

# WIDOWHOOD GRIEF: A CULTURAL PERSPECTIVE

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Grieving widows are at risk for health problems and mortality (Rigdon, Clayton & Dimond, 1987), and are of special interest to nurses who could provide culturally relevant care. The death of a spouse, even when expected, leads to distress (Glick, Weiss & Parkes, 1974; Lopata, 1979). While self-help groups for widows are available (Silverman, 1975, 1986), clinical observations demonstrate that many widows avoid these groups as well as professional assistance. Could it be that such help is inconsistent with their cultural values, beliefs and lifeways, and therefore is viewed as irrelevant?

The purpose of this transcultural nursing study, which was part of a larger study that also investigated cultural care and health (Rosenbaum, 1990a), was to describe and explain the grief meanings and experiences of older Greek-Canadian widows, within their world view and social structure dimensions.

The 1986 census data indicated there were 36,435 people in Ontario whose "home language" was Greek (Statistics Canada, 1986). However, the actual size of the Greek community was much larger because census figures did not account for thousands of Greek-Canadians who identified with the culture but did not speak Greek.

## *Research questions*

The research questions that guided this portion of the investigation were as follows.

1. What are the meanings and experiences of grief phenomena of older Greek-Canadian widows?
2. What are the meanings and experiences of the transition from wife to widow for older Greek-Canadian women?

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## **Definitions**

*Greek-Canadians* are persons who were born in Canada or who immigrated to Canada, who identify themselves as Greek-Canadians.

*Grief phenomena* are those culturally-based beliefs, practices, emotional expressions and sorrow following the death of a significant person. Within this definition, the concepts of grief and mourning were as follows.

*Grief* refers to the sorrow expressions and their meanings following the death of a significant person.

*Mourning* is the culturally-based practices which are performed following the death of a significant person.

## **Conceptual Framework**

Leininger's theory of *Cultural Care Diversity and Universality* (1988) and van Gennep's (1960) analysis of rites of passage provided the conceptual framework for this investigation.

Care is necessary for growth, well-being and human survival (Leininger, 1988). Care, the essence of nursing, is universally expressed in all cultures, but has diverse meanings and expressions. Leininger posited three modes of nursing actions for health maintenance and illness recovery: cultural care preservation that perpetuates the client's cultural practices, cultural care accommodation that adapts the client's or nurse's practices and cultural care repatterning that restructures the client's or nurse's practices.

All cultures were found by van Gennep (1960) to have ceremonies or rituals, called rites of passage, that assisted individuals to pass from one life cycle stage, such as birth, marriage and death, to another stage. The rites of passage included three phases: rites of separation detach the individual from the previous social situation or stage; transition rites assist the individual to shift to a new stage; and, rites of incorporation integrate the individual into the new stage.

## **Review of the Literature**

The literature on widowhood grief phenomena is reviewed from the perspectives of nursing, psychiatry, sociology, social work and anthropology.

In the nursing literature there have been a few studies that have explored grief phenomena among widows and widowers, but no nursing studies were found that were specific to cultures. In a qualitative study of widows whose husbands, younger than 50 years of age, died of a variety of causes, the con-

cept of "uncoupled identity" was developed (Saunders, 1981). The study described the experience of transition from being a member of a married couple to being a single person without exploring cultural factors.

Factors necessary for adjustment to a single lifestyle were investigated in a correlation survey (Brock, 1984). Change post-marriage, life change, education, social participation and life-style accounted for 15% of the variance of psychological well-being. Although culture was not explored, the limits to generalizability of the study (differences such as age, race, class and cultural groups) were acknowledged.

Several studies on widowhood were conducted in Canada. In one study, it was found that the progression along a pathway of adaptation took much longer than the literature described (Vachon, Lyall, Rogers, Freedman-Letofsky & Freeman, 1980). These authors did not report cultural beliefs and practices. However, Vachon (personal communication) said Italian, Greek and Maltese widows had difficulty adapting to widowhood because of inadequate support from their social networks and delegation of low status as a family babysitter.

