Emerging From Grief: The Theory of Care Realignment

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Abstract

Care Realignment is a theory that conceptualizes how former spousal caregivers with PD resolve their main concern of redefining life and self, following the death of their partner. Using Glaserian classic grounded theory methodology, interviews with widowed caregivers were coded and analyzed through constant comparison and memoing to generate a theory. The theory of Care Realignment identifies three phases — *Experiencing Loss, Reorienting, and Rebuilding* — and explains how caregivers resolve their main concerns about redefining life and self after the end of caregiving. Grieving expresses the initial destabilization and withdrawal caregivers face in the dual loss of spouse and caregiving role. Reorienting depicts the effort to reestablish meaning and connection through reflection, faith, and dialogue. Rebuilding conveys the reconstruction of stability and identity through self-care, reciprocity, and renewed purpose. Movement across these phases is neither linear nor uniform; rather, it represents a cyclical process of adapting, integrating, and transforming loss into continuity. Care Realignment

reframes bereavement as an adaptive process of identity reconstruction rather than recovery from pathology. It contributes to grief literature by extending existing models to include the post-caregiving transition and by offering a theory to support widowed caregivers as they integrate caregiving, loss, and self-renewal into a continuing life narrative.

Keywords: Caregiver grief, Parkinson's disease caregiver, Glaserian classic grounded theory, spousal loss

Introduction

In years of studying Parkinson's disease (PD), what has moved me most has not been only the patients' decline but the silent and unwavering devotion of their caregivers. These spouses give everything, including their time, energy, and identity, to support their loved ones, often losing themselves in the process. In a recent phenomenological study, I explored the lived experiences of women caring for their husbands with PD (White & Palmieri, 2024). Many described how their lives revolved entirely around caregiving, with their own needs and identities fading into the background. Several months after the study concluded, I began hearing from participants who had since lost their spouses and were struggling to navigate life after caregiving. Their reflections revealed a deep sense of uncertainty and disconnection, as well as a striking lack of resources or guidance for managing this new phase of loss. These personal accounts illuminated an unmet need to understand what follows the caregiving journey. They inspired the development of a Glaserian classic grounded theory (GCGT) study aimed at exploring how surviving spouse caregivers of individuals with PD experience, process, and adapt to grief after their partner's death.

Background

Research on caregivers of individuals with PD has traditionally focused on the challenges they face during the caregiving period, while limited attention has been given to their experiences after their loved one's death. Existing studies have emphasized how caregivers anticipate loss and experience emotional distress related to relationship death, and anticipatory mourning (Pérez-González et al., 2024; Rigby et al., 2021). The concept of anticipatory grief (Garner, 1997), defined as the process of emotionally preparing for the loss of a loved one, captures much of the emotional landscape these caregivers navigate as they witness the gradual decline of their partners with neurodegenerative diseases. However, once the death occurs, formal and informal support often diminishes, leaving many former caregivers to face profound emotional, social, and identity challenges primarily on their own.

After years of providing intensive, all-encompassing care, many surviving spouses find themselves with unstructured time, altered routines, and a disrupted sense of self. Their daily identities, once fully defined by caregiving, can become sources of loneliness, guilt, or depression (White & Palmieri, 2024). The phenomenon sometimes referred to as post-caregiver syndrome reflects this transitional distress, characterized by exhaustion, persistent worry, sleep and weight changes, and emotional volatility, markers of burnout that may evolve into chronic despair if unaddressed (Mora-Lopez et al., 2022). As caregiving duration increases, identity enmeshment deepens, amplifying the struggle to reorient after loss (White & Palmieri, 2024). Thus, caregivers require sustained support not only during the caregiving trajectory but also throughout bereavement as they reconstruct identity, purpose, and meaning in life beyond caregiving.

Despite growing recognition of the psychological toll of caregiving, little is known about how spousal caregivers reconstruct their identities and navigate grief following the death of a partner with PD. The absence of theory-driven understanding limits the development of tailored interventions and support systems for this population. Given the complexity and individuality of post-caregiving experiences, a GCGT approach was selected to allow patterns of behavior, sensemaking, and adaptation to emerge inductively from participants' accounts. The goal of this study was to allow a theory to emerge that explains how bereaved spouse caregivers move through grief, reconstruct identity, and adapt to life after the caregiving role ends.

Methodology

Glaserian classic grounded theory was the methodology that was used for the research design of this study. The purpose of this study was to develop a theory about the main concerns for caregivers who have lost their spouse to PD, and the patterns of behaviors that follow their spouse's death. As such, the research question was: "What are the main concerns for caregivers who have lost their spouses to PD, and how do they resolve these concerns?"

The motivation for data collection began with several former participants from my earlier phenomenological study who reached out after their husbands' deaths, expressing feelings of loss, uncertainty, and a need for guidance on how to rebuild their lives. Their heartfelt accounts highlighted a profound lack of understanding of what happens to caregivers after their caregiving role ends. These contacts became the initial spark for this grounded theory study. They marked the point at which I entered the field with curiosity and openness, seeking to discover "what is really going on" in the lives of surviving spouse caregivers. While Glaser (1998) asserted that "*All is data*," the interviews proved to be the most useful and conceptually rich source of data for this study (p. 8).

