be independent, how I should live my life and take care of

myself and my children, like that she told me,” “No social problems,” she says, “only financial.” She kept to herself, stayed at home with her kids when she was not working. “Only high blood pressure now and sometimes low iron. Ayurvedic medicine when I think of it, green vegetables for my anemia.”

“My happiness comes from my family, my grandson, my neighbors. These things give me happiness,” she says.

Dahlia

A 66-year-old Kamma widow. She saw him standing in the doorway with his boys, the one in the middle her student. He wanted to speak to her about his son’s work. A good student, she recalls, studious, stands when called upon, turns in his homework on time, doesn’t roughhouse with the other boys, good and kind and smart. He told her he was alone, his wife no longer living with him and the boys. “I’m not interested in marriage,” she told him when he tried to match her with a friend of a friend’s son and others. Too many years of taking care of sisters and brothers. “Nineteen is too old to be fussy,” he said. Each visit brought a book for her to read, to discuss. Four years later, a library of thoughts, opinions, shared interests and love. “A marriage without children?” her father asked. An operation, years before, when he had lost hope, she explained. “His sons will be mine,” she said. “I’ll speak to him,” he told her.

Forty years, she says, 35 really, the cancer took the rest. “Who will take care of you when I am gone?” he asked. Who will take care of me when he is gone, she wondered, feeling her will become stronger as he lost his, trying to ignore the aches in her back, her legs, her feet, her hands, her heart.

The *bindi* is there, a colored sari, too. He wanted it this way, she says, and more. No jewelry, nothing fancy. It comes from inside, it's in the genes, the genes of Indian women, she says and the Parkinson's now. At first it was hard, lonely. "From my father to my husband, I had no idea," she says. "The first time on my own, my sons/his sons, their help, a father's wish come true," she says. The questions, she says, those are the worst. "Did I do my best for him? Could I have done more? Was it my fault?" No answers, she says; no answers, she repeats. "Today?" she asks. On this bed, in this house, medicines, exercises, I am here for now, I can still do. Tomorrow? "There is no tomorrow if you cannot do for yourself," she says.

Daisy

A 55-year-old Kamma widow. We sit in the darkened living room, the fan whirling overhead. "Can we turn down the fan a bit so the tape recorder can pick up the voices?" I ask. "Yes," she said, offering to have the maid get me a cold drink. She sits opposite me, the fingers of her hands constantly moving through her black hair that falls loosely on her shoulders.

It has been 21 years since he's been gone. She saw him for the first time on the day they married. She was 14, he was 24. "I was innocent," she says. "Only when I crossed my 20th birthday did I know a little about marriage." He was an engineer; they lived near his job, away from their families. She was a housewife and a mother.

"He met with a motor vehicle accident then he got depressed psychologically and then slowly his health deteriorated and then he died," she says, all in one breath as if to make it seem like one event. "He was completely crippled." "Very, very sensitive. So

many health problems.” “Not a shock. Since the accident, he would always tell me, ‘I would like to die,’ so finally he died.” Doctors, medications, no use. “I would try to encourage him, for a short period of time he would be better, then no use,” she says.

“I took to God. God was my salvation,” she says “I always try to console myself that my husband is always with me, his soul is within me. When I go out, society will remind me that he is no more, that he does not exist.”

“There is a difference here in India,” she says, “when you attend a function, between how people treat when you are married and when you are a widow.” She does not expect people to change and treat her differently, only she has stopped going to these functions, she says. “I never feel bad that I am being left out, there are certain norms that society follows with widowhood. I have learned to live with this.”

One son, living in the United States for many years now. “Detached from him,” she says, in the sense that if she depends on him, it would be difficult to accept the fact that he is so far away from her. “Over this period of time, I learned to be a little detached.” When he comes home, she is happy; and when he leaves, she is fine with the fact he does not live with her anymore, she says.

Good health until her husband died. “Even now, when I am talking, if I talk a lot, the nerves in my head ache.” “Shall we stop?” I ask. “Is this too much?” She runs her hands through her hair and closes her eyes, “Yes,” she says. “Right now, I am feeling that because I have high blood pressure and if I talk a lot, the nerves in my brain hurt me.” “After he passed away” she says, “high blood pressure and diabetes.” “We’ll stop,” I say.

Gardenia

An 80-year-old Kamma widow. She enters the community room through a small door that opens to the garden. A tiny, leather-skinned woman dressed in a limp white sari. Her eyes widen when she sees my interpreter, she moves quickly to take her hands. "The grandmother of my auntie," the interpreter says. "We never met before, she only knows of me. She is anxious to tell her story" my interpreter says. "I am anxious to hear it," I say.

Married when she was 12 years old. Her uncle made the match, an outside one, not within the family, not a love match. They met once before the wedding. "He was handsome," she says. He was 22, his wife dead, with two little girls to care for.

"Four children before 20 years old," she says, all gone now. A granddaughter only, "The person who cares for me, pays for me to be here, gives me money, brings me things," she says.

"We used to live happily, he had a milk business, I was fat," she says. "He was strong and healthy, never sick, until the boil on his leg, the high temperature and then gone." Her mother, uncles and aunts took care of her. Her uncle gave her bags of rice. "I sold the rice and brought up my children."

"Depression after my mother and my uncle died," she says. "They took care of me very well." Living with her daughter and son-in-law was difficult, especially after her daughter died. "He would scold me and I didn't like it, I wanted to live independently. I would be very hurt when my son-in-law would scold me and not behave properly with me. So, I told my granddaughter that my health would be spoiled if I continued to live in

those circumstances. That is when I came here [the old age home], to this place,” she says.

“I am very happy here, I have no deficit. The people here take care of me. All the inmates take care of each other emotionally and spiritually,” she says. “I am one of the healthy ones. When they can’t carry their bucket of water to the bathroom, I will carry it for them. It’s good to help. Helping others, it’s like helping God,” she says. “I believe there is a God for everything and Baba is taking care of me. I would prefer to die, but I think my time hasn’t come yet. I wish I could pass off. If I think of Baba and sleep, I can sleep very well. I feel peaceful,” she says.

Hibiscus

A 68-year-old Rajput widow. She combs back her hair with her fingers and straightens her sari. She had been sleeping. “We are an intrusion,” I say. “No, not that,” she says. “I’ll make tea.”

She was born in Bengal State, near the city of Calcutta. “He was the son of my aunt,” she says. She was 14, he was 20. “I probably saw him when I was a child, but I did not remember until the wedding,” she says.

The black-and-white photograph in the album, “My husband took it” she says. A dark-haired young woman in a white blouse and slacks, leaning on a piano. “You were beautiful,” I say, “you still are.”

“I had a happy life. I like cooking, I used to entertain guests at home, I used to teach other people to cook. I would invent new recipes to cook and I would sing,” she says. “I always liked listening to music and singing. We were members of the Lions

Club. We had a very active social life,” she says, “and a son.” “He is living in the U.S., Atlanta, grown,” she says. “He wants me to come, but I can’t,” she says. “Diabetes, high blood pressure and my heart condition, I won’t return to the States,” she says, “not now, maybe never.”

“My husband?” “A heart attack,” she says, after he took the angiogram and had the surgery, seven years later, at his brother’s house, “I was there,” she says. “I was right beside him.”

“There is no single word with which to explain the hurt. I cannot even remember what happened and even I do not want to remember it myself, because it brings me a lot of sorrow.”

“I taught myself to live happily wherever I live. Happiness and peace is a state of mind,” she says. “It is in God’s hands, everything is God given. My voice also is God given. I am making others happy by singing to them.”

“I want to sing a song for you,” she says. “I never sing unless I am asked, but you are different,” she says. “I want to sing for you.”

Jasmine

A 51-year-old Brahmin widow. “Shall I sit here?” She points to a worn spot on the cotton-covered chair under his picture. I look up at the unsmiling face, a large red dot in the middle of his forehead, a Brahmin man. The thin, silver-toned frame is draped with a string of plastic orange lights. She turns them on. “Is it okay?” she asks, pushing back the fine black hairs around her face with the palm of her hand. She straightens her sari, light blue with lavender flowers. “It’s old,” she says, “Nothing special.” I press the focus

button on my camera. "How do I look?" She touches a gold locket hanging from the pearl necklace around her neck. "Am I in the center?" she asks, shifting her hips from side to side.

"Six years ago." "They said it was a massive heart attack," she says. His job at the bank, too stressful, the eye hemorrhages, the blurred vision, the depression. The lies that kept him home, safe. Pain in his shoulder, his back. "He's faking, the doctor said." She thought so, too. "Take the sleeping pill, come to the office tomorrow the doctor said."

"I am leaving, I am leaving," he told her.

Shock for one year, numb. "I was to be the *sumangali*, the wife who goes first," she says. "He used to love me a lot. I was not that much in love with him, but he used to love me a lot." Almost 30 years. "I told my grandmother, 'find me a husband who will not make me work, someone who will support me, who brings me things from the outside. I just want to sit home and do household work.' I just wanted a husband like that," she says. "He was an only son, pampered a lot, not romantic like in the books, not like in the novels I read," she says.

"I never cared for you," I used to tell him in his face, but actually I did care for him. Respect but not love, not until later, not until he was gone," she says. "How do I tell him now?"

"My children, my grandchildren in the United States, there is nothing for me, only to see my children's lives settled and happy," she says. Back pain, leg pains, annual

check-ups, her children demand. "If anything happens to you, there is nobody there for us, you must take care at least for our sake," they tell her.

"I need a good friend. That is more than enough for me, nothing more," she says.

Lily

A 69-year-old Brahmin widow. Her daughter leads me through the door. She is sitting on a couch near the window. Her white hair is tied in a bun. She pulls the fold of her sari over her blouse. "English only a little," she says. "I understand," she says. "She is hesitant to speak English but is able to understand everything," her daughter says. "Sit there," she says.

"I was married when I was 13 years old," she says. "He was 21, an arranged marriage." His parents lived in North Lahore, now in Pakistan. His mother came to Andhra to find a bride for him. "She was beautiful," her daughter says. He spoke Hindi and English, she spoke Telugu. He took her from her village to Madras. He called her a "village goose."

The first baby came at 15 years of age, there were five altogether. "He did not like children," she says. "We fought about this, but I did not care, and he did not take care," she says.

"He was an angry person," her daughter says. "The money was there but abuse was also there and drinking. From the beginning, we children had this obsession in our mind to protect our mother from our father," her daughter says. "Sometimes, when I was very young, I used to feel so angry, I thought I would just kill my father; like that I used to think. Then I thought, after killing him maybe they will hang me also, then what is the

use? Instead of killing him, I should have killed myself, I used to think, like that,” her daughter says.

Two suicide attempts. “I am here because of my children, only because of them,” Lily says.

“In 1983 he died. A cerebral hemorrhage in the hospital, alcohol treatment. They did not check on him properly. They thought he was sleeping,” she says.

“After that, she is happy,” her daughter says. “But we should not say that. Now she has got all those things that she wants. She has got a comfortable life, everything.”

No *bindi* for one year. “Put it back,” her children told her. “I will not come to see you if you wear white saris,” said her son. “She never was in love with her husband. That is what she said,” her daughter says. All her love and affection was meant for her children only. “So, actually, to tell you, it is not such a big tragedy. The only tragedy is with the circumstances.”

“The other people who think how she dresses up, how she behaves; because of that she has to be a little bit low and wear white saris, not dressing up herself. See, once the husband is gone and she is getting herself, dressing up and all of these, they will say so many bad things. They do not know actually what happened between them. They will only accuse,” the daughter says.

“High BP, sugar and my heart. Ten years after he died,” she says, “before that nothing.”

“She used to volunteer in a shelter for abused women. She was a teacher there, also a writer; articles, stories,” her daughter says.

“I am happy, I am happy now,” she says.

Marigold

A 53-year-old Kamma-Choudhary widow. They married in 1971, she was 17, he was 21. A bachelor's degree in engineering, good looking, she says. Her father's brother worked with him. A good match her parents thought. Her marriage was wonderful, she says. “He took care of me like he took care of our babies,” she says. Three girls, their lives revolved around their family. “It was like that for us,” she says.

“A brain stroke two years after heart surgery, paralyzed for a year. I wanted to take him to the U.S., but I did not know enough,” she says. “Medical negligence,” she says. “A good hospital here, a good reputation, but they did not take care.” He was 52, very intelligent, she says.

“I had this tension as to how I would live. I did not think this would happen to me, I never thought I would be this brave. After he died, I never got a chance to live alone. So many people in the house. No time to grieve,” she says. Daughters to marry, births to attend. “I feel he is right beside me. He gives me strength and braveness,” she says.

“Only my BP now, and the day I think of him I sleep a lot, I sleep the whole day,” she says. “When nobody is home, I think of him, I become depressed. Most often they don't know. If they see I am depressed, they try to joke and make me laugh.”

“I want to do something in life,” she says “He was good and kind, he wanted to serve society. I want to do it, for him. To help others, like that,” she says.

A 57-year-old Reddy widow. The young woman waves me toward the open door. "She's down there. My mother-in-law, she's down that way."

"Come in," she says. "I'm pretty busy today. I'm not sure I'm going to be any help. I'm not like other women, other widows. I don't think my life is that interesting. It's up to you. Sit here," she says, pointing to the sofa. Off white walls, no statues, no pictures, no calendars from sweet shops, the marble floors with a "just-polished" look. She lifts the back of her striped *kurta* and sits down in the black secretarial chair that's been pushed away from the desk in front of the window. Her face is without makeup or *bindi*; her short, black hair cut in a bob. She wears one large bangle on her wrist. "This will take a while," I say. "Is that okay? Do you have time?" "Okay, okay," she says.

Since he died, she lives 6 months in India and 6 months in the U.S., she says. "One son in India, a daughter in the States." They were in their 20s when they married; she was 21, he was 23. His cousin's brother and her brother, classmates. They met a month before the wedding.

"All the time, parties and picnics. Because my husband is in a higher-level position, I had to take part in parties most of the time, almost every day. In India, in Africa, even in America. Now I am relaxed," she says. "We flew business class. The children were in boarding school, it was better that way."

"Brain cancer, two years to live they told her." "The best hospital, best doctors, I managed the nurses," she says. "Why are you crying? Why are you afraid? We all have to die," the doctor said. We have to be alert, brave, strong, like a military person," she

says. "Who is weak minded? Weak people. They put it all okay, God will take care of, like that," she says. "I believe one kind of *shakti* [energy] is there because that is why Surya [solar diety] is this side and Chandra [lunar diety] is this side. I am not a religious person, I am a practical person. He did not believe in all those things, so he told me not to do. He believed in me, that is all. For me, only one man, no other man; whatever he wants to do, I do. That is why I had my whole, full life. That is why I am not interested in any other man. He gave me money and love," she says.

Rose

A 71-year-old Kamma-Choudhary widow. She was born on Varalakshmi Vratam, an auspicious Hindu day, and married at the age of 10 to her mother's youngest brother. He was 22. "On the day of my birth," she says, "My mother put my hand in his and made the match for us." Their first son came when she was 15, five more before she was 25. "I was happy during this period," she says. "I worked hard. It was a joint family, six kids, my two grandmothers, father-in-law, father-in-law's brother, his wife and my sister-in-law, also two sons of my friend who died." "My husband was generous," she says, "money, food, affection."

"Cancer took him," she says. "For 10 years, weeping every day. He made me laugh a lot. I never had a problem for anything. I never even took a single medicine. Even during deliveries, I never used medicines." Diabetes, high blood pressure, leg pains, medicines every day now. "Grieving," she says, "grieving for him," pointing to the picture of the white haired man with the dried garland around the frame. The doctor said enough, no more grieving. "How do you stop?" she asks. "More than 60 years," she

says. "I want to live alone or, if I can't, with my youngest son. After my husband died he fed me by hand, you know, sat with me, took care of me until I slept."

"I pray to God, I meditate. I believe in God. I believe in what is God's will for me. I do not depend on anyone. When I was a child, I was very independent. The other widows think I'm odd," she says, "because I am happy. I try to make others happy. I wear bangles, a *bindi*, colorful saris, I lead a normal life. Outwardly normal, but suffering inside," she says. "How do you manage to live a beautiful life?" they ask. "We are nothing in front of God. The only thing that man can stand by is his own goodness," she says. "That is what I completely believe in and that is my goal."

Violet

A 47-year-old Kamma-Choudhary widow. We move through a series of rooms filled with paintings and tapestries. "My husband and I," she says. "We did art together." "They are beautiful," I say. "So much work." "Some are not ours. Other artists. We liked art, we went to shows," she says.

"I was 15 going on 16, he was 24. I knew him for a long time." My father's sister's son. "A very shy person, never talked, and a bookworm," she says. "There were financial problems for my family," she says; without her permission she was promised. "Your father will be angry if you don't marry him," her mother told her. "He's good and kind," she said. "I never imagined I would marry him, I knew him from childhood, like that. I never had those feelings, like a woman for a man, only like a sister for her brother," she says. The attraction only from one side. "In India it is not like other places,"

she says. "People consider the consequences. We have to sacrifice our happiness sometimes, for family."

"He was a genuine person, never flirted with girls, a very nice person, a very clean person, never talked about girls or married women."

"Another boy was there before. A Brahmin boy. He stayed at my house, he liked me, we kept it to ourselves. No guts to go against our parents, no guts."

Two girl babies, no time to think about feelings. "The Show Must Go On," she says.

A suicide attempt. "God saved me" she says. "Maybe to punish me. I must have done something wrong before," she says. "Why else a loveless life?"

"A Saturday morning, he was reading the paper, he spoke to me, then he just stared."

"What are you thinking?" I asked, then he fell, within one minute," she says, "gone. He donated his eyes, one principal's wife, one farmer, they have sight from him" she says.

"No one now," she says, "too difficult, too hard to get a good person to have a relationship, to start at this age. It is a waste to have an affair with anybody that you know just for the sake of sex, it's a waste," she says. "If he really understands only, I think it is very rare to find such a person."

"I must be careful," she says. An unmarried daughter. "Until there is a marriage, I must be careful, nothing to cause suspect. Already one match gone," she says. "The parents objected."

