

Longitudinal changes in mental and physical health among elderly, recently widowed men

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ABSTRACT *Mental and physical health, morale and social functioning were assessed in a sample of elderly men widowed during the course of a longitudinal study. Measures were taken before these men were widowed, and then re-measured four years later, after they had been widowed. They were compared with a sample of age-matched still-married controls. There were no significant differences as a result of either marital status or time for mental health, morale or social functioning. However, there were significant interactions between time and marital status for these variables. Those men who had recently become widowed showed declines in mental health, morale and social functioning. Physical health showed a significant difference for time alone, with both the widowed and still-married men showing declines in physical health over the four year period. The results confirm earlier findings which indicate that men's mental health and morale is affected by widowhood. They also show that men reduce their participation in social activities following bereavement. This is of particular interest since it is in marked contrast to the evidence of stability in this area of functioning among women. The implications of this finding, and the others, are examined.*

One of the most profound life events which many elderly people have to face is widowhood. In Britain, for example, over 36% of all people aged 65 years or over are widowed (OPCS, 1990). While the numerical impact of widowhood is greater for the female population, it is nonetheless an important aspect of male ageing too. For example, 24.2% of men aged between 75 and 84 years, and 45.3% of men aged 85 years and over are widowed (Grundy, 1996).

While widowhood is more common among elderly women than among elderly men, there is evidence to suggest that the impact on both mental and physical health is greater among men than among women. For example, in a classic paper Stroebe & Stroebe (1983) suggest that, although the evidence is not strong, the gender differences that are found for bereavement reactions indicate that it is the men who suffer more.

On the whole more studies have examined female widowhood. However, those studies which have examined men (either alone or in comparison with women) indicate that both mental and physical health are affected by widow-

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hood. Bowling & Windsor (1995), for example, found that there was excess mortality among men up to six months following bereavement. Gallagher-Thompson *et al.* (1993) found short-term declines in physical health, whilst Tudiver *et al.* (1995) found increased use of health care following bereavement in men. Considering mental health, Byrne & Raphael (1994) found depressive bereavement phenomena in half of their men up to 13 months following their loss. Mouser *et al.* (1985) found that widowers' life satisfaction was lower than that found for either married or remarried men. Finally, in terms of participation and social engagement, Bennett & Morgan (1993) found that, following bereavement, shopping and leisure decreased as did outdoor activities such as gardening, while indoor activities such as housework increased.

There are a number of methodological issues which present difficulties in the study of widowhood in later life, especially among men. The most important of these is that there are simply fewer men in this age group than women. Male mortality is higher (76% for men: 53% for women, within 13 years), both among still-married men and the recently bereaved (Bowling & Windsor, 1995). There is also a greater tendency for men to remarry than is found for women (Haskey, 1982). Therefore, there are fewer men available for study. Both the issues of higher mortality and higher remarriage are important in the context of mental and physical health for men. However, in the context of this study it is the combination of recent widowhood and a return to single status which is of greatest interest.

The second important issue is the confounding effects of ageing. Many of the physical and emotional changes assessed in relation to widowhood are known also to change as a result of ageing *per se*. Thus, physical health (e.g. Nowlin, 1974; Bennett, 1996) and morale (e.g. Larson, 1978; Bennett & Morgan, 1992) both show age-related decreases. If assessed longitudinally, therefore, it is important to distinguish between the effects of widowhood and the effects of ageing *per se*. Furthermore, widowhood itself comprises at least two different components, either of which might influence social functioning: i) the emotional impact of grief and bereavement; and ii) the transition from married to single status.

The present study attempts to address these issues. It was designed to assess the impact of widowhood, and to clarify relationships between mental and physical health, morale and social functioning, in men bereaved during the course of the Nottingham Longitudinal Study of Activity and Ageing (NLSAA). To control for the confounding effects of both ageing and changed marital status this sub-sample was compared with a further sub-sample of still-married controls.

