

The Theory of Financial Recalibration: A Glaserian Classic Grounded Theory of Economic Survival After Spousal Caregiving

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Abstract

Financial Recalibration is a theory that conceptualizes how former spousal caregivers of individuals with Parkinson's disease resolve their main concern of financial destabilization following the death of their partner. Using Glaserian classic grounded theory methodology, in depth interviews with widowed caregivers were coded and analyzed through constant comparison, theoretical sampling, and memoing to generate an explanatory theory grounded in participant data. The Theory of Financial Recalibration identifies three phases — *Financial Uncertainty*, *Managing Finances*, and *Rebuilding Financial Autonomy* — and explains how caregivers resolve financial disruption after the end of caregiving. Financial Uncertainty represents the initial destabilization marked by income disruption, benefit instability, and concentrated decision-making responsibility. Managing Finances depicts pragmatic, survival-oriented action directed toward containing disruption and maintaining financial continuity under constraint. Rebuilding Financial Autonomy conveys the gradual restoration of independent financial control through sustained, intentional decision making and increased confidence. Movement across these phases is neither linear nor staged; rather, it reflects a fluid process responsive to shifting demands and available resources. Financial Recalibration reframes bereavement related financial strain as a primary organizing concern rather than a secondary aspect of grief and contributes to caregiving scholarship by explaining economic survival as a parallel adaptive process grounded in data.

Keywords: Glaserian classic grounded theory, spousal caregiving, bereavement, Parkinson's disease, financial recalibration

This line of inquiry originated from earlier qualitative work examining the lived experiences of spouses caring for individuals with Parkinson's disease (PD), where prolonged caregiving was found to permeate identity, routine, and daily functioning (White & Palmieri, 2024). As that work concluded, several participants later re-contacted the researcher following the death of their spouses, describing difficulty navigating life after caregiving ended. These post-study conversations highlighted uncertainty that extended beyond emotional loss and raised questions about what occurs after caregiving responsibilities abruptly cease.

These accounts informed the development of a Glaserian classic grounded theory (GCGT) study that examined how former spousal caregivers resolve their main concerns following the death of a partner with PD. That study generated *The Theory of Care Realignment*, which explains how bereaved caregivers resolve identity and meaning disruption after caregiving ends (White et al., 2025). During constant comparison and memoing, a substantial financial process repeatedly surfaced that could not be fully accounted for within the original theory.

Further analysis revealed that financial destabilization was not operating as a contextual condition embedded within grief, but as an independent and organizing concern requiring immediate action. Treating this process as a subsidiary category risked under-theorizing its explanatory power and diminishing analytic fit. The recurrence and strength of this pattern warranted a separate

theoretical treatment.

The Theory of Financial Recalibration, therefore, focuses on the process through which former spousal caregivers resolve financial destabilization following loss. By isolating this concern, the theory explains how financial action unfolds alongside grief without being driven by emotional processing. The following section outlines the GCGT methods used to generate this theory.

Methods

The current study employed GCGT to generate an explanatory theory grounded in participant data. The purpose of this study was to theoretically explain a second core process that emerged during constant comparative analysis of interviews with former spousal caregivers. While initial analysis revealed multiple potential main concerns, financial destabilization consistently patterned as an independent concern requiring theoretical elaboration. Analysis, therefore, focused on explaining behavioral patterns used to resolve financial destabilization rather than describing lived experiences.

Population

The population consisted of widowed former spousal caregivers diagnosed with PD who had experienced the death of their partner following a period of active caregiving. A total of 16 participants were included, representing both male ($n = 3$) and female ($n = 13$) caregivers across a range of adult life stages. Participants reflected variation in prior financial roles within the relationship, including primary and secondary financial managers.

Participants were recruited through two sources. The majority were identified through social media outreach targeting caregiver communities, while four participants were drawn from prior caregiving research conducted by the researcher. These prior participants, including those whose earlier participation initiated the study that led to the Theory of Care Realignment, contributed directly to the emergence and conceptual development of the present study.

