The Hope Experience of Older Bereaved Women Who Cared for a Spouse With Terminal Cancer

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In this study we explore the experience and processes of hope of older women who were bereaved after caring for a spouse with terminal cancer, and we develop a tentative, emerging theory of their hope experience. We used constructivist grounded theory methods. We conducted 30 open-ended, in-depth, audiotaped interviews with 13 western Canadian women, aged 60 to 79 years, within the 1st year of bereavement, and collected 12 hope diaries. Data were analyzed using constant comparative analysis. Participants defined hope as a gradual process of regaining inner strength and building self-confidence to make sense of their completely changed situations. They were learning to stay positive and move ahead with their lives. The participants' main concern was losing hope, which they dealt with by searching for new hope through finding balance, new perspectives, and new meaning and purpose. The emerging theory is conceptualized as a spiral within the complex social context of bereavement after caregiving.

Keywords: *bereavement; cancer, psychosocial aspects; caregiving, informal; constant comparison; constructivism; grounded theory; interviews; journals (diaries); palliative care; women's health, midlife*

Each year many family caregivers face bereavement as the result of a cancer death. Their numbers will continue to rise because of an increasing and aging population (Canadian Cancer Society/ National Cancer Institute of Canada, 2007). Nationally, it is recognized that there is a lack of adequate support for family caregivers while they are caring for hospice palliative patients (Canadian Hospice Palliative Care Association, 2007). Family caregivers provide increasingly complex care in the home (Canadian Hospice Palliative Care Association, 2004), with consequences known to affect physical and mental health in bereavement (Brazil, Bedard, & Willison, 2003; Dumont, Dumont, & Mongeau, 2008). Bereaved caregivers have many unresolved concerns, including intense grief (Grbich, Parker, & Maddocks, 2001), acute distress (Jacob, 1996), and a feeling of lack of support (Grbich et al., 2001; Hudson, 2006; Ingleton et al., 2004; Jacob, 1996; Jansma, Schure, & Meyboom de Jong, 2005; Yurk, Morgan, Franey, Stebner, & Lansky, 2002). Older female spousal caregivers are at particular risk of emotional and social distress during bereavement, especially if caregiving was lengthy and difficult (Ferrario, Cardillo, Vicario, Balzarini, & Zotti, 2004; Gilbar & Ben-Zur, 2002).

Bereavement is a state of loss or deprivation through death, usually followed by grief (Attig, 2004). *Hope* has been defined as a "multidimensional dynamic life force characterized by a confident yet uncertain expectation of achieving a future good, which to the hoping person is realistically possible and personally significant" (Dufault & Martocchio, 1985, p. 380). Hope might be a personal resource that fosters the reconciliation to loss and a return to involvement with life (grief resolution; Herth, 1990; Hogan, Morse, & Tason, 1996). Hope facilitates bereavement counseling (Cutcliffe, 2004b). However, very little is known about the bereaved caregiver's experience of hope, except

that it might be important in adjusting to bereavement (Herth, 1990). Hope has been studied in other populations, including family caregivers of palliative care cancer patients. Hope is an effective psychosocial resource to cope with a difficult caregiving experience (Borneman, Stahl, Ferrell, & Smith, 2002; Chapman & Pepler, 1998; Herth, 1993; Holtslander, Duggleby, Williams, & Wright, 2005). The overall purpose of this research was to explore the experience of hope for older women who are bereaved following caregiving for a family member with terminal cancer, and to develop a tentative, emerging theory of hope for this population.

Background

A review of the scientific literature specific to bereaved caregivers and hope revealed that hope is an important variable in grief resolution and that very little research has focused on the experience of hope for the caregiver after the death of his or her terminally ill family member. Only one reported study focused on hope during bereavement; it was a correlational study of hope, coping, concurrent losses, and setting to grief resolution for the older widow or widower (Herth, 1990). A stratified random sample of 75 older persons whose spouse had died 12 to 18 months earlier in either hospital, hospice, or home completed mailed survey questionnaires on hope, grief, and coping. Their level of hope correlated positively to grief resolution and the use of self-reliant, confrontive coping styles.

Hope has been reported in the findings of research studies on bereavement. In a grounded theory study of the experience of bereavement, hope was identified as a source of consolation (Hogan et al., 1996). The researchers conducted telephone interviews with 34 participants, mostly younger women from a wide range of experiences, relating to the death of a loved one. During the phase of being engulfed with suffering, participants experienced despair, hopelessness, and profound misery. The participants embraced hope as a way to find new meaning and purpose. In another grounded theory inquiry with 12 participants who were bereavement counselors and ex-clients of bereavement counselors, the core variable of hope inspiration was the implicit projection of hope, experienced in a caring relationship between counselor and client (Cutcliffe, 2006a). Gaining hope was connected to a completed bereavement process, defined as experiencing a good or healthy ending to grief (Cutcliffe, 2006b). Cutcliffe's research focuses on inspiring hope in the bereavement counseling process and does not explain the processes of hope from the perspective of the bereaved person.