“Many restrictions.” “Sometimes they do not want to see the faces of widows. Not auspicious, they say. No bangles, no flowers. I like to put jasmine flowers in my hair, I like to put *bindis* of different designs. So I cannot do all those things now. I used to wear black beads; it also is taboo. We cannot participate in *pujas* like *satyanarayana*, like *masam* this month. This month is very auspicious for married woman; they do a lot of *pujas* for the good health of husband. When we go to their homes, they do not put any *pottu*, they do not give us a blouse piece, flowers, *pan*. Only to other people, not to us. We feel insulted, we feel invisible. That is the way,” she says.

Chapter Summary

The poetic impressions offered in this chapter were written as revelations captured during time spent with co-participants and elaborated on during months of reflection and review of interview transcripts. These individual impressions provide a starting point for appreciating the life-worlds of the women in this study and serve as the basis for the model and thematic presentations in Chapter 5.

In Chapter 5, the life-worlds of the study participants are further revealed through descriptive and interpretive thematic emergence and were synthesized into a phenomenological metaphor or a theory of meaning of widowhood and health for older Indian widows.

Chapter 5

The Show Must Go On: From Themes to Theory. The Emergence of a Universal

Understanding of the Meaning of Older Indian Widowhood

If things go ill or well-
If joy rebounding spreads the face,
Or sea of sorrows swells-
It is a dream, a play.

A play we each have a part
Each one to weep or laugh as may;
Each one his dress to don-
Alternate shine or rain.

Thou dream, O blessed dream!
Spread far and near thy veil of haze,
Tone down the lines so sharp,
Make smooth what roughness seems.

No magic but in thee!
Thy touch makes desert bloom to life,
Harsh thunder, sweetest song,

Fell death, the sweet release.

Thou Blessed Dream by Swami Vivekananda (1900)

According to Ray (1994c), “Themes, metathemes, or metaphor and interpretive theory from textual discourse illuminate the meaning of the experience as it is lived” (p. 130). During the interpretive analysis phase of the research, descriptive themes slowly emerged from the research data. Reading transcripts, reviewing notes, playing and replaying audio tapes and making a return trip to India enhanced the intuitive process of

peeling back the layers of meanings hidden in the participants' words. I would repeatedly ask myself, this is what they said, but is this what they meant? Gadamer (1990) said "understanding always involves an inner speaking" (p. 160) and as Ray (1994c) suggested, this dialogue and dialectical process with the text, "allows for several possible interpretations and, finally, culminates in an act of understanding" (p. 130).

Throughout this dialectical process, previous knowledge about Indian widows was put aside or "bracketed" in my mind and descriptive themes were identified in the texts and audiotapes. Words, phrases, voice inflections and body language jotted down in field notes became sources for thematic expression. Ray (1994c), discussing the work of Ricoeur, referred to this process as "the constructive reflective dialectic of distanciation, a presuppositionless description (opening up of the text to experience, to "see" the experience as it is in itself), and engagement (interpretation of the experience) that is rooted in the properties of the text. Ray (1994c) stated that "[b]y the process of sense (what the text says in itself) and reference (what the text is about), the understanding or conscious horizon of the researcher would be expanded to appropriate meaning" (pp. 129, 130).

For example, the theme "self sufficient" was interpreted from the following descriptive theme found in Rose's interview transcript, "Even now I never expect anything from my children and live on that left behind by my husband. I always want to live on myself and wanted to live very bravely and do not depend on anybody." The theme "self sufficient" was grouped with themes like dignity, bravery, independence, etc, found in other transcripts which were further grouped into the metatheme, "Drawing

from within,” meaning that all the themes represent attributes or virtues that come from within the person.

This method of analysis was similar to what Teichler (2001, p. 59), who adapted Ray’s (1991) Caring Inquiry process, described in the first five of seven steps in the flow of analysis in Caring Inquiry:

1. Perceiving the presence of participants in one’s consciousness.
2. Transcription of the data.
3. Bracketed reflection and listening to tapes.
4. Co-presencing the dialectic. Illuminating the language of the participants (which are the themes).
5. Interpretive reflection where metathemes emerge from data (transformation of textual themes into metathemes).
6. Phenomenological-hermeneutical intuiting the meaning of the whole (the theory).
7. Writing and rewriting. Themes > Metathemes > Metaphor > Theory [of meaning].

Just as repeated readings of the text, reflection, writing and rewriting of each participant’s poetic impression became one with the others, the identification of descriptive themes and their transformation into interpretive themes and metathemes followed in a similar fashion. The poetic impressions were inspirational in the sense that they seemed to come to me or were intuited by me as “a given.” “Yes, this is what her life is like,” I would think. Aspects of the text (descriptive themes) were similarly

illuminated, caught my attention, were interpreted by me as to what they meant to each participant and finally came together to form a universal meaning (theory) of the experiences of widowhood and health for older Indian widows (steps 6 and 7).

“[T]heories in the discipline of nursing have developed out of the choices and assumptions a particular theorist believes about nursing, what the basis of nursing's knowledge is, and what nurses do or how they practice [research] in the real world” (Ray, 1998, p. 91). Ray (1991) said,

Putting together a theory of meaning which, when constituted by the descriptions, themes, metathemes, and /or metaphor(es), and transcendent unity of meaning becomes the *form* or *structure* of the phenomenological meaning of caring. The idea of theory in this sense is a way of giving form to the intentional acts of the research itself--where the knower and the known are one, are integral (Reeder, 1984), and where the researcher communicates to the world the integrality of understanding the esthetic act itself. Theory in this sense aims at making explicit the universal meaning of the whole of the experience (p. 187).

This is an intuitive process to capture insight. In this case, the experiences of coparticipants from different cultures are brought together through caring for the purpose of creating understanding and meaning about older Indian widows and their health.

Describing the process, Outhwaite (1985/1994) quoting Dilthey wrote:

Every single human expression represents something which is common to many and therefore part of the realm of objective mind. Every word or sentence, every gesture or form of politeness, every work of art and every historical deed are only

understandable because the person expressing himself and the person who understands him are connected by something they have in common; the individual always experiences, thinks, acts, and also understands, in this common sphere. (p. 24).

While the particulars of each text were idiosyncratic, the message was unified and clear. "My husband has died and I have not." "I am alive and I have life yet to live." "The Show Must Go On" is an expression often used to indicate that, no matter what happens, something planned will proceed. Used in reference to the theater, for instance, it means that even if the star is ill and cannot act, the understudy will take her place and the play will be performed so as not to disappoint or let down the audience. In much the same way, life must go on for the study's participants. Although van Manen (1990) suggested that "no conceptual formulation or single statement can possibly capture the full mystery of this [phenomenological] experience" (p. 92), *The Show Must Go On*, in addition to being stated by one of the participants (Violet), was intuited by me as a metaphor for the universal meaning of the whole of the experience of widowhood and health for older Indian widows.

This process of "going on" manifests itself through the study's six metathemes: Drawing From Within, Seeking Help and Guidance, Accepting the Role, Challenging Tradition, Serving Others, Finding Companionship, along with *The Show Must Go On* as a seventh central and unifying dimension, form the theoretical model of the meaning of widowhood and health for older Indian widows.

The Model: The Meaning of Widowhood and Health for Older Indian Widows

Each metatheme is an independent and discrete meaning of being. In concert with each other, they paint a picture of the day-to-day ways in which older Indian widows cope with their losses and their status of “widow” in contemporary Indian society. The model depicts the meaning of widowhood and health for older Indian women (Figure 1) in terms of the six metathemes. They are connected to the central way of being, the metaphor, “The Show Must Go On.” The model is not static, just as how each widow deals with her widowhood at any given time is not static.

Applying the International Council of Nurses’ (ICN) (2000a) definition of health as “[a] dynamic state of being involving [physical] mental, emotional, social and spiritual well-being” (p. 2), the circle surrounding the model represents health as a dynamic force, its inclusiveness and the environment it provides for the essence of each widow to move freely between the model’s dimensions. The health experiences of the women are elaborated within each metatheme. Six rays attach the metathemes to the metaphor, the seventh dimension, and to the circle of health.

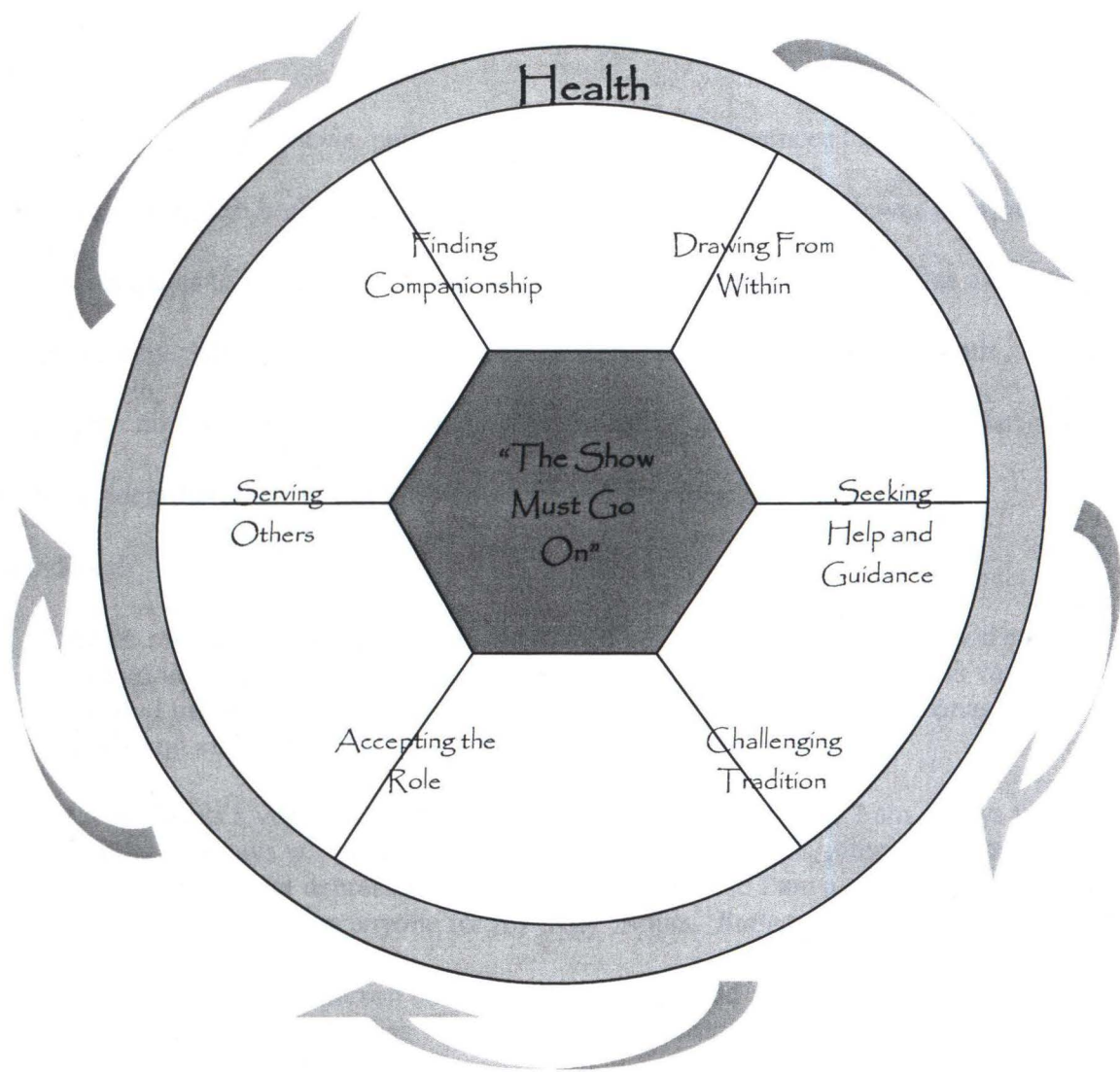


Figure 3. The Model of the Meaning of Widowhood and Health for Older Indian Widows.

In the Model narrative that follows, the metaphor and metathemes are highlighted with descriptive themes illuminated in the text, giving life and light to the model as the words from each woman add their dimension and power.

Health

During the interviews, participants made specific references to physical, mental and emotional health both prior to and after becoming widows. Health was interpreted by most participants to mean physical wellness or illness. Feeling depressed was a common symptom, especially during the period immediately following a husband's death.

Although a number of participants had health problems, only Daisy, Jasmine, Marigold and Rose identified their health problems as relating to their husbands' deaths.

Their Words

Since my childhood also I have never faced health problems. I am a good eater and good, hardworking. Because of that hardworking only my health is very good. I used to do all the things myself from sweeping to cooking, managing my funds and all. So far I have had no problems at all. *Begonia*

I was always a very healthy person. I never had any problem. I am always very healthy, I always was, and still I am, except for the fact that, after my husband passed away, I get depressed sometimes, but otherwise I am a very healthy person and I never depend on anyone for my daily chores. *Buttercup*

I was a very healthy person before my husband passed away even after my husband passed away, I was very healthy. *Carnation*

After my husband passed away, my health was quite fine. *Gardenia*

My health was always good. No BP, no sugar, nothing, and eating coolly. Not exercise, but I walk a lot here and there. *Orchid*

My health had been very good even before my husband had passed away and even after. But then because I had to face so many problems with my relatives and with the finances, because of the tension I was going through, I had developed blood pressure and it has really made me suffer a lot. But then I took some

medical care, I took medicines and, since I believe in God, I think I was able to control my blood pressure and it has come down and, even now, my doctor still advises me to use a tablet for the blood pressure. But I feel that my blood pressure is under control, but then I am continuing to use the medicine, because I do not want to start all the problems again little while later. *Camellia*

Even before my husband died, I used to have the pain in my foot and my ankles and my hands, but then it was not diagnosed. Only after he passed away I went to the doctor and came to know [about the Parkinson's disease]. Because my husband had a much more grave issue than mine, I did not care about my health. I was concentrating completely on my husband's health because he was diagnosed with cancer....For me, it is primarily because of my health. Because of what I am going through, I cannot go out. I am home. I am always on the bed. For somebody who is on the bed, what kind of desires she will have? And my only time to pass or interest is only on the TV, or books, or the paper, or if I have some guests or friends at home and not on the other worldly desires. *Dahlia*

I had good health. After my husband died, my health deteriorated. Even now, when I am talking, if I talk a lot, the nerves in my head ache After he passed away, I developed blood pressure and very recently, I got diabetes. I am taking medications for the past one month, I am taking tablets. No injections. *Daisy*

Because nothing interested me any more for the first two to three years, I was so depressed. So, I think some problems were there, some health problems, before that I did not have that, all these knees problems, pains in the legs, and all those things that all afterwards. That, too, I thought -- I attributed this to my nonfunctioning properly. Afterwards, there was nothing to be busy with. I did not have to cook early for my husband to go to the bank and all so leisurely, so lethargic life. Because of that, I think I got all these health problems. *Jasmine*

I had a very good health except when my husband fell ill. I would worry about him and I developed blood pressure. When he was alive, I did not take any medicines; but after he passed away, I became very dull and then I got myself checked again and then I started using the medicines. I feel his loss and I feel very depressed and, again, I cope up on my own, and then I realize that maybe I am thinking too much and maybe I feel that maybe I am depressing myself too much and I give myself strength and I become normal again. so far, I have been very active and I go for my morning walks every day and I control my diet and the day I think of him a lot, I sleep the whole day. *Marigold*

Before he died, I was very happy, used to laugh a lot with that happiness. I never had a problem for anything. I never even took a single medicine. Even at the time of my deliveries when I was supposed to have medicines, I never used any

medicines. After he died, I developed diabetes and blood pressure. After my husband died, on the 14th day, my blood sugar level shot up to 400 so the doctor asked me to use the blood pressure medicines and diabetic medicine every day throughout the days in my life. Initially, I used 17 tablets a day, but later on it came down and they would give me a sleeping tablet every day in the night initially because I would never feel sleepy. After I lost my husband, I lost 15 kilos. When we used to have lunch or dinner, we would eat together. I never used to feel like that. Thereafter, after he died, I used to cry a lot, that is when I lost a lot of weight. I never tried to lose my weight on my own; I just lost weight because I was grieving. *Rose*

Drawing From Within

The metatheme “Drawing From Within” evolved from participants’ references (descriptive themes) to personal attributes, characteristics, emotions and feelings. Self-sufficiency, freedom, independence, strength, bravery, health, living with happiness and living with love were some of the themes illuminated in the texts that developed into this metatheme.

Their Words: Self-Sufficiency

The way I care for myself is that as long as I live, I want to stand on my own feet. I never bend my head before anyone and never take anybody’s support. I want to be able to live by myself with respect and dignity. That is what I crave for.
Buttercup

Because we have to live, we have to do the things on our own. Nobody else will come and do it for you. In these days, in any part of the world, everybody has to depend on themselves and not on the others. One should take one’s own care. We have to live. We should only live until the day when you can do your things by yourself. Life goes on only till then; and after that, in my opinion, there is no life if you cannot do things yourself. *Dahlia*

Most of my work I do it by myself. Even though I am not feeling well, I try to do everything on my own and, if I am not really feeling and I can’t get up that particular day, people get my food to my bed and they help me to go to the bathroom and everything. *Gardenia*

I never struggled or I never worried, because I always thought, if I have to do something, I will do it. *Hibiscus*

Freedom

She can control her movements, talks everything. She was controlled previously, now she is free. *Lily's daughter*

Independence

Initially, my granddaughters would convince me to live in the same with my son-in-law. Though he would scold me, they would tell me to ignore him and live with him. But I didn't like it, I wanted to live independently, I would be very hurt whenever my son-in-law would scold me or not behave properly with me. So, I told to my granddaughter that my health would be spoiled if I continued to live in these circumstances. That is when my granddaughter thought of it seriously and brought me in here. *Gardenia*

My father is supporting me. Supporting me in the sense of looking after my house in my absence. Financially, I need not go to anyone for support, I can support myself. *Begonia*

I never had to face any real difficult social problem, except for financial problems, because I would never go and disturb anybody, I would just be at my home and take care of my kids. And the day I earn, I could eat; and the day I didn't, I couldn't, but I would be home but not ask anybody for any help. *Carnation*

Since the time I am aware of myself, my aim is that I should never face any financial difficulty. Accordingly I have planned very carefully in that whatever was bequeathed by my husband, I took care of mine by myself. Even now I never expect anything from my children and live on that left behind by my husband. I always want to live on myself and wanted to live very bravely and do not depend on anybody and I do not expect them to take care of me also. *Rose*

Strength/Bravery

My own relatives and even now I am still fighting the case for my property and, because that is my only source of my future income and that is what I have to stand by, so these are the problems I have to face. And I also believe that if there is God, there is also Satan, so they both are two opposite acting forces in my life, which I have been fighting, but since I completely believe in the Goddess, I am being brave and I am holding on to life and I am fighting and I am surviving. *Camellia*

Since a kid, I did not know how to live without a male support, but after I realized my husband had that sickness, that is when I started becoming brave. *Dahlia*

First, I had this tension as to how I should live. Then, slowly, I started improving my life. I did not think this would happen to me, and I never thought I would be this brave. *Marigold*

Anything could happen. All the time, we have to be alert and brave, strong. These three things we have to be all the time, just like you are a military person. *Orchid*

I am not scared, I can live alone even if the maid leaves, I am brave, I can live alone, I am not dependent on anybody. Not that we can stop everything, I am very brave but when the girl goes to her village and takes a ten-day break, even then I am very brave, I can live alone. I can lock all the doors and live. *Rose*

I do not know why, but now I am not afraid. I can stay alone in this house for years together without asking anybody to come and share the place. That is there, I do not know how I became so strong. Very strong I became in that point. *Violet*

Living with Happiness

I taught myself to live happily wherever I live. I think happiness and peace is a state of mind and I told myself that if I live here, this is where I belong and this is where I have to be happy. And there are also people in this world, even if we take them to the best of the places in the world, they can still find bad around that place. So, wherever you are, you should find yourself in peace and happiness. *Hibiscus*

Living with Love

Because once the person is gone, we cannot tell anything to him. That I realized. So, when you feel affectionate or happy with somebody, I am trying to tell them in words nowadays. *Jasmine*

Seeking Help and Guidance

All of the widows look to an external source for help and guidance. Often it is from family members, friends, the physician, or even from the deceased husband. For some of the women, this guidance comes from God.