Method

Procedure

The NLSAA was set up in 1983 to assess the role of lifestyle and Customary Physical Activity (CPA) in promoting and maintaining psychological well-being

in later life. The first population survey was conducted between May and September 1985, during which time 1,042 people, both men and women, randomly sampled from Family Practitioner Committee lists, and demographically representative of the British elderly population, were interviewed in their own homes. The interview questionnaire contained a total of 318 items and covered aspects of health, lifestyle, demographic and socioeconomic status (See Morgan *et al.*, 1987; Dallosso *et al.*, 1988).

The first complete follow-up of survivors, using identical methods and materials, was conducted between May and September 1989. All respondents who had participated in 1985, and who were still living in Nottingham, were invited to participate. Six hundred and ninety follow-up interviews were conducted, representing a follow-up response rate of 88.3%. Information on respondents who had died, moved or migrated since 1985 was provided by the NHS central register, general practitioners' records and hospital case-notes.

Participants

The sub-sample of widowers comprised all those men who had been married in 1985 at the first interview, but who had been bereaved by 1989, at the second interview ($n = 18$). For the control groups each widower was then randomly age-matched (± 3 years) with a man who had been married both in 1985 and 1989 ($n = 18$) and had never been widowed. Care was taken to avoid over-matching. The sample of bereaved men will be referred to as the widowers and the sample of married men will be referred to as the still-married.

Analyses in the present report focus on four aspects of well-being: affective status; morale; social functioning; and health. Personal disturbance and affective status were assessed using the Symptoms of Anxiety and Depression (SAD) Scale (Bedford *et al.*, 1976). This 14-item instrument deals with recent symptomatology and comprises two seven-item subscales relating to anxiety and depression. In non-clinical samples the scale is not active across its full range and lower scores tend to predominate.

Morale was measured by Wood *et al.*'s (1969) 13-item version of Neugarten *et al.*'s (1961) Life Satisfaction Index (the LSIZ) modified for use with a British sample (see Morgan *et al.*, 1987). Items, rated 'agree', 'disagree', or 'don't know', include: 'This is the dreariest time of my life'; 'As I look back on my life, I am fairly well satisfied'; and 'I've got pretty much what I expected out of life'.

Social functioning was assessed using the Brief Assessment of Social Engagement (BASE) scale developed specifically for this project and fully described elsewhere (Morgan *et al.*, 1985). This dichotomously rated 20-item scale assesses both active (e.g. 'Have you been away on holiday in the last year or so?') and symbolic (e.g. 'Do you read a national or local newspaper, or a weekly or monthly magazine?') participation in the social milieu, and perceived

TABLE 1. Mean levels (and standard deviation) of psychological and physical health and social functioning

		Widower (<i>n</i> = 18)	Married (<i>n</i> = 18)
SAD	1985	0.77 (1.0)	1.3 (2.5)
	1989	1.77 (2.3)	0.3 (0.6)
LSIZ	1985	17.88 (6.1)	17.38 (6.6)
	1989	14.18 (4.9)	18.63 (4.0)
BASE	1985	13.46 (2.0)	13.64 (2.6)
	1989	11.46 (2.4)	13.93 (2.5)
Health Index	1985	3.83 (2.6)	3.25 (1.5)
	1989	5.06 (2.1)	3.38 (1.3)

quality of social networks (e.g. Do you have at least one friend living in or near this district?').

Physical health was assessed using a 14-item information and symptom checklist covering the presence or absence of: heart, stomach, eyesight, or feet problems; giddiness, headaches, urinary incontinence, arthritis, insomnia and falls; long-term disabilities; and current usage of drugs, walking aids or medical services (Bassey et al., 1989). Items were dichotomously rated 1 (yes) or 0 (no) and were included in the scale: (a) if positive responses were obtained from more than 2% of respondents; and (b) if the item total correlation was ≥ 0.2 . The resulting 14-item scale showed a reliability coefficient of 0.7 (Cronbach, 1951).

