

WITH AND WITHOUT: THE BEREAVEMENT EXPERIENCES OF GAY MEN WHO HAVE LOST A PARTNER TO NON-AIDS-RELATED CAUSES

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This study gives voice to the experiences of gay men who have lost a partner to non-AIDS-related causes, a subject that has received little attention in the psychological literature. Interviews were conducted with 8 gay men. An analysis informed by hermeneutic phenomenology generated themes and contextualized meanings regarding the participants' diverse experiences. The themes identified areas of similarity and difference between the bereavement of these participants from those who have participated in general bereavement studies and from those who have lost a partner to AIDS. Implications for counseling practice and further research are discussed.

This study explores the bereavement experiences of gay men who have lost a partner to non-AIDS-related causes. Although many gay men have grieved AIDS-related deaths, it is unclear from the published literature whether gay men whose partners have died from other causes experience bereavement differently. This study begins to address this gap in grief literature.

Preliminary database research (including PsycInfo, the Psychology and Behavioral Sciences Collection, and the University of Calgary library database) used the following terms: bereavement, grief, loss, death, conjugal bereavement, gay male, HIV/AIDS, not HIV/AIDS, homosexuality, and same-sex relationship. The search revealed one non-research-based article predating literature addressing AIDS-related bereavement (Siegal

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The authors used italics to emphasize “-out” in the word “without” in this article. In this word, there is an integrated sense of openly acknowledging being gay, and it became a fitting metaphor for the participants’ bereavement experiences.

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& Hoefler, 1981) and three sources that investigated both AIDS-related and non-AIDS-related losses (O'Brien, Forrest, & Austin, 2002; Shernoff, 1997; Walter, 2003). Each study included no more than two cases of non-AIDS-related bereavement. Furthermore, each author indicated a desire for more participants experiencing non-AIDS-related bereavement but found recruitment difficult. These studies confirm the need for further research in this area.

General Bereavement Literature

Traditional approaches to grief work emphasized "letting go" of one's attachments to a person who died, "moving on" with life, gradually "recovering" from the emotional impact of loss, and returning to a "normal" state of functioning (Freud, 1917/1961; Neimeyer, 2000a; Parkes, 2001). An increasing number of grief researchers and counselors have highlighted the limitations and presumptions associated with traditional bereavement theories and grief work. Critics suggest these traditional approaches do not adequately characterize or account for the range of grief experiences that bereaved people might face (Hooyman & Kramer, 2006; Neimeyer, 2000a; Walter, 2003; Wortman & Cohen-Silver, 2001).

Some studies suggest that engaging in grief work can lead to preoccupation with the person who has died (Archer, 1999; Walter, 2003). Other studies have found that bereaved individuals who engage in grief work are no better or worse off in terms of bereavement adjustment than people who do not (Hooyman & Kramer, 2006; Stroebe & Stroebe, 1991). Other criticisms focus on the findings that (a) grief research has failed to support a fixed sequence of emotional stages of grief (Neimeyer, 2000a; Wortman & Cohen-Silver, 2001); (b) a clear endpoint of recovery from loss has not been determined (Neimeyer, 2000a); (c) cross-cultural studies do not support a universal or normative pattern or progression through grief (Hooyman & Kramer, 2006; Neimeyer, 2000a; Rosenblatt, 2001; Walter, 2003); (d) there is wide variation in what is considered "normal" or "healthy" grieving (Hooyman & Kramer, 2006); and (e) there are perceived benefits to experiencing loss, such as growth in character, strengthening of relationships, and changes in perspective (Davis & Nolen-Heoksema, 2001).

The loss of a partner is one of the most commonly researched forms of loss (Bauer & Bonanno, 2001; O'Brien et al., 2002,

Walter, 2003). It can give rise to profound changes in one's worldview, life circumstances, forms of emotional expression, and social and cultural interactions (Wortman, Wolff, & Bonanno, 2004). Losing a partner to death involves not only grieving the person who has died, but also the shared relationship and hopes for an anticipated future (Neimeyer, 2005; Walter, 2003; Wortman et al., 2004). The degree of closeness and the quality of the relationship impact the experience of loss and grief (Neimeyer, 2005).