A model for grieving among the elderly was developed by Dimond (1981). The model identified the concepts of support networks, concurrent losses and coping skills as intervening factors for adaptation. While Dimond's model is interesting, she did not include culture, which may influence support networks and coping skills.

The relationships between grief, coping, resources and health function was explored in a study of older Catholic widows, which found that resources rather than coping strategies influenced health function (Gass, 1987). In this quantitative study, religious beliefs and practices were included as resources that assisted the widows. In a thematic analysis of accounts of bereavement by adults who experienced the death of loved ones, Carter (1989) identified the following themes of grief: being stopped, hurting, missing, holding and seeking. This qualitative study did not differentiate cultural dimensions or relationships to the deceased.

Psychiatric literature on grief included Lindemann's classic work (1944) which described acute grief as a four- to six-week crisis with specific psychological and somatic symptoms. A longitudinal study by Glick, Weiss and Parkes (1974), which examined males and females 45 years of age or younger in the first year after death of a spouse, refuted Lindemann's (1944) findings that recovery from grief is resolved in a few weeks. Rather, they claim that death of a spouse leads to many years of grief that include numerous crises. Additional studies have demonstrated that widows are at risk for illness and death (Ball, 1976-77; Bornstein, Clayton, Halikas, Maurice & Robins, 1973; Parkes, 1975; Shneidman, 1980).

Three predictable stages to recover from grief were identified by Engel, (1964): shock and disbelief, developing awareness and restitution. He found that cultural grief practices provided important supports for grief-stricken persons.

Most psychiatric research literature focused on grief as intrapsychic emotional pain that either terminated or led to health problems such as depressions. Grief was generally viewed along a health-illness continuum with resolution of grief being health at one end, and prolonged grief being illness at the other end.

Schlesinger (1977), a social worker, has classified the problems that widows experience as economic, social and emotional. He recommended community supports, family counselling and interdependence with community members to assist the grieving family. Lopata (1979) conducted a study of Chicago widows of all ages, identifying a number of common problems such as lack of opportunity to grieve, lack of emotional supports, lack of supports for the children, loneliness, lack of job training and financial problems.

Themes of caring, intimacy, family feeling, reciprocal identity, support and a sense of home, which may continue to give comfort to the surviving spouse, were identified by Moss and Moss (1984-85). Wambach (1985-86) conducted a grounded theory study of widow support groups and found that aid that emphasized grief as a process was more helpful than aid that set out a timetable for reaching points along the way.

Grief phenomena in 78 cultures were studied by Rosenblatt, Walsh and Jackson (1976). Finding that people in all cultures build long-term, caring relationships for which termination caused emotional distress, the investigators concluded that people work through the loss in ways that are facilitated by culture.

Funerals have been described as a rite of passage that served to "incorporate the deceased into the world of the dead," and reintegrate the survivors into society (van Gennep, 1960, p. 146). Gorer (1965) studied grief in Britain, finding that grieving in Britain followed stages similar to those identified by Engel (1964). However, his research refuted findings of American studies (Engel, 1964; Lindemann, 1944) that identified guilt and anger as universal components of grief, demonstrating variability in grief phenomena.

The death rituals of rural Greece were studied by Danforth and Tsiaras (1982). They found that death-related practices such as memorial services, eating special foods and displaying the body, helped the grieving person face the reality of the death, as well as reorganize the small community.

While many investigators have described grief phenomena in death related situations (Gorer, 1965; Kalish, 1985; Kalish & Reynolds, 1976), other authors have focused on grief phenomena of widows. The grief phenomena of widows were investigated cross-culturally by Mathison (1970). She discussed the many institutional controls that societies establish to regain social equilibrium after a death. One purpose of marriage is to strengthen the community and widows are viewed as vulnerable to malevolent powers or ghosts; as such, the widowed are often subject to cultural controls during a specified period of mourning. She viewed grief phenomena as a cultural means for widows to become detached from their spouses. Wearing special clothing and engaging in anger releasing activities such as hair cutting and self-mutilation were examples of such cultural manifestations.