The data were analysed using a repeated measures analysis of variance model. The between subjects factor was marital-status with two levels (widowers; and still-married men) and the within subject factor was the time-of-interviews, with two levels (1985 and 1989). Means were compared using the uncorrelated t-test.

Results

Mean levels (and standard deviation) of personal disturbance, morale, social functioning and health in 1985 and 1989 are shown in Table 1. Results of the analysis of variance are shown in Table 2.

Analysis of variance of SAD scores revealed no significant main effect for marital-status ($F = 0.89$, $df = 1, 31$, $p < 0.35$), but did reveal a significant marital-status by time-of-interview interaction ($F = 6.01$, $df = 1, 31$, $p < 0.02$). Widowers showed higher levels of personal disturbance in 1989 than the still-married men ($t = -2.51$, $df = 18, 3$, $p < 0.022$).

TABLE 2. Repeated measures analysis of variance of psychological and physical health and social functioning

	Main effects						Interaction effect		
	Marital status			Time-of-interview			Marital status x Time-of-interview		
	F	df	P	F	df	P	F	df	P
SAD	0.89	31, 1	0.35	0.00	31, 1	1.00	6.01	31, 1	0.02
LSIZ	1.54	31, 1	0.22	1.29	31, 1	0.27	5.24	31, 1	0.03
BASE	2.32	23, 1	0.14	3.90	23, 1	0.06	6.93	23, 1	0.02
Health Index	3.44	32, 1	0.07	5.80	32, 1	0.02	3.85	32, 1	0.06

Analyses showed there was no significant main effect for marital status for LSIZ scores ($F = 1.54$, $df = 1, 31$, $p < 0.22$). However, again there was a significant marital-status by time-of-interview interaction ($F = 5.24$, $df = 1, 31$, $p < 0.03$). The paired comparisons showed significant differences in 1989 between the still-married and the widowed men ($t = 2.85$, $df = 30, 45$, $p < 0.008$) with the widowers reporting lower levels of morale.

Analysis of variance of BASE levels did not reveal a significant main effect for marital-status either ($F = 2.32$, $df = 1, 23$, $p < 0.14$). There was, however, a significant marital-status by time-of-interview interaction effect ($F = 6.93$, $df = 1, 23$, $p < 0.02$). The paired comparison showed significant differences in 1989 between the still-married and the widowed men ($t = 2.21$, $df = 23.49$, $p < 0.037$) with the widowers reporting lower levels of social engagement.

Analysis of variance of Health Index scores revealed no significant main effect for marital-status ($F = 3.44$, $df = 1, 32$, $p < 0.07$) and no marital-status by time-of-interview interaction effect ($F = 3.85$, $df = 1, 32$, $p < 0.06$).

Analyses of SAD, LSIZ and BASE showed no significant main effects for time-of-interview: personal disturbance ($F = 0.00$, $df = 1, 31$, $p < 1.0$); morale ($F = 1.29$, $df = 1, 31$, $p < 0.27$); and social engagement ($F = 3.9$, $df = 1, 23$, $p < 0.06$). A significant main effect for time-of-interview was found for physical health ($F = 5.8$, $df = 1, 32$, $p < 0.02$), where health significantly decreased between 1985 and 1989.

Discussion

The study demonstrates that widowhood has a great impact on the lives of elderly men. The study confirms earlier, but separately reported, findings that mental health, morale and social participation significantly decline following bereavement (see for example Stroebe & Stroebe, 1983; Mouser *et al.*, 1985; Gallagher-Thompson *et al.*, 1993; Byrne & Raphael, 1994) among men. However, unlike previous studies, there is no support for age-related (not related to bereavement) declines in morale, personal disturbance and social participation

(Havighurst *et al.*, 1968; Morgan *et al.*, 1987). There is evidence to suggest that physical health declined as a function of ageing, though not as a function of widowhood, and this supports literature both with respect to men alone and elderly people in general.