Their Words: Family/Friends

I have a wonderful sister and I have my cousin's brother, a wonderful brother, I have. Always they both are very supporting me in everything. They are very good and they are very nice persons in my life. They are very, very important persons in my life. *Begonia*

I had lot of support from friends and family. They all came and spent their time with me, and till late in the night we would sit and talk, and they gave me a lot of social and emotional support. They really take good care of me and, even now, whenever I go back to my village, I have a great reception there and they all love me and they miss me when I come back to Hyderabad. *Buttercup*

After I started working, my relatives were a great support. During my kids' holidays or festivals, my relatives would call me and my sons to their house and I would go and stay with them for a week or ten, and come back to my house again, and my mother was a great help to me because she told me how to live in the society and she supported me and she told me how to take care of my kids and how to live life and how I should not depend on others, because now it is a reality my husband is no more and I have to face the consequences and I should not depend and live with somebody else and be dependent on somebody else. So, my mother told me that I should be independent and how I should live my life and take care of myself and my children. *Carnation*

When my husband died, my uncles took care of me because my uncles are all very rich. So they would give me bags of rice, and I would sell the rice and brought up my children. And after my children were old enough, I started living with them. And when my husband passed away, my mother took care of me, too. *Gardenia*

My son and daughter used to say, 'You are the only one we are having right now. You must take care of your health and make yourself useful. Do something, whatever you like, just go on'. *Jasmine*

Because my husband was a very, very good person, after my husband died, a lot of my husband's friends helped me during my difficult times. They came forward during my daughters' weddings. They helped me in lot of things. And when we were building this house, I had a few problems with the builder and then those issues were also were taken care by my husband's friends for me. *Marigold*

Since they know that I lost my husband and I go for meditation in the temple, all the Brahmins there give me *prasad* [edible stuff eaten after offering to God] and talk with me and spend some time with me and make me feel good. If my husband is alive they think that my husband is there to take care of me. Now that

I go alone, they think it is part of their responsibility to take good care of me. They treat me well. *Rose*

Physicians

When my blood pressure was very high and I could feel that something was wrong with my health, I could feel some problems in my heart and I knew something was wrong. So that is when I went to the doctor and the doctor checked my blood pressure and he said it was very, very high and he looked around to see who brought me to the hospital and I told him that I had come alone, and he was very shocked and surprised that with so high blood pressure I had managed to come to the hospital all by myself and he had said that I was very brave and he had said that I would need to take medicines to lower my pressure. *Camellia*

Just before my sister was leaving for America, she left 12 years ago, my brother from the United States told her that to get my mother checked, her BP and sugar. Until then, we don't know that she has BP and sugar. We never know because we never checked. When we had taken her to a doctor, he said 'You have so much of sugar. How come you are still walking?' Until then, he does not know that she has sugar and BP also. *Lily's daughter*

Since the doctor is also my cousin's brother, he is very affectionate towards me and he is very caring for me. So, he always tells me how to take care of myself. But primarily, he asked me to take long walks and also to restrict the amount of rice I eat. He always tells me that I am getting high levels in blood sugar because I am stressing myself out thinking about my husband and grieving myself, and not because of my diet or because of my exercise. *Rose*

Husband

On my own, I always try to console myself thinking that he is always with me. His soul is within me. So, though his body does not exist anymore, I always feel he is within me. So, I can live with that feeling. *Daisy*

I still feel like he is with me, I feel his strength. I feel that he is there, so I always feel he is here, so that is what gives me strength. And also my daughter and my son-in-law in the same city, that also gives me a lot of strength. *Marigold*

Still I am with his power and encouragement, I can do. *Orchid*

God

So, how I come up in the future, I do not know, that courage has to be brought. So I pray to God always when it becomes to me unbearable this thing, pain and

all, I pray to God always. Always I pray God to be my strength. I pray to Lord Venkateshwara, Lord Sai Baba, and Lord Shiva. *Begonia*

I am so unfortunate that all my relatives want to see me on road, but then I took to God and the Goddess has completely shown me the path and has saved me through my toughest times, and I completely believe that if God is with you nobody can harm you in any way. The God will show you the path and you can survive and you can take any hardships that come up on you. If the Goddess did not support me during that time, I would have been on the road by now. I had visions of the Goddess in my dreams and she only is the one who has guided me also in my difficult time. It was not my blood relations who stood by me. It was the Goddess who had seen me through my thicks and thins. *Camellia*

I took to God, and God was my salvation. Whenever I was worried or depressed, I would think about God and I would pray to God and I would read good books and watch good movies or I would spend a lot of time praying to God and trying to cope with it. *Daisy*

I believe there is God for everything and the Baba is taking care of me. I would prefer to die, but I think my time hasn't come yet. I wish I could pass off. If I think of Baba and sleep, I can sleep very well. I feel very peaceful. It is in my soul and whenever think about Baba, I can sleep very peacefully and I am very happy. *Gardenia*

I also believe that whatever is happening is in God's hands. I completely trust him and, if I am living here, it is also because of God. Everything is God given. For me, also, my voice also has been God given. I never learned music. All circumstances came together, and I have become a singer and I am making others happy by singing to them and, in turn, I am being happy myself. *Hibiscus*

I pray to God, I meditate, when somebody comes home I talk well with them and respect them. I believe in God, I completely believe in what is God's will is for me. I do not think of tomorrow. I follow the life and I see what God gives me tomorrow and I am always very busy myself. *Rose*

When my husband died, initially I tried to get myself to fall asleep. I would sit near the God and meditate and, in the middle of the night when I am a little sick or I am a little tired, I would sleep on the bed and meditate. Before I sleep I would sit and meditate and, after I sleep, when I wake up in the middle of the night, I would be on the bed and meditate twice or thrice a day or in the middle of the night. *Rose*

Challenging Tradition

For a number of the participants, widowhood appeared to change little about their status in the home or with family members and friends. Following the usual period of mourning and associated religious rituals, most of the women resumed their daily routines following few, if any, of the practices traditionally associated with Indian widowhood. Some of the participants described how they came to terms with what they perceive to be the “old ways of being” a widow.

Their Words

My aunts were there in the village who are widows and already wearing white *saris*, and they are the ones who insisted that I shouldn't wear white *saris*. So, they made me wear colored *saris* and my children didn't say anything about it. *Buttercup*

On the 10th day, it was a most painful thing for me to remove all those things, and they made me wear a white *sari* and that was very painful. But then later, I never wore the white *sari* because the very part of wearing the white *sari* makes me very weak and I will have a shake in my nerves. So, after that, I never wore a white *sari*, but then it is the most painful part of the whole thing. *Camellia*

I never wore the *bindi*. But then two years after my husband had passed away, I had the vision of the Goddess and she was the one who has been guiding me since then and she is the one who has ordered me to wear the *bindi* again. So if I go into the society, I do not have to answer people's questions regarding my husband's death or their comments or their sympathy on me. When I wear the *bindi*, people do not question me any more. That is how the Goddess has guided me and given me protection in the society. *Camellia*

There are no lifestyle changes as such, but in the olden days you were not allowed to wear a colored *sari* nor a *bindi* or flowers or apply turmeric to your feet, but nobody had asked me to do all these things. And my husband, when he was alive, would always ask me to wear all these things because he believed that wearing the colored *sari* or wearing the *bindi* was there since my childhood. So, he would always encourage me to wear them because he said, me living or not should not affect such things. But then I lost interest about such things by myself because I was not in the age of wearing something fancy or anything, so I lost interest in them naturally. Right now, I just wear a *bindi* and a colored *sari*. *Dahlia*

Actually, in our religion, on the 10th day, they remove this *bindi*, bangles, and all those things, and ask her to wear a white *sari*, but luckily for me, my children were against that. So, my children told my in-laws and all others that nothing would happen to me if I keep the *bindi* like this and should not remove. *Jasmine*

Accepting the Role

Traditional roles for Indian widows are adhered to by some participants. For most of these women, this mode of being seems to be self-imposed. For one of the women (Dahlia), illness plays a significant part in dictating this lifestyle, and for two others (Begonia and Violet) impending daughters' marriages are factors.

Their Words

For example, tomorrow if my daughter gets married, I cannot perform certain ceremony like *Kanyadaan* without my husband and I cannot go and see her at the dais. In addition to that, I cannot sit beside her when she is bride. I have to sit somewhere else. Because, even though I am mother of her, I only wish her to be good. Not other things. Still I cannot go and do that. *Begonia*

When my husband was alive, we had this discussion several times as to how I should continue living after he passed away. He wanted me to be just like how I was when he was alive, but we would have a difference of opinion on this subject because, for me, by then itself, I always knew I was not going to live like this after he passed away. Within myself, the change had started to begin that, after he passed away, that I would not buy anything fancy or not wear jewelry or not buy anything new for myself. This is what I used to talk to him and we would have a difference of opinion on this. I really do not know why this change has come upon me, but it has come. It is not because somebody had forced me to or not because of any influence. The change has come within myself. *Dahlia*

I think it is within because, since you are a child, you see your grandparents behaving in a certain manner. So you grow up looking at that mannerism and looking at the way they deal in the society. So, when you become a widow yourself, it is not something you learn. It is already within you. So, slowly, slowly, you tend to become like them. So, you become more like them when become a widow. It is there within yourself. It is just that it came out at that point of time. There is no reason for it. Nobody forces it to you. You learned to behave in a certain fashion, and as long as there is no force on you, everything is fine. *Dahlia*

I have accepted the society's ways as it is. I do not feel bad that they did not invite me to a certain function or they did not invite me to participate in one of the auspicious occasions. I do not expect them to change, and I have accepted the fact that I am a widow and there are certain norms that the society follows with widowhood. So, I never felt bad that I am being left out because I have accepted the fact that, in India, widowhood is a separate norm and what is done with widows. So, even if they invite me, I go. If they do not invite me, I do not go. So, I have learned to live with it and deal with it. So, I do not feel as bad. *Daisy*

At this time, my life revolves around my children's welfare and nothing for me. As a personal thing, there is nothing like anything to look forward to, just want to see my children's life settled and be happy, that is what I am thinking. *Jasmine*

And this *kanyadaan*, at that time, we give our daughter to someone. This also, I lost the opportunity because of this widowhood. So, I could not do any rituals or whatever I wanted to do for daughter. So when then they were getting married I just stood beside that, because that is the whole thing or whatever was happening, only the married woman has to do. Widows were not allowed to do those things, so if between they performed, other people, close relatives or not, they only performed and I was not allowed to do anything. And nobody asked me also to do anything. Even though they wanted me to do everything, but they knew very well nobody likes it that way. So, I could not do anything. Only when my husband was there, I was allowed to all these things. So, what I feel is, actually, I was equally dead with my husband, so when I am not able to do whatever I want to do, so I feel, actually, I was a dead person living. *Violet*

Serving Others

Charitable work, taking care of family members and friends, entertaining strangers, doing something useful and productive for society and carrying on the good work of her husband are themes expressed by all of the participants. Serving others is highly valued in the Hindu religion and is sometimes undertaken when one ages in more formal ways through charitable organizations (van Willigen & Chadha, 1999).

Their Words

Friends also, whenever they need my help, I always used to do. Whatever it may be, whether it is small or big, I never say 'no' to them. *Begonia*

No, it is not sacrificing. Because they are my children and my father and my people, it is not a sacrifice. It is my responsibility and my duty to look after them. If I do something for others, some good work, then you may call it sacrifice or something. But here, it is not sacrifice. One way I can tell you, it is selfishness only. *Begonia*

I always think that, after I retire, in my free time, I should be able to help the other elders who are older to me and maybe go physically help them or do some kind of help in any home or something like that. *Buttercup*

I always like to help poor people who are needy, but then, because my property had been stolen away from me and I have been fighting back, I am facing trouble, but when I get my property back at the end of this month, I am planning on helping poor people and doing godly things and have peace at last. *Camellia*

I would always be home and take care of the children because I never wanted the children to fall sick or ill, so I was home and I would make food for them and I would work, and also at the same time be home for them and do all the things that I needed to do as a mother. Because after that, I believe that as long as I live, I should live happily and live with dignity and take care of my kids. *Carnation*

I believe that I am not quite sure if God is there or not. I only believe that there is some power and, more than anything, I believe in humanity. If you serve people, that is like serving God. So, that is what I think about the whole thing. *Dahlia*

All the inmates here take care of each other emotionally and spiritually. Even when we have to take our bath, I am one of the healthy ones here, so I do a lot of physical help to all the inmates. Even when they can't carry their bucket of water to the bathroom, I will carry it for them. So, we all help each other and we are very happy. Everybody here is not as healthy as me. I can lift the bucket of water and I can take it around and help others. The other inmates are not as healthy as me, and they can't lift the bucket. It is good to help, it is like helping others, it is like helping God. *Gardenia*

All the people who are staying here come to me because I always try to make them happy. I joke with them. I make them laugh. I make them listen to my songs. I cook for them. And people who come to my house crying go back happily laughing. It is God's gift that I am able to do the help, I am able to help them this way. The thought always evolves in my mind that what can I do to make this other person happy? For instance, when you came here, my mind is already thinking in a way that what can I do to help you out. *Hibiscus*

At this time, my life revolves around my children's welfare and nothing for me. As a personal thing, there is nothing like anything to look forward to, just want to see my children's life settled and be happy, that is what I am thinking. *Jasmine*

My husband wanted to serve the society, so I want to do it for him. *Marigold*

There is a purpose why we are born. We are born because we need to help someone else so I am very happy today because I help people around me and people around me like me for that and they love me for that. They give me their company and I like it. I do not expect anything from anybody, but I like to give help to people around me. *Rose*

Being born as a human being, the birth is very important and auspicious. So, I do not want to die like this without doing anything. We should do something good to the society and to the people around us so that it should be useful to them. If we are not useful for us, at least we should be useful to others. Like that, I feel now. I am doing service to the people. I am making them look beautiful. I am making them look good. I am making them feel confident. So, in this way, earning money in one way and doing service in another way. *Violet*

Finding Companionship

The themes of loneliness, childlessness, and loss of friends are prevalent throughout the texts. Although many of the widows had children, often they were abroad or too busy with family, work or other activities to spend time with their mothers.

Companionship is one of the primary needs expressed by the participants.

Their Words

I need the companionship now that nobody can fill it, even my children also cannot fill it. I can share with my husband anything, but I cannot share so many things with my children. So it is unfortunate. *Begonia*

My children are away, two sons are away and my daughter also, tomorrow or next year she will get married. So, I will be alone. So, now it is unbearable, I feel myself alone. So, how I come up in future, I do not know, that courage has to be brought. So I pray to God always when it becomes to me unbearable this thing, pain and all, I pray to God always. *Begonia*

Close friends. Very close friends I want. Now, I want to have a close friend who can share everything, each and every thing like that I want somebody. They have to share my feelings, nothing else. *Jasmine*

It is the age where we need company now because all the children grew and went to different places, and now I am alone. Company is more needed now, that is what I feel. Not in the younger age, when you are becoming old and alone, then only we need company, that is what I feel. *Lily*

One way, I feel very lonely because I cannot say anything, I mean, whatever I have in mind, I cannot say to anybody, I cannot express anything because here people are very -- they take lenience. If you see anybody, they do not understand your feelings, sometimes. *Violet*

The Metaphor: The Show Must Go On

Almost all of the participants express the notion of moving on with their lives, hence the metaphor "The Show Must Go On." This is specifically identified in the following statements:

Their Words

I do not know what was happening around me, but I know that he has passed away and I wanted to take it practically, taking it as practical. What we can do? We also have to go on. *Begonia*

The life has to continue and even when I am working, even when I am among a lot of people, I still worried about what happened inside my heart, but I never expressed it out because life has to go on and, even now, it hurts but I am surviving. *Buttercup*

I try to cope with my difficulty during the time when I am going through it. After I am done with the difficulty and after I finish with the tough time in my life, I don't think back about it and I don't depress myself about it. Because I know that what happened in the past is not going to change my future. So, I think about my future and try not to think about the past and feel sorrow of myself, nor do I let people feel sorrow for me. That is how I cope with life. I cope with the difficulty when it arises and, after it is done, I don't think about it any more. I go on with life. *Buttercup*

But then the fact that he is not there any more is hurting, but then I cannot veil myself in the same thoughts and make my life miserable. So I try to live on and, even though I think of him and I miss him a lot, I try not to depress myself and I

try to live on bravely. Because with him, you didn't die, so if you think of him and cry every day you are dying every day. So, instead, I take it in my stride, and I try to live my life as happily as I can. *Buttercup*

My husband used to be a very healthy person compared to me, and he suddenly died. This was unexpected. I do not know how to describe it. Just life goes on. *Jasmine*

So, suddenly, all the happiness will be gone. I mean I told you just before about the show, it must go on. *Violet*

Chapter Summary

In Chapter 5, I present a model representing the meaning of older Indian widowhood. Descriptive themes (*Their Words*) provide illumination and support for the model and help nurture understanding of the lived-worlds of the participants. Employing Teichler's (2001) Caring Inquiry analysis process, adapted from Ray (1991), six metathemes emerged from the descriptive themes. They, along with the intuited metaphor "The Show Must Go On" serving as a central organizing theme, comprise the model's dimensions.