Current theories of hope point to the critical importance of understanding the actions, processes, and conditions for hope, especially during difficult life circumstances (Jevne, 2005), but do not explain its complex processes within a context. Each theory provides insight into hope but is based on research with differing methodologies, philosophies, and participant samples, which might not be relevant to the context of the bereaved family caregiver. Current scientific knowledge about hope during bereavement remains descriptive and leaves gaps in our knowledge about the inner processes and meaning of hope for the bereaved caregiver who had cared for a terminally ill person. Research from the perspective of the bereaved caregiver would increase the applicability, practicality, and usefulness of hope theories in guiding research and practice to meet the needs of this population.

Older women who cared for a spouse with cancer have unique needs. Increasing age predicted more difficulties with physical and mental health in bereavement (Brazil, Bedard, & Willison, 2002; Ferrario et al., 2004; Gilbar & Ben-Zur, 2002) and correlated with decreasing levels of hope and increasing levels of hopelessness for the family caregiver of a palliative cancer patient (Benzein & Berg, 2005). The hope level of the caregiver was lower than the patient's level of hope. This is perhaps explained by a grounded theory study of 10 family caregivers, which found that the family caregiver's hope was focused on their patient and their own caregiving, and not on themselves (Holtslander et al., 2005). Most research in palliative care includes participants with a wide range of ages, viewing older adults as having the same concerns and context as younger adults (Duggleby & Raudonis, 2006), even though theorists of aging would suggest that there are significant gender differences and age-related developmental phases that affect health and well-being across the life span (Ellermann & Reed, 2001), highlighting the need for research from the unique perspective of the older adult. The overall purpose of this study was to explore the experience of hope from the perspective of older women who are bereaved following caregiving for a spouse with terminal cancer. The specific aims were to explore the experience and processes of hope and to develop a tentative theory of the women's hope experience.

Method

Design

Because of the limited research into the complexities of hope for this population and the process nature of both grief and hope (Cutcliffe, 2004a; Hogan et al., 1996), a constructivist grounded theory was well suited to the aims of the study. A constructivist orientation seeks to conceptualize the studied phenomenon and articulate a theory, acknowledging subjectivity and the importance of social context (Charmaz, 2006).

Sample

Inclusion criteria for the sample were women (a) aged 60 years and older who (b) had resided with and provided care for a spouse with terminal cancer who had died within the past year, (c) were English speaking, and (d) freely consented to be a participant in a research project about hope in bereavement. Excluded were those cognitively impaired, nonautonomous, or not able to give free and informed consent.

Purposive and theoretical sampling techniques were used to reach saturation. *Saturation* was defined as theoretical completeness (Charmaz, 2006) when the data collected were rich and sufficient and no new properties of the categories or theoretical insights were being gained. To encourage diversity in the sample, a framework was used for purposive sampling based on the scientific literature. Participants were sought who had (a) a range of ages equal to and older than 60 years, as increasing age might affect their level of hope (Benzein & Berg, 2005); (b) different lengths of caregiving time, as it predicted a significant effect on health in bereavement (Brazil et al., 2003); and (c) various social support situations, as social support was important for hope during caregiving (Borneman et al., 2002; Herth, 1993) and predicted less depression in bereavement (Ellifritt, Nelson, & Walsh, 2003).

Theoretical sampling strategies narrowed the focus of the data collection to the emerging theory. Follow-up interviews were conducted, asking the participants about the emerging ideas, categories, and processes to fully saturate the properties of the emerging grounded theory (Charmaz, 2006). Participants were asked to complete a hope diary after the first interview. The diary encouraged deeper insights into their daily struggles with hope and provided a way to gather rich data and ideas to explore at a second interview.

Thirteen women, ranging in age from 60 to 79 years and primarily White, participated in the study. Seven were Protestant, 3 were Catholic, and 3 stated they had no religious preference. The length of caregiving varied across the sample, from less than 1 month to more than 1 year. Their experience of social support varied, as some described many friends and family close by, whereas others identified strained relationships with their family members and a lack of support. The time since the death of their spouse ranged from 3 months to 1 year. Thirty interviews were completed. One participant was interviewed once and died before a second interview could be completed, and 7 were interviewed twice. Five participants were interviewed three times because they were good informants who provided rich, in-depth insights to develop the properties of the concepts and fill theoretical gaps in the evolving theory. Hope diaries were completed by 12 participants and were included in the data analysis. Eleven diaries were written; one was audiotaped. At the time of the interviews, 3 of the 13 participants were having difficulty finding hope in their lives and were considered to be contrast cases. Their experiences and insights were examined further and integrated as an important source of variation that helped clarify the emerging theory.