Bereavement in Gay Men

Research exploring the bereavement experiences of gay men arose as a major area of study in the 1980s due to HIV/AIDS (Walter, 2003). Numerous studies suggest that gay men who have lost a partner to AIDS can go through grief complicated by social stigma, internalized homophobia, multiple losses, and a lack of structural support (Campbell, 1999; O'Brien et al., 2002; Siegal & Hoefler, 1981; Worden, 2002; Wright & Coyle, 1996). Siegal and Hoefler (1981) suggested that negative perceptions of gay men can complicate grief by imposing a "double stigma" on the bereaved (p. 518).

One of the gay men interviewed by O'Brien et al. (2002) had lost his partner to cancer. He found that people assumed his partner had died of AIDS-related causes and did not believe him when he told them otherwise. The researchers in this study concluded that AIDS-related stigma complicated the bereavement of all of the gay men they interviewed, not only for those whose partners had died of AIDS.

Bereavement literature indicates that having a "closeted" or hidden sexual orientation substantially increases the risk of experiencing personal vulnerability, isolation, and unacknowledged bereavement (Shernoff, 1997). A gay man who identifies a long-term partner as "a roommate" or "friend" is more likely to encounter diminished support in the wake of his loss. Siegal and Hoefler (1981) described situations where closeted gay men have controlled the urge to cry at a partner's funeral.

Whereas heterosexual widowers receive what Shernoff (1997) described as "tacit" support, he suggested that gay men who have lost a partner are more likely to experience "disenfranchised grief" (p. 144). Doka (1989) defined disenfranchised grief as "the grief

that persons experience when they incur a loss that is not or cannot be openly acknowledged, publicly mourned, or socially supported" (p. 4).

While a large body of literature suggests that gay men who are caring for a dying partner or friend may experience serious psychological symptoms (Campbell, 1999; Goldblum & Erickson, 1999), other studies have found that bereaved gay men have given positive appraisals to their caregiving experiences (Stein, Folkman, Trabasso, & Richards, 1997). Furthermore, extensive work by Folkman (2008, 2009) and colleagues (Bonanno, Moskowitz, Papa, & Folkman, 2005; Folkman & Moskowitz, 2004; Tedlie Moskowitz, Folkman, & Acree, 2003) has focused on positive aspects of coping. Folkman and her colleagues have shown that both positive and negative emotions occur simultaneously when people are caring for a dying significant other (Folkman, 2009).

This study explores the meaning of the bereavement experiences of gay widowers who have lost a partner to non-AIDS-related causes. Although not a research question per se, we are interested in how their experiences compare to other forms of conjugal bereavement. What is similar to and distinguishes their experiences from gay men who have lost a partner to AIDS?

Method

The methodology for this study is hermeneutic phenomenology. It is an interactive method that acknowledges the impact of individual history and social context on research and gives voice to marginalized experiences (Laverty, 2003). The aim of hermeneutic phenomenology is to develop a deep and evolving understanding of lived experiences (Fleming, Gaidys, & Robb, 2003). The interpretive nature of hermeneutic phenomenology emphasizes the ongoing and evolving quality of meaning-making (Annells, 1996; Gadamer, 1975/1992; Laverty, 2003).

Recruitment

The study received approval from the University of Calgary Conjoint Faculties Research Ethics Board. The ethics committee stipulated that a minimum of 18 months had to pass between losing one's partner and taking part in the study. This decision

was reportedly made to reduce the likelihood that participating in this project would be disruptive to the bereaved.

Recruitment efforts included distributing notices for participants at agencies supporting gay communities, social clubs, gay publications, counseling programs, grief support agencies, gay-affirmative restaurants, places of worship, and using listservs. The principal author (Nina L. Hornjatkevyc) also presented information about the study during an interview on a radio program focusing on gay issues. The recruitment process proceeded for 5 months between May and October of 2005. Criteria for participation included (a) self-identification as gay, (b) having experienced the death of a partner to non-AIDS-related causes not less than 18 months prior to participating in the study, and (c) involvement with the partner for at least 6 months prior to his death.