In Chapter 6, I discuss the understandings presented in this study and show how *Caring Inquiry* provides the methodological link between the Model for Transcultural Caring in Nursing and Health Care (MTCNHC) and the model of The Meaning of Widowhood for Older Widows, creating a new, "living-tradition" model with nursing awareness, understanding and choice as its focal points. The new model is discussed in relation to previous knowledge about older Indian widows and the findings from this study, within the context of modern-day India and globalization.

Reflecting back on the study's six metathemes and the theory of the whole, "The Show Must Go On," I present concluding remarks about the research, setting the stage for future work motivated through caring about older Indian widows.

Chapter 6

Coming to Understanding

To care for another person I must be able to understand him and his world as if I were inside it. I must be able to see, as it were, with his eyes what his world is like to him and how he sees himself. (Mayeroff, 1990, p. 53)

According to van Manen (1990), “The point of phenomenological research is to ‘borrow’ other people’s experiences and their reflections on their experiences in order to better be able to come to an understanding of the deeper meaning or significance of an aspect of human experience, in the context of the whole human experience” (p. 62). Gadamer (1990) felt that “understanding is always more than merely re-creating someone else’s meaning” (p. 375). “Understanding must be conceived as a part of the process of the coming into being of meaning, in which the significance of all statements—those of art and those of everything else that has been transmitted—is formed and made complete” (Gadamer, 1990, p. 160).

Chapters 1 and 2 brought an awareness of the issues surrounding Indian widowhood. Knowledge gathered from research conducted in India and other countries form the foundation of the Model for Transcultural Caring in Nursing and Health Care (MTCNHC) with regard to older Indian widowhood. As noted earlier, most of the studies about Indian widows were conducted in rural North Indian villages and only a few studies had older Indian widows as their target populations. Although some studies

speculated that their findings may have impacted the health of Indian widows, none specifically focused on their health. Initially thought to have limited relevance, studies of widows in other “more developed” countries may in fact be applicable to Indian widows however more research needs to be conducted to validate this. The poetic impressions presented in Chapter 4 provide the first level of new understanding into the meaning of widowhood for older Indian widows and their health experiences. It is through these reconstructed stories that one gains insight into the lives of the women in this study. In addition to introducing the study participants, the stories serve to reframe the research, to “update” the information provided in Chapters 1 and 2, and to allow others to know the “wonder” of the life-worlds of these widows who, although sharing a common history of Indian widowhood, are individuals with unique backgrounds, experiences and perspectives.

Gadamer (1990) argued that “[h]istorical tradition can be understood only as something always in the process of being defined by the course of events” (p. 373). Broad questions asked during the interviews – “Describe your experiences of becoming a widow and how you now live your life.” “What was your health like before becoming a widow and what is it like now?” “Tell me how you care for yourself or how others care for you since becoming a widow” as well as the questions that emerged from the cue and clue-taking process served to expand the foundation of understanding of the phenomena of Indian widowhood. “Questions always bring out the undetermined possibilities of a thing” (p. 375). These questions brought forward the possibility of a new view of Indian widowhood, one that is neither fixed by the past nor limited by the future.

The next level of understanding came through the intuited identification of essential aspects' essences, themes and metathemes emerging from and interpreted through descriptive themes in the interview texts. The metathemes, Drawing From Within, Seeking Help and Guidance, Challenging Tradition, Accepting the Role, Serving Others and Finding Companionship, are illuminated through the words of the participants "rendering visible the essential nature of the phenomenon" (van Manen, 1990, p. 171). Parts of the whole of the experience, the metathemes come together to form the metaphor for life-continued, "The Show Must Go On" a name for the whole experience.

In this way, the theory of *The Meaning of Widowhood and Health for Older Indian Widows* emerged from the data. Comparing the use of theory in quantitative research versus qualitative research, Morse (1994), the nurse-anthropologist, suggested that ...[i]n qualitative investigation, the theory is developed from comprehending and synthesizing data and not as a structure or frame within which to sort data. Theory gives qualitative data structure. Theory gives qualitative findings application. Without theory, qualitative results would be disconnected from the greater body of knowledge (p. 32).

In this chapter, the third level of understanding is revealed within the context of Ray's (in press) Model for Transcultural Caring in Nursing and Health Care (MTCNHC), the foundation for Transcultural Awareness, Understanding and Choice.

In Figure 4, the MTCNHC is linked with the model of the Meaning of Widowhood and Health for Older Indian Widows. It is through this linkage that a contemporary model, a Model of New Tradition: Older Indian Widowhood emerges, a synthesis of past knowledge/tradition of Indian widowhood (previous research, texts,

etc.) illuminated through the MTCHNC and new knowledge, the meaning of widowhood and health for older Indian widows, creating what the philosopher Bernstein (1983) refers to as “living tradition.” “All reason functions *within* traditions. A living tradition not only informs and shapes what we are but is always in the process of reconstitution” (p. 130). According to Bernstein, tradition is neither replaceable nor static and, quoting Gadamer, in order to be relevant, must be combined with new knowledge.

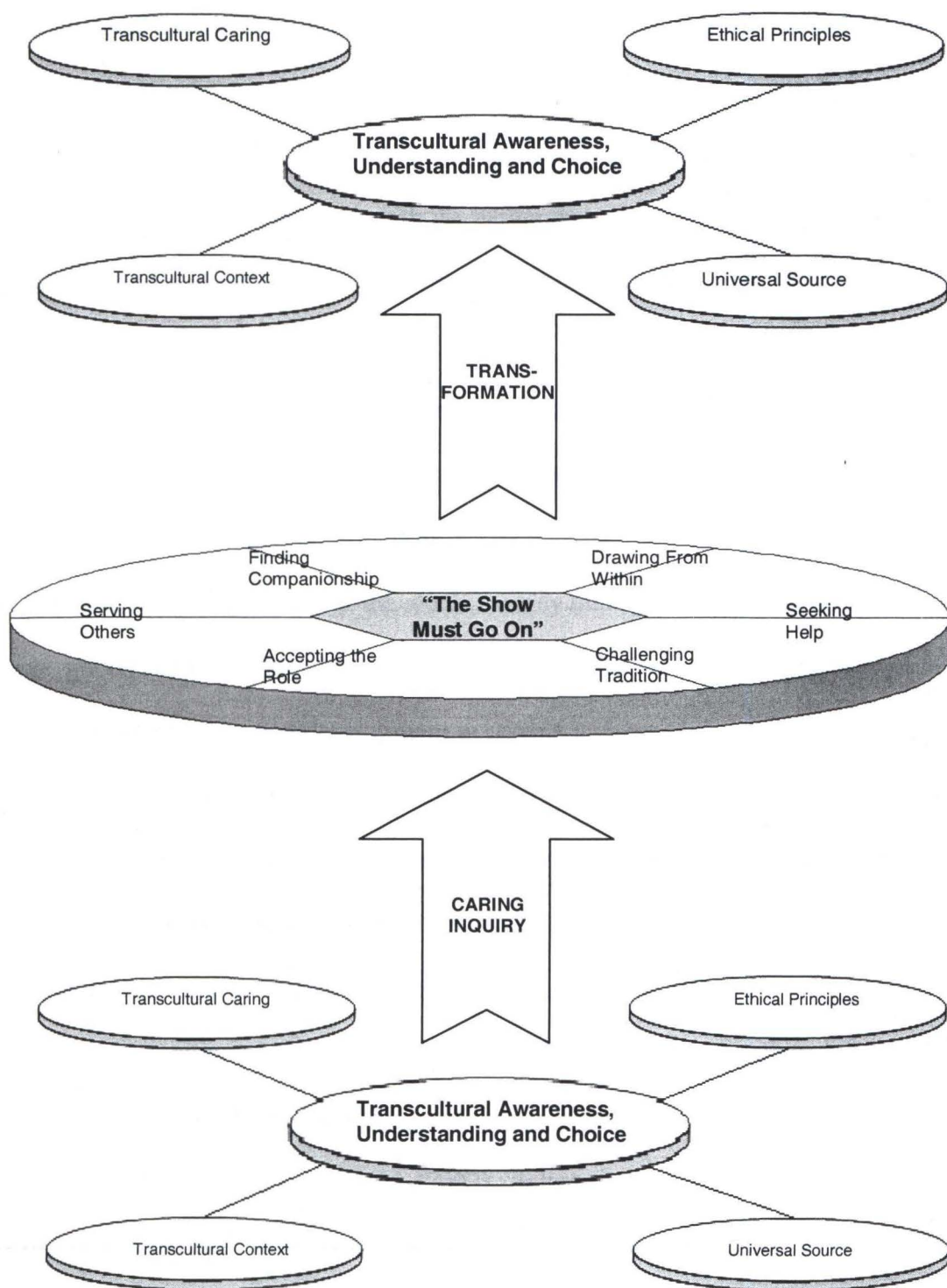


Figure 4. Model of New Tradition: Older Indian Widowhood.

Globalization

Since globalization has not been addressed in reports on Indian widows, except perhaps with regard to specific issues, i.e., employment-seeking adult children migrating abroad, I include it now for consideration and discussion. Although I did not specifically discuss the effects of globalization with the participants, I offer it as an additional explanation for the differences between this report's findings on older Indian widows and others.

In his book, *The Argumentative Indian*, Nobel Prize-winning economist Amartya Sen (2005) defined globalization as “[a] diverse basket of global interactions, varying from the expansion of cultural influences across borders to the enlargement of economic and business relations throughout the world,” a way that “[g]lobal movements of ideas, people, goods and technology that different regions of the world have tended, in general, to benefit from progress and development occurring in other regions” (p. 345). Commenting on globalization often being viewed as “just the ideological imperialism of the West, a one-sided movement that simply reflects an asymmetry of power which needs to be resisted” (p. 345), Sen noted that, “India has been, like many other countries, both an exporter and importer of ideas in our world of continuing global interactions. An inadequate recognition of this two-way process sometimes leads to rather redundant controversies and conflicts” (p. 346).

According to Mines and Lamb (2002), “[s]ince as early as 300 B.C.E. residents of the Indian subcontinent were trading and exchanging ideas and material goods with merchants from Greece, other parts of Asia, Arabia, the Middle East, and later Europe”

(p. 5). Noting that “global economic and cultural values continue to shape South Asia,” they point to Microsoft having offices in Hyderabad, customer service lines being staffed by Indians with American accents, and Western superstars promoting products in Mumbai. Identifying some of the ways Indian culture has affected peoples’ practices in other parts of the world, Mines and Lamb cite Mahatma Gandhi’s resistance techniques being used by Martin Luther King, Jr. during the civil rights movement in the United States; the world-wide interest in yoga its clothing, food and music as examples of India finding its way into the lives of people everywhere. As South Asians, Europeans, and Americans alike move back and forth across continents, ‘transnationally’ (p. 4), sharing of ideas, and therefore values occurs.” Globalization is often equated with modernity and as having a negative effect on Indian culture. As Mines and Lamb (2002) pointed out,

The transformations of modernity are often blamed for an emerging youth drug culture, *neglected elderly and a general falling apart of the family*, as modern afflictions, stemming from forces such as consumerism, urbanization, colonialism, tourism, a globalizing media, and the back and forth of international migration. Some of these modern forces are viewed as coming principally from the ‘West.’ In such discourses, the family can stand as a sign of ‘tradition’ and a morally superior national culture. But modern changes are also frequently interpreted as stemming from a natural propensity for things to change and degenerate over time. (p. 9)

With regard to the Model of New Tradition: Older Indian Widowhood, globalization represents the ever-changing environment within which the participants in this study live.

The Model for Transcultural Caring in Nursing and Health Care Revisited

In Chapters 1 and 2, the MTCNHC acted as a catalyst for the research relationship and as a generative guide for collecting and organizing information about the Indian widow's life-world, culture and identity. In this chapter, the Model's four dimensions are integrated with an analysis of data presented by others and are used to reflect on what had been "bracketed" during data collection and early interpretive theme analysis and comparing past with new knowledge. Each dimension of the MTCNHC, Transcultural Caring Dynamics, Transcultural Context, Universal Source and Ethical Principles, as applied to the study's findings, is supported by the participants' words, adding to the richness and authenticity of the analysis.

Transcultural Caring Dynamics

(Empathy, authenticity, co-presence, availability, attendance, communication)

The action of compassion/love as the mediating force guiding moral caring behavior and facilitating right action.

A number of interviews touched upon caring. Often it regarded relationships with family members, sharing with others or giving back to society. The words of the participants led me to believe that caring was synonymous with responsibility, particularly in relation to family members and friends.

Unlike reports (Chen, 2000; Lamb, 2000, UNPF, 2002) of diminishing support for older Indian widows and Indian elders in general, all (14) of the participants said they received emotional, physical and social support from close friends and/or relatives and one participant (Gardenia) received financial support from a granddaughter. This

confirms Aruna's and Reddy's (2001) work in South India suggesting that support networks for widows tend to be small and kin-centered.

Galvin's (2003) research on Nepalese Hindu widows identified the importance of daughters in their widowed mothers' lives. Although daughters were identified as providing support to their mothers (Begonia, Jasmine, Lily, Marigold, Rose, Violet), only Buttercup said that she plans to live with her daughter when she retires.

Their Words

In 1985, we had our own house and we lent out a part of the house and the new tenants in the house had a son and that son was very close to me and even now he is the one who takes care of me. Even after all these years, my neighbors' son takes care of me and, even after all these years have passed, he is the one who comes to check on me every day. He has got married and has two kids and he lives nearby to my house. He lives with his parents, his wife, and his two kids, but he comes home every day to visit me and sees how I am doing. I have not adopted him legally, but he is almost like my own son. *Camellia*

After I started working, my relatives were a great support. During my kids' holidays or festivals, my relatives would call me and my sons to their house and I would go and stay with them for a week or ten, and come back to my house again, and my mother was a great help to me because she told me how to live in the society and she supported me and she told me how to take care of my kids and how to live life and how I should not depend on others, because now it is a reality my husband is no more and I have to face the consequences and I should not depend and live with somebody else and be dependent on somebody else. So, my mother told me that I should be independent and how I should live my life and take care of myself and my children. *Carnation*

When my husband died, my uncles took care of me because my uncles are all very rich. So they would give me bags of rice, and I would sell the rice and brought up my children. And after my children were old enough, I started living with them. And when my husband passed away, my mother took care of me, too. *Gardenia*

Even during my third daughter's wedding, my husband's friends and my relatives have come forward and really helped me a lot. They asked me not to worry and they took care of everything. *Marigold*

They are just the same even before and after my husband's death. That is because we took very good care of them when they were kids and when they got newly married and kept in my house. All of my sons, my daughters-in-law and my grandchildren are just the same. They treat me just the same and even now they come to my house and have dinner or lunch and spend some time with me. *Rose*

After retiring, with the money I earned, I want to put in the bank and I want to live on the interest, and with that money I want to live with my youngest daughter. I want to go back to Tenali, the place where I was born, and I want to live with my youngest daughter. Because if there is a day when I can't get up from my bed, I trust and I think that my daughter will be the best person to be with me at that point of time. So, for the rest of my life, I want to go back to Tenali and live with my daughter because I know that she is there for me.

Buttercup

All her children are helpful to her - that's what is needed. Usually in our society, sons are more important because, after the husband, they are the ones who take care of the house, mother, other sisters, everything, they are the ones who take care of. Here in our India, this is the rule, this is a custom that after husband, the sons will take care of everything, not the daughters and all. Daughters are supposed to be the outsiders. Once they get married, their surname will be changed, they are supposed to be the other person's like they are not related. Only by birth they are born here, but never get any more responsibility. It is the duty of the son to take care of the mother. But luckily, as I am here, and nobody is bothered like that, I can take care and my brothers and all are there. Even I do not have any problem with this, because my father-in-law and mother-in-law are there. I was supposed to take in time over these things. I have to go to my father-in-law. By rule, I have to go and take care of him only. I cannot take care of my mother if they are there. But luckily for them, even they also know this, though they are very orthodox and all, they are more close to their daughters than their son because he is the only son to them. *Lily's daughter*

Nobody is concerned nowadays if the daughter is taking care of mother or anything, also nobody is objecting. Previously, it was a very objectionable thing. *Lily*

Findings in a report issued by the United Nations Population Fund (UNPF), cited in Chapter 1, state that children leaving elderly parents for employment abroad is widespread among India's middle-class. This study concludes the same. More than half of the participants (Begonia, Daisy, Gardenia, Hibiscus, Jasmine, Lily, Marigold, Orchid and

Violet) have adult children living abroad. Only two participants (Hibiscus and Orchid) reported visiting children living abroad. Daisy best expressed what many of the others alluded to during the interviews about having children so far away:

Her Words

Since I have only one son and he has been away from me during his days when he studied his engineering, he was away from me. After that, he went to the United States to get a job and he was again away from me. So, slowly, slowly, I have learned to detach myself from my son in the sense that if I depend on him both physically and emotionally, it would be difficult for me to accept the fact that he was away from me. So, over the period of time, I learned to be a little unattached. So, I learned to deal with it and, whenever he comes back home, I am happy being with him and seeing him. But whenever he goes away, even then I am fine with the fact that he does not live with me anymore. I have accepted the fact and I am dealing with it very well and, even when I became a widow, I could accept that fact and live within the society norms that the society had laid down. *Daisy*

Transcultural Context

(Person in Family/Society/Culture-Political, Economic, Legal, Technological, Ecological, Health Care Systems). The personal/ethnic/cultural values, beliefs and attitudes about relationships, symbols and rituals guiding transcultural experience in social, communal, health care and global systems.