Procedures

This study was reviewed by and received approval from an institutional review board and the local health region's ethics committee. Procedures for the protection of participants were strictly followed. The study took place in the homes of the participants of a small, western Canadian city from October 2006 to July 2007. The coordinator of volunteers for the in-patient palliative care unit identified potential participants, based on the inclusion criteria, and asked them if they would be willing to talk with a nurse researcher about the study. If they agreed, the researcher contacted the participants by telephone and arranged to meet with them in their homes to explain the study and to obtain a written, informed consent. One participant chose to be interviewed in the researcher's office at the university, and this was accommodated.

Data collection involved a demographic form; face-to-face, open-ended, audiotaped interviews conducted by the researcher; written or audiotaped diaries from the participants; and the researcher's field notes and memos. The interview questions were formulated to give the participants opportunities to provide

the researcher with their own insights about hope and included, What thoughts do you have about hope? What does hope mean for you right now? and Have you noticed any changes in your hope? The questions were changed as the study progressed, to become more focused on the emerging theory, including How would you define hope? and Have you experienced losing hope? Also, each participant was asked to write in a diary during a 2-week period. Each was given a prepared booklet with instructions for completion inside, including: What did hope feel like or look like today? Did you have any challenges to your hope today? and What did hope mean to you today? Field notes were made on the setting, nonverbal behaviors, and the environment of the interviews. Memoing was used to preserve the researcher's ideas throughout the data analysis.

Data Analysis and Interpretation

Interviews were transcribed verbatim for analysis, and the data were analyzed after each interview during data collection. Interview transcripts, field notes and memos, and the written or taped journals were entered into N6 software (QSR International, 2002) for the purposes of data storage and management. The data analysis consisted of Charmaz's (2006) methodology for initial, focused, and theoretical coding. The data were coded line by line, and categories, concepts, and patterns of behavior were extracted from the data through the use of the exact words of the participants, or in vivo coding, to ensure the findings were grounded in the data. During focused coding the most significant or frequent initial codes were sorted, synthesized, integrated, and organized. Codes were developed into categories and incidents. Data were compared with data, categories with categories, and incidents with incidents to develop the properties of the focused code. Constant comparison data analysis was used to move across the data, by comparison of data with the codes, categories, and incidents, to develop and refine the focused codes. Theoretical coding involved analyzing the focused codes and specifying the relationships between the categories and concepts. The focused codes were integrated and organized into a logical, coherent emerging theory of the bereaved palliative caregiver's experience of hope. Figure 1 contains an example of the coding process.

Scientific rigor was sought through the specific criteria of credibility, originality, resonance, and usefulness to produce a constructivist grounded theory that has fit, work, relevance, and modifiability (Charmaz, 2006). Credibility and originality were obtained by gathering rich, in-depth data from interviews, diaries, field notes, and memos; by transcribing verbatim; and by coding line by line. The results of the interviews and the emerging theory were confirmed for resonance and usefulness with the participants at second and third interviews. Table 1 contains definitions and quotes to support the major findings from this study. Grounding theoretical observations in the data and cross-coding and categorizing data ensured fit.

Findings

Hope was very important to each of the participants. One said, "It is wonderful to have hope, because without that . . . I would have nothing, just nothing." The participants defined hope as a gradual process of regaining inner strength and building self-confidence to make sense of their completely changed situations. Hope was learning to stay positive and to move ahead with their lives. One participant wrote, "Hope meant having the courage and strength and self-confidence," and another wrote, "I know I'll have bad days, but I know things will get better and easier." They recognized that "it would be impossible to allow yourself to have any kind of life if you didn't have hope, like it would be . . . no sense to anything."

Hope was an individual process that was always changing. One participant wrote in her diary, "Can't believe the number of ups and downs I have in a day since writing in this journal." Choosing hope allowed the participants to have some control of the ups and downs; for example, one participant said,

> You know, the choice is yours, you know, you get up in the morning, you think, "Well you know what . . . this is not going to be a very good day," and you can keep that in your mind and it cannot be a good day and then you think, "Oh, OK, I, I'm going to have a good day today," and you make yourself have a good day.

Each participant's focus of hope was for herself, for her future, and for her family. What they hoped for was dependent on how hopeful they were. Caregivers with less hope were concerned about the future, including their physical health, safety, and well-being. One said, "What do I hope for? Right now, I really hope that my health holds out, that I can be stronger emotionally." A participant wrote in her diary,

Figure 1
Example of the Coding Process

Transcripts	Incidents	Categories	Concept
Can you ever come back and have that same confidence that you had before?	Loss of confidence		
It's a very unsecure [sic] future really	Loss of security in the future		
There's not much hope for me	Low level of hope	Losing hope (main concern)	
You may have lost it [hope] for a little while	Loss of hope		
I hope I have a better day tomorrow	Hope for tomorrow		Searching for new hope
Hope today meant finding something to put my mind to	Finding your hope	Searching for hope	
I know I have to make myself do more that helps to fill the void	Filling the void		
Hope does come in many different ways	Many ways to find hope		

At this time, my hope is that we will be able to face each new day doing the best we can do and being able to cope without him. . . . The hope I have for my family is the same as it always has been.