Chain and convenience sampling methods were used (Miles & Huberman, 1994). Recruiting participants took 5 months despite using multiple recruitment methods. The primary researcher (Nina L. Hornjatkevyc) had hoped to interview a broader range of participants for the study, including younger and older gay widowers and those leading closeted lives. Unfortunately, no such participants responded to the recruitment efforts.

Participants

Eight men took part in the study (age range: 44–53 years). Their ethnic origins were identified as Caucasian, Jewish, and Middle Eastern. Each participant had completed between 2 to 9 years of full-time postsecondary education. The length of the relationships ranged from 18 months to 18 years, with six of the relationships lasting more than 14 years. The length of time between their partners' death and their participation in the study ranged from 18 months to 19 years. The causes of death included three from cancer, one from a heart attack, one from a stroke, one from a fall, one from an infection experienced during hospitalization, and one from being struck by a drunk driver.

Procedure

Participants completed a brief biographical questionnaire and a short autobiographical story either before or after taking part in

the first interview. Seven participants were interviewed face-to-face, and one was interviewed over the telephone due to geographical distance. Initial and follow-up interviews took place. The first interview lasted between 1.5 to 2 hr and occurred between July and October 2005. Participants chose their own pseudonyms.

Participants were asked the following guiding question, "Please tell me in as much detail as possible about what it was like for you to lose your partner." Following this, fixed questions were not asked. In accordance with hermeneutic phenomenology methodology, the interview proceeded in a nondirective and collaborative manner with the principal author asking follow-up and probing questions derived from the participant responses to clarify and elaborate their statements (Mak & Elwyn, 2003). These questions were not designed before the interview, but rather they evolved during the interview process from what the participants highlighted about their experiences (Annells, 1996; Laverty, 2003). Examples of follow-up probes include the following: "What stands out for you about your experience of losing your partner? What does it mean to you to have lost your partner? Tell me more about that [being gay] and having lost your partner."

After initial themes were developed, a second 60- to 90-min interview was held between May and July 2006 with six participants who could be contacted (two did not respond to several attempts). It focused on the evolving of themes and their clustering. The participants reviewed their interview transcripts and verified that they reflected their experiences. Following this, the clustering of themes was modified to integrate participant perspectives and recommendations until the final format was achieved. This entire process took 11 months.

Analysis

The hermeneutic circle is central to the interpretive process in hermeneutic phenomenology. It involves moving repeatedly between the whole to the parts and back to the whole of an experience to illuminate understanding (Laverty, 2003; Murray & Chamberlain, 1999). The principal author immersed herself in the research texts by reviewing transcripts, field notes, reflective journal entries, researcher preunderstandings, and extant research literature (Fleming et al., 2003; Mak & Elwyn, 2003). Interpretation involved

four overlapping steps that enriched understanding throughout the analytical process, as outlined by Fleming et al. (2003) in their work of developing a Gadamerian-based research method:

1. The transcripts were examined to identify an expression that reflected the fundamental meaning of the text as a whole (e.g., "He had just an incredible influence on my life").
2. The transcripts were then examined line-by-line to extract meanings and develop themes.
3. Every section was then related to the meaning of the whole text, and through this process the meaning of the text as a whole was expanded.
4. Phrases were extracted that depicted and illustrated overriding ideas and shared understandings between the researcher and participants.

Results

The main categories of themes derived from this research include: (a) relationship with him, (b) losing him, (c) living *without* him, (d) connections with other people, (e) moving through loss, (f) future romantic relationships, and (g) continuing to live with and *without* him.

Relationship with Him

The significance of losing a partner to death is fundamentally linked to the relationship that was shared with that person in life. These intimate relationships were central in the lives of the men who shared their stories. Ali's partner of 17 years died of cancer 7 years prior to the study while he was out of the country visiting a terminally ill sister. Ali repeatedly expressed that his partner "had just an incredible influence on my life." The bond between them evolved and intensified as they lived their lives in connection with one another.

At the beginning we were very close but at the end we were very, very close. You live with somebody and you get to know them and you understand them. And it was the only relationship I ever had so I was influenced in so many ways.

Adrian's partner of 8 years died 4 years prior to the study, as a result of physical deterioration following a second major stroke. Adrian reported that for him, with passing experiences, "the memories now play a very different role" in his life. There was a sense of deep appreciation for their time together.