The results show that there is a significant impact of widowhood on levels of personal disturbance in men: the recently widowed men show significant increases in levels of personal disturbance between 1985 and 1989. Since there were no age-related declines in personal disturbance it is suggested that these declines were the result of widowhood *per se*. Similarly, there was a significant decline in morale for the recently widowed men when compared with their pre-widowhood levels of morale, and also compared with the still-married men. Once more, these were not matched by more general age-related declines. This indicates again that morale was affected by widowhood *per se*.

It is clear, therefore, that the emotional impact of bereavement on men in late life is profound. Stroebe & Stroebe (1983) draw similar conclusions. The findings are also similar to those found for women (Bennett & Morgan, 1993; Bennett, 1996). However, it is perhaps more interesting because of the prevalence of personal disturbance and poor morale among the population of elderly people. For example, Morgan *et al.* (1987) found that personal disturbance was twice as common amongst women than among men. So it could be suggested that bereavement in men has a distinct impact on the emotional lives of men in late life.

Social engagement also showed the pattern of decline following bereavement among the widowed men. There were significant differences between the pre- and post-bereavement levels, and significant differences between the widowed and still-married men as a consequence of bereavement. This finding is in marked contrast to the effects found in women, where stability in social participation is the norm following bereavement (Bennett & Morgan, 1992). It has been argued that stoicism plays a part in this stability, but this does not appear to be the case among these men. Or if the men are stoical this is demonstrated in a different way.

There are a number of possible and interrelated explanations which concern, primarily, the gender divisions in lifestyle in late life. First, it is possible that social engagement and participation among elderly couples is negotiated and acted upon primarily by women (Altergott, 1985; Wilson, 1995). So, for example, it may be that women organize the family unit to attend church, go on holiday, write and keep in touch with family and friends. These may be activities which men participate in as much by default as by actively engaging in them. Second, following bereavement, men may have to acquire or activate skills or activities which have little (or less significant) social impact, which take up time which might otherwise be spent in social engagement. For example, men may need to increase their housework or shopping activity (especially if their spouse had been responsible previously for these activities) at the expense of their social participation. A study by Bennett & Morgan (1993) supports this possibility. They found that, compared with still-married men, widowers had reduced levels

of outdoor productive activity (including gardening and outdoor DIY) and leisure activity but increased levels of indoor productive activity (including housework). The third explanation concerns the links between mental health, morale and social engagement. Given the dramatic changes in the two former domains, it is possible that social participation might decline simply as a function of mood. If a man is depressed and dissatisfied with life it is possible that he would not want to be sociable and may lack the motivation to participate in once enjoyable social activity (a finding which is in contrast to that found for women). It is not possible to disentangle these possibilities, and it is likely that all have a role to play in this decline. But nevertheless clearly men's social participation does decline following bereavement and that is important in itself at a pragmatic level.

It has not been possible to unpack all the effects of widowhood. For example, it is not possible to say precisely whether it is the bereavement event itself or the transition to single status which has the greatest impact. The principle reason for this is the lack of single men for comparison in the current analyses ($n = 9$). However, in similar analyses for women, comparisons with single women were possible (Bennett & Morgan, 1992; Bennett, 1996). These analyses indicated that the transition to single status had an important part to play in the effects of bereavement, so similar effects may exist for men. There is also evidence which suggests that being single is not a beneficial state for men (Mouser *et al.*, 1985; Lauer *et al.*, 1990). It is possible, therefore, that the transition to single status may be important. The methodological limitations of this study do not allow firm conclusions about the respective importance of bereavement and the transition to single status. However, taken with the supporting evidence discussed above, the study does allow the tentative suggestion that it is the transition to single status which provides the greater challenge to men following widowhood.

To conclude, the study shows that the effects of bereavement on men in late life are severe. Widowed men are more depressed, have poorer morale and less social functioning than still-married men. Both the effects of the bereavement itself and the transition to single status are important aspects of widowhood.

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