As their hope grew, they hoped to face each day, to gradually become stronger physically and emotionally, and to find new meaning and purpose for their lives. One participant said, "Hope meant that someday I could go from grief to joy, to be able to have pride and regain my self-confidence." A few very hopeful participants were looking toward new careers and new projects for the future: "I can only look to the future and try not to look back too often."

Main Concern: Losing Hope

A recurring concern of the participants, relating to the hope experience, was losing hope. The participants said they always had some hope, but because they experienced losing hope, their hope was often at very low levels. One participant said,

You go through the pain and the tears and the memories of how ill he was so vivid in your mind, and it kind of brings you back down a little bit, and um progress that you've made, you may have lost it [hope] for a little while.

Losing hope was a result of having to face an uncertain future filled with overwhelming losses, including a loss of confidence; the loss of a partner; a caregiver; for some, the loss of a home, future plans, and identity; and loss of meaning and purpose. A participant said, "But when you get at your lowest [hope] sometimes, you feel that way. . . . I really don't want to go on, this really doesn't matter, I don't care."

During caregiving, the hope of the participants was based on the hope that their spouse would live. One described it as

so much to deal with, that, but you know through that whole year we both still had hope . . . and you start hoping for so much, that I think that, uh, it's a disappointment when at the end you realize that, we had

Table 1
Quotations Supporting the Definition and Processes of Hope

Meaning, Action, Process	Definition	Quotations
Defining hope	Hope was defined by the participants as a gradual process of regaining inner strength and building self-confidence to make sense of their completely changed situations. Hope was learning to stay changed situations. Hope was learning to stay positive and to move ahead with their lives.	"I know I'll have bad days, but I know things will get better and easier." "Hopefully after every 'first' passes it will get easier." "To have pride and regain my self-confidence." "Hope meant having the courage and strength and self-confidence." "I felt positive and hopeful." "Knowing that life will still go on, and I had to try and make the best of it—for me and for my family." "Hope that life will be happy again." "It would be impossible to allow yourself to have any kind of life if you didn't have hope. Like it would be uh it would be uh no sense to anything."
Losing hope	The participants described always having some hope, but because they were losing hope, their hope was often at very low levels.	"There's not much hope for me." "It's [hope's] not active enough, not yet but um, no the hope is there." "You go through the pain and the tears and the memories of how ill he was so vivid in your mind, and it kind of brings you back down a little bit . . . you may have lost it [hope] for a little." "But when you get at your lowest [hope] sometimes, uh you feel that way, you just feel that way you say, 'Well I don't know I really don't want to go on, this really doesn't matter, I don't care.'" "Just to keep it [hope] activated and keep going in that direction of, of, 'I hope I have a better day tomorrow.'"
Searching for new hope	The participants handled losing hope by actively searching for new hope to fill the void in their lives. It required energy and purpose.	"Nothing comes easy, and you have to, you have to work at everything . . . you know maybe there is some hope for me somewhere down the road." "Hoping tomorrow will be better." "Do I dare hope for a little more for tomorrow?" "I know I have to make myself do something that fills the void . . . today I found hope." "I'm looking forward. It gives me hope."
Finding balance	Finding balance was an important process to begin dealing with the negative, overwhelming, difficult emotions and experiences that were draining hope, to find new hope in their lives.	"It's finding the balance. You know like you can be so busy and then all of a sudden there's nothing." "Up one day, down the next." "You are working towards balance." "I can only look to the future and try not to look back too often." "And sometimes it's like I'm just at the threshold but I know better I know enough to pull myself back up, and I think that's where my hope for the future lies."
Finding new perspectives	Finding new perspectives involved deliberately refocusing from the loss toward facing a new reality, consciously realizing when things were going bad and how they could be improved.	"You put things into perspective." "It's very hard to, very hard to put a lot of things into perspective." "You have to be able to look for that light because we can stay in that darkness." "Think positive and things are better."
Finding new meaning and purpose	The experience of losing hope prompted participants to move ahead and fill their days with new hope by finding new meaning and purpose.	"I think I need to find a purpose." "My hope is that something in this diary will be of help to others." "I hope I've helped you, but I think its helped me a great deal, as well the need to help someone, if someone needs me, I can be there for them, and um it was OK, I felt good, I felt good about it. . . . I wasn't negative at all."