Study participants referred to cultural or transcultural context in a variety of ways. For all of the women, marriage, family, friendship networks and living arrangements defined their ways of being.

Caste

Participants did not hesitate to respond when asked what caste they belonged to. However, with the exception of Rose, caste was not mentioned during the interviews other than to identify that they (all 14 participants) had been married to men from their

own caste. This is consistent with Fuller's (2004) assessment that although the caste system is in a state of transition and issues surrounding caste are rarely discussed openly, especially in urban areas, it still is important with regard to marriage.

The name of the [my] caste is Choudhary, or you can also say as Kammas. I do not believe in the caste system, I think everybody is equal but I belong to the caste called Kamma and it is supposed to be a very superior caste in the Indian caste system. More than what I eat, I always make the other people to eat more. I do not have any caste or religion. Though I am born in a caste, which demands a lot of respect in the society, I do not like to use the caste name or I do not like to take pride in the fact that I am born in a big caste. I think everybody is the same. I always believe that one's good deeds are more than anything else, all the rest of the things. *Rose*

Finances

All but one (Gardenia) study participants are financially self-supporting, yet only two participants (Buttercup and Carnation) are employed. Most participants identified sources of income as inherited from their husbands, rents from leased land, and/or investment income. Of necessity, Carnation sought employment following her husband's death and continues to support herself, her husband's first wife and the family's joint household. Buttercup, who will be retiring soon, worked even when her husband was alive, and supports only herself now. Only one participant (Jasmine) identified finances as a current problem.

The findings from this study challenge those of Chen (1998, 2000), Karve, (2002), and Uberoi (2002) who reported that middle and lower castes tended to impose fewer restrictions on widows than higher castes, making it easier for them to work outside the home and studies reporting large percentages of widows needing employment

following their husbands' deaths (Chen, 1998; Kitchlu (as cited in Patil), 2000; Lamb, 2000).

It is important to note that many of the differences found in this study compared to previous ones has much to do with the differences between a capitalist economy and an agrarian one. As mostly middle-class urban dwellers, the participants in this study benefited from the social and economic changes that came as a result of the move India made to a capitalist economy, whereas the widows in previous studies, primarily from rural villages and dependent on an agrarian economy, did not.

Their Words

When I got married, my parents gave me some dowry. And when my husband was working, we saved some money and, with that money, we got our daughters married. And whatever is left up, I am living with that. My husband was an electrical engineer. *Marigold*

Since the time I am aware of myself, my aim is that I should never face any financial difficulty. Accordingly I have planned very carefully in that whatever was bequeathed by my husband, I took care of mine by myself. Even now I never expect anything from my children and live on that left behind by my husband. I always want to live on myself and wanted to live very bravely and do not depend on anybody and I do not expect them to take care of me also. *Rose*

I am also working in a pharmaceutical company, and it is about time for me to retire. I work in the packing department. Financially, I depend on myself. I earn my own money, and I live on my money. *Buttercup*

Before my husband died, the only piece of property that we have is the house that I am living in right now. And after he died, it is when I stepped out of the house and started working and because at the time my husband passed away, my elder son was only 10 years old and the others were much younger, so that is when I stepped out of the house. I worked in the houses as a maid, and I earned my money and I supported the family and I brought up my sons. All my sons and I have jobs, all of us earn and put the money at one place. And from that money, I run the house. *Carnation*

Before death, my husband had resigned his job, so I don't get any pension, even if it is a government job. I live in this house because I own this house and I also have land in the village and I get some money from there. *Daisy*

The thing is my husband's pension I am getting. For the first five years, I got full pension. That is more than enough for me. But now, it is getting a little bit difficult because I am getting only one third of that. Of course, I got some deposits. I am getting interest from that. I am a very spendthrift person, so it is becoming very tight for me to spend money right now. *Jasmine*

Camellia is the only participant having legal problems with her husband's relatives over his estate. This differs considerably from those of Nandwana and Nandwana (1998) and Chen (2000) who reported significant numbers of widows with inheritance problems due to greedy and opportunistic relatives and poorly enforced inheritance laws.

Education

Other studies of older Indian widows (Chen, 2000; Lamb, 2000) did not identify educational preparation of subjects, and therefore it can be assumed that, because these studies were conducted in rural villages or poor urban pockets, subjects had little or no formal education. In contrast, almost all (13) of this study's participants had attended at least elementary school, 10 had attended secondary school, 6 were graduates of secondary school (completed their 10th Standard), 3 were college graduates and one had completed one year towards a master's degree. Carnation was the only participant identifying herself as "illiterate" (her words).

Their Words

I did my B Com, Bachelor of Commerce. *Begonia*

I studied till my seventh standard. *Buttercup*

I did my eighth standard. Even the eighth standard, I had to go by force. And because I always feel that good education is very important, though I didn't study myself, but I always liked studying and I always wanted the kids to be educated well because their future is very important. *Camellia*

I have no education at all. My husband's first wife was working in a watch company, the Allwyn Company, and so she was the one who actually said that all the kids should be educated because we are illiterates. *Carnation*

I studied a little higher than high school. *Dahlia*

I studied till my third standard, but I had to discontinue my studies because I had a lot of family responsibilities. And I learned how to sign. I had to take over the family responsibilities as slowly my uncles, my sisters, my father were passed away. So, I had to take care of the family. *Gardenia*

I would like to take a job, but who is there to offer me a job. Because apart from a degree, I do not have any other qualifications a BA in Telugu literature I did. Telugu, Economics, and politics were my subjects. *Jasmine*

When she was in 9th or 10th, she got married. I think she had not completed her studies there. She knows Telugu and all other things. *Lily's daughter*

I studied till my ninth standard. *Marigold*

Mine is a school education GED. *Orchid*

Health

All of the participants, when asked about their health, spoke only about physical problems. None, until prompted, identified emotional, mental or psychosocial issues relating to their health. A number of participants suffered from health problems with hypertension, depression and diabetes being the most common. Dahlia was diagnosed with Parkinson's disease after her husband's death but reported having symptoms while her husband was still alive. Hibiscus, in addition to having diabetes and hypertension, had a serious heart problem that required surgery.

Although there were no previous studies specifically addressing the health problems of older Indian widows, Van Willigen and Chadha's (1999) survey of 150 men and women aged 55 and older living in an upper-middle-class Delhi neighborhood found that older female subjects more often reported their health as poor compared with same-aged male subjects. The authors suggest that this finding may be related to the rigors of household maintenance.

Results of studies from other countries having to do with the health of women widowed for more than three years were included in Chapter 1 and commonalities in the findings for non-Indian widows seem to apply to participants in this study. For instance, consistent with the findings of Byles, Feldman and Mishra (1999) and Wilcox et al., (2003) that married women tend to be healthier than widows, eight participants in this study reported health problems. It is important to note, however that only four participants believe their health problems are related to their husbands' deaths. This finding is in keeping with the findings of Wilcox et al. (2003) that, although widowhood was negatively associated with various physical and health behavior variables, becoming a widow did not negatively impact physical health, health behaviors or health outcomes, and Bennett's (1997) findings that physical health and social participation were not affected by long-term widowhood. However, as with Bennett's (1997) findings, a few participants continue to experience periods of depression several years following their husband's death.

Health Education

Information participants received regarding health problems varied. A few participants reported receiving no education about their conditions while others reported receiving information that was, in my opinion, outdated and/or erroneous.

Their Words

Since the doctor is also my cousin's brother, he always tells me that I am getting high levels in blood sugar because I am stressing myself out thinking about my husband and grieving, myself, and not because of my diet or because of my exercise. Because, whenever I go to [her native village] and I get my blood sugar levels tested, they rise up very high. For example, last week when I was in [her native village], I knew my levels were around 200, but then when I got myself checked in [her native village], they went up to 315. Now, I am back to Hyderabad and I am darned sure that in another 10 days, when I get my levels checked, I am sure it will be much lower. *Rose*

My blood pressure was not normal only the first two years after my husband passed away. But now, my blood pressure is normal. And the doctor had advised me to take less amount of salt and that is the only thing he told me. But he always insists that I should not think about what happened and not to grieve and stress myself out. *Rose*

No, I do not have [diabetes]. But the doctor suggested me, because it is on the brink, any time I may get it because my sugar counts are a little bit higher than the normal, but not called a sugar patient. But, he said it is better to take capsules and do not take sugar and all, these sugar contained items, vegetables and stop eating all those things. *Jasmine*

They never told any diet or exercises [for hypertension]. *Dahlia*

Nutrition

The nutritional influence of widowhood on some of the participants appears to correlate with studies conducted in other countries. Although the diets of participants in this study do not resemble those in Chen's (2000) and Lamb's (2000) studies (living on low protein, nutritionally- deprived diets), Rose reported losing a significant amount of

weight and Violet reported a lack of interest in food preparation as a result of the loss of their husbands, which is in keeping with the findings of Shahar et al., (2001) who suggested that weight loss and loss of eating enjoyment is higher in the first year of widowhood.

Their Words

When my husband was alive, I put on a lot of weight and once I was 88 kilos and that was when the doctor said I developed a little cholesterol and then my husband said if I lose my weight, I would reduce my level. After that, even though I did not lose much weight, I never had a cholesterol problem when he was alive, but, only when he died I developed these complications. After I lost my husband, I lost 15 kilos. When we used to have lunch or dinner, we would eat together. I never used to feel like that. Thereafter, after he died, I used to cry a lot, that is when I lost a lot of weight. I never tried to lose my weight on my own; I just lost weight because I was grieving. *Rose*

I stopped cooking. Because when I cook, I should get satisfaction. When I cannot cook for my children, my husband, what I feel is personal, there is nothing. I do not want to satisfy anybody now. So, that is why I am not interested in cooking now. *Violet*

Unlike some reports related to health care access and use (World Bank, 1996; Infochange, n.d.; UNPF, 2002) participants, as noted in Chapter 5, sought and received medical attention which they perceived to be adequate. Only one participant (Carnation) received care from an ayurvedic, non-allopathic, health practitioner.

Marriage

Discussions about marriage took up much of the interviews; how they met their husbands, what their married lives were like and whether they would consider remarriage were frequent topics of conversation. All but one marriage had been arranged (Dahlia), nine marriages were with strangers (non-relatives) and five were with relatives (four with

first cousins and one with an uncle). As Karve (2002) suggested, in South India, it is not unusual for close relatives to marry and, in some castes, it is preferable. Although now considered old fashioned or, by many, embarrassing, in the participants' experience, marrying relatives was normal and even expected. Oberoi (2002), Chen (2000), and others have commented on how the majority of marriages in all regions of India are "arranged." "Even now, Hindu marriages are supposed to be 'arranged' as the marriage arrangement is the primary context for sorting out where a particular family, lineage, and kin group stands in relation to others" (Chen, 2000, p. 22). Six participants met their husbands before their wedding day and eight on the day of the wedding. Pre-pubertal marriage was not uncommon among this study sample. Age at marriage ranged between 11 and 23 years. According to Chen (2000), "More historically than now, to preserve the purity of their women, orthodox Hindus tried to ensure that every girl was properly married before she reached puberty" (p. 22). Often, as in the case of Rose, who married at 11 years of age, the child-bride becomes a member of the groom's family and is "raised" with the other children until she reaches puberty and sexual relations are commenced with her husband. On average, for India as a whole, husbands are five years older than their wives" (p. 171) which significantly influences the number of years Indian women spend in widowhood. The average age difference between these participants and their husbands was eight years (range of 2-16). The average number of years married before being widowed was 28 (range: 12-50). The average number of years widowed was 14 (range: 3-35). Relatives, more often than not, played major roles in arranging the participants' marriages. More often than not, male relatives arranged participants'

marriages. Although Tyler (1986) suggested that mothers play an important role in the selection of wives for their sons, only Orchid mentioned her mother-in-law's unsuccessful attempts to influence her son's choice.

Their Words

My husband was my first cousin, and I saw him since I was a little child and, since he did not have children with his first wife, my mother and my brothers have convinced me and made me get married to him; and he also promised my family that he would transfer some property on my name after my marriage.

Carnation

When I met him and he always questioned me as to why I would not marry and I always told him that I was simply not interested in getting married. So that is when he used to always try to convince me to get married and he actually looked around at matches for me, but then I always said no to all those things and then, when he realized that my father was not getting me married, that was when his interest developed and after three or four years he himself thought why cannot he marry me. That is when he approached me and the whole thing happened.

Dahlia

I was 12 years old when I got married. My uncle set this match for me. I have not met him before. It was an outside match. I could see him once before I got married. He came to see me. All of my relatives wanted to see him. So, I also wanted to see him. Then, they brought him. He was very handsome. I liked him. That is why my daughter is very beautiful. My husband was just like my daughter, very beautiful. For him, it was a second marriage. He already married before. He already has two daughters from the first marriage. Since his first wife died, they got me married to him. My husband was 35 years old at that time.

Gardenia

My parents have arranged for a wedding. He is my aunt's son. I might have probably seen him since when I was a child, but I do not remember clearly. Since he always stayed in Bengal, I never met him in between, so I met him only during the wedding. *Hibiscus*

Mine is an arranged marriage. Actually, it was my grandmother. I used to stay with my grandmother. I did my degree in Hyderabad. At that time, my parents used to stay in Chennai. I stayed with my grandmother. She fixed this marriage. After arranging this, my mother had seen him and she also okayed it. In our houses, now, we don't have any personal interest or anything. Whatever the elders say, we will follow it. *Jasmine*

I was married when I was 13 years old. I don't remember the year. Arranged marriage. *Lily*

At that time, my father's parents were used to living in North Lahore that is in Pakistan. My grandfather used to work for the government. He was a government official there, so my grandmother came to Andhra to search a bride for her son. Her [mother's] parents lived in Rajahmundry, which is nearer to this place; from there, she has gone for a bride hunt. At that time they asked for more of a dowry and all, but these people gave only a little since they agreed to her. *Lily's daughter*

My parents had selected him for me. My father's brother and my husband would work together. Then they thought it was a good match for him to get married. My brother and my parents decided that the boy would be a good match for their daughter and so that is how they decided on getting [us] married. *Marigold*

I got married when I was eleven years old. My husband was 22 years old, and thus [was] ten years older to me. I had my first child when I just completed my fourteenth year. My husband [was] my Mother's younger brother. When I was a kid, my mom lost eight of her babies. So, she brought her brother and she brought him up. When my mother brought my uncle at home and (around that time) I was born. And I was the only child survived. So, my mom liked my younger brother very much, so, that was the day when I was born, she decided that I should get married to him. So, she put my hand in his on the very day. *Rose*

At that time, I did not like that marriage. I was against because I was only 15 years old. Because all my cousins got married only after they finished their graduation and post graduation, not like me. Due to some property problems, my father asked me to get married and, without asking my permission also, he talked to my brother-in-law, I mean, my husband, and he agreed and then only he came and told me, my father. So then the marriage was settled. I did not know, at that time, what to say, because I was not that matured to think anything independently, but at first I denied to get married, but my mother advised me to get married because my father could get very angry and she suggested that he is a good person. It was not a matter of being good or bad, because we had never talked. We were never close to each other. Like that, since I knew him from childhood, I never had the thought that one day I would marry him. So I had never imagined him as my husband. I remember since long, since childhood I had never thought this way. That is what I told my mother, but nobody listened to me and families do not give much importance to this. And even though my mother had sympathy for me, but she could not do anything at that time because my father already went around and told everybody about the marriage and he liked the boy, because after

all he was his sister's son and he was happy, that he thought the relation between us will be like a new relation. But what I did not like is, I never knew him closely and I never thought about him even in my dreams that he is going to become my husband. I never had that feelings and relationships between us because I always considered him as my brother. *Violet*

Arranged marriage in India. Because his cousin's brother and my brother, they both studied, that is why that alliance came from that side. My parents and my brother made the marriage arrangements and all those things, then they talked with each other, then decided the marriage date, then marriage, after that we talked. His mother does not want him to marry me because it is too far from his village, but still my husband wants to marry me because we are an educated family, my brothers and sisters. That is why he liked me, so I liked him, naturally. After one year, she agreed. She came to know what really, what her son wants, what type of person he needs. *Orchid*

The notion that widow remarriage is rare (Chen, 2000; Lamb, 2000; Patil, 2000; Mandlebaum, 1970; Tyler, 1986) was confirmed by this study. However, unlike Chen's (2000) study, none of the participants had remarried or expressed interest in remarrying.

Their Words

By the time my husband died, I was 43 years old, and by then itself I lost interest in marriage. From the beginning, I never had an interest in marriage, but then I got married and a second marriage was also not one of my interests, but I got married to a guy who was already married. Even that had happened without my intervention, so after that I took to God and I never even thought of remarrying. *Camellia*

Actually, my son insisted. When I asked him to get married, he told me to first get married, then he would. I thought, what is this man! I do not need a man now in my life because everything is changed in my life. Somebody will come means they won't take care of my children, I do not know, those things will happen. *Jasmine*

Indian ladies will not get the idea of remarriage. We never thought about it, because it never occurs to us. From our birth until today, we are brought up in such a manner that once we got married that is the end of a woman's life. *Lily*

Remarriage? No, I don't want to. I have a good life, why should I get remarried? For me, only one man, no other man, whatever he wants to do, I do. That is why I

had my whole, full life. That is why I am not interested in any other man or other, this one that one. *Orchid*

I always encourage widows to remarry, because it is not for me because I am very brave, I can live on my own; but for the other widows I always encourage them to remarry. In [my native village], I encourage people to get married because who will take care of them if they do not get married again? Not everybody is as independent or as brave so they need a partner in life. *Rose*

Living Arrangements

Living arrangements vary among the participants. Nine participants live alone. Eight own their own homes, four rent homes and two live in a home-for-the-aged. Four of those who own their homes have adult family members living with them (one has her 4 sons, their wives and her husband's first wife; another has an adult daughter and her elderly father; and the third has her elderly mother living with her). Only one participant said that if she could not live alone, she would like to live with her youngest son. One participant plans to go to her native village and live with her daughter when she retires. These findings support Vatuk's (1995) view that the majority of older women living alone are widows but do not support Chen's (2000) findings that 41 percent of the widows in her study lived with married sons.