I loved the man. We had so enjoyed being together. And having found one another at that stage of our lives, because we had both come out of marriages and both of us came out very late in life. We had 4 wonderful years prior to the stroke. And then I became, as time went on, the major caregiver for him. But if I had it to do over again I would.

Losing Him

All of the participants talked about their experience of their partner's death, the moment he died, and the way they found out. This was the point at which most started telling their stories.

Jacob's partner of 18 years died of cancer 2.5 years prior to the study. Although his partner's illness revealed the inevitability of his partner's death, he indicated, "I wasn't ready for it that quick." His recollection of finding his partner's body was "absolutely horrible":

Phoned 911 and they wanted to know if he was breathing and said roll him on his back. And that was when I realized the extent of the blood that was on the carpet. And they said put your fingers below his nostrils and is he breathing? And I said I can't make out any breathing. I think I was still talking to 911 on the phone when the ambulance actually arrived. It was just, finding him like that was just devastating.

Alexander's partner of 14.5 years died of cancer 3 years prior to the study. He described his path through loss as a journey begun with his partner that transitioned to "walking on too." His partner's death was experienced as a calm and gradual passing: "As difficult as someone's passing is, it was actually a very . . . I use the word beautiful, but it was a very beautiful, calming, peaceful experience." When the flurry of activity immediately following his partner's death subsided, however, Alexander felt palpably alone.

I remember the day that they left . . . you have the silence of an empty house. You are alone. And that's the realization. I had been grieving so

much before but that's when to me the grief really hit, because, oh my God, this is reality.

J. L.'s partner of 16 months died 18 months prior to this study due to an infection that developed following a surgical procedure. J. L. described his relationship with his partner as intense and full of possibilities. He expressed deep disappointment that "the relationship just didn't go on long enough."

Everyone kept on saying [crying] why him? Why someone like him who everyone loved? He was very easygoing, always cared about everyone, always put them first. Why him? Why not someone else who made other people's lives miserable?

Several participants talked about the "changing face of HIV/AIDS." People who have access to and respond well to antiretroviral medications are increasingly likely to die of causes other than AIDS (Walter, 2003). Both Josh's and J. L.'s partners were HIV-positive when they died of other causes. Their HIV-positive status was an inseparable piece of their partners' lives but was unexpectedly not directly tied to their deaths.

Living Without Him

The organization of life that had been established with a partner can dissipate *without* him. Life as it was known is transformed. The death underscores how life had been organized and what has now changed—constant reminders that a partner has passed away.

Josh's partner of 15 years died of a heart attack 9 years prior to the study. Josh experienced the deaths of numerous significant people in his life, but the loss of his partner was more traumatic.

I saw old roommates die [of AIDS], I saw old partners die at different times. They were getting closer and closer to my immediate circle. But there's a totally different reaction when an ex dies than when your current partner dies. Aside from the immediate moment of the emotion, it's a day-to-day thing. It changes your entire life.

The participants in several interviews talked about the role of HIV/AIDS in their experience of losing their partners. HIV/AIDS can be incorrectly linked with all partner bereavement

experienced by gay men and the stigma and lack of awareness associated with the syndrome can complicate bereavement. Alexander talked about this.

I've got to the point where in the same sentence I usually say that I lost my partner to cancer. If you say I lost my partner or my partner passed away, and you give the opportunity to say, what did he pass away from? You know immediately that their minds are thinking AIDS and they're backing off.

The effect of grieving can also lead others to think that the survivor is living with AIDS. Lynden's partner of 18 years died due to a fall 19 years prior to this study. The circumstances surrounding his partner's death led to considerable challenges in Lynden's life. When talking about the adversity that arose in the wake of his partner's passing, Lynden indicated that ultimately, "[i]t's made me stronger as an individual." However, others didn't see that at first:

I had lost 72 or 73 pounds . . . everybody thought that I had AIDS and they didn't want to come around. I got tested like four or five times and it all came back negative. It was just all the stress that I had gone through.

Jacob talked about the isolation that developed in the wake of his partner's death. "Him being the gregarious one and me being the shy one, that's been hard 'cause he really drove my social world." Sexual connection emerged as important, but he highlighted emotional intimacy and shared companionship as particularly valuable. "There is the physical sex as well but that's not nearly as important to me as the romantic side of it."