Figure 2
The Basic Social Process of Searching for New Hope
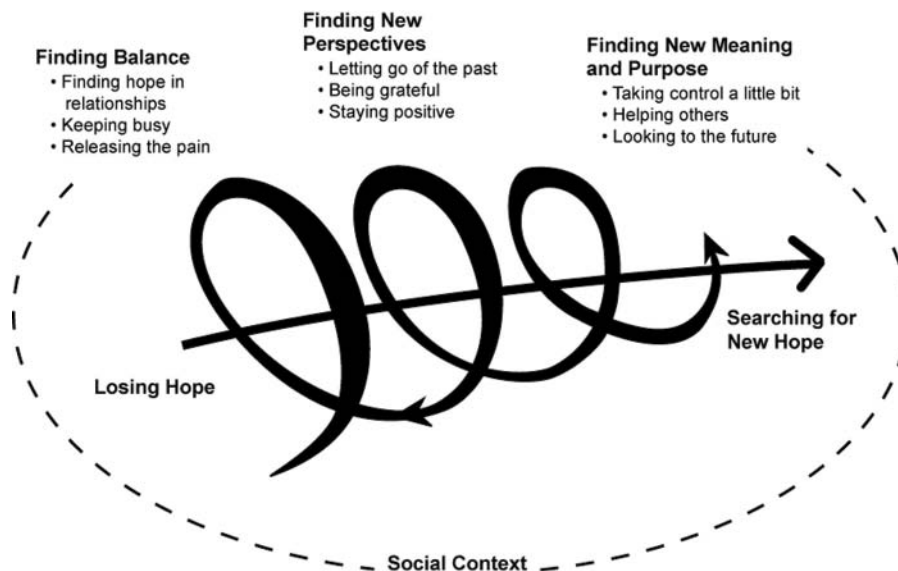
hope, but we knew deep down in our hearts, that it wouldn't be that long.

Their concern over losing hope began the deliberate process of searching for new hope in their lives; as one participant said, "I know I have to make myself do more that helps to fill the void." Another participant said, "Just keep it [hope] activated and keep going in the direction of, 'I hope I have a better day tomorrow.'"

Basic Social Process: Searching for New Hope

Based on the main concern of losing hope, the overall basic social process the participants used to deal with their concerns was "searching for new hope." The participants were actively searching for new hope to fill the void in their lives. A participant described it as, "I know I have to do something that fills the void . . . today I found hope." The participants were searching for new hope using many different processes. One participant said, "Hope does come in many different ways!" Another participant said, "Nothing comes easy, and you have to . . . work at everything . . . you know maybe there is some hope for me somewhere down the road." The subprocesses of searching for new hope were finding balance, finding new perspectives, and finding new meaning and purpose. Figure 2 contains a diagram of the basic social process of searching for new hope.

Relationships Between the Processes

The emerging substantive theory of hope resembles a forward-moving spiral demonstrating the active energy and time-requiring, purposeful process of searching for new hope. This basic social process, as shown in Figure 2, is represented by an arrow indicating forward direction within the ups and downs of the spiral. The participants described actively making or forcing themselves to do things to move ahead. One participant said, "You kind of think to yourself well I've got to plan my day . . . I have to do something." The participants described times when they moved forward: "What gave me hope today: an invitation . . . I accepted, felt like a bit of a breakthrough." Each of the participants could be theoretically placed at various points in the spiral, and it was necessary to go through each of the subprocesses to find new hope. Searching for new hope meant moving along the spiral, although each of them encountered inevitable setbacks that brought them back down the spiral. One said, "It's funny how some days seem so good and other days not so good."

Subprocesses of Searching for New Hope

The participants described the interconnected subprocesses of finding balance, finding new perspectives, and finding new meaning and purpose. *Finding balance* was an important process to begin dealing with the negative, overwhelming, difficult emotions

and experiences that were draining hope, to find new hope in their lives. One participant described it as follows: "It's finding the balance. You know one day you can be so busy and then all of a sudden there's nothing." The participants described being "up one day, down the next," but "you are working towards balance." The ways to finding balance were finding hope in relationships, keeping busy, and releasing the pain. The hope found in relationships provided an important source of strength and balance when their own hope was at a low level.

Relationships were extremely important to finding balance, especially when the participants were unable to rely on their own hope. Specifically, the relationships were with family, friends, neighbors, spiritual supports, formal caregivers, their deceased spouse, and pets. Support from family seemed to be the most important to the participants. One wrote in her diary, "Without her calls at least once a day—and all the support from everyone I don't know how I'd have got through." Spiritual support included faith and prayer. One woman said, "Sometimes what gives me hope is I have a lot of faith, and I do believe in the power of prayer." Some participants described being outdoors and connecting with nature as a source of spiritual support. The participants also described a relationship they maintained with their deceased spouse. One woman said, "I'm not really alone, he's always in my heart . . . I can almost feel him there." Participants described talking to their deceased spouse as a source of strength that enabled them to find a balance in their uncertain lives. The women who shared their lives with a pet described the importance of this relationship giving them hope. Pets provided a good reason to go outside for a walk and provided companionship through the days and nights. One woman said, "I avoided going out because coming home was hard. Except the dog greets me so I'm glad I have her."