Their Words

I owned a house in Nagpur and I sold that house and I am living on money that came through the Nagpur house. And I also own another house nearby, and I have given it for development, and I am hoping, when the whole project is finished, I will have more flats for myself and I can rent out a few flats and I will have some more money. Right now, I am renting this place till my own house gets finished. *Camellia*

That is why I gave him apartment and I cook and I give them sometimes, and I call them for the dinner. If I go somewhere, I will tell them; and if they go, they will tell me. Evening, he will come and chit chat, like that all times they do. But

my privacy should be there and their privacy should be there. I cannot go and sit all the time and do this one and do that one I cannot tell. *Orchid*

When my husband was alive, all the kids were living with me. I planned it like that, if they wanted to live with us, they will live with me. But, after my husband passed away, I decided to live alone. Even today, I always want to live alone; but in the future, if my health doesn't support it, I always wish my health for me till the end of the day, till the end of my life so that I can live alone. If, unfortunately, my health does not permit it, I prefer to live with my youngest son. In general I would not prefer to live with anyone. It is not the question of daughters or sons, but if at all something goes wrong and I have to live with my kids, the chance would be given to my youngest son because I totally trust him and I believe that he will completely take care of me because he stood by me when my husband passed away, though all my kids were there with me, but I think he was the one who took utmost care of me when the need arised. He sat near and he took care of me till I slept, so he is the only person I completely trust. *Rose*

Even now I live very close to my youngest son, but I live in a different room nearby and I cook my own food and I live by myself. But I come to visit my son every day because of my grandson and the situation never arises that I would say anything to my daughter-in-law or my daughter-in-law would say anything to me. But I am afraid that the situation might arise in the future when I am sick and when I am down. I never want to get a comment against myself. So, with my daughter I have the freedom. If I am sick, my daughter is very happy to wash my clothes, but my daughter-in-law might not be. The situation never arose, but it could be a potential situation, so I want to avoid the whole scenario even before it arises. *Buttercup*

Initially, my granddaughters would convince me to live in the same with my son-in-law. Though he would scold me, they would tell me to ignore him and live with him. But I didn't like it, I wanted to live independently, I would be very hurt whenever my son-in-law would scold me or not behave properly with me. So, I told to my granddaughter that my health would be spoiled if I continued to live in these circumstances. That is when my granddaughter thought of it seriously and brought me in here [the home-for-the- aged]. *Gardenia*

After my husband passed away, I never got a chance to live alone because I got my two daughters married, then I went for my elder daughter's delivery and then my mother lived with me and then my younger daughter lived with me. After my younger daughter got married, she came and lived with me, and she was with me when she got pregnant. So, my life has been a little busy. *Marigold*

Adherence to Mourning Rites and Rituals

Adherence to mourning rights and rituals, as indicated in data presented in Chapters 4 and 5, varied among study participants. However, unlike the widows in other studies, Chen (2000); Patil, 2000; Khanna, 2002; and Lamb, 2000) and although participating in prescribed rituals immediately following their husbands' deaths, none of the participants seemed to follow traditional mourning practices such as wearing white *saris*, removing bangle bracelets and other jewelry, not wearing *bindis* (forehead dots), restricting themselves to home, altering their diets, more than the first three or four months following their husbands' death. Carnation returned to pre-widow practices to a greater extent than other participants, wearing specific marriage symbols like toe rings. This may have been because, as Chen (2000) suggested, lower castes tend to impose fewer restrictions on widows. However, even the Brahmin participants did not follow most traditional "widow practices" past the first several months following their husbands' deaths.

Her Words

After my husband passed away, for 40 days I did not go out anywhere, I was home. And that is the period when they removed my bangles, my *bindi*, my toe rings, and the other marriage signs women would have in India. And after the first 40 days, my parents took me back to their village and that is when my brothers and my mother had put me back on the *bindi* and the bangles because that is something we believe that it is the birth right for a girl, and I also had four young sons in the house to raise. So, they did not want me to see the boys with a bare face and bare hands, because the thoughts of the children might be disturbed. So they wanted to me to wear the *bindi* and the bangles. Since then, I started wearing all these. *Carnation*

Reactions by Others

Contrary to findings in other studies (Chen, 1998, 2000; Giri, 2002; Lamb, 2000; Patil, 2000), only Daisy, Lily and Violet felt discriminated against because of their widowhood. As discussed in Chapter 5, the prohibition regarding participation in marriage rituals was mentioned by a number of participants, however others felt that the way they were treated had either not significantly changed or, in the case of Rose, had in fact improved.

Their Words

When I go out, the society will remind me that he is no more, that he does not exist. That is when it pricks me a little. So, it is a very natural feeling to feel hurt when somebody else is reminding you about the fact that he is no more. When compared to the other countries, in India, because of the customs and traditions, when you become a widow, especially when you have to attend a function, there is a difference between how people treat you when you are married and when you are a widow. So, I do not expect the society to change and treat me differently. Instead, I myself have stopped going to attend these functions because I do not expect people to change. But these days, I have observed that the society is changing a bit and treatment is not as bad as it was before. So, I think the days have changed and today's woman has a lot of respect in the society. The people know she is a widow and they are trying to respect her and things are changing now. *Daisy*

In our family also, if my daughter goes outside for something, or if they are going for another place, by the time they start, we go in front of them just before they start the car or start something like that we will go and stand in front of them, when they go away, we say 'bye' and we come back. If a married woman stands in front of them and says 'good bye,' they consider it auspicious; and if a widow like me comes in front of them and says 'bye,' they think it is bad omen, like that they feel. I told you know that day, I felt very bad, because at the time of functions or social gatherings, it is very important to have this pottu, flowers, and saris also to some extent in good colors, like red and the green colors. They are very auspicious colors. There are so many who discourage us to wear those colors. Like that, they will say. *Violet*

Her other relatives or other people, because they will accuse. See, once the husband is gone and she is getting herself, dressing up and all these, they will say

so many bad things. They do not know actually what happened between them. They will only accuse. She is being happy. She is wearing a colorful sari and another thing they do not like. They want her to be in a corner. They do not want her to come out or go out. *Lily's daughter*

They were just the same how they used to treat me before. In Hinduism, once you become a widow, you are not supposed to bless the bride and groom; but if I be her friend, her family had asked me to bless the newly wedded couple, too. Everybody calls me to all the holy occasions. In all the auspicious family occasions, everybody invites me and all of them want me to be a part of the occasion. Though I sometimes want to go back, but nobody lets me go back. Everybody wants me to be in the occasion and be there and bless them. In temples, I never had a trouble; in fact I had a better treatment.

Since they know that I lost my husband and I go for meditation in the temple, all the Brahmins there give me a *prasad* [edible stuff eaten after offering to God] and talk with me and spend some time with me and make me feel good. If my husband is alive they think that husband is there to take care of me. Now that I went alone, they think it is part of their responsibility to take good care of me. They treat me well. *Rose*

Ethical Principles

(The Good, Commitment/Trust, Fidelity, Integrity, Beneficence/Nonmaleficence, Justice/Truth, Autonomy). The knowledge shaping moral caring experience.

Much like transcultural caring, the importance of good deeds, helping others, doing the right thing, commitments to family and friends expressed in the words of the participants in Chapters 4 and 5 give us insight into their ethical principles and beliefs, however only Rose and Orchid verbalized their specific ethical philosophies.

Their Words

Since we have taken a human birth and a person might need any kind of help, so the person who is that person should be able to do any kind of help. It is a human relationship, so since we are born for each other, so we should be able to help each other. For me I think the God tells me what to do next, so I think on humanitarian grounds the person can help in whichever way she can. *Rose*

Understanding is more important in married life. And what else? Responsibility, we should not forget our ethnics (sic), any country you go, but our strong ethnics

(sic) we should continue, because in other countries they believe in second marriages and boyfriends, girlfriends like that, but we don't believe in that, so that is our main ethnic (sic). I may go to any country, but my main ethnics (sic) I should not forget. I believe in my Indian ethnics (sic). *Orchid*

Universal Source

(Religion-Spirituality (God, Christ, Buddha, The Absolute, Allah, Power, Force, Energy, Great Spirit, Creativity, Healing, Mythology) The standards of spiritual traditions shaping moral caring experience.

As noted in Chapters 4 and 5, participants made frequent references to God and spirituality. A number of participants maintained close relationships to particular deities through prayer and other devotional activities. Because of her strong ties to The Goddess, Camellia had built a shrine two blocks from her home to honor Her. Orchid was the only participant who reported she did not believe in God and although Dahlia made reference to God, she said that she was not sure if God existed. Interestingly, only Camellia suggested that she was perhaps being punished for deeds committed in past lives. Even this admission did not specifically relate to her husband's death but rather to the difficulties she was having with relatives over her husband's estate. Contrary to other reports about Indian widows (Chen, 2000, 1998; Lamb, 2000), none of the participants expressed guilt over or the belief that they were in any way responsible for their husbands' deaths because of misdeeds in this or previous lives.

Their Words

I always think, who are we, we are very small on this earth, why do we take pride in such facts like caste or money or whatever. We are nothing in front of God. The only thing man can stand by is his own goodness. If anything can help us it is only our goodness to help us. That is what I completely believe in and that is my goal. *Rose*

I talk to the Goddess directly and I see her in the form of light and, sometimes, if you really believe in God, you can see the God in any form, be it Sri Krishna, Devi Gayathri or be it any God. And a lot of times, I speak to the Goddess directly myself and, if somebody is trying to harm me or hurt me, she tells me and that is how I protect myself. *Camellia*

Every human being has their own book that God has written for them. So, this is one of the books. *Dahlia*

Not God, I would not believe in God anyway. I am not a religion person. I am a practical person. But, now I put one *puja* room because I am interested to put God and every day I will not pray and this one, that one I will not do, because I think that is what weak people do. *Orchid*

In Hindu mythology, we believe in seven births and this is my third birth, and I also know what happened in my previous two births. I can sense and I can feel and in this birth I also know why I am going through all this trouble in life. I am able to listen to life in my past two births also. And I also know the reason why I am having this problem in this birth and I think this is because of what I did in my previous birth. *Camellia*

Choice

Choice, the third dimension within the center of the Model for Transcultural Caring in Nursing and Health Care, represents “dynamic complexity--a metaphor that encapsulates co-creative patterns of meaning as people interact in the universe and move through different forms of cultural transformation and unity,” (Ray, in press) completes the center circle symbolizing the ways in which transcultural caring is manifested in the research process. My choice was a result of time spent at a memorial service my first day in India; seeing and knowing one Indian widow inspired me to choose to know others. That choice became the motivation for beginning a doctoral program in nursing and gaining the knowledge and skills required to study Indian widows. A series of choices discussed in previous chapters led me to an understanding about Indian widows, their significance (place) in history, their many faces, and for the fourteen widows I came to

know during the course of this research, about the choices they made to continue living their lives despite the difficulties.

“The Show Must Go On” is an ontology for older Indian widows, a way of being. Older Indian widows, by the fact that they have chosen widowhood rather than becoming a *sati* (dying on their husbands’ funeral pyres), like many widows who came before them, speaks to this ontology. Other, less dramatic choices, i.e. living independently, working outside their homes, dressing as they like, attending functions, participating in religious activities, and the ways they are caring for themselves and others, are relatively new “ways of being” for Indian widows. One can only speculate on what caused this change *in the meaning of widowhood for the participants in this study compared to older Indian widows in other studies.*

The world is a different place for these 14 women. They represent contemporary widows living in a fast-moving city environment where state-of-the-art, high-tech facilities have brought thousands of foreigners into their communities and the allure of “the West” has taken hundreds of thousands of their children away. Although regional differences between North and South Indians’ kinship and marriage relationships and practices still exist, the lines separating these divisions are becoming blurred as population movement between the various regions in India becomes more fluid. Job opportunities influenced in large part by the global market are dictating where people live rather than long-standing kinship networks. Widows, left behind by their children seek support and caring from extended family members or friends, which forces them further into the community and into the public eye. This visibility diminishes the seclusion and

secrecy surrounding widowhood. Changing attitudes and behaviors influence others' reactions to widows which in turn influence the way widowhood is viewed. Ray (1994) addresses this notion of reciprocal action when referring to the new science of complexity,

The new science provides a foundation for a clearer understanding of the universe as holistic, complex and dynamic. A universe that is interdependent and rational; where the observer cannot be separated from the observed; and the future is open and always changing. (p. 24)

Exposure to new ideas through the media (television, films, books), their own travel, and ideas and beliefs brought home by children traveling or living abroad have affected widows' opinions of the world in which they live, giving strength to their perceptions of personal equality, freedom and choice. Long-distance phone access, once a luxury, is common in most middle-class homes as is access to the World Wide Web. Even the smallest village will have a computer kiosk. Left with adequate resources and/or the opportunity to work, most of the participants were confident in their ability to support themselves and not be dependent on others. This had a significant impact on their views of widowhood: Although their husbands are not there, they can make their own decisions and have the finances to support those decisions.

During the second visit with Hibiscus at the home-for-the-aged, a few friends stopped in for tea. Since most of the women were also older widows (in their 70s or older), I asked them for their thoughts on widowhood. All of them believed that, although still facing varying levels of discrimination in India, widows' lives have significantly

improved since their mothers' and grandmothers' times. One woman felt that the way Indian widows were viewed and treated changed following the election of Indira Gandhi, a widow and India's first woman Prime Minister, commenting that the U.S. has never elected a woman President. Another woman believed that changes came as a result of awareness of women's issues generated during the woman's movement of the 1960s. One woman, whose daughter lives in the U.S., thought that the rejection of traditional "widow's ways" by children living abroad had an impact on the way widows now live their lives. Like the occasion of my visit to Hibiscus, which brought these women together in this place at this time, a combination of many forces in time and place has changed the "meaning" of widowhood for older Indian widows.

The widows in this study are at the margins of change in contemporary Indian society. They embody both the old and the new. Most of the participants have lived under the influences of first colonialism, then socialism and now capitalism, the ways of being, the meaning of widowhood for them, although colored by past experiences and practices, is also reflective of the new India, its dynamic complexity, change and choices. The theory of the meaning of Indian widowhood and health reflects these changes through the choices the participants make about how to live their lives and the metaphor, The Show Must Go On, symbolizing the continuous unfolding of their lives.

Upon Further Reflection

During my first visit with Hibiscus, she sang a song for me. The song, my interpreter said, was a song of love.

Her Words

This song briefly says that, after you left from my house, I want to know where in this world you hid yourself. I do not see you any more. In this world I have just remained like a body with no soul. I am waiting to see where you are. I do not know where you are. *Interpreter*

Although the participants have moved on in their lives, their husbands have not been forgotten. For most, their husbands have become “perfect” in their memories and inspirational in the way to live. The song Hibiscus sang for me and the following poem by the Indian poet Rabindranath Tagore express the significance of this role.

My Song

This song of mine will wind its music around you, my child, like the fond arms of love.

This song of mine will touch your forehead like a kiss of blessing.

When you are alone it will sit by your side and whisper in your ear, when you are in a crowd it will fence you about with aloofness.

My song will be like a pair of wings to your dreams, it will transport your heart to the verge of the unknown.

It will be like the faithful star overhead when dark night is over your road.

My song will sit in the pupils of your eyes, and will carry your sight into the heart of things.

And when my voice is silent in death, my song will speak in your living heart.

From *The Crescent Moon* by Rabindranath Tagore

Chapter Summary

In this chapter, I discuss the core dimensions of the Model for Transcultural Caring in Nursing and Health Care (Awareness, Understanding and Choice) and how they frame the analysis of the findings in this study. Existing knowledge of older Indian

widows and their health was compared to new knowledge gained through the method of Caring Inquiry. This new knowledge, the basis of understanding for the theory and model of The Meaning of Widowhood and Health for Older Indian Widows, transformed into a “living-tradition” model of older Indian widowhood, a living history that can be built upon and enhanced through additional research and scholarship. Choice is discussed in relation to my own choice to pursue this research and the choice the widows made in the study to continue on with their lives (“The Show Must Go On”) through meanings expressed in the theory’s metathemes, Drawing From Within, Seeking Help and Guidance, Challenging Tradition, Accepting the Role, Serving Others and Finding Companionship.

In Chapter 7, I present the study’s findings in relation to health and social policy reform in India, their implications for nursing education, practice and research and recommendations for improving the lives of older Indian widows.

Chapter 7

A Return to Meaning: The Show Must Go On

“All the world’s a stage,
And all the men and women merely players.
They have their exits and their entrances,
And one man in his time plays many parts,
His acts being seven ages”

As You Like It (Shakespeare, 1997, II, vii, 139-143)

Prior to this study, much of the research conducted on older Indian widows came out of rural villages or poor urban communities. None specifically addressed their health. This study represents a beginning to understanding the ways in which widowhood and health are experienced by older Indian widows today. While other studies have focused on the mistreatment, desperation, victimization and vulnerability of Indian widows, this study has concentrated on widows who are self sufficient and independent in most spheres of their lives. Although their needs may not be the same as widows in other studies with regard to food, housing, health care, financial security, social, emotional and legal support, these participants represent widows’ issues that warrant continued investigation.

I applaud the studies that exposed the problems and hardships scores of Indian widows endure on a daily basis and hope that the kind of activism highlighted in these studies (Chen, 1998, 2000) continues to be carried out and supported through the work of various voluntary, religious and non-government agencies. As anyone who has spent time in India knows, it is through these organizations that real change takes place and the urgent needs of the people are met.