Jacob also talked about having difficulty coming to terms with the possibility that his partner might have taken his own life. He explained the roots of his suspicions by first describing his efforts to stop his partner from drinking.

He was drinking heavily and I took all of his credit cards away, his car keys away, his money away . . . He said "I'm sick. I'm dying. Help me. Help me drink." . . . I went and got him some rye. I think it was within a week that he was dead . . . I should've asked him, "Are you wanting to die?" But, I couldn't get those words out. I thought about it almost every day.

The loss experiences that arise in the wake of a partner's death are experienced as inseparable from their context. When his

partner passed away, Josh and his partner were living in an urban center that has an extensive gay community.

I can't imagine if you were living with somebody in the Midwest US or the South and you were living this closeted life and your partner dies. It's well, "Why are you so upset about that?" They never would've known there was a relationship that existed so they wouldn't understand why you would be upset. They couldn't even contemplate how same-sex people would have emotional relations with each other. It's out of their repertoire.

Connections with Other People

Life *without* a partner emerges within a context of intricate interactions and relationships. It adds complexity to an elaborate web of connections between people linked to a partner who has died. Some of the vulnerability of the bereavement of gay men lies in the fact that isolation, unwelcome interaction, and discrimination can lead to complications. Alternatively, support offered and received can be invaluable in times of need.

Chuck's partner of 17 years was killed by a drunk driver 8 years prior to the study while they were traveling. He described his appreciation of his interactions with his partner's mother.

His mother would often call me. We were so close. She'd talk to me and she'd help me out. We'd have long talks and she would share things with me about him, when he was younger, and what he was like. That always helped.

Adrian suggested that the relative value a partner's family of origin places on the partnership can influence a sense of privilege and claim to a partner's belongings. He described conflict that arose with his partner's sister over the distribution of his partner's possessions.

One of the comments she made was, "I've been his sister for 65 years and you've only been with him for 8." What's that supposed to mean? Like she has seniority? And because she has seniority she has entitlement to these things? So there were all these things going on that just made the process even more painful.

Adrian described aspects of this situation with the sense that the actions of his partner's sister involved a claim to heterosexual privilege and entitlement.

It also made me realize, and it was the lawyer who pointed this out to me, and I guess it's because she's seen cases like this in her practice. She said, "It's really interesting to realize what little value straight people put on gay relationships."

Moving Through Loss

All of the men who participated in this project shared how they tried to find comfort and healing in the wake of their partner's death. The approaches used to find comfort and moments of relief had personal meaning. There was a sense that these strategies "fit" the men who relied on them for support. All of the participants sought support through their bereavement process, but none indicated that adequate resources exist to support gay men who have lost a partner to a non-AIDS-related cause.

Ali grieved his partner's loss largely alone because his family does not know that he is gay. When feelings of loss became overwhelming, Ali spent time away from familial responsibilities and listened to music that he and his partner loved to express the depth of his loss. J. L. spoke about the connection, closure, and release he felt in scattering his partner's ashes. Adrian indicated his faith and church community were vital sources of support in the wake of his partner's death.

The majority of the men who shared their experiences for this project drew on counseling support as they moved through bereavement. They identified benefits as well as challenges with the therapeutic resources they encountered. Ali's experience of individual counseling provided him a setting within which he could talk openly about his losses and be heard. Lynden continues to draw on counseling support and talked about finding substantial comfort in the acceptance he receives from his counselor.

Several participants talked about the value of connection they experienced through involvement in grief support groups. Adrian took part in such a program and reported deriving substantial benefit from interactions with other people facing loss. "I was

out to the people in the first session because I wanted to be perfectly honest about it. And there was no problem with it at all. So it was a good process, it really was.”

Josh had a different perception of participating in a therapy group. “It was not helpful, boring and was wasting my time when I could’ve been doing other things that would’ve been more helpful.”

Alexander actively searched for bereavement resources and for connection to other gay men who had experienced the loss of a partner to non-AIDS-related causes. He reported finding that resources and connections were either unavailable or inadequate.