In a study of depressed Hopi Indian women, Matchett (1972) reported hallucinatory experiences during grieving. The women stated that they had "visits" by family members who had recently died. Yamamoto, Okanogi, Iwasaki and Yoshimura, (1969) examined grieving among Japanese widows. They found that the grief practice of ancestor worship served to aid the widows in their adaptation: their husbands became ancestors who were talked to, fed and given gifts.

It is evident from the anthropological literature that grief phenomena exist in most cultures, but are expressed in diverse cultural forms requiring understanding of cultural context.

### **Method**

Data were collected in settings in three Ontario communities with entry made possible through the assistance of church and Greek-Canadian community leaders. Ethnonursing, which is ethnography focused on nursing phenomena, guided the study of people's beliefs and practices about health, grief and care as well as their general lifeways, beliefs and values. Life health-care history (Leininger, 1985a) was used to acquire descriptions of the widows' health and care experiences.

Prolonged contact was maintained with 12 widowed key informants and 30 general informants, who provided views about the cultural values, experiences, meanings, linguistic expressions and context. The key informants were the most knowledgeable of those who consented to share their experiences in depth (Leininger, 1985a; Werner & Schoepfle, 1987). Criteria for their selection were: widows who identified with the Greek culture, 50 years of age and older, widowed for six months or more, able to speak and understand English and willing to participate in the study by sharing their experiences.



Widows were purposefully chosen to represent a variety of dimensions such as age, length of widowhood and generation of immigration. Key informants ranged in age from 50 to 81 years and were widowed from 6 months to 24 years. Eight were first generation immigrants and four were second generation immigrants. Informant interview sessions continued as an on-going process, until no new information was being presented.

General informants were interviewed to reflect upon meanings expressed by key informants (Leininger, 1985a). They consisted of ethnohistorians, Greek community leaders, widows, family and friends of widows. General informants added credibility to patterns that emerged from key informants (Werner & Schoepfle, 1987).

The research conformed to qualitative evaluation criteria of credibility, confirmability, meanings-in-context and saturation (Leininger, 1990; Lincoln & Guba, 1985).

### **Data Collection**

Interview guides consisted of semi-structured and open-ended statements. Meanings and observations were checked with informants on an on-going basis. Interviews were conducted primarily in informants' homes.

Investigator observations and feelings, and informant verbatim expressions were recorded in a field journal. The journal consisted of a condensed account of interviews and observation-participation, with an expanded account entered into a computer and a personal journal.

The *Leininger Life History Health Care Protocol* provided a systematic view of informants' health care history (Leininger, 1985a). The tool was used to gather data as the informants reminisced about care and health experiences.

A comparison of the acculturation of first generation key informants with second generation key informants was made, using Leininger's *Acculturation Rating and Profile Scale of Traditional and Non-Traditional Lifeways* (1972). This scale plotted profiles based upon 15 cultural indicators of traditional and non-traditional lifeways.

### **Data Analysis and Findings**

Data were analyzed using Leininger's *Phases of Analysis for Qualitative Data* (1990) to progress systematically through four phases of higher abstraction. The phases were collecting and documenting raw data; identification of descriptors; pattern analysis; and finally, theme formulation. The

Leininger, Templin, Thompson *Ethnoscript* software (1984) was used to code and retrieve the extensive raw data.

The two major themes that represented commonalities regarding grief phenomena among the informants are presented with supporting verbatim descriptors to permit the reader to follow the investigator's analytical process.

Theme 1: Greek-Canadian meanings and expressions of grief focused on beliefs about the endurance of the husbands' life spirit as an integral part of the widows' cultural care lifeways.

The reality of death transformed each woman from wife to *hira*, the Greek word meaning widow. The grief beliefs, practices and emotional expressions all had impact on the widows' lives and expressions of care.