Data were collected through interviews with sixteen participants, all surviving spouses of individuals diagnosed with PD. To protect confidentiality, each participant selected a flower name before the interview began. The first phase included 11 participants whose stories helped shape the study's early direction. As analysis progressed, constant comparison guided theoretical sampling and the refinement of interview questions to explore developing categories more deeply. The grand tour question used to open each conversation was, *"Tell me what your life has been like since your spouse died."* Subsequent questions evolved iteratively as new patterns and concepts emerged through analysis.

Although Glaser (1998) cautioned against recording interviews, all interviews in this study were audio-recorded and professionally transcribed. This approach allowed the researcher to remain fully present and attentive to participants' stories without the distraction of extensive note-taking or the concern of forgetting key details. The verbatim transcriptions also facilitated shared access among the research team, ensuring consistency in analysis. Data collection and analysis occurred concurrently, as interviews were coded and memos written immediately following each session. Through constant comparison, conceptual categories were developed, integrated, and refined until theoretical saturation was achieved. At that point, no new significant variations were emerging, and the core categories provided a coherent explanation of how surviving caregivers process grief, reconstruct identity, and adapt to life following the death of their partner. Theoretical outlines and memo sorting were then used to organize and integrate the emerging categories, thereby allowing the development of a cohesive, explanatory theory grounded in the data.

Theory of Care Realignment

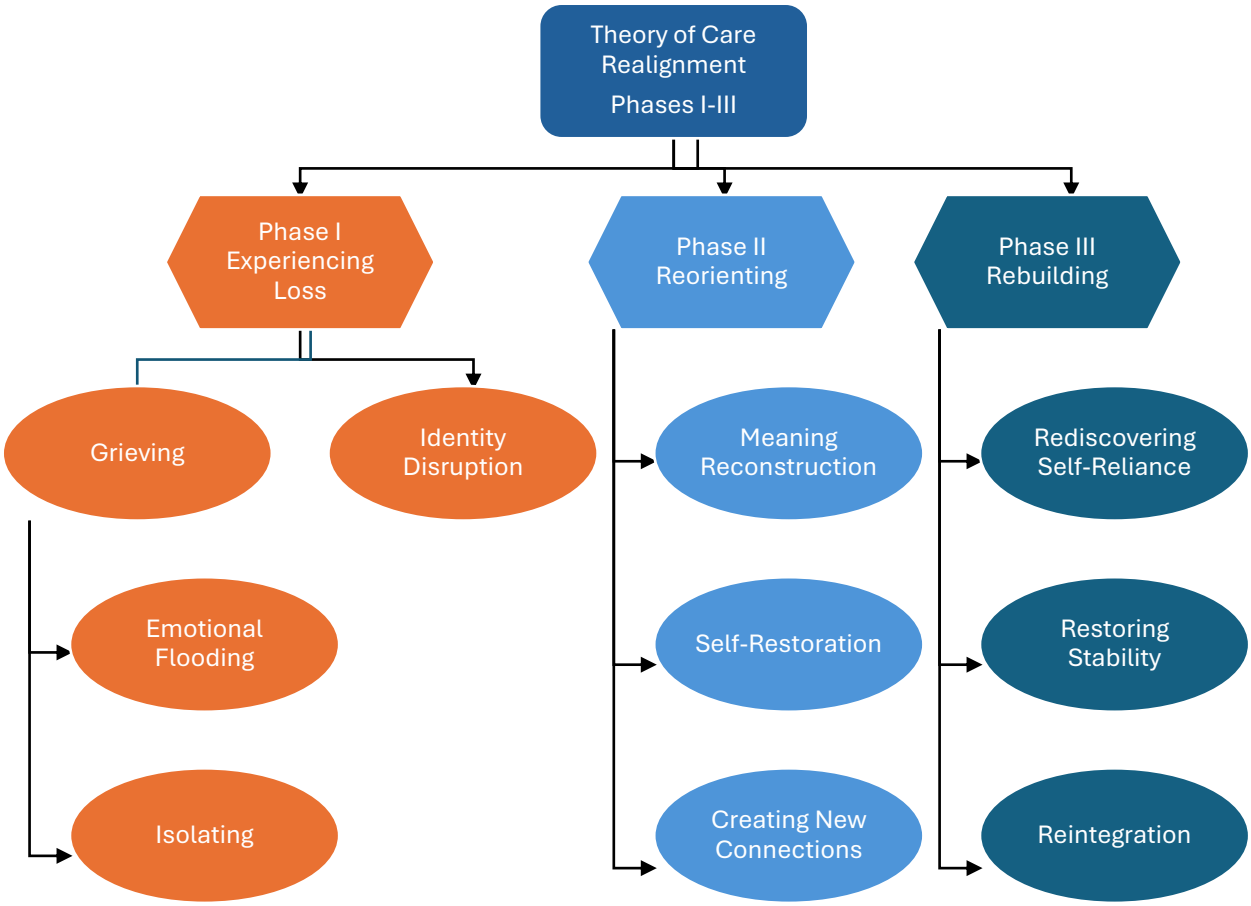
The main concern of surviving spouse caregivers after the death of their partner with PD is how to realign the care, energy, and identity that once revolved around their spouse toward caring for themselves. The death of a spouse represents a significant life transition, especially when preceded by the intensity of caregiving. Life after caregiving is defined by absence and the collapse of roles, routines, and anticipated futures, setting into motion the core problem that *Care Realignment* resolves.