Social and Health Policy Implications

Although it is important for social and health policymakers to become aware of the health needs of all widows and to address them through government initiatives (local, state and federal) and policy changes, given the enormity of India's population and the concomitant health care issues it faces, it seems clear that the health of widows will probably not be a priority on the health policy agenda for some time. Recent discussions with two Indian health policy leaders revealed concern for Indian widows, as they offered a number of incidents of cruelty toward or neglect of widows they had personally known or heard about however they seemed doubtful that anything could be done from a policy perspective to influence the current status of Indian widows. As pessimistic as that may sound, it is, in fact, the reality of the situation in many developing countries. The picture may change as India continues its trajectory into the global arena. As an article in *Newsweek* (Zakaria, 2006) noted, "over the past 15 years, India has been the second fastest-growing country in the world after China—averaging above 6 percent growth per year" (p. 1). Many believe that India will expand at an even higher rate for the next decade. The effect this tremendous growth rate and associated increasing wealth will

have on social and health care policy and initiatives remains to be seen; however, there seem to be some stirrings of more than superficial social change I and others have witnessed:

At this point, anyone who has actually been to India will probably be puzzled, 'India?' he or she will say. 'With its dilapidated airports, crumbling roads, vast slums and impoverished villages? We're talking about that India?' Yes, that, too, is India. The country might have several Silicon Valleys, but it also has three Nigerias within it, more than 300 million people living on less than a dollar a day. India is home to 40 percent of the world's poor and has the world's second largest HIV population. But that is the familiar India, the India of poverty and disease. The India of the future contains all this but also something new. You can feel the change even in the midst of the slums. (Zakaria, 2006, p. 2)

Recommendations

Based on findings from this study, there is a need to implement health promotion strategies for the prevention and management of chronic disease in India. More than half of the participants in this study suffered from at least one chronic illness, diabetes and hypertension being most frequently mentioned. When participants received information about these problems, it was often incomplete and/or outdated. Accurate, low-cost, culturally appropriate and easily understood health education information needs to be made available to all Indians and especially vulnerable groups such as widows.

The World Health Organization (WHO) defines health promotion as a process of enabling people to increase control over the determinants of health and therefore to

improve their health. Health promotion encompasses strategies that allow populations to be healthy and enable them to make healthy choices. Health promotion is carried out by and with people, not on or to people. It improves the ability of individuals to take action for their health, and capacity of groups, organisations or communities to influence the determinants of health. The health promotion process provides support for populations to become agents of their own health by their own actions and choices (International Council of Nurses (ICN), 2000b).

Nurses are in ideal positions to implement and carry out health promotion activities. The ICN (2000b) states that "By tackling the multiple health determinants and reducing obstacles, nurses can make a difference in the health and wellbeing of people."

Other needs expressed by participants were companionship and the desire to help others. Widow-to-widow support groups could be started in India to help widows deal with the day-to-day issues they face and as a way to meet women with common experiences. The idea of support groups has gained popularity in India. Twelve-step programs like Alcoholics Anonymous, Al-Anon and Narcotics Anonymous conduct daily meetings throughout India as do breast cancer and other health-oriented support groups.

There are many agencies providing care to destitute widows and others seeking aid. Establishing volunteer networks that provide opportunities for older widows who are in a position to assist others less fortunate than themselves would meet the needs of widows wishing to serve as well as helping those in need.

Additional research is necessary to better understand the issues older Indian widows face regarding their health. Although study findings seem to support research of widows from other countries, it would be difficult to correlate them to India because of the unique social and religious implications of widowhood to Indians. However, compared to previous studies of Indian widows, this study represents a new lens through which to view older Indian widowhood. Its findings create a new image of Indian widowhood on which to base future research, mirroring Lopata's (1996) description of widowhood:

The image of widowhood that is emerging from current research is that of a resilient widowed woman, able to work through her grief, cutting ties with the deceased, accepting life without him, modifying existing social relationships and roles and building new ones, and reconstructing the self into an independent, whole human being. (pp. 221-222)

It is important, therefore, that further study of older Indian widows living in other parts of India, other communities and with other religious and socio-economic groups be conducted so that a broader, more comprehensive picture can be achieved about their lives, their health, their needs, and the meaning that widowhood has for them. Of particular concern are groups of vulnerable widows who have been studied and discussed in previous chapters. Many of these widows live desperate lives deprived of basic needs. Their health has not been adequately studied and therefore should be a priority for future research.

Nurse researchers occupy unique positions to study Indian widowhood and its associated health implications. Nursing research has gone global, with nurses sharing information and ideas with others through international research publications, conferences, meetings and organizations like the International Council of Nurses (ICN). The term transcultural nursing has become commonplace and frequently I am introduced to a foreign nursing student studying and/or conducting research at my own university. International nursing research, although still in its infancy, is quickly growing as more nurses like myself find wonder and excitement in investigating other cultures. By employing the Model for Transcultural Caring in Nursing and Health Care, nurse researchers can conduct meaningful, culturally, spiritually-aware and ethically-based, caring research.

Nursing Education Implications

If one of nursing education's purposes is to prepare culturally-sensitive, relevant, competent and professional nurses, nurse researchers, nurse administrators, nurse practitioners and nurse educators with the goal of providing quality client/patient care (Leininger & McFarland, 2002), then it is important to incorporate transcultural caring concepts and research into nursing curricula. As Carpio and Majumdar (1993) stated:

Delivery of culturally appropriate health care in our pluralistic society demands that practitioners develop special attitudes, knowledge, and skills. Experiential learning is a powerful methodology for addressing the affective, as well as the cognitive, domain of learning. The exploration of personal values is an essential first step in developing cultural awareness in order to move learners beyond

ethnocentrism through awareness, understanding, acceptance, and appreciation of other cultures if learners are to truly adopt a multicultural approach to their professional practice. (p. 1)

Nursing student bodies reflect the atmosphere of globalization. Students are traveling to other continents to study nursing, forming incubators for transcultural nursing education, research, and practice. Because of the current nursing shortage, practicing nurses are recruited from developing countries to staff health care facilities in many first-world countries. Indian nurses are highly sought because of their high motivation for success and good English skills. Foreign students will be the new face of nursing in the West as the need for nurses increases and the current “graying” nursing workforce retires. Nurse educators must provide a forum for the kind of research this study represents, since *it is through this medium that mutual understanding is fostered, shared and grown.*

Nursing Practice Implications

Nurses interact with Indian widows in hospitals, community health agencies, primary care offices, educational facilities and workplaces in India and elsewhere. As previously mentioned, more than 1.6 million Asian Indians live in the U.S., many of whom are older widows or have widowed family members. Knowing about the meaning of widowhood to older Indian widows and their health needs is important to providing nursing care for older Indian widows and their family members in a holistic and caring way. Knowing about practices among Indian widows from the many regions of India and its various socio-economic and religious backgrounds makes the difference between providing good nursing care and great, culturally competent, sensitive care.

Summary

Chapter 7 focuses on the meaning of the findings of this study. “The quest for meaning is a social signifier and therefore exists in the relationship between the personal-mutual, the individual-community, and the specificity-commonality of culture” (Ray, 1991, p. 188).

This research is the first step toward understanding the meaning of widowhood and health for older Indian widows. A phenomenological-hermeneutic study using the Caring Inquiry approach, the findings from this research suggest a theory or “universal” for the meaning that widowhood and health have for older Indian widows. The theory, “The Show Must Go On,” a metaphor for the whole, was revealed through the data in the form of the metathemes: drawing from within, seeking help, challenging tradition, accepting the role, serving others and finding companionship. The explication of the meaning of widowhood and health, as Ray (1991) suggested, was a labor of co-creation between the participants and myself.

The capacity to grasp and communicate the meaning of the whole of the experience is articulated and “tested” through the relative intuition and individuality of the researcher. The movement of phenomenological theorizing to a theory of meaning captures, through the solitude of the researcher’s reflection on the meaning, the researcher’s capacity to bridge participants’ meaning of experience of caring and the universality of human action as esthetic. (p. 188)

Additional studies are needed to add to this body of knowledge. Research should be carried out with populations of older Indian widows in other socio-economic groups

and geographic locations for intra-cultural comparison. Health research specific to vulnerable widow populations is necessary to help formulate social and health care policy in the new “global” India. Nurse researchers are in unique positions to conduct this type of research. Recommendations for meeting the needs of this population were advanced in this chapter and implications for nursing research, education and practice were discussed within a transcultural and global context.

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Appendix A

Glossary

GLOSSARY

This glossary includes words from Sanscrit, Telugu, Hindi and Bengali (Chen, 2000; Flesher, 1997; Wikapedia (n.d.)

Ahimsa

In Sanskrit, literally, "noninjury." It is the principle that a person should do no harm.

Artha

Artha literally means "success." It is one of the four main religious goals of Hinduism.

Aryans

A group of people who emigrated from the west into the upper Indus Valley and the nearby territory around 1500 BCE. They conquered the Dravidians and established what is now termed the Vedic culture.

Ayurveda

The Veda (text) dealing with medicine. A commonly practiced form of traditional medicine in India.

Atman

An individual's soul or self. The ultimate goal in Hinduism is to achieve moksha through the realization that one's Atman and Brahman are the same thing. This is accomplished through different types of *yoga*.

Baba

A spiritual leader, guru (living or deceased).

Bangles

Bracelets worn by Indian women, may be made of gold, silver, glass or other materials.

Bhagavad-Gita

The section of the Mahabharata in which Krishna reveals himself to Arjuna and in a long theological discussion describes the main components of karma yoga.

Bhakti

Practices of worship or devotion to a Hindu god or goddess.

Bindi

meaning "dot," in Hindi is traditionally worn on the forehead of Hindu women—it is believed to protect women and their husbands. It symbolizes the opening of their spiritual third eye. The term *bindi* is derived from the Sanskrit *bindu*. It is usually a red dot made with vermilion (powder) or may be a more modern press-on dot.

Black Beads

Necklace made from black (jet) beads. Worn by married women; symbol of marriage.

Brahma

Brahma is the manifestation of Brahman into the world of maya. In opposition to Brahman as the essence of creation (a spirit), Brahma takes on a form fitting with the natural world. He is often mentioned as an equal with Vishnu and Shiva.

Brahman

The power behind and within the cosmos that makes it function and live. It can also be seen as the Ultimate Reality. Sometimes it is thought of as a god.

Brahmanas

Early Vedic commentaries about Hindu ritual.

Brahmin

The highest of the four main Hindu castes or Varnas. It is the priestly caste.

Caste

The western term for *varna* or *jati*. Castes provide the major divisions of Hindu society. From the Portuguese word *casta* meaning lineage.

Chandra

A lunar deity.

Cheppas

Sandals

Deva, Devi

Hindu terms for god and goddess.

Dharma

In Hinduism, Dharma means virtue. In particular, it refers to the duties of a person's caste (*varna* and *jati*) and the idea that it is virtuous always to fulfill those duties willingly and expertly.

Dharmashastra

One of a series of texts with instructions on dharma.

Dhobi/dhobi

Member of the washerwoman caste; a washerwoman.

Dhoti

A long sometimes pleated loin-cloth with one end passed between the legs and tucked at the waist.

Dosa

A pancake made from ground and fermented rice and lentils. A common South Indian food, usually eaten for breakfast or a snack, dosas comes in many varieties and are served with various accompaniments.

Dravidians

The oldest known inhabitants of the Indian subcontinent. Archaeological remains of theirs have been found in the Indus River Valley that date to 2700 BCE. In some areas, the Dravidians were conquered by the Aryans when they migrated from the west around 1500 BCE.

Garam

Term used for hot food associated with lust, aggression, and courage widows are expected to avoid.

Gauri

The Goddess in a beautiful and benevolent form.

Gotra

Patrilineal clan whose members claim descent from a single mythological sage.

Guru

Teacher, great one.

Jamais

Sons-in-law (Bengali).

Jati

The Hindu term for caste or sub-caste. A varna is made up of many jatis.

Kali

A goddess who is one of the wives of Shiva. She represents the wild, destructive character. She is often linked to death, wearing a necklace of human skulls, a skirt of human limbs, and with blood dripping from her weapons. At times, she can even overcome her husband.

Kama

Pleasure, one of the four encouraged goals of life in Hinduism. Kama refers primarily to aesthetic pleasure, such as the enjoyment of music, drama, dance, painting, sculpture, and so on. It can also refer to sexual pleasure.

Kanyadaan

"Giving away" of the bride ceremony. An important part of the Hindu marriage ceremony.

Karma

The Sanskrit term meaning "action." It refers to a concept in which the results of one's actions accumulate over one's life. Upon death, an individual's karma-this store of the results of actions-determines whether one is reborn in a higher or lower status.

Kava Chauth

Annual festival that celebrates wifely devotion for the sake of long life and the welfare of a husband.

Krishna

A god who is one of the avatars or incarnations of Vishnu. He plays a key role in the Mahabharata. In the Mahabharata appears the Bhagavad Gita which is a theological discourse He gives while waiting to go into battle and describes the basics of *karma yoga*, *jnana yoga*, and *bhakti yoga*.

Kshatriya

The second of the four main Hindu castes, or Varnas. This is the caste of warriors, leaders, and administrators.

KumKum

Red powder dot on the forehead symbolizing marriage; also applied as a symbol of auspiciousness in Hindu ceremonies.

Kurta

Collarless or mandarin-collared dress worn over drawstring pants.

Lakshmi

The goddess of prosperity. She is the consort of Vishnu.

Mahabharata

The second-century BCE epic about Krishna and the five royal Pandu brothers who must battle their Kuru cousins. It contains the famous Bhagavad Gita.

Mangalsutra

‘Auspicious thread’ term for necklace symbolizing marriage.

Manusmriti

The most popular and authoritative text of orthodox Hinduism; commonly referred to as Manu.

Mariamamma

Goddess of smallpox; a powerful and dreaded deity portrayed as a widow (South India).

Mangala

Auspicious.

Maya

The true nature of the cosmos we can see. In Sanskrit, the word means "illusion," but that does not just mean that it is imaginary. Instead, since it is what we can see, we must deal with it and live within it.

Moksha

Liberation or release from the cycle of death and rebirth or *samsara*.

Niyoga

Term for practice of allowing widows to have sexual relations with their deceased husband's brother or other appointed male for the purpose of bearing children.

Pan

An after meal digestive. Made from various foodstuffs including leaf-wrapped betel-nut paste, spices and herbs.

Pati

Husband; lord; god

Pativrata

Vow to husband; a virtuous wife; a woman who is bound by vows to protect her husband.

Parampati

The highest lord, referring to a husband.

Prasad/prasadam

Food offered to a deity or holy person and then distributed to devotees.

Pottu

Red mark on the forehead symbolizing marriage (Tamil).

Puja

An offering (usually flowers, food, adoration, music, etc.) to a god or goddess.

Punya Dahn

Benefits of good deeds; wealth.

Rakshabandam

Festival honoring brothers. Sisters give their brothers bracelets, honoring their relationship.

Reincarnation

The cycle of death and rebirth. The transmigration of an individual soul to a new body after death.

Shakti

Literally "power." Usually, the worship of the goddesses, who all represent some form of power.

Sai Baba

A Hindu sage.

Sambar

A dish common in South India made of lentils (usually red gram, also called *toor dal*) and vegetables in a spicy tamarind and lentil flour soup base.

Samsara

The cycle of death and rebirth in both Hinduism and Buddhism.

Sampradayas

Hindu worship traditions.

Sanatana Dharma

What Hindus call Hinduism.

Sanskrit

The language in which the Vedas and other Hindu sacred texts are written. It is an old Indo-European language like Greek and Latin.

Sari, Saree

Garment worn by many women in the Indian subcontinent. It consists of a long strip of cloth which can be wrapped in various styles. The most common style is wrapped around the waist, then one end is draped over the shoulder. It is usually five to six yards of unstitched cloth worn over a midriff-baring blouse (known as a choli), and a petticoat.

Sati (or Suttee)

Term used for "a good wife" as well as for the woman who is immolated (sacrificed) on her husband's cremation pyre.

Satitva

Purity; chastity.

Shaivism

The worship of Shiva, including beliefs and rituals.

Shiva/Siva

One of the two main gods of Hinduism. He is associated with a number of goddesses, the main four are Parvati, Umma, Durga, and Kali.

Shudra

The fourth and lowest Hindu caste. It literally means "slave." Historically, the members of this *varna* were servants to those of the higher castes. They are the only caste that is not twice-born.

Standard

Grade level (Indian school system).

Sumangali

A woman who predeceases her husband.

Surya

Is the chief solar deity.

Suttee A funeral custom in which a woman is immolated (sacrificed) on her husband's cremation pyre.

Ten Day Ceremony

Ceremony that takes place 10 days after a person has died.

Toe rings

Worn on second toes of married women; marriage symbol.

Transmigration

This refers to the idea of the transmigration of an individual's soul. It is also called *samsara* or reincarnation. This is the notion that after death, a person's soul is born again into another individual (human, animal, etc.).

Twice-born

The upper three castes whose males go through a "re-birth" ceremony when they come of age at around 12.

Untouchables

The Untouchables are the fifth caste, or more precisely, they are the people who are below the fourth varna and indeed outside the caste system altogether. They are outcaste. Westerners would be put into this caste. Also referred to as Scheduled caste, Dalits and Backward caste.

Upanishads

The latest of the writings to be considered part of the Vedas, written between the eighth and third centuries BCE. These are collections of stories, discussions, and instructions addressing issues of the relationship between the human and the ultimate realms.

Vaishya

The third Hindu caste, that of the merchants, traders, farmers and craftsmen.

Vaishnavism

The worship of Vishnu, often in the form of one of his avatars, Rama and Krishna. This is given its classic form in the Bhagavad Gita.

Varalahshmi Vratam

Festival dedicated to the Goddess Lakshmi, consort of Lord Vishnu. Celebrated during July-August it is observed by women seeking Lakshmi's blessing for their families.

Varna

Another word for caste. The earliest structure for the Hindu social organization. A social division into which a person is born. There are four major varnas in Hindu society: *Brahmin*, *kshatriya*, *vaishya*, and *shudra*. The first three castes are considered "twice-born." Below these four varnas are the untouchables.

Vedas

The oldest collection of Hindu sacred texts. They include the Rig-Veda, the Brahmanas, and the Upanishads. They were written between 1500 and 500 BCE.

Vedic

An adjective referring to the Vedas (as in "Vedic Scriptures"), the people who originally created and used the Vedas, the period from 1500 to 500 BCE during which they were written, or any form of Hinduism or Hindu teachings that derive from the Vedas.

Venkateshwara

Avatar or incarnation of Vishnu.

Vidhava

Term for widow. 'One whose husband is gone.'

Vishnu

One of two main gods in Hinduism. He is usually worshiped in the form of one of his avatars, Krishna and Rama.

Vrat

A vow or resolution. Especially a vow undertaken by a woman for the welfare of her husband or family, usually involving fasting.

Yoga

In Sanskrit, it literally means "yoke," as in a yoke used to harness oxen. It refers to an organized form of discipline that leads to a goal. This discipline usually involves practices of meditation, mental concentration, exercises of the body including both ones of control and asceticism. In Hinduism, this goal is usually that of *moksha*, the release of the soul from the cycle of death and rebirth (*samsara*). For this, four types of yoga are important: *karma*, *jnana*, *raja*, and *bhakti*.