The community severely lacks resources. You have people that, their partners have died of AIDS-related disease, and they all say to me they know what it’s like. Well I don’t know if they really do. And the ones that have actually lost their partners, I would’ve thought that they would’ve been more receptive, or more open to discussion.

Future Romantic Relationships

The death of a partner ushers in the experience of unexpectedly being single after having established an ongoing connection with a partner in life. A recurring element of this process includes questions of how to determine and establish a place in life for the partner who has passed away.

Ali stated that, in his current thinking, he anticipates being “loyal” to his partner. Even though this awareness brings him loneliness, he feels that he and his partner had “the most wonderful time together and this was in many ways enough for me.”

Other men talked about hoping that they will find someone with whom they might establish a long-term connection. One challenge in beginning a new relationship is drawing comparisons with the partner who passed away and putting him on a pedestal. Alexander described his experience of comparing his former partner with men he has dated since his partner passed away.

You do have that person on a pedestal, ’cause you think of them at a certain level. And then you start looking at the other person and say, well, no my partner wouldn’t have done this, my partner would’ve done that. It’s not fair to myself nor is it fair to that other individual that you’re dating or potentially dating.

Several participants have become involved in other committed relationships. Adrian talked about the important and yet altered place that his memories of his former partner hold in his life and his current relationship.

I know I will carry those memories to my grave. But the memories now play a very different role. I'm not feeling that I have to live my life on the basis of those memories. Those memories will just kind of filter in and then they'll leave and they'll come back and leave. But they won't impinge on whatever relationship I have now with this person.

Continuing to Live with and Without Him

The participants indicated that their partners' memories occupy a place of deep importance for them, inhabiting a substantially altered yet supportive role in their lives. Nonetheless, a sense of ambivalence can surface in one's continuing bonds with the partner who has died. The participants' desires to both honor the relationship, while diminishing the rawness and pain, coexist.

Prior to his passing, Alexander's partner created a videotaped message for his loved ones. Alexander talked about the impulse he felt to watch his partner's message: "The message is so strong that you want to listen to it, but it also is that constant reminder that he is not there."

Chuck indicated that he often feels a sense of his partner's presence and that this felt connection brings him considerable comfort when facing hardship.

When I'm going through very difficult times and I'm having trouble making a decision or something, I can always feel that he is here. Like, shortly after he died, about a year later, I was going through a very difficult time and you know, I could've sworn I heard a voice. "It's okay. It's okay." And for a minute I could just see a bright light on my bedroom wall as if he was sitting right there. I felt so warm and such a feeling came over me. So, I always feel he'll always be with me, right to the end.

Discussion

Similarities with General Bereavement Experiences

The hermeneutic phenomenological methodology informing this study allowed the participants to emphasize what they found

particularly relevant about their experiences. Participants repeatedly discussed the meaning of the relationship that was shared with and *without* their partners. Although the importance of sexual orientation was integral to their experiences, the relational aspects of bereavement emerged as primary. This reflects the importance of the meaning of the relationship that emerges in numerous studies in the general bereavement literature (Bauer & Bonanno, 2001; Davis & Nolen-Hoeksema, 2001; Neimeyer, 2000b) and highlights one of many similarities between conjugal bereavement in general and the bereavement experiences outlined in this study.

The emphasis on the meaning of the relationship shared with and *without* their partners, and the diversity of bereavement experiences encountered in the research interviews, contributes to a more nuanced understanding of bereavement and loss in general. The findings of this study contribute to a critique of traditional bereavement theories, including grief work and stage models, which in their efforts to encapsulate loss do not adequately represent the diversity and complexity of bereavement, and the lived impact of the meaning of relationships on grief experiences (Neimeyer, 2000a; Walter, 2003).

In this study, each of the participants outlined the personal relevance of ongoing ties to their partners who passed away. Insights also emerged that a preoccupying focus on the deceased partner can complicate loss. These findings reflect research indicating that continuing bonds can be adaptive and connected to personal growth, however, they can also be associated with complicated and unresolved grief (Field, 2006, 2008; Field & Filanosky, 2010).