The process that resolves this concern is *Care Realignment*, a dynamic and adaptive transformation through which caregivers gradually shift the external focus of caregiving inward, reflecting a movement from outward devotion to inward restoration and redefining it as a source of self-preservation, growth, and renewed meaning. Care Realignment illustrates that caregiving identity is not lost but recalibrated, as individuals learn to balance remembrance with self-renewal.

Through the interrelated phases of *Experiencing Loss, Reorienting,* and *Rebuilding*, caregivers move from emotional collapse toward equilibrium, from caring for another to caring for the self, and from loss to continuity. The process reframes the aftermath of caregiving not as detachment but as an evolution of care that transforms the caregiving identity into an enduring foundation for resilience, belonging, and self-directed healing (**Figure 1**).

Figure 1

Theoretical Outline Organizational Flowchart



Phase I: Experiencing Loss

Experiencing loss represents the first movement in *Care Realignment*, marked by the sudden collapse of partnered interdependence and the emergence of unstructured aloneness. The phase reflects the destabilization rupture that occurs when relational, emotional, and role-based structures quickly disappear, disrupting continuity and coherence. The responses that arise in this period illustrate how experiencing loss destabilizes familiarity and initiates the slow reconstruction of meaning and self.

In this phase, grieving encompasses emotional flooding, isolating, and identity disruption, each representing early attempts to absorb and regulate destabilization following loss. Widowed spouses conveyed the abrupt onset of aloneness when Carnation shared, “He is gone, and it’s just me in the house,” capturing the shift from share partnership to solitary responsibility. These early reactions signal the beginning of adjustment as individuals encounter the immediate demands of living without their spouses.

Emotional flooding emerges as an intensified affective response that exceeds available regulation in the first days and weeks of loss. Lavender described this surge by noting, “I was overwhelmed with a mix of emotions,” illustrating how early emotional reflects the magnitude of relational rupture. Such flooding marks the initial activation of grief as widowed spouses attempt to orient themselves within a destabilized emotional environment.

Isolating reflects a parallel behavioral response in which individuals pull back from social contact to manage the internal strain created by loss. Iris expressed this withdrawal by explaining, “I distance myself from going out,” signaling the need to reduce external demands during early disruptions. Such retreat serves as a short-term strategy for regaining stability while the trying to reorganize or attempting to reconstruct who they now are.

Identity disruption develops as widowed spouses struggle to understand themselves outside the partnership and caregiving roles that previously defined their identity. Azalea captured this fracture by saying, “I didn’t know what life would be without my husband,” reflecting the disorientation that arises when relational purpose abruptly dissolves. These early fractures establish the groundwork for later identity reconstruction within Care Realignment.

Grieving

Grieving operates as a behavioral response to the destabilization created by loss, functioning as a multidimensional process in which coherence fractures and meaning temporarily collapses. A defining property of this response is emotional flooding in which affective intensity overwhelms regulation and disrupts attentional stability. Denial emerges as a cognitive mechanism that protects coherence by temporarily holding the finality of death at psychological distance until meaning can begin to be reconstructed.

The tension between sorrow and survival reveals grief as an internal struggle and an external reordering of daily life. Despite its destabilizing force, grief also preserves ongoing bonds, as memories, sensory triggers, and storytelling evoke comfort alongside sorrow, reminding survivors that love persists even in the absence. Emotional flooding illustrates this struggle vividly, as one expression reflects: "that cocoon would break…. Crying hysterically every hour on the hour. I couldn't breathe" (Rose), while symbolic objects capture the bond-preserving dimension, as captured in the expression: "I'm not a big crier… but I know that [the widow's box] is going to make me cry" (Magnolia).

Grieving gives rise to additional behavioral strategies such as isolating, which functions as a temporary protective mechanism to regulate overwhelm, and identity disruption, which reflects the fracture of self-concept following the collapse of relational and caregiving roles. These behaviors emerge not as a sign of dysfunction but as mechanisms for navigating the instability produced by loss and for maintaining coherence in a fundamentally altered world. Together, these properties and strategies demonstrate that grieving is more than sorrow; it is a complex, adaptive process through which individuals contend with destabilization and begin the earliest work of meaning reconstruction.

Emotional Flooding

The concept of emotional flooding, an overwhelming feeling of sadness, guilt, and helplessness during grieving, is characterized by an unrelenting surge of emotions that dominate thoughts and behaviors. Anticipatory grief may offer some preparation, yet the finality of death still delivers shock and reverberates through fear, self-blame, and helplessness. Memories, tender or painful, resurface suddenly and trigger sadness, longing, regret, or anger, directed at the illness, at the spouse for leaving, or at oneself for perceived caregiving failures. Guilt, often rooted in "what if" scenarios, corrodes self-understanding and deepens emotional paralysis. The structure of daily life collapses, leaving an emptiness where purpose once existed. One participant reflected, "him leaving, now I feel this space. I feel empty. I was already used to the lifestyle I saw myself in" (Sweet Pea). Outward appearances of composure may conceal internal struggle, creating tension between visible strength and private despair.

Emotional flooding recurs and overlaps, sustaining intensity that complicates daily functioning. Visual reminders in the home, bodily manifestations such as fatigue or pain, and the weight of ongoing responsibilities underscore the all-encompassing nature of grief. The overwhelming emotional experience reflects love and loss, embodying the paradox of cherishing what was, and confronting what can no longer be. In this way, emotional flooding preserves connection and obstructs early adaptation, situating grief as a bond to the past and a barrier to early adjustment.