Data collection occurred across two rounds of interviews, supporting ongoing theoretical sampling and elaboration of emerging categories. Participants ranged in age from early adulthood to advanced age, with reported age categories including 20-50, 51-60, 61-70, 71-80, and 80+. Estimated midpoints suggest a mean age of approximately 44.5 years. Reported income ranges also varied across participants, with estimated midpoints indicating an average annual income of approximately \$50,656. The average length of time since spousal death was approximately 16 months, reflecting variation in proximity to loss at the time of interview.

Demographic characteristics were not used to define analytic subgroups, but they provided variation that supported the development of common processes of financial recalibration across differing contexts. Sampling proceeded through theoretical sampling until theoretical sufficiency was reached, as indicated by the absence of new properties emerging during constant comparison. At this point, no additional participants were required, as

further data collection did not contribute to new theoretical insights.

Data Collection

Data were drawn from in-depth interviews with former spousal caregivers of individuals with PD. Interviews were open-ended, allowing participants to direct the content toward their primary concerns. The interviews were initiated with the following broad grand tour question: "Can you describe what life has been like since your spouse passed away?" Consistent with GCGT, this open prompt minimized the researcher's preconceptions and allowed participants to identify and elaborate on their primary concerns without the researcher's direction (Glaser, 1978, 2012). Follow-up questions emerged from participants' responses rather than predefined topics, and data collection and analysis occurred concurrently to support ongoing comparison and theoretical sensitivity (Glaser, 1998).

Data Analysis

Data analysis followed a constant comparative method, which occurred concurrently with data collection as each interview was completed, consistent with GCGT procedures (Glaser, 1978). Incidents were compared with incidents, and emerging categories were compared across interviews through ongoing memoing, allowing patterns of behaviors to emerge without force (Glaser, 1978). Coding remained open until a core category emerged that accounted for most of the data's variation. Memoing played a central role in theoretical development. Analytic memos captured conceptual relationships, properties, and movement across categories, which guided theoretical

sampling and category refinement (Gynnild, 2025).

As category saturation was reached, a theoretical outline (Vander Linden, 2025) was developed to integrate categories around the core process of financial recalibration and support theory sorting and refinement. Sorting facilitated theoretical coherence by clarifying relationships among categories and resolving gaps. The final theory was integrated once no new theoretical insights emerged.

The Theory of Financial Recalibration

A main concern of spouses who were caregivers to individuals with PD is financial destabilization following the death of their partner. This concern often emerges immediately and demands attention regardless of emotional readiness. The Theory of Financial Recalibration explains how former spousal caregivers resolve this concern through patterns of financial and behavioral processes aimed at containing disruption and maintaining financial continuity.

Financial recalibration is a dynamic process in which caregivers work to regain economic control amid grief and ongoing responsibilities. The process unfolds through three major stages: financial uncertainty, managing finances, and rebuilding financial autonomy. Movement across these categories is fluid rather than linear and is responsive to shifting demands, available resources, and dependent responsibilities, with actions consistently oriented toward stabilizing systems and preserving continuity.

For some former spousal caregivers, financial destabilization unfolds

alongside the responsibility of caring for dependent children and ailing parents. Caregiving and financial responsibilities shifted simultaneously, increasing pressure to maintain stability and routine for others while managing loss. The presence of children intensified financial urgency and constrained the pace at which individuals can attend to their own emotional needs when they are needed the most.

Financial Uncertainty

"We had two bank accounts, and they took his name off, and that's where all our bills came out of. I started getting notices that none of my bills were being paid two days after he died." (Magnolia)

Financial Uncertainty is the initial condition in which previously stable financial systems become unreliable. Income loss, benefit disruption, and accumulating bills undermine confidence in financial decision-making. One caregiver noted, "My salary dropped from, I guess we were probably making between the two of us about \$110,000, and now it's dropped to like \$45,000" (Magnolia). Accumulating bills and death-related expenses further intensify uncertainty. Another caregiver stated, "The finances were tricky because I had to get it from our savings to plan for the funeral, burial, all of it" (Tulip). Under these conditions, attention shifts quickly toward meeting immediate financial needs.