Appendix B

Chart of Varna/Caste Categories

Chart of Varna/Caste Catagories

Category	Occupation	Key status
Brahmin	Priests and religious officials	Twice-born, Aryan Varnas
Kshatriya	Rulers and warriors	
Vaishya	Farmers, merchants, traders, and craftsmen	
		Not Twice-born, Non-Aryan
Shudra	Servants of upper castes and peasants	
Untouchables	The dirtiest jobs: latrine cleaners, etc.	Outside the Caste System

Flesher, P. (1997)

Appendix C

Consent Forms in English and Telugu

Consent Form

1) **Title of Research Study:** The Lived World of Older Indian Widows and Their Health Experiences

2) **Investigator:** Dr. Marilyn A. Ray, RN, PhD and Judith Czerenda, RN, MS, ARNP

3) **Purpose:** You are invited to participate in a nursing research study that will help describe the meaning of widowhood and its relationship to the health of South Indian widows.

4) **Procedures:** If you agree to participate, I and if required, a professional Telugu interpreter, would like to visit and talk to you a couple of times over the next few months for about one to two hours for a total of approximately four hours. The visits can take place at your home or another place of your choosing. During our visits, I will ask you questions concerning your experiences as a widow particularly with regard to your health. To make sure I have all of your information I would like to tape record our visits. You can ask me to turn off the tape recorder at any time. I may also take notes during our visits. The tapes and my notes will not be identified with your name. Your participation in this study is completely voluntary. You are free to refuse to answer any questions and if you want to stop participating in the study, you may do so at any time. The information I have from you up to that time can be destroyed if you wish.

5) **Risks:** I do not believe that this study will present any risk to you, other than the time it will take away from your other activities. You may get tired during the interview process. Sharing your thoughts and feelings may be uncomfortable; however, you are free to discuss them or any other questions and concerns you may have with me. There are no financial costs associated with your participation, and you will not be paid.

6) **Benefits:** Participating in this study may have no immediate benefit to you. However, the information learned from the study may help other Indian widows living in India and other countries.

7) **Data Collection & Storage:** All of the study information will be kept confidential and secure and only the people working with the study will see your information unless required by law. The audiotapes and my notes will not be identified with your name. All information will be coded with a number to disguise your identity. Although I plan to discuss the results of the study at professional meetings and write about it for professional journals, I will keep all of your information confidential. I will not give out any information in a way that could identify you. All information will be stored in a locked cabinet in my home office and will be destroyed one year after the study has been completed. The audiotapes will be transcribed by a professional transcriber who will sign a confidentiality agreement.

8) **Contact Information:** If you have any questions, please ask. You may also contact us as follows:

Dr. Marilyn Ray, Christine E. Lynn College of Nursing, Florida Atlantic University, 777 Glades Rd. Boca Raton, FL, USA. 33431. Tel # (561) 297-2872, e-mail: mray@fau.edu

Ms. Judy Czerenda, In India: c/o Saraswathi, Plot # 6, Osmania University Colony, Sainikpuri, Secunderabad, A.P., India 500-094. Tel # (402) 711-2574, In the USA 1429 SE 13th St, Deerfield Beach, FL, USA. 33441 Tel # (954) 725-5481, e-mail: jczerenda@fau.edu

You may also contact the Division of Research and Graduate Studies, Office of Sponsored Research, Florida Atlantic University, 777 Glades Rd. Boca Raton, FL, USA 33431. Tel # (561) 297-0777

9) **Verbal Consent Statement:** I have read or had read to me the preceding information describing this study. All my questions have been answered to my satisfaction. I am 18 years of age or older and freely consent to participate. I understand that I am free to withdraw from the study at any time. I have received a copy of this consent form in my preferred language (English/Telugu).

☐ I agree to be audio-tape recorded

☐ I do not agree to be audio-tape recorded.

Audiotape #: _____ Date of consent: _____

Signature of Investigator: _____ Date: _____

Signature of witness (if required for participant not wishing to be audio-taped): _____ Date: _____

TRB
Approval Date: 2/2/03
Initials: JC
Expiration Date: 2/2/04

అనుచుతి పత్రము

1. పరిపోషణాంశము: "భారతదేశంలో వృద్ధ విశంశువులు - వారి ఆర్థిక సంబంధిత అనుభవాలు".
2. చరిత్రోత్పత్తులు: డా॥ మాన్స్, ఎ.రే. ఆర్.ఎన్., పి.హెచ్.డి ర జూడిక్ జెరెండా, ఆర్.ఎన్., యం.ఎన్., ఎ.ఆర్.ఎన్.ఎ
3. ఉద్దేశ్యము: దక్షిణ భారతదేశంలో ప్రధానం విశంశ సంబంధిత ఆర్థిక అనుభవాన్ని అవగాహన కొరకు చేస్తున్న ఈ పరిశోధనలో మీరు కూడా పాల్గొనుటకు ఇది నా ఆహ్వానము.
4. పద్ధతులు: ఈ నా ప్రయత్నంలో మీరు పాల్గొనుటకు సమీకరించబడిన నేను, నాతోపాటు ఒక తెలుగు అనువాదకుడు (అవసరమైతే) రానున్న కొద్ది సార్లలో మీ దగ్గరుకు వచ్చి చెబుతాను. అలాగే ఒకటి నుండి రెండు గంటలపాటు పై అంశముపై చర్చిస్తాము. చర్చాఫలము మీ ఆంధ్రోత్సాహ లేక మీకు అనువైన ప్రదేశంలో కాని జరుగును. విశంశువుగా మీలోని ఆర్థికపు అనుభవాలు సంబంధిత ప్రశ్నలు మాత్రమే చర్చించెదము. మీరు అందించిన అమూల్యమైన సమాచారము భర్తీముగా పుంశుకొనుటకై సంభాషణలను బేర్పరికావలసివచ్చును మరియు నివేదిక రూపంలోను రికార్డు చేసుకుంటాము. ఈ చర్చలో ఎటువంటి ఒత్తిడికీ లోబడకుండా మీకు మీరుగా స్వచ్ఛందంగా పాల్గొనాలి. చర్చనుండి వైదొలుగుటకు ఏ క్షణములోనైనను మీకు సర్వహక్కులు కలుపు. మరియు అట్టి సమయము కరకు రికార్డు చేసిన సమాచారం మీరు కోరుకున్నచో రికార్డు నుండి తొలపివేసెదను.
5. పరిపూర్ణత మరియు ఇష్టాంశములు: మీ అమూల్యమైన సమయం వెచ్చించుట తప్ప మరే ఏ ఇతర పని మీకు కలుగదని నేను భావిస్తున్నాను. మీ ఆలోచనలు, అనుభవాలు నాతో చర్చించే సమయంలో మీకు అవకాశం ఉన్నంతవరకు మరియు ఏ ఇబ్బంది వచ్చినట్లయినా దయచేసి నిర్దోషమేటాగా నాతో చెప్పగలరు. నాతో చర్చించుటకుగాను మీరు ఎటువంటి మూల్యము చెల్లించనవసరములేదు. మీకు ఎటువంటి మూల్యము నా తరుపున చెల్లించబడదు.
- 6) ఉపయోగములు: ఈ చర్చలలోన మీకు సర్వర రిజర్వేషన్లు ఉన్నచో దయచేసి అదగునీ లేక ఈ క్రింది చిరునామాకు సంప్రదించండి. దేశములలోగాని నివాసించుచున్న అనేక విశంశులకు ఆర్థికపరంగా కీనుకొనవలసిన ఆర్థికలు వారి జీవనశైలి మెరుగుపడుటలో మార్గదర్శకం కాగలరు.
- 7) పరిపాటిపేజీకరణ: మీరు ఇచ్చే వ్యక్తిగత సమాచారము మొత్తము ఆర్థికము మరియు అత్యంత గోప్యముగాను పుంశుచుదును. ఈ పరిశోధనలో పనిచేయుచున్నవారు మాత్రమే ఈ సమాచారము తెలుసుకొనుటకు చట్టరీత్యా అర్హులు. ఈ ఆద్యోగిని అనుసరించిన నివేదికలోను మీ పేరు ఎక్కడా ప్రస్తావించబడదు. ఈ చర్చ సాధించుకొనుటకు ఉద్దేశ్యం మీదీగలగలదు లేక మరే ఇతర పరిశోధనాత్మక పద్ధతులలోను, మాట్లాడుచున్నవారు, ప్రచురించినపుడూగని నేను తగిన ఆర్థికలు కీనుకొనెదను. అందుకూను ఈ సమాచారము మొత్తము నా ఆధీనంలోను ఉంచబడినది. ఈ రికార్డు చేసిన సమాచారం పుష్కరీత్యా నష్టకరమైన వ్యక్తిత్వానా హామీ పత్రము కీనుకొనిన తరువరి మాత్రమే అనుకరించబడి గోప్యంగా పుంశుచుదును.
- 8) సంప్రదించవలసినవారు: మీకేమైనా ప్రశ్నలు ఉన్నచో దయచేసి అదగునీ లేక ఈ క్రింది చిరునామాకు సంప్రదించండి.
డా. మాన్స్ రే. క్లెఫ్స్, ఇ. లిన్ ఆల్జేడ్ ఆఫ్ నర్సింగ్, ఫ్లేరిడా ఆటల్లాండ్స్ యూనివర్సిటీ, 777 గ్రేడ్స్, రోజా రేజున్, ఫ్లేరిడా యు.ఎస్.ఎ. 33431, ఫోన్ # 561-297-2872, ఈ మెయిల్ : mray@fau.edu
- క్రీమిడి జూడిక్ జెరెండా.
భారతదేశంలో: C/o. సరస్వతి, ఫ్లేజ్ # 6, ఉమ్మెరియా యూనివర్సిటీ కాలని, ఫ్లేజ్ ఫ్లేజ్, నీటింట్లాబన్, ఆంధ్రప్రదేశ్, ఇంటియా - 500 094.
ఫోన్ # 402 - 711 - 2574.
- అమెరికాలో: 1429 SE 13వ వీధి, డీసెప్టెంబర్, ఫ్లేరిడా, యు.ఎస్.ఎ. 33441, ఫోన్ 954 - 725 - 5481,
ఈ మెయిల్ : jzerenda@fau.edu
- అవసరమైనచో మీరు ఈ క్రింది అర్హుని కూడా సంప్రదించగలరు.
డివిజన్ ఆఫ్ రిసర్చ్ ఆండ్ గ్రాడ్యుయేట్ స్టడీస్, ఆఫీస్ ఆఫ్ స్టాంబర్గ్ రిసర్చ్, ఫ్లేరిడా ఆటల్లాండ్స్ యూనివర్సిటీ, 777 గ్రేడ్స్, రోజా రేజున్, ఫ్లేరిడా యు.ఎస్.ఎ. 33431, ఫోన్ # 561-297-0777.
- బ) గ్రాహకీకరణ తాండ్రికము: పైన ఉదహరించిన సమాచారము నేను పూర్తిగా చదివి, అవగాహన చేసుకొన్నాను. నా సందేశాలన్నింటికీ సంవృత్తిపరమైన సమాచారములు పొందియున్నాను. నేను 18 సంవత్సరముల వయస్సు పైబడిన దానినై, ఎవరి నిర్బంధము లేకుండా ఈ చర్చలో పాల్గొన్నాను. ఈ చర్చనుండి ఏ చిరస్థితిలోనైనా ఉపసంహరించుకొనుటకు నేను స్వతంత్రులాలను. ఈ అనుమతి పత్రము యొక్క ప్రతిని నేను కొరని భాషలో (ఆంగ్లము/ తెలుగు) పొందియున్నాను.
- ☐ ఈ సంభాషణను బేర్పరికావలసిన రికార్డు చేయుటకు అంగీకరించుచున్నాను.
- ☐ ఈ సంభాషణను బేర్పరికావలసిన రికార్డు చేయుటకు అంగీకరించుచున్నాను.
- ఆద్యోగిని: _____
- పరిశోధకులయ సంతకము: _____
- సాక్షి సంతకము: _____ (రికార్డు చేయుటకు అంగీకరించిన సంబంధంలో)

Appendix D

IRB Protocol Approval



Division of Research and Graduate Studies

Office of Sponsored Research

Institutional Review Board

777 Glades Road

Boca Raton, FL 33431

Tel: 561.297.0777

Fax: 561.297.2319

www.fau.edu/dsr/committee.htm

MEMORANDUM

DATE: May 18, 2005

TO: Judith Czerenda
Marilyn Ray
College of Nursing

FROM: Nancy Jones, Vice-Chair

RE: H05-86 "The Lived World of Older Indian Widows and Their Health Experiences"

The Institutional Review Board (IRB) has reviewed the above-referenced protocol. Under the provisions for expedited review, the research has been found acceptable as meeting the applicable ethical and legal standards for the protection of the rights and welfare of the human subjects involved.

The approval is valid for **one year from the date of this memo**. This research must be approved on an annual basis. It is now your responsibility to renew your approval annually and to keep the IRB informed of any substantive changes in your procedures, any adverse events that may occur, or any problems of a human subjects nature.

If you have any questions, please contact me (6-8632) or Elisa Gaucher (7-2318) with any questions.

NJ:ac

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VITA

A. Judith Czerenda
1429 SE 13th Street
Deerfield Beach, FL 33441

jczerenda@ix.netcom.com

LICENSURE (Current)

Nursing Home Administrator, Florida and New York State
Registered Nurse (RN), Florida and New York State
Advanced Registered Nurse Practitioner (ARNP), Florida
Family Nurse Practitioner, New York State

EDUCATION

2006, Doctor of Nursing Science, College of Nursing, Florida Atlantic University, Boca Raton, FL
1979, Master of Science in Nursing, Family Nurse Clinical Specialist, Christine E. Lynn College of Nursing, Binghamton University, Binghamton, NY
1971, Bachelor of Science in Nursing, SUNY Buffalo, Buffalo, NY
1969, Associate's degree in Applied Science, Nursing

OTHER SPECIAL EDUCATIONAL EXPERIENCE

1981, Family Nurse Practitioner Certificate, Binghamton University, SUNY, Binghamton, NY

SIGNIFICANT WORK EXPERIENCE AND ACADEMIC APPOINTMENTS

2002-2003, Administrative Coordinator, Memory and Wellness Center, Florida Atlantic University, Boca Raton, FL
2000 – 2002, Grants Coordinator, Barry University School of Nursing, Miami Shores, FL
1979 – Present, Health Care Services Consultant, Czerenda Consulting, Inc.
1994 – 1995, Assistant Professor, Florida International University School of Nursing, Miami, FL
1988 – 1990, Vice President, Ideal Senior Living Center, Inc., Binghamton, NY
1987 – 1988, Assistant Vice President, Long Term Care Division, United Health Services, Inc., Binghamton, NY

1986 – 1987, Director of Patient Services, Long Term Home Health Care Program, United Health Services, Inc., Binghamton, NY
1985, Consultant, Long Term Care Division, United Health Services, Inc., Binghamton, NY
1979 – 1985, Instructor, Binghamton University, State University of New York Decker School of Nursing, Binghamton, NY
1986 – 1989, Associate in Medical Education, State University of New York Health Science Center, Binghamton, NY
1980 – 1985, Nurse Practitioner, Faculty Practice, Student Health Service, Binghamton University, Binghamton, NY
1970 – 1971, Public Health Nurse, Erie County Health Department, Buffalo, NY
1969 – 1970, Staff Nurse, Erie County Health Department, Buffalo, NY

COMPETITIVE GRANTS

2000-2002, wrote accepted proposals for more than \$1 million in grant funds for Barry University School of Nursing.

1992-1995, \$750,000 grant from the John A. Hartford Foundation for the development and implementation of System Case Management, a three-year, \$1.2 million program designed to integrate and coordinate primary health care for patients over age 60.

1979-present, consulted with and wrote proposals for a number of university schools of nursing and health and residential care facilities (see **consultation**).

REFEREED AND NON-REFEREED WORKS

Battaglini, L. & Czerenda, A. J. (1998). *United Health Services Advanced Practice Nurses as System-wide Case Managers for Internists*. In E. Netting & F. Williams (Eds.). *Enhancing primary care of elderly people*. Levittown, PA: Garland Publishing.

Czerenda, A. J. & Best, L. (1994). Tying it all together: Integrating a hospital-based health care system through case management education. *The Journal of Case Management*. 2 (2): pp. 69-74.

Video, “*In Partnership: Caring for the Jewish Elderly*.” Nationally marketed as a continuing education product for hospitals and long term care facilities. 1991.

CONFERENCE PAPERS

May 2005, “*Applying Ray’s Caring Inquiry and Transcultural Nursing Framework and Ethical Model to an Investigation of the Lived World of Older Asian Indian Widows and their health Experiences*.” Annual Qualitative Health Research Conference, Utrecht, The Netherlands.

February 1995, “*UHS Case Management - an Advanced Practice Nursing Model*”. First Pan-American Congress on Gerontology, São Paulo, Brasil.

November 1994, "*Internists and Clinical Nurse Specialists Work in Collaboration in Primary Care*". Gerontological Society of America Annual Meeting.

October 1994, "*UHS System Case Management*". Individual Case Management Association, Medical Case Management Conference VI.

March 1994, "*Tying It All Together: Implementing a System-Wide Case Management Training Program*". Workshop, American Society on Aging, Annual Meeting.

March 1994, "*System Case Management - A Primary Care Case Management Model*". American Society on Aging, Annual Meeting.

March 1993, "*System Case Management*". American Society on Aging, Annual Meeting.

April 1994, "*Internists and Nurse Specialists: Partners in System-Wide Case Management*". New York State Association of Nurse Executives.

November 1993, "*System Case Management - A New Nursing Practice Model*". Sigma Theta Tau Scholars Day, Binghamton University.

PRESENTATIONS

"Demystifying the Grant Writing Process" Workshops for:
 Barry University Schools of Nursing and Education, 2000, 2001, 2002.
 Florida Atlantic University, College of Nursing, 2002

SPECIAL AWARDS, FELLOWSHIPS, GRANTS, AND OTHER HONORS

1982 Binghamton University, Curriculum Development Grant
 1977-1979 HRSA Division of Nursing, Nurse Practitioner Traineeship
 1969-71 Public Health Training Grant