Isolating

Isolating functions as a behavioral mechanism through which widowed spouses regulate the emotional intensity that follows loss. This behavior reflects an intentional reduction in external demands, allowing individuals to maintain a sense of control while navigating the early

instability of grieving. This withdrawal affirms strength and independence while easing the burden of others' concerns, as one participant shared: "My brother was here when my husband died… he said, 'I knew she was strong, but I had no idea how strong she really is'" (Magnolia).

As part of the grieving phase, isolating operates as a behavioral strategy used to stabilize emotional experience during early destabilization. The movement toward solitude is reinforced by limited reciprocal outreach, illustrated when Carnation shared "Family said call me if you need anything, but they never come. They don't reach out with a phone call, a visit, or ask me for dinner." Such conditions strengthen the role of isolation as a protective space where widowed spouses regulate internal demands and safeguard a fragile sense of identity.

Isolating is reinforced when social or environmental cues heighten awareness of relational absence and prompt widowed spouses to withdraw as a way to regulate emotional demands. Lavender reflected this activation when noting that "I see people traveling and enjoying life as a couple… [and it] triggers that moment," and Tulip described reducing communication after her husband's death, explaining she "wasn't communicating with other people as I used to." Such examples show how isolating functions as a protective adjustment within grieving, reducing exposure to reminders of loss while internal stability is gradually restored.

Over time, isolating continues to support emotional regulation by limiting exposure to interactions or environments that intensify awareness of loss. The behavior helps widowed spouses stabilize internal demands as they adjust to the absence of shared routines and responsibilities. As solitude creates room for internal reorientation, the early contours of identity beyond caregiving begin to surface, positioning individuals for the next movement within Care Realignment.

Identity Disruption

Identity disruption often emerges alongside isolating behaviors, as caregivers confront the sudden absence of their once-ordered daily life. The conclusion of the role and responsibilities becomes a dislocating process in which endings, even those anticipated, remain destabilizing, triggering a disruption of self-concept marked by emptiness and social displacement. The end of caregiving generates an excess of unstructured time, creating a rupture in routine that destabilizes orientation and magnifies identity discontinuity. The void leads to cycles of distress and self-reflection, as one repeatedly asks why events unfolded as they did. Facing these questions alone magnifies loneliness, especially when others' progress highlights one's perceived stagnation.

Emotional attachment to a spouse intensifies this disruption, making the transition to solo living profoundly challenging. As identity disruption deepens, self-doubt, anxiety, and loneliness echo the loss of purpose that caregiving once provided. The personal time and energy that were once consumed by another now lie unclaimed, creating the possibility of self-focus and uncertainty about how to begin again. The absence of a partner who once shared daily rhythms and experiences crystallizes loneliness as a defining element of grief, deepening social disconnection.

Distraction, activity, and small steps toward self-growth may serve as fragile mechanisms for managing pain. However, widowhood, especially with children, often reproduces patterns of self-sacrifice that defined caregiving. Emerging into a world with a new lens may heighten feelings of jealousy and loneliness, highlighting the absence of companionship. Some also question the validity of their responses, particularly when they diverge from others' outward expressions. For some, muted grief reflects anticipatory preparation; for others, turning inward becomes a means of navigating loss.

Questions such as "Who am I, and what am I supposed to be doing?" emerge as individuals attempt to prioritize themselves in the absence of caregiving. "I'm trying to pick up on hobbies, but age is catching up…most of the time I find myself trying to read since it's something I can do passively" (Lavender). These moments highlight the delicate balance between healing oneself and sustaining others, a tension that is especially pronounced among those still caring for family members or managing ongoing responsibilities. Importantly, identity disruption is not static. When beginning to process the loss, disconnection can gradually give way to openness, allowing for tentative acts of self-expression and renewed connection. "There was a point where I would not talk about what happened, but now I can talk about it... I can open up, and I'm healing, I'm still healing. Healing is a process" (Orchid). Such recognition signals both the depth of grief and the first signs of survival through renewed connection and self-discovery.

As the initial shock clears, individuals confront their newly emerging identities, and isolation gradually gives way to the next phase: reorienting. Loneliness softens as tentative acts of reaching outward appear, marking the first steps beyond grieving. Such movement highlights that grieving and reorienting do not unfold as fixed stages but as interwoven processes, circling back as the bereaved works toward care realignment after loss.

Phase II: Reorienting

Reorienting, the transitional phase in which caregivers begin redistributing the emotional weight of loss through reflection, connection, and self-care, represents the adaptive process through which caregivers redefine the direction of care and meaning after loss, turning the caregiving impulse inward for self-preservation while cautiously re-engaging with others**.** The transition from caregiving to self-care unfolds gradually, as survivors seek balance between

honoring their spouse and rediscovering their own identity. The emotional intensity of grief begins to soften, replaced by reflection, tentative openness, and a growing desire for connection. This period marks the middle movement of care realignment, where individuals begin shifting from endurance toward transformation.

In this phase, caregivers engage in meaning reconstruction, reframing loss within personal, spiritual, or social narratives that restore coherence and gratitude. Reflection enables them to reinterpret their experiences as part of a continuing life story, where caregiving remains a lasting influence. One participant reflected, “What would she want me to do? Would she want to see me suffering this way, or would she want me to let it go and feel a little bit of myself instead of punishing myself to that level?” (Lavender). Another explained, “You could also celebrate their lives, maybe honoring your husband’s memory by sharing stories, looking at photos, and celebrating their accomplishments” (Marigold). Through these acts of reorienting, caregivers begin to shift from sorrow to meaning, viewing caregiving not as a closed chapter but as a continuing force that shapes identity and renewal.