Financial uncertainty initially resolves through stop gapping, a process in which caregivers use temporary actions to meet immediate financial demands while longer-term solutions remain unclear. One form of stop gapping is restriction, which

involves limiting expenses to regain control over financial outflow, as illustrated by Holly's recognition that "a lot of money was going to [the] hospital, to my bills... and I had to control it so I could help my kids." During this stage, financial action is primarily directed toward containing immediate disruption rather than establishing long-term solutions, allowing basic financial continuity to be preserved while uncertainty remains unresolved.

When financial responsibilities shift from shared sole management, uncertainty intensifies through the concentration of decision-making in one individual. The shift increases concern about making errors with lasting consequences and narrows attention to immediate obligations rather than long-term planning. Caregivers often describe this moment as realizing sole responsibility, such as "That was the beginning of realizing that I was alone, and that I was going to be taking care of my child alone" (Daisy).

When dependent care responsibilities coexist, financial uncertainty becomes more urgent. Financial actions are directed toward maintaining stability for children or other dependents rather than personal priorities, reinforcing both restriction and shifting. Lilac's statement, "I pay the rent, I pay the school fee, so I'll say I do mostly everything that a parent should be doing, but then I'm doing them alone" illustrates how responsibility concentration shapes financial behavior under uncertainty.

Managing Finances

Managing Finances begins when financial uncertainty can no longer be deferred, and financial engagement becomes

unavoidable. The phase is characterized by action directed toward containing disruption and maintaining basic financial continuity despite emotional, physical, or cognitive limitations. Action during this period is driven by necessity rather than readiness.

Early engagement focuses on containing disruption and maintaining basic financial continuity. Financial action centers on preventing further destabilization by addressing immediate obligations such as bill, insurance, and estate-related expenses, as reflected in the need to manage "all the estate, all the bills, I have to pay all the bills that need to be paid" (Iris). These actions maintain operational stability rather than optimize financial outcomes

When financial management shifts from shared to sole responsibility, minimizing risk becomes central. Financial decisions are made cautiously and incrementally due to concern about error and long-term consequences, as illustrated by increased spending responsibility described as "financially, it is exhausting because I had to spend more" (Lilac). The focus remains on preventing additional destabilization rather than pursuing financial optimization.

Managing finances frequently unfolds under conditions of fatigue and reduced capacity. Financial systems are maintained while physical and emotional resources remain strained, as indicated by difficulty managing household and financial tasks when "the finances are tricky" (Tulip). Engagement during this period focuses on keeping essential systems functioning rather than allowing further breakdowns.

For those with dependents, managing

finances includes immediate income-generating action. Financial behavior shifts toward sustaining household continuity through rapid employment or revenue-seeking efforts, as demonstrated by the need to "look for a job... to be able to sustain my family and foot bills" (Azalea). Financial engagement during this phase is pragmatic and survival-oriented rather than oriented toward long-term planning.

Rebuilding Financial Autonomy

Rebuilding Financial Autonomy emerges after immediate financial demands have been contained and individuals begin directing their financial lives with greater confidence. Financial action shifts from reacting to obligations toward intentional choices. Control is gradually reclaimed rather than urgently imposed.

Autonomy is reflected in growing confidence with independent financial decision making. One caregiver described this shift by stating, "I have found that I have to be more careful with my money...now I have to watch my money's a lot closer than I did before" (Magnolia). Increased awareness signals ownership and autonomy rather than fear.

Rebuilding financial autonomy often involves returning to work or expanding employment. One caregiver explained, "Right now I'm working, and even though it's not full-time, it helps me feel like I can manage things again" (Jasmine). Employment serves both as financial support and as evidence of regained capability.