Similarities with AIDS-Related Bereavement Experiences

The importance of social support in helping gay men grieve was evident in this study and has been reported in previous studies (Campbell, 1999; Fenge & Fannin, 2009; Gluhoski, Fishman, & Perry, 1997). The literature draws attention to the potential lack of tacit familial support extended to gay men who are grieving the loss of a partner. All of the participants had some degree of social support but the amount and type differed. Some received support primarily from the deceased's family, whereas others accessed extensive support networks.

The potential need to establish legal protection in the wake of a partner's death emerged as another theme influencing the bereavement experiences faced by the men in this study. In several of the interviews, conflict over the determination of rights to carry out a partner's last wishes and disputes over the distribution of his possessions were described.

Problems over legal entitlement are evident in several studies investigating the AIDS-related bereavement experiences of gay men (Campbell, 1999; Shernoff, 1997). A number of studies convey heartbreaking stories of exclusion (Shernoff, 1997; Wright & Coyle, 1996). It is noteworthy, however, that a number of participants in this study indicated that they experienced supportive interactions with their partners' families and indicated that the relationship and rights of partnership were supported. The range of experiences encountered by the participants in this study further underscores the diversity of bereavement experienced by gay men.

The participants who took part in grief support programs indicated that their sexual orientation was not problematic within these groups, despite their initial reluctance to disclose that they were gay. The lack of resources to support this particular group of gay widowers speaks to the disenfranchised aspects of this experience and is reminiscent of the barriers encountered by gay widowers grieving the loss of a partner to AIDS-related causes, prior to the establishment of resources to support that population of gay men (Shernoff, 1997; Siegel & Hoefler, 1981).

Additional similarities to bereavement of gay men who lost a partner to AIDS were observed and highlighted the social stigma of gay relationships:

1. Some gay widowers have not revealed the nature of their sexual orientation and therefore others do not understand the depth of their grief (Siegel & Hoefler, 1981). This was reflected in Ali's experiences because his family does not know that he is gay.
2. Even when gay men have revealed their sexual orientation, others can fail to understand the significance of the relationship and loss that has occurred (O'Brien et al., 2002). Adrian's experiences of conflict over property rights illustrated this issue, as did Josh's reflections on the failure to acknowledge emotional connection in gay relationships.

Bereavement Experiences Unique to Non-AIDS-Related Loss

The study results indicate that HIV/AIDS played a considerable role in the bereavement of gay men who lost a partner to non-AIDS-related causes. Recent literature indicates that individuals who have access and respond well to antiretroviral medications are increasingly likely to not die of AIDS-related causes (Walter, 2003). Josh and J. L. described the "changing face" of HIV/AIDS, in which their partners' illness was unexpectedly not the cause of death. Their experiences provided preliminary insights into this emerging bereavement experience.

As noted earlier, a participant in a study conducted by O'Brien et al. (2002) had lost a same-sex partner to cancer but nevertheless encountered the stigma associated with AIDS-related losses. Several of the men in this study described the efforts they made to distinguish their losses from the stigma of HIV/AIDS. The participants' bereavement was complicated by the risk of being ostracized and reducing sources of interpersonal support.

Literature exploring AIDS-related bereavement indicates that people assume that a surviving spouse is living with HIV/AIDS (Shernoff, 1997). The current study indicates that this assumption can be directed at gay men who have lost a partner to non-AIDS-related causes. People speculated that Lynden was living with HIV/AIDS when he experienced significant weight loss after his partner's death. To our knowledge, this finding has not previously been identified in extant bereavement literature. Given the prevalence of prevailing ideas about HIV/AIDS and gay communities, it is possible that stigmatizing assumptions about HIV/AIDS could continue to be directed at bereaved gay men who have lost a partner to any cause (Walter, 2003). Additional research is needed to explore the impact of prevailing stigmatizing views on the lived bereavement of gay men who have lost a partner to AIDS-related or non-AIDS-related causes.

Implications for Counseling

Of the eight participants, seven indicated that they sought counseling in the wake of their loss. In every description, the therapeutic relationship was highlighted as key to the perceived effectiveness of the supportive interactions. Listening, facilitating communication,

and acceptance were identified as particularly important therapeutic resources. The information outlined in this study confirms the recommendations in the extant literature on ethical psychological services with gay men (American Psychological Association, 2000; Greene, 2007; Matthews, 2007).