Self-restoration emerges as widowed spouses redirect attention inward, nurturing their physical and emotional well-being after sometimes years of self-neglect. Gradually, they begin rediscovering personal interests, health routines, and activities that affirm autonomy and self-worth. “I felt angry at myself…but over time I realized I had to start doing things again,” one participant shared (Lavender). Another described the ongoing challenge of managing both personal and family needs, saying, “I would say having to balance being a mother and a father to my son at the same time and having just to carry on being a single mother, being a widow” (Daisy). These moments reveal that self-care, though fragile and sometimes guilt-laden,

represents a profound act of transformation as caregivers learn to direct compassion toward themselves.

Creating new connections extends this process outward, following tentative social and emotional engagement. Caregivers slowly rebuild networks of belonging, forming or renewing relationships that provide validation, understanding, and shared experience. “It has helped me deal with my trauma… sharing my experiences with others who understand kind of provides comfort,” one participant reflected (Orchid). Another advised, “Be kind to yourself… connect with other people… the living must live, so you just need to find a new purpose in your life” (Marigold). These exchanges lessen the isolation of grief and establish reciprocity, demonstrating that connection, not solitude, becomes the bridge to healing.

The reorienting phase represents the middle ground in *Care Realignment*, connecting the emotional disruption of grieving with the stability of rebuilding. Within this phase, three behaviors define the movement of adaptation: meaning reconstruction, which restores coherence and purpose; self-restoration, which redirects care toward the self; and creating new connections**,** which promotes a sense of belonging and shared understanding. Together, these behaviors demonstrate that reorienting is not merely a recovery process, but an intentional transformation of care, balancing memory and renewal as survivors rebuild their identity and purpose after loss.

Meaning Reconstruction

Meaning reconstruction represents the process of reframing loss within broader personal, social, or spiritual frameworks to restore coherence and continuity in life after caregiving. In the reorienting phase, caregivers begin to question how to integrate loss into a new sense of self, asking, “Now what?” as they confront the uncertainty of life without their spouse. The search for meaning reflects a deep struggle to balance remembrance with forward movement, as survivors

test new ways of interpreting grief and purpose. The struggle is vividly expressed in metaphors such as "swimming up" versus "surfing on top of the water," symbols of the tension between resisting grief and learning to move with it (Rose). Rebuilding life is often framed through imagery of living beneath the "Sword of Damocles," suspended by a fragile thread where loss may crush progress at any moment (Rose). For those who shared decades of gratitude alongside longing for more time, grief is not resolved but continually adjusted through faith, family, and memory.

Amid fragility, the search for understanding moves through relational connection where shared dialogue helps integrate memory into an ongoing life narrative and restore a sense of coherence. Shared remembrance signals tentative returns to normalcy, felt as a 'light at the end of the tunnel" (Orchid). Witnessing resilience in others fosters motivation, affirming that grief can coexist with growth. Professional therapy provides a structured space to explore unresolved feelings, challenge distorted beliefs, and cultivate coping strategies. Faith and family act as stabilizing anchors, grounding individuals in frameworks that reframe loss with hope and acceptance.

Internal dialogue with the deceased becomes a grounding process that restores reassurance and offers a sense of direction. These conversations serve as a moral compass, shifting individuals away from self-punishment towards self-compassion. One widowed spouse, "What would she want me to do? Would she want to see me suffering this way, or would she want me to let it go and feel a little bit of myself instead of punishing myself to that level?" (Lavender). Through dialogue, storytelling, and shared memories, grief gradually shifts. Memories soften the intensity, and glimpses of relief make daily life more manageable. Attention slowly shifts from the heaviness of loss to the possibility of survival. Searching for meaning thus

becomes a pathway towards redefined purpose. From this foundation of connection, resilience, and reframed identity, caregivers prepare for the next step: turning inward to prioritize their own well-being.

Self-Restoration

Self-restoration, the process of healing, replenishing and rebalancing, marks a turning point as attention shifts inwardly. The displacement of personal care that occurs during caregiving creates a deficit that reorienting begins to correct, redirecting time and energy toward comfort, health and prevention as stabilizing factors. Through this shift, personal care becomes a functional mechanism of continuity rather than an extension of previous obligation.

The shift is tentative, as guilt often arises when one prioritizes one's own needs. Self-care often competes with lingering responsibilities and the weight of multiple roles, as reflected in the words, "I would say having to balance being a mother and a father to my son at the same time and having just to carry on being a single mother, being a widow," capturing the ongoing struggle to care for oneself while caring for others (Daisy). Self-restoration reframes tending to personal health and stability as part of the ongoing work of continuity, transforming what once felt like neglect of others into a legitimate form of care that sustains forward movement. Renewal may take simple forms, such as adopting new health routines, addressing long-ignored conditions, or engaging in small activities that restore energy and control. Even modest acts, such as taking daily walks or scheduling a medical appointment, or preparing a favorite meal, become quiet milestones of autonomy.

Self-restoration is not merely transformative; it reinforces agency, signaling readiness to invest in life beyond loss. Jasmine reflected this shift when she described intentionally listening to herself and embracing her own emotions, explaining, "I'm trying to listen to myself more…

I'm trying to observe what's going on with me." Such intentional inward focus reflects the reactivation of self-directed energy that supports resilience and emerging identity beyond caregiving.