A number of grief care practices were reported. Widow informants reported that, immediately upon notification of their husbands' death, family and friends rallied to give comfort. All informants said that, in the early days after the death, family and friends brought food, visited and gave encouragement to go on with life. All widow informants said they cried. Several said they tried to restrain themselves. One widow informant said, "Life (is) to take it how it comes, and to be strong. It's not fair to yourself to make so much scream [sic]. His life and your life separate. You have to live."

Considerable data showed grief to be an emotional expression that was more restrained in second generation widows because of acculturation. A key informant related how her Greek-born mother-in-law "lamented dirges (which) are mournful songs that people born in Greece often sing when they're mourning."

Several widows said they did not want to be called a widow. The daughter of a key informant said, "The Greek word for widow is *hira* and people don't use that word. They call you by name or they call you 'grandmother'." Despite varying attitudes to being called a widow, all key informants agreed they experienced "numbness" upon the death of their husbands. A typical statement by a key informant was, "I couldn't believe that my husband was dead."

Grief practices were documented in the field journal, after attending the funeral of a general informant.

A *Trisayio* prayer service was conducted at the funeral home and church by the priest to pray for forgiveness of her sins. At the cemetery, following services at both the funeral home and church,

more prayers were said in Greek. The priest made a cross marked by olive oil on the flower covered casket. The family then sprinkled earth on the casket. Ladies brought bread, *prosphora*, specially baked on the day of the death for everyone to eat and say, "May the Lord forgive the dead person." A Greek born key informant said only "clean" women who are not menstruating or who had not participated in recent sexual intercourse may bake this special bread.

Except for one informant, all widows took pride in the honour accorded their husbands by a large attendance at their funerals. The exception was one widow who had a private funeral with a closed casket because, "I was afraid of the emotional demonstration (by others)."

Grown children spoke about their widowed mothers as if their mothers were vulnerable to renewed sadness. An example of such a statement was, "My mom has been through a lot. I don't want to see her sad again."

Informants reported that prayers sustained them as sources of care from God. A key informant said "God helps me." Another key informant said "I kneel and pray. And I think I find relief. "Prayer served other purposes, in addition to bringing care to the widows from God. Along with other grief practices, prayer maintained family honour by showing respect for the deceased husbands. Prayer also served as symbolic care by offering the deceased's soul forgiveness from sins. Informants said *Mnimosina* services, which were memorial services to honour and protect the souls of their husbands, were conducted on the fortieth day after their husbands died, the time being symbolic of the Ascension of Jesus. All key informants reported additional *Mnimosina* services occurred during the following time periods after death: three months, six months, nine months, one year and three years. Thereafter, the major prayers for the dead were conducted during Soul Saturdays in church. Sweetened boiled wheat, *koliva*, was distributed on these occasions. Informants said the wheat in *koliva* was symbolic of death and resurrection: wheat must be buried for it to grow, similarly people must die before they are resurrected.

Key informants agreed that the meal served after the funeral (*makaria*) in the church or a restaurant was important for their own care as well as to honour their husbands. Many key informants said tending their husbands' graves was important for honouring their memories - a symbolic form of care.

Widows said the wearing of black for varying time periods symbolized the sadness they felt. One key informant wore black only until the funeral ceremony was completed. Two key informants wore black until the forty-day period was over and two wore black for one year. The remaining seven



key informants wore black for one year and then planned to wear dark colors or dark prints for their lifetimes.

In conjunction with grief practices that fostered the memories of their husbands, many informants discussed giving away their husbands' clothes and possessions to assist them in getting on with their lives. One key informant said her mother demonstrated care by removing her husband's clothes when she was not at home. Most informants said they disposed of their husbands' clothes and possessions with the assistance of their grown children, a most difficult tie-breaking task.