During especially difficult times, keeping busy helped the participants keep negative thoughts and emotions away and find a balance that maintained hope. One wrote in her diary, "Hope today meant finding something to put my mind to." Another participant wrote, "Today, I will keep as busy as possible and hope that in doing so another day will go by." Still another wrote, "Work and keeping busy is getting me through each day so far."

Releasing their pain was another way to find an emotional balance. It was important for the participants to talk about the loss and release their painful, difficult thoughts and emotions. A participant wrote this: ". . . to talk about our losses. Maybe this is where hope enters our lives as between us we can try to comfort each other." Another participant wrote in her diary, "No moping around—if loneliness overwhelms me and memories cause tears—have a good cry and cleanse your soul. Then get on with life." Releasing negative emotions and thoughts was important to finding balance and new hope.

After finding a balance, the participants were able to begin finding new perspectives as they deliberately refocused from the loss to facing a new reality, consciously realizing when things were going bad and thinking through how they could be improved. One participant said, "You put things into perspective." Another said, "You have to be able to look for that light because we can stay in that darkness." After reflecting on hope in her diary, a woman wrote, "Think positive and things are better!" The subprocesses that participants used to find a new perspective were letting go of the past, being grateful, and staying positive.

After many years of sharing a life with someone, it was very difficult to let go of the past. One participant said, "It's just difficult to let it go . . . life has changed." She also said, "You don't want to lose what you had, and yet you do know better . . . you have to let go because, it's not the same." Another participant described it this way: "You close chapters and you start new ones" and "I guess it's your own decision whether life is a bowl of cherries or just the pits! It was a great day, and although my heart aches for [spouse], I still feel good."

One participant wrote in her diary, "The first step to hope is being thankful." Another said, "Appreciating the supportive people in your life, counting our blessings that our lives can go on, if we make the effort to carry on." Being thankful helped the bereaved caregivers find new perspectives in their individual situations: "I know I'll have bad days, but I also know things will get better and easier and I should be grateful I'm here to feel them both."

The participants talked about hope and the importance of staying positive. One woman said, "Well, I try and keep positive about things, you know everything." Another said, "I like to stay positive." By writing about hope in a diary, some participants gained insights into their own ability to stay positive. One said, "I just looked at it [diary], and I thought my goodness, it's pretty glum, there wasn't too many up and up moments." Another participant talked about keeping a diary and how it helped her reflect and find

a new perspective: "And then I found the more I wrote every day and I think some days I wrote a lot, I found it easier and I, I started feeling better."

As the participants worked through finding balance and finding new perspectives, they were able to progress toward filling their days with new hope by finding new meaning and purpose for their lives. One said, "I do think I need to find a purpose." Another reflected on participating in the study:

> I hope I've helped you, but I think it's helped me a great deal, as well as the need to help someone, if someone needs me, I can be there for them . . . I felt good about it . . . I wasn't negative at all.

The subprocesses of finding meaning and purpose were taking control a little bit, helping others, and looking to the future. The participants started to find new meaning and purpose by taking some control of their lives and by deliberately seeking new directions. One woman described it as "taking control a little bit even if it's only for a few hours. You know, you give your life a little bit of purpose, and I think it helps." One participant stressed the importance of "[planning] one thing for the day even if it's only taking out the garbage!"

The participants who were moving along the spiral were able to reach out to others to find meaning and purpose. One participant helped a neighbor who was actively caregiving: "I was able to listen . . . and felt I had been able to help her by being a sounding board." As a result, the caregiver had a "Very happy, upbeat day today!" She wrote about keeping a diary:

> I have learned a lot about myself, how to deal with problems I encounter and how to relax and enjoy each minute of each day. My HOPE is that something in this diary will be of help to others and both people who are grieving and people who are trying to help them will have a better understanding of the process.

Some of the participants were starting to actively plan for the future; however, the participants who could be considered contrast cases were looking ahead to find more emptiness and were having difficulty with this subprocess. One wrote in her diary, "I think any hope I have for the future will be in watching my grandchildren grow and mature, taking part in their lives and being there for all of them if they need me." Another said, "Hope for the future, yeah, because I've got children and I've got grandchildren." She was also starting to find hope in a new career: "I mean, I have hope for the future . . . I'm just starting out on this voice thing." The participants who were looking forward to the future were those who had gone through the other subprocesses along the spiral of searching for new hope.