As energy is reclaimed, outward engagement becomes possible. Support groups, friendships, and new social spaces open new avenues of belonging, reflecting how inner restoration supports social reintegration. One participant reflected on this gradual renewal, sharing,

> I'm kind of happy now because the living must live… I have a job, I'm happy, and I buy the things I want for my baby. I did the things that make me happy and also make my family happy… compared to that time and now, I think it's a little bit better (Lilac).

Through these expressions of self-restoration and reengagement, isolation begins to dissolve, forming a bridge toward new connections, purpose and ongoing renewal.

Creating New Connections

Creating new connections involves rebuilding a social world altered by loss. Some reconnect with old friends, reactivating relationships that were neglected during caregiving. Others turn to hobby groups, volunteer work, community organizations, or professional networks, all of which offer companionship and encouragement.

Sharing experiences alleviates isolation and reaffirms that mourners are not alone. One participant reflected, "It has helped me deal with my trauma… sharing my experiences with others who understand kind of provides comfort" (Orchid). Group interactions provide emotional relief and cognitive growth, as observing peers fosters encouragement and fresh perspectives. Daily interactions, whether casual or structured, create opportunities for positivity that help offset challenges beyond supportive settings. As one participant summarized, "Be kind to

yourself… connect with other people… the living must live, so you just need to find a new purpose in your life" (Marigold).

Connections nurture meaning and resilience. Supportive relationships foster a positive outlook on life, emphasizing not only living fully and enduring necessary experiences but also integrating prayer as a source of strength and guidance. Validation and comparison of experiences reinforce bonds. At the same time, therapy provides stability and guidance as individuals move toward healing.

Reorienting moves toward connection, softening but never entirely erasing the imprint of loss. These experiences do not dissolve grief but weave it into a broader fabric of support, making the burden less solitary. From this ground of care arises phase III, rebuilding, where life is intentionally reshaped to honor the past while embracing the future.

Phase III: Rebuilding

Emerging from the tentative stability gained in reorienting, individuals begin the intentional and often painstaking process of *rebuilding*. In this final phase, the bereaved take deliberate steps toward reshaping routines, roles, and personal identity in a world permanently altered by loss

Rebuilding often begins with tangible acts of daily life. Visiting familiar places, re-engaging in community, and reconnecting with supportive networks provide grounding and a renewed sense of belonging. Even simple acts of kindness, whether from God, neighbors, or friends, serve as reminders that resilience is sustained through inner strength and external support. Emotional reconstruction occurs. Suppressed feelings begin to surface, self-blame is confronted, and strategies for growth emerge. Moving from the belief that life was over to recognizing that life can hold new meaning marks progress along the journey. Creative outlets,

such as writing or music, open channels for release and personal expression that help carry movement through this transition.

Rebuilding also prompts a reevaluation of personal identity and purpose. Returning to work after caregiving highlights tension between continuity and adaptation, while widowhood demands renegotiation of identity that balances connections to the past with a search for a new direction. Memorialization represents a continuing bond with the deceased, a way to integrate their memory into ongoing life through acts of meaning-making and remembrance. As one participant explained, "You could also celebrate their lives, maybe honoring your husband's memory by sharing stories, looking at photos, and celebrating their accomplishments" (Marigold). Connections built in seeking, mature into dependable relational anchors. Self-care operates as an intentional strategy that sustains emotional equilibrium while consolidating a new sense of self.

Rebuilding is not a conclusion, but a passage into renewed living; a transformation shaped by strength, remembrance, and resilience. Reconstruction occurs as caregivers repurpose what persists, positioning the past through a future-focused lens to generate forward movement. As one participant reflected, “I’d say things eventually get better, especially when we think they’re not going to get better” (Holly). Purpose becomes a deliberate stance rather than an emotional outcome, with grief operating as a background condition rather than a barrier. Within this phase, several interrelated behaviors begin to unfold by rediscovering self-reliance, which restores confidence in one's abilities; restoring stability, which anchors life through routine and reflection, and finally reconnections, which deepen social bonds and affirm resilience in an ever-evolving identity after loss.

Rediscovering Self-Reliance

Reclaiming confidence is one's ability to live independently and make autonomous decisions. *Rediscovering self-reliance* re-emerges as caregivers rebuild trust in their ability to navigate life independently. Earlier reliance on friends, family, and professionals for guidance gives way to growing confidence in self-direction. Caregivers transition to self-reliance by assuming new responsibilities, adapting to independent living, and confronting loneliness with resilience. It is a gradual shift that requires patience, self-trust, and a willingness to accept that life after loss is permanently altered.

Self-reliance is not a rejection of support, but a balance act. Handling daily responsibilities, making confident decisions, or facing challenges directly reveals strength once obscured by caregiving. Emerging self-awareness highlights emotional resilience, strengthening coping during the grieving process. For some, meditation, yoga, or intentional release help process grief and rebuilding strength after years of holding composure, especially around children.

Deferred dreams, creative projects, education, or community engagement symbolize adaptability and renewal despite shifting circumstances. Reflection may guide them to live in ways their spouse would want them to live. One participant expressed this gradual redirection, sharing, "I'm trying to focus on me right now and let time take its lead… maybe time will help me heal from those things" (Poppy). Though grief persists, energy is increasingly directed toward growth, emphasizing patience and self-compassion, vital parts of the healing process.