Informant data and investigator observations showed grief practices to be paradoxical functions of tie-breaking and attachment. Key informants' descriptions of removing their husbands' belongings was an example of a tie-breaking practice. Conversely, informants participated in many forms of memorializing their husbands. All key informants agreed that grief practices, which included memorial services, visiting and caring for their husbands' graves, and lighting candles at their graves, continued for years. Most of the widows continued to wear their wedding rings, saying "I will never forget him."

Many key informants shared a belief in the persistence of their husbands' souls to bring them continued care and companionship. Sometimes they "saw" their husbands. Other widows had experiences in which they could feel their husbands' proximity. Several widows stated that the presence took the form of the husbands' directing their decisions. One informant said she was in contact with her husband's spirit when she was in church. Whatever way the informants experienced the presence, the data supported these experiences as continuation of care within spiritual dimensions.

The transition from wife to widow never meant that the widows totally accepted their new status. Instead, what the informants described was yielding to widowhood with resignation. They courageously went on with their lives as they memorialized their husbands and continued the husbands' care values and lifeways.

Theme 2: For Greek-Canadian widows, status transition from wives to widows meant resignation to the husbands' death based on the belief that "life goes on", with the active remembrance of the husbands' care values and lifeways.

Regardless of the length of widowhood, many of the informants spoke of periodic waves of grief that were expressed in different ways. These grief expressions took different forms that included crying, disbelief, yearning and talking about their husbands. With the exceptions of early crying and dis-

belief, the data did not yield definitive stages of grief. Sometimes the waves of grief came during happy times. A key informant who had been a widow for 23 years said, "I still have pain when something nice happens: marriage, christening, graduation. I think that it's too bad he's (her husband) not around to see the kids." Another key informant, widowed for four years, described her experience poignantly:

I find that it's not as sharp a pain as it was before. It's like shutters that open and close. It's like a block square. All the edges have rounded off....But the pain is still there. That is why when a woman (friend) said 'period of adjustment', I don't think you can put people in segments. I didn't have a period of adjustment, my whole life is a period of adjustment.

Key informants had conflicting beliefs about crying: "Crying is helpful," and "Crying is futile". A key informant who expressed both beliefs said, "Cry (it helped)," as well as, "You don't cry, no come back [sic]." Even though all widows said that they had cried after their husbands died, few stated that crying had benefits. A widowed general informant expressed a typical belief about crying, saying, "Some ladies stay home and cry and go every day to the cemetery. Husband not there, spirit not there [sic]. [They should] try to make a nice life." Many widows said they continued to cry periodically, even though many years had passed.

Another pattern of grief expression by key informants was disbelief about their husband's death primarily during the time period immediately following death. A key informant said, "It took a while until it sunk in about my husband." However, two informants said they still experienced disbelief long after their husbands died. A key informant whose husband died three years ago said, "Sometimes I even still don't believe he's dead."

Only one key informant expressed anger, documented in the investigator's field journal: "As she spoke about the death of her husband, her voice rose, she clenched her fists and said angrily, 'My husband die [sic], I lost everything'." However, several informants spoke about overlooking the negative remembrances of the marital relationships. A key informant said, "(The widow) has to cover up all those bites and think of her husband the way what (that) he meant to her life."

All informants said religion and their families gave them care that generated courage to carry on with life. A key informant said, "You need your family and religion more than anything else." Many informants also indicated that they controlled their grief expressions, "keeping a happy face," to appease their grown children. The memorial services gave them permission to express their grief intermittently while according honour to their husbands.

Many informants talked about "life going on" despite their loss. Four key informants said there were "reasons" for occurrences over which they had no control such as the deaths of their husbands. A key informant shared her experience:

The church helped me. I believe there is a reason for a person dying. The more I read and the more I spoke to Father (the priest) and my mother - there is a reason for it. Asking why - you'll never find the reason.

Believing that they must go on with life, many widows stated that they carried on with their husbands' lifeways and values by surrounding themselves with family, being involved in the church and making decisions the way their husbands would have made. Even though key informants tried "to have life go on," most of the informants indicated they would not consider remarrying. Of the 30 key and general widow informants, only one had remarried. Many informants said they married one man for life.