Autonomy is further reinforced through restricting expenditures and prioritizing essential spending. One caregiver

noted, "I tend to save a lot now so that maybe on rainy days we won't lack [money]" (Lilac). These choices reflect confidence in directing resources rather than reacting to loss. Rebuilding financial autonomy stabilizes through sustained financial decisions achieved by ongoing independent financial action. Engagement no longer centers on preventing loss but on maintaining routine financial management. Resolution was identified through sustained, independent financial action, including consistent bill payments and income management, without re-emergence of instability.

Discussion

The Theory of Financial Recalibration extends understanding of post-loss caregiving transitions by identifying financial destabilization as a primary organizing concern rather than a secondary contextual condition. In contrast to caregiving literature that embeds finances within emotional or relational adjustment (Kapelle & Van Winkle, 2024), this theory explains how financial action is taken immediately to address disruption before emotional processing occurs. Financial Recalibration, therefore, operates as a parallel survival process that unfolds alongside grief without being driven by it.

The Theory of Financial Recalibration emerged from the same GCGT study that generated the Theory of Care Realignment, which explained how former spousal caregivers resolve identity and meaning disruption following loss (White et al., 2025). During constant comparison and memoing, financial destabilization repeatedly surfaced as an independent

concern that could not be adequately theorized within Care Realignment without diminishing conceptual clarity. Isolating this process into a distinct theory preserves analytic fit and demonstrates how financial recalibration operates alongside, but not within, the emotional and identity-focused work of care realignment.

Financial strain following serious illness and loss has been shown to shape daily functioning in ways that extend beyond emotional distress alone. Prior research demonstrates that ongoing economic pressure alters how caregivers manage responsibilities, make decisions, and recover stability, often persisting even when emotional or social support is present (Bradley et al., 2023; Howard et al., 2022). These findings resonate with the current theory by reinforcing the idea that financial recalibration reflects a lived struggle for security and control rather than a secondary outcome of grief.

There is a notable absence of contemporary literature that explicitly explains financial burden as a post-death process during bereavement. When financial issues are discussed, they are most often woven into emotional, caregiving, or role-adjustment narratives rather than examined as a distinct financial process, with money-related concerns framed as part of broader coping demands rather than a focus of explanation (Eisma et al., 2022; Strobe & Schut, 1999). This gap supports the analytic need for a GCGT that explains how financial destabilization is resolved following loss, with future research able to examine whether similar financial processes occur after other

forms of bereavement or loss.

The theory further clarifies that financial destabilization demands immediate engagement regardless of emotional readiness, challenging the assumption that grieving individuals must first achieve emotional stability before resuming complex decision-making. Existing literature frequently frames financial burden as a modifier of psychological outcomes (Pang et al., 2023), yet growing evidence suggests that economic demands actively shape behavioral responses during bereavement and survivorship transitions (Anvari-Clark, 2025). The present theory extends this work by explaining how individuals act under constraint rather than waiting for emotional resolution.

The three phases of financial uncertainty, managing finances, and rebuilding financial autonomy represent a dynamic process rather than a staged progression. Movement across categories was fluid and responsive to shifting demands, available resources, and dependent responsibilities. This pattern challenges linear recovery models and reflects the unstable conditions under which post-loss financial decisions are often made (Eisma et al., 2022; Strobe & Schut, 1999).

Financial uncertainty served as the initiating condition, rendering previously stable financial systems unreliable following losses. Income disruption, benefit changes, and the collapse of shared financial responsibility narrowed attention to immediate survival needs. When caregiving responsibilities for children or other dependents persisted, urgency intensified and

further constrained capacity for long-term planning.

Managing finances emerged as an action-oriented response to sustained instability rather than a marker of recovery. Engagement during this phase prioritized containment and continuity, often occurring alongside fatigue and reduced capacity following prolonged caregiving, with depleted caregivers operating under the same conditions of financial fragility described in households facing income disruption and uncertainty. This finding reframes financial engagement as functional survival work rather than evidence of emotional readiness or adaptation, aligning with economic evidence showing that individuals under financial strain focuses on maintaining obligations and limiting risk rather than demonstrating stability or recovery (Fadlon et al., 2020).