Rediscovering self-reliance is thus a process of self-discovery and renewal, reflecting empowerment in the face of grief and the capacity to shape life with intention. Each step affirms that even amidst irreversible change, life can still be shaped with resilience, stability, and

purpose. This rediscovery restores independence and lays the foundation for restoring stability, where routine and structure deepen the sense of peace and groundedness.

Restoring Stability

Restoring stability in the rebuilding phase involves grounding oneself in new rhythms and dependable structures. After periods of emotional turbulence, solace is found in the return of routines. For example, morning coffee, exercise, mealtimes, or community events often take on renewed focus. Restoring stability is not merely logistical but deeply emotional as predictable patterns allow the mind and body to regain calm and control. This sense of order anchors individuals as they adapt to the new roles and identities altered by loss. It becomes a quiet form of healing, where the absence of crisis opens space for self-reflection and the growth of inner peace.

Resilience underpins this stabilization. For some, resilience emerges through solitude and the deliberate act of seeking peace amid turmoil. For others, it is expressed outwardly by demonstrating strength to children and family, offering inspiration through perseverance: “I have to be strong for my son; he lost his father. If I sulk all the time, he’ll do worse, so when I’m strong, my son will be strong” (Daisy). Remaining active in daily life also becomes a coping strategy. Household tasks, cooking, or entertainment function as affirmations of continuity and redirect focus from raw grief to manageable responsibilities. These efforts help reestablish rhythm and integrate stability into everyday life.

Structure and task orientation add further grounding. Breaking significant challenges into smaller, achievable steps creates measurable progress and rebuilds confidence in the ability to move forward. Over time, time itself shifts from being defined by the other to being reclaimed as one's own, prompting the bereaved to ask what they want to do and how they wish to live. "We

see movies together, listen to music, and eat together… I listen to them talk about school, and we just share ideas and talk about memories" (Iris). Another described finding strength in moments of independence: "I find some alone time, take a walk, go shopping, go see my friends. And I love that I could go through all that and I managed," because the goal is not to go back to what was but to keep moving forward (Holly).

Memorialization also provides stability, offering cultural and personal frameworks to honor the deceased while structuring mourning. Restoring stability is not static but both an inward search for peace and an outward reorientation toward purpose. As responsibilities that once felt overwhelming are gradually absorbed into daily life, stability becomes the foundation for reconnection with others, community, and a redefined sense of self.

Reintegration

The emergence of the grieving process brings vulnerability, a raw openness that surfaces when the protective layers of caregiving fall away. The sudden absence of caregiving routines exposes the tension between rest and restlessness, revealing how the loss of daily structure can uncover emotional fragility. Survivors often turn to purposeful activity, such as volunteering or structured engagement, not simply for distraction but as symbolic acts that anchor identity and open the way toward renewed connection. In this way, vulnerability becomes not just exposure to pain but the doorway through which reconnection is tested, inviting others in even as uncertainty remains.

Reintegration builds upon the fragile ties established in reorienting, gradually moving from tentative engagement to a more intentional participation in community and relationships. Through these exchanges, individuals renegotiate identity in the wake of loss, balancing the need for personal healing with the pull of relational belonging. Support groups and collective

gatherings embody this process, creating spaces where grief is voiced, witnessed, and transformed through reciprocity. In such encounters, vulnerability is not weakness but a condition that allows meaning to be shared and resilience affirmed. The shift enables re-engage with others in ways that affirm evolving roles, as one participant acknowledged, “I haven’t changed from our normal routine as a couple, not that much” (Tulip).

As grief begins to ease, reintegration emerges as a transformative stage where isolation gives way to shared meaning and renewed vitality. One participant reflected, “Now my purpose in life is done and I can do whatever the heck I want to do from now on” (Magnolia). This shift from withdrawal to engagement reflects the movement towards autonomous engagement with life. Another participant reflected, "Life has had some rocky paths, and it was so hard to move on from so many things… but because of the support group and therapy sessions, I find myself handling the situation quite positively" (Poppy).

Reintegration is no longer about receiving help but about reciprocity—sharing laughter, empathy, and purpose. Over time, the focus turns inward again toward self-sustainment, as another participant explained, "I've got to get myself healthy… I'm trying everything I can to live" (Rose). Through these evolving relationships, connection becomes both an outcome of healing and a means of sustaining it.

Reintegration also extends inward, reflecting the final movement of care realignment in which connection with others is balanced by reconnection with the self. Practices of solitude, time in nature, mindfulness, or forgiveness become restorative acts that renew strength and clarity. Through these moments, caregivers embody the full cycle of realignment, transforming the care once centered on their spouse into compassion for themselves and empathy for others. Healing is sustained not by separation from the past but by living alongside it, honoring both

memory and renewal. Together, outward and inward reintegration reveal that rebuilding is not a solitary achievement but a continuing process of care realignment through which vulnerability becomes belonging, and belonging becomes renewal.

Discussion

The GCGT that emerged from this study, Care Realignment, conceptualizes the post-caregiving experience of bereaved spouses through three interrelated phases: *Experiencing Loss, Reorienting*, and *Rebuilding*. These phases represent a dynamic system of emotional, behavioral, and social adjustments that move from disorientation to meaning making and ultimately toward renewed purpose. Unlike diagnostic frameworks such as the DSM-5's Prolonged Grief Disorder, which frames grief as a pathology (APA, 2022), this theory positions bereavement as a constructive, adaptive process grounded in relational and identity transformation. In doing so, the theory of care realignment expands prior grief theories by situating adaptation within the distinctive context of post-caregiving, where bereavement entails the simultaneous loss of the spouse, the caregiver role, and the structured identity that caregiving once provided.