Many spoke about the importance of a peaceful death. A key informant said:

My husband (was) happy 'till the last minutes. He died peacefully. At 9:30 I kiss him good night. I went up at 10:30. I woke up at 1 AM, I couldn't sleep. At 3:30 I heard coughing. I get up. He say 'you sit down. I gonna die.' In five minutes he was dead.

Many of the key informants stated that they also hoped for a peaceful death for themselves in order to decrease the burden on their families. A key informant explained, "You live your days in peace and you have a peaceful death and a quiet death, that's part of the prayer in the church service."

In summary, the emotional expressions of grief never completely left the widows, despite passing of time and resignation to their loss.

## Discussion

Grief care practices such as visiting, bringing food and giving encouragement eased transition from wife to *hira* (widow) for the Greek-Canadian widows. Grief practices such as prayer services and the wearing of mourning clothes also helped. An important function of these spiritual practices was to give posthumous spiritual care to their husbands by honouring their memories.

During the mourning period, the widows were in a transitional stage whereby they had already separated from their spouses, yet were not fully

reintegrated into "life in society" (van Gennep, 1960). It was during this time that memorial prayers were said at specific intervals until the conclusion of the three-year period. In Greece, this transition period was clearly completed when the deceased were exhumed and their bones were laid to rest in the village ossuary (Danforth & Tsiras, 1982). In Canada, where the cultural practice of secondary burial is not performed, the transitional period could not clearly end with that incorporation ritual. Thus, it may be speculated that the incorporation phase for Greek widows in Canada might be delayed, particularly for first generation immigrants who were enculturated into this exhumation practice.

Several grief practices served paradoxical functions of tie-breaking and attachment to their deceased husbands. This finding was congruent with that of van Gennep (1960) who stated that the transition period is very complex, with on-going processes occurring at the same time for the deceased and for the mourners. The tie-breaking ritual of giving away the deceased husbands' clothes may be interpreted as a rite of separation from the husbands as well as a cleansing ritual to avoid death pollution. The rite of separation was superimposed on the transitional period of mourning and was marked with memorial services of declining frequency until replaced with group memorial services on Soul Saturdays.

Widows received solace from belief in their husbands' spiritual presence. This finding was consistent with Greek Orthodox Christian spiritual literature (Carlson & Soroka, 1954) but conflicted with psychiatric literature that categorized sensing husbands' presence as pathological (Clayton, Desmarais & Winokur, 1968). The findings from this investigation and anthropological studies give substance to cultural variability of grief expressions.

The process of grief identified by Greek-Canadian widows did not follow linear stages of grieving. Instead, grief expressions ebbed and flowed as waves of sorrow that abated but did not terminate. The widows did not totally accept the death of their husbands, but yielded to widowhood with resignation. This finding was supported by Carter's (1989) study which identified core themes of grief.

Much of the classic literature on grief (Engel, 1964; Freud, 1917; Lindemann, 1944) has identified a final stage of mourning that implies acceptance of the death of a loved one. Findings from this investigation did not support such a concept as the primary meaning of status transition from wife to widow.

Widows demonstrated that, although they did not fully accept their husbands' deaths, they became resigned to the deaths as they became reintegrated into the Greek community.



As the process of grief continued with the widows, they gained courage to carry on with life from the continuity of care that they received from family, friends and religion, and from feeling needed as they gave care to others. Their strong cultural care values derived from family and religion influenced their well-being. The belief that "life goes on" with active remembrances of their spouses was a prominent finding in this study. This supported Leininger's (1988) theory which predicts that world view, social structure features, language and environmental context influence care expressions and practices that lead to health.

Even though crying may be a universal expression of grief (Rosenblatt, Walsh & Jackson, 1976), the findings indicate that there are diverse cultural beliefs about the value and appropriateness of crying.