Several participants talked about the lack of resources addressing the bereavement of gay men who have lost a partner to non-AIDS-related causes. The participants suggested that additional formal resources would help to give voice to and address concerns specific to this group of bereaved men. Those who took part in grief-support groups recommended that participants be screened to increase within-group similarities, that specific groups be offered for gay men grieving the loss of a partner to a non-AIDS-related cause, and indicated that this might lead to affirmation and a shared exchange of ideas and practical information.

Limitations

The nature of qualitative research does not allow these results to be generalized to reflect the experiences of all bereaved gay men. As with all research, the methodology used to study this topic affected the results. Using hermeneutic phenomenology as the methodology highlighted the participants' voices and facilitated exploring the participants' perspectives of their experiences. Structured interviews were intentionally not used to emphasize what the participants considered relevant and important. Although the issue of sexual orientation in the participants' bereavement arose in every interview, this factor could have played a greater role in the reported grief experiences had a series of predetermined interview questions been used that focused on the issue exclusively.

An additional limitation of this study is its focus on gay men who had lost a long-term partner. The recurring emphasis on long-term connection that was communicated in interviews likely reflects this. Alternative insights could emerge in researching the lived bereavement of gay men who are not engaged in long-term partnerships.

Another limitation has to do with the similar demographics of the participants. All of the participants (a) were in their mid-40s to mid-50s, (b) had pursued full-time studies beyond high school,

(c) were living primarily in North America, and (d) had revealed their sexual orientation to their families (with one exception). A more diverse sample might elicit different research themes.

The principal author, who was the investigator, is a heterosexual woman. As a result, it is possible that the participants did not talk about some elements of their experience or wanted to either emphasize or de-emphasize aspects of their experiences. Several participants expressly stated, however, that they told the interviewer "everything" about their experiences, and some said they talked about issues they had never told anyone. So, although it is possible that the widowers were untruthful with the interviewer, it appears unlikely.

Having included two men whose partners were HIV-positive, despite their deaths not being attributable to AIDS, may be a limitation as well. The impact of anticipating a partner's death to HIV/AIDS might affect the bereavement process, the reaction of others to the loss, and access to social resources. Integrating these voices in this project might be conceived as confounding the study results. It might, however, alternatively reflect the increasing diversity of issues influencing the bereavement of gay men.

Implications for Future Research

Several sources within the general bereavement literature call for increased research attention to the influence of culture on grief (Genevro, Marshall, & Miller, 2004; Klass, 2001; Rosenblatt, 2001). Greater consideration of cultural influences within bereavement research is required to better represent the diverse bereavement experiences of gay men.

There remains an ongoing need for information addressing the specific needs of bereaved gay men (O'Brien et al., 2002; Walter, 2003; Wright & Coyle, 1996). The increasing social acknowledgement and legal recognition of same-sex partnerships creates a corresponding need for research to address this form of diversity.

Future research could explore in more detail the participants' views of being gay and the potential role of internalized homophobia on their bereavement experiences. The important issue of self-perception and identity in bereavement should also be explored.

Researchers will find many topics that require further investigation in this emerging area of bereavement study, including (a) investigating the experiences of “closeted” gay men; (b) the influence of varied geographical and sociocultural contexts; (c) the impact of legalized same-sex marriage; (d) forms and perceived effectiveness of counseling interventions; (e) the impact of bereavement on children; and (g) the bereavement experiences of lesbian, bisexual, and transgendered individuals.

Conclusion

This study was undertaken to explore and give voice to the bereavement experiences of gay men who have lost a partner to non-AIDS-related causes. Drawing on interview texts, established literature, reflective journal writing, and conceptual conversations, these experiences have been conceived as “life lived with” and “life lived without.” The insights derived were inspired by and developed in conjunction with the men who shared their stories. As with all partner loss, the death of a same-sex partner is steeped in relationship, context, connection, and diversity. The experiences of the study participants suggest that bereavement is more similar than different between gay and nongay widowers. The study also outlines issues and factors unique to this bereaved group.

In death, life as it was known with a partner is irrevocably changed. What emerges without is profoundly varied, personally relevant, and not easily typified.

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