The phase of Experiencing Loss explains the initial destabilization of self that follows the dual loss of partner and role. Within this theory, grief is understood not merely as emotional pain but as the dissolution of familiar meaning systems that once anchored daily life. This interpretation extends mourning as oscillation rather than detachment, an ongoing negotiation between sorrow and reengagement with life (Freud, 1957). Freud's insights situate mourning as a process of reinvestment rather than severance, where emotional energy is gradually redirected toward life-affirming pursuits. This study also broadens the *Five Stages of Grief*, depicting movement as cyclical and overlapping, consistent with the *Dual Process Model* (Kubler-Ross, 1973; Strobe & Schut, 1999). Kübler-Ross's conceptualization of grief as a staged progression is

here reframed as a nonlinear adaptation, where emotional responses coexist and shift fluidly across time. In this way, Care Realignment reframes grief as a recursive system of restoration and reflection rather than a sequence of finite steps, aligning with Worden's evolving view of mourning as a lifelong adaptive process (Ayousuf-Abramson, 2020).

The reorienting phase advances the theory by framing meaning reconstruction as an intentional, identity-driven endeavor. Rather than portraying bereaved spouses as passive recipients of coping strategies, the theory explains them as active meaning-makers who renegotiate self-definition through questioning, reflection, and selective reengagement. This conceptualization parallels the Meaning Reconstruction framework, which emphasizes the role of narrative and self-reflection in restoring coherence after loss (Nieimeyer, 2001). Neimeyer's model situates adaptation in the act of making meaning, a process that resonates with the searching behaviors seen in this theory. The recursive motion of Reorienting also resonates with the idea of "working through" attachment but places greater emphasis on agency and transformation. Freud's notion of working through underscores the repetitive yet progressive nature of grief, where engagement with painful emotions fosters reintegration rather than avoidance. Care Realignment further refines the theory of *Coming to Grips with Loss* by demonstrating that turning points are not merely cognitive but embodied moments of readiness when emotional, social, and existential awareness converge (Cummings, 2010). Cummings's process of adaptation is expanded here to include post-caregiving contexts, illustrating how readiness manifests as both physical and psychological transformation.

The phase of Rebuilding captures the culmination of adaptive transformation, in which identity is reconstituted through renewed structure, relationships, and purpose. In this theory, rebuilding does not signify closure but integration—an ongoing reconfiguration of attachment

that blends remembrance with growth. This perspective complements Kübler-Ross's (1969) notion of acceptance but moves beyond it by positioning acceptance as relational continuity rather than emotional finality. It also reinterprets Freud's (1917/1957) restoration of ego freedom to include an internalized bond with the deceased, resonating with contemporary continuing-bonds frameworks. By synthesizing these models, the theory of Care Realignment contributes a post-caregiving dimension to resilience theory, illustrating how identity reconstruction emerges through meaning, routine, and social reciprocity rather than detachment alone.

Overall, the theory of Care Realignment situates bereavement within a process-oriented, adaptive framework that foregrounds transformation rather than recovery. It contributes to the grief literature by extending existing models beyond symptom reduction to emphasize behavioral and relational continuity as hallmarks of resilience. By integrating caregiving identity loss into the bereavement trajectory, this theory reframes grief as a lifelong negotiation of attachment and autonomy. It suggests that healing involves not releasing the past but carrying it forward as part of an evolving self.

Limitations and Future Research

This study has several limitations that should be considered in relation to the theory that emerged. Because it focused specifically on surviving spouse caregivers of individuals with PD, the applicability of the developed theory to caregivers of other illnesses remains unknown. This limitation also presents a valuable direction for future inquiry. Research should examine whether similar patterns of behavior, emotional processing, and adaptation occur among caregivers of individuals with other progressive or terminal illnesses such as Alzheimer's disease, cancer, or amyotrophic lateral sclerosis. Comparing these populations may help determine whether the

processes identified in this theory are universal among bereaved caregivers or more distinct to Parkinson-related caregiving.

Future research should also consider translating the findings into grounded action (Simmons, 2022), extending the theoretical work into applied practice. The results of this study provide a strong foundation for developing caregiver support programs, workshops, or educational resources that address the emotional and identity-related challenges that emerge after the loss of a spouse. Implementing and evaluating such programs would allow researchers to test the theory's relevance in real-world settings while offering meaningful assistance to caregivers as they transition into post-caregiving life.

Conclusion

The Theory of Care Realignment explains how surviving spouse caregivers adapt to bereavement following the death of a partner with PD. Through the phases of Experiencing Loss, Reorienting, and Rebuilding, the experience of widowhood unfolds as an evolving process of emotional, behavioral, and identity transformation rather than a singular moment in time. Care Realignment is cyclical rather than linear, reflecting how caregivers may revisit earlier emotions and insights as they encounter new memories or life transitions. The theory illustrates movement from sorrow and disorientation toward meaning, self-understanding, and renewed purpose while preserving an enduring connection with the deceased spouse. Rather than closure, it portrays caregiving and grief as continuing forms of care that shape resilience, belonging, and identity. As a substantive grounded theory, Care Realignment provides a foundation for future studies and grounded action applications that support bereaved caregivers in transforming loss into continuity and integrating care, love, and renewal into an ongoing sense of self.

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