Rebuilding financial autonomy reflected a qualitative shift in orientation toward confidence, intentionality, and independent decision-making. Autonomy is demonstrated through sustained financial action without recurrent destabilization rather than through financial abundance or emotional resolution. This understanding aligns with contemporary resilience literature on spousal loss, which frames financial adjustment as the gradual restoration of control, decision-making confidence, and reduced dominance of financial uncertainty in daily life, even as broader challenges persist (Nelson & Iyer, 2026)gynnild.

Situating this theory alongside Care Realignment highlights the importance of disentangling financial and emotional

processes in post-caregiving transitions. Financial Recalibration operates as a structurally driven response to loss that may coexist with unresolved grief without impeding functional recovery. Recognizing this distinction has implications for research, policy, and support services that often delay financial intervention until emotional readiness is presumed.

Limitations and Future Research

The findings should be interpreted within the context of a theoretically driven sample of former spousal caregivers of individuals with Parkinson's disease. While variation in age, gender, income, and prior financial roles was present, these characteristics were not analyzed as defining conditions, as the analytic focus remained on identifying a common process that resolves financial destabilization. As such, the theory is not intended for statistical generalization but rather for a conceptual explanation that can be modified as it is applied to other populations and contexts.

The caregiving context of Parkinson's disease involves a prolonged and progressive trajectory, which may shape how financial responsibilities accumulate before loss. In addition, pre-loss financial conditions, including financial literacy, income stability, and existing financial obligations, were not systematically analyzed. These factors may influence how financial uncertainty is experienced and managed following spousal loss. Participants also varied in time since spousal loss, which may influence how financial experiences are recalled and interpreted. Early-stage financial uncertainty may differ from later-stage financial

autonomy, and retrospective accounts may reflect evolving meaning over time.

These areas of variation highlight conditions under which financial recalibration may differ, providing direction for future theoretical refinement and extension. Future research should prioritize longitudinal designs that follow widowed caregivers across the transition from early bereavement through later stages of adjustment. Examining how financial uncertainty evolves into longer-term stability or ongoing vulnerability would clarify how the process unfolds over time and under differing conditions. Additional work may also explore how illness trajectories and pre-loss financial contexts shape variation in the onset, intensity, and management of financial recalibration across populations.

Understanding these conditions provides a foundation for both theoretical extension and the development of responsive, practice-based interventions. The identification of financial destabilization as a primary concern highlights a critical gap in bereavement support, where financial guidance is often delayed or overlooked. This creates a clear opportunity for grounded action. Interventions such as early financial counseling, benefits navigation, and caregiver-informed financial education could be developed and tested to support individuals during periods of financial uncertainty. Embedding these supports within healthcare, hospice, and bereavement services may strengthen continuity of care by addressing financial stabilization alongside emotional and social needs. In this way, the Theory of Financial Recalibration provides

not only a conceptual explanation but a practical foundation for developing responsive, evidence-informed support systems for widowed caregivers.

Conclusion

The Theory of Financial Recalibration and the Theory of Care Realignment offer complementary explanations of how former spousal caregivers navigate life after loss. One addresses the restoration of identity and meaning, while the other explains economic survival and control under constraint. Maintaining these as analytically distinct yet theoretically related preserves conceptual clarity and strengthens explanatory power across caregiving, grief, and post-loss adaptation.

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Disclosures

Author's Contributions: The current paper presents *The Theory of Financial Recalibration* as an independent theoretical contribution that emerged through holistic analysis of qualitative data examining post-caregiving experiences among former spousal caregivers of individuals with Parkinson's disease. Financial destabilization was not an intended focus of the original analytic direction; however, through constant comparison and memoing, this pattern repeatedly surfaced and persisted across the data. Its recurrence and analytic strength indicated a core process that could not be adequately accounted for within the original theoretical framework. As a result, it was developed as a freestanding theory to preserve analytic fit and fully explain financial destabilization as a primary organizing concern. This work contributes to ongoing methodological and theoretical discussions within Glaserian classic grounded theory and caregiving research.

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