The substantive theory of searching for new hope describes the experiences of the participants in this study as they dealt with the challenges of losing hope by finding balance, a new perspective, and new meaning and purpose during bereavement. The processes and subprocesses in the forward-moving spiral are depicted in Figure 2 as a continuous process of searching for new hope. The participants who emerged from the data as contrast cases provided insight into the challenges of one of the subprocesses—finding balance—especially when support was inadequate and difficult relationships were causing a loss of hope. The social context of each of the participants' many losses, their physical and emotional concerns, and the difficult relationships in their lives affected their movement along the spiral. For older women facing the loss of a life partner, there were many challenges to hope, including dealing with stressful relationships, financial concerns, difficulty sleeping, exhaustion from caregiving, and a lack of personal motivation. It is interesting that time since bereavement did not emerge as a finding; as a participant facing physical and emotional challenges said, "I haven't found anything positive yet. . . . It's 1 year and I don't think I feel any more hopeful than I did . . . a year ago. I really don't."

Discussion

Hope was very important to the participants in this study, and they identified "losing hope" as their main concern after caring for a spouse with terminal cancer. In response, the participants were "searching for new hope," and this is conceptually illustrated as forward movement through a spiral of ups and downs. The subprocesses of searching for new hope were "finding balance," "finding new perspectives," and "finding new meaning and purpose." This emerging constructivist grounded theory is unique when compared with previous research because hope from the perspective of the bereaved caregiver has not been studied with this methodology. However, similar individual concepts were found in other research studies with bereaved persons and palliative caregivers, and these similarities are presented in Table 2.

A definition of hope was inductively derived from the experiences of the participants as a gradual process

Table 2
Similarities of the Findings to Previous Research

Current Finding	Previous Research
Definition of hope: A gradual process of regaining inner strength and self-confidence to make sense of completely changed lives	Hope involved gaining confidence for getting on with life (Hogan, et al., 1996). Hope was inner strength for palliative caregivers (Holtslander, et al., 2005). Hope was defined as having confidence (Dufault & Martocchio, 1985).
Hope was important for the participants.	Hope was important to grief resolution (Herth, 1990; Hogan et al., 1996).
Hope was described by the participants as always changing and a choice.	Hope was described as a choice and had many fluctuations (Holtslander et al., 2005).
The forward-moving spiral shows up and down movement as the overall process of searching for new hope.	Oscillation between loss and restoration was a positive pattern of coping after the loss of a spouse in the dual-process model of grief (Stroebe & Schut, 1999).
Social context affected every aspect of the forward spiral and the bereaved caregiver's experience of hope.	The social context of each bereaved person must be considered when exploring the processes of coping with grief (Stroebe & Schut, 1999).
Relationships, keeping busy, and releasing the pain were subprocesses of finding balance.	Distraction, denial, and avoidance were included as aspects of restoration-oriented coping in the dual-process model of coping with bereavement (Stroebe & Schut, 1999). Adaptive coping involved a constant back-and-forth oscillation between loss and restoration processes in research with 163 bereaved widows and widowers (Caserta & Lund, 2007). Having a balance between the processes was associated with more positive outcomes.
Letting go of the past, being grateful, and staying positive were subprocesses of finding new perspectives.	Hogan et al. (1996) described the processes of letting go of the past to actively engage with life during bereavement. In research with 45 caregivers, bereaved for 2 months, most were coping well and could identify positive outcomes (Hudson, 2006); however, 26% were not coping well, which concurs with the participants in the current study who were unable to find new perspectives and were struggling to find balance.
The subprocesses of taking control a little bit, helping others, and looking to the future were identified by the participants as ways to find new meaning and purpose.	Finding new meaning and purpose by helping others and experiencing personal growth was important in bereavement (Hogan et al., 1996). In a sample of 506 younger bereaved adults, high levels of meaning making predicted better bereavement outcomes (Neimeyer, Baldwin, & Gillies, 2006). Personal growth, a change in life perspective, and strengthening relationships were processes in meaning making in a longitudinal study involving 205 bereaved caregivers of people with terminal illnesses (Davis & Nolen-Hoeksema, 2001).

of regaining inner strength and building self-confidence to make sense of their completely changed situations. Hope involved learning to stay positive and to move ahead with their lives. This definition of hope is unique in the literature.

The participants described their main concern as losing hope. In other research, family members felt they were losing hope, which led to panic and a loss of control (Verhaeghe, van Zuuren, Defloor, Duijnstee, & Grypdonck, 2007). Losing a grasp on hope was described by a family caregiver of a person with AIDS dementia (Kelly, 2007), although hope had a tenacious nature. Ongoing research is needed to determine the impact of losing hope and how differing social contexts influence this process.