The patterns of gratitude of Greek-Canadian widows for their husbands' peaceful deaths, and the wish for their own peaceful deaths was documented in this study. This finding appears related to the traditional Greek cultural belief that a peaceful death was related to a good life (Danforth & Tsiaras, 1982).

Finally, the findings of this investigation raise questions about categorization of grief expressions into "normal" and "pathological" without knowing and taking cultural care beliefs, values and practices into consideration. Future studies of widows from different cultural groups would offer transcultural comparative data to determine commonalities and diversities.

### *Nursing implications*

The provision of culturally-congruent care is an important goal of nursing practice (Leininger, 1985b, 1988). Transcultural nursing research findings in this study have generated insights that have the potential to improve nursing decisions and actions through cultural care preservation, cultural care accommodation and cultural care repatterning.

Older Greek-Canadian widows may benefit from preservation of their cultural lifeways. Strong family and religious ties serve them well. The family should be included in plans for care; grown children will often make sacrifices to assist their mother. At the same time, the widows will benefit from giving care to others, "as life goes on" (Rosenbaum, 1990b).

Prayer may evoke symbolic care for their husbands. Prayers at specified mourning periods will assist transition from wife to widow. Religious and cultural rituals will encourage family, church and Greek community care and reintegrate the widow into the community as a single person. Prayers also bring comfort care from God to the widows.



It is important not to impose the professional value of self-disclosure upon widows of cultural groups that have different values. Many Greek-Canadian widows said it was important to maintain a "happy face." If they find it difficult to express negative feelings about their husbands for fear of dishonouring them, transcultural nurses would respect the widows' reluctance to disclose these feelings. If the widows choose to share these negative feelings, this should be done slowly over several sessions to avoid guilt and provide cultural care accommodation.

Professionals often recommend group counselling and self-help groups for widows. For Greek-Canadians, especially the first generation immigrants, ventilation of feelings in a group setting would not be culturally congruent because of the language barrier and their reluctance to disclose negative feelings. Opportunities to discuss their widowhood lifeways with a trusted Greek Orthodox priest, or with staff at a Greek community social service agency might be more beneficial. Acculturated second generation widows may be more receptive to group experiences. Nurses should understand there are diversities between generations of widows and should assess receptivity to group experiences.

Finally, nurses should repattern the practice of diagnosing abnormal grief reactions in Greek-Canadian widows who express waves of sorrow over many years. Nurses will come to understand that the culturally "normal" pattern of grieving for Greek-Canadian widows will be emotional expressions that diminish over time but do not terminate.

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## RÉSUMÉ

### La douleur du veuvage : point de vue culturel

Le thème de la douleur a été analysé par abstraction à partir d'une étude qualitative de grande envergure menée auprès de veuves canadiennes âgées d'origine grecque. En les conceptualisant dans le cadre de la théorie de la diversité et de l'universalité des soins culturels de Leininger et des rites de passage de van Gennep, on s'est servi des méthodes relatives aux ethno-sciences infirmières et à l'histoire des soins de la santé. Par la technique de l'observation-participation et des entrevues menées dans trois communautés héléno-canadiennes, on a interrogé 12 veuves d'importance primordiale et 30 personnes d'ordre général. Les données qualitatives ont été analysées à l'aide des phases de l'analyse de Leininger pour passer progressivement à des niveaux d'abstraction plus élevés. Les deux principaux thèmes de la douleur étaient les suivants : 1) le sens et l'expression de la douleur chez les héléno-canadiens sont axés sur la croyance que l'esprit du mari persiste et fait partie intégrante du mode de vie culturel de la veuve; et 2) pour la veuve héléno-canadienne, le passage du statut d'épouse à celui de veuve implique qu'elle se résigne à la mort du mari en se fondant sur la croyance que "la vie continue", tout en se souvenant activement des valeurs et des habitudes de vie du mari. Par conséquent, le mode culturellement "normal" de la douleur chez les veuves héléno-canadiennes est de ressentir de la tristesse qui diminue avec le temps et qui ne cesse jamais.