In response to losing hope, the participants began the process of searching for new hope, an active, purposeful activity unique to each person. This was a basic social process not found in previous research with bereaved persons, although Dufault and Martocchio (1985) identified loss as an activation of a hoping process. The participants in this study were theoretically placed along the spiral depicted in Figure 2, and described where they would be on the spiral based on their social context and their ability to find balance, a new perspective, and new meaning and purpose for their lives. For example, a few participants were actively finding new meaning and purpose by taking control a little bit, helping others, and looking to the future; others were focused on

finding balance. The overall continuous spiral describing the specific inner processes of searching for new hope is unique in the research literature, especially when compared with the goal-oriented nature of hope described by Snyder (2002) and the broad picture of hope as general and specific hopes (Dufault & Martocchio, 1985).

Finding balance was a necessary first step toward searching for new hope. It was an important process of dealing with the negative emotions and experiences that were draining hope by relying on others for support, keeping busy, and releasing the pain. Support from others has been described as the essence of hope (Cutcliffe, 2006a). In a study by Herth (1990), weekly visits from friends and family correlated with increased hope in older widows and widowers, and relatives and friends played an important role in the recovery from bereavement (Brazil et al., 2003). However, the connections between the three subprocesses and finding balance are unique in the research literature. Future research is needed to clarify these relationships.

Finding new perspectives was a deliberate refocusing from the loss toward facing a new reality, described by the participants as letting go of the past, being grateful, and staying positive. These cognitive processes provide new insight into the processes of hope for bereaved caregivers.

Finding new meaning and purpose, although frequently described in the literature, has not been previously conceptualized as a process occurring after finding balance and finding new perspectives. Further research is needed to determine whether helping others, taking control a little bit, and looking to the future are connected to finding meaning and purpose in other groups of caregivers who are bereaved.

Factors Influencing the Study Findings

The context of the study, the methodology, and the sample had an impact on the findings of the study. The participants were receiving support from a readily accessible health care system, both during caregiving and into the time of bereavement, which might have influenced their experience of hope. The sample was relatively homogeneous, although efforts were made toward heterogeneity by the use of purposive and theoretical sampling. People from different ethnic and religious groups, socioeconomic levels, cultural groups, gender, or geographic locations might describe their hope experience differently. The participants were willing to speak to a nurse researcher about hope; those finding it difficult to talk or those not interested in participating in a discussion about hope were not included in the study, which might have affected the results. The sample was bereaved caregivers of a cancer patient, who experience a unique and intense trajectory during the time of caregiving (Lunney, Lynn, Foley, Lipson, & Guralnik, 2003). Older women have unique concerns, including many secondary losses and physical changes that affect the study results; future research should be done with other groups of caregivers. The methodological approach was a constructivist grounded theory, which identified social processes; applying different methodology would add to the emerging theory of "searching for new hope." The findings of this study need to be interpreted considering these factors.

Implications for Practice and Research

The findings of this study offer a unique insight into the bereaved caregiver's experience of hope that might provide a foundation for research into theory-based interventions, programs of support, and policies of care to promote healthy and safe outcomes through a difficult transition. As this is an emerging theory, more research is needed with older women of various cultural and ethnic groups and from different geographic locations. Additional studies with younger women in differing social contexts would add to the understanding of hope of women. Social context and life circumstances appear to influence the concept of hope; in an analysis of hope studies from five countries, hope had similarities in structure but many differences based on life circumstances and events (Baumann, 2004). Further research is needed to develop the concepts and processes described in the findings of this study.

Most caregivers of terminally ill cancer patients are older women facing unique challenges within a complex social context of difficult relationships, multiple losses, and physical and emotional concerns. Women who are bereaved caregivers might be found in primary care situations, require services for their health care needs, participate in support groups, or be involved in a bereavement follow-up program. They might be having difficulty with losing hope and be looking for understanding, balance, a new perspective, and meaning and purpose for their lives. Health care professionals could, through assessment, identify where they are on the spiral. Their need for hope cannot be underestimated. Assessing their level of support and difficulties finding balance might identify

those at particular risk for loss of hope. Possible interventions might include talking about their caregiving experience, finding release for the pain, being referred to appropriate supports, doing guided journaling, or just being encouraged as they find their unique way through grief with the ultimate goal of promoting healthy and positive bereavement outcomes. Those who are finding new meaning and purpose during widowhood need to be recognized and supported.

Conclusion

Providing care and support for bereaved family caregivers is a necessary—yet often neglected—aspect of the mandate of palliative care services, which is to offer support that extends into the time of bereavement to families facing life-threatening illnesses (World Health Organization, 2002). Understanding the experience of bereavement and providing compassionate support have been identified as the most important factors in all bereavement interventions (Jordan & Neimeyer, 2003). For people journeying through bereavement, health care professionals are in a strategic position to offer care and support by fostering hope.

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