Widowhood in elderly women: the medium- and long-term effects on mental and physical health

KATE MARY BENNETT
Department of Human Communication, De Montfort University, Leicester, United Kingdom

ABSTRACT *Bereavement in late life amongst women is a high-probability life event. Although several studies have examined the relative short-term effects (e.g. up to 12 months post-bereavement), research into the longer-term psychological effects of widowhood amongst this group has not been extensive. This paper aims to examine the research into the medium- and long-term effects of widowhood. It will also address, briefly, a number of methodological issues. The paper argues that the effects of bereavement on older women may be more profound than has previously been recognized. There appear to be effects on both mental health and morale which continue to have an impact several years following the loss. In contrast, the effects of widowhood appear to leave physical health and social participation unchanged. The effect of ageing itself, however, introduces change in mental and physical health, and social participation. There are also effects of living alone, in addition to the effects of widowhood per se.*

Introduction

Bereavement has been identified as one of the most stressful life events which people face (see, for example, Ferraro, 1989; Stroebe & Stroebe, 1993). Many studies have been conducted into bereavement when it occurs during early or mid-life and particularly when it is untimely (Marris, 1958; Parkes, 1992; Parkes & Weiss, 1983). Less attention has been paid to bereavement when it occurs at times consistent with lifespan development. This is unfortunate for two reasons. First, for many elderly people widowhood is a high-probability life event. Second, simply because an event is more probable, it does not mean it is without implications for mental and physical health and lifestyle. Therefore it is important to examine the effects of widowhood on people in late life. This paper addresses some of these issues.

As has been said, widowhood is not an uncommon event for people in late life (i.e. those over 65 years of age). In Britain over 36 per cent of all people aged 65 years or over are widowed (OPCS, 1990a). So more than a third of elderly people will have to face the impact of bereavement and widowhood.

Correspondence to: Dr Kate Bennett, Department of Human Communication, De Montfort University, Scraptoft Campus, Scraptoft, Leicester LE7 9SU, United Kingdom. Fax 0116 257 7708; E-mail kmb@dmu.ac.uk

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Indeed bereavement and widowhood provide separate and distinct challenges. The impact of these events involve changes of various kinds. Declines in mental health (Jacobs *et al.*, 1989) are frequently reported, as are short-term declines in physical health (Ferraro, 1989). There may be changes in social support (O'Bryant & Morgan, 1990; Talbott, 1989), or in financial status, particularly for women (Gass, 1989; O'Bryant & Morgan, 1989). There may also be changes in social participation (Dimond *et al.*, 1987) and there may even be premature mortalities (Jones & Goldblatt, 1986).

The differential effects of widowhood on men and women have been examined (see, for example, Gallagher *et al.*, 1983; Stroebe & Stroebe, 1983; Thompson *et al.*, 1984). Stroebe and Stroebe (1983), for example, comprehensively reviewed the literature. Their findings indicated that, overall, the effects of widowhood were more severe for men when compared with women. One of the methodological issues they highlighted was the difficulty in studying men in this context. Reasons for this problem included: the higher rates of remarriage amongst men; and the scarcity (when compared with women) of widowed men.

On the grounds that men appear to suffer more from widowhood than women, there is a case for examining them in more detail. However, this paper will, in company with many others, instead examine the effects of widowhood on women in late life. There are two reasons for this. First, the prospect of widowhood is greater for women than for men. In 1988, 50 per cent of elderly British women were widowed, while 39 per cent were married and the remainder were either never-married or divorced. With increasing age the number of widows rises steadily, such that at age 75 or over 65 per cent of women are widowed (OPCS, 1990a). These findings reflect both women's greater life expectancy—in 1985 at age 70 women had a life expectancy of 13.6 years and men 10.4 years (OPCS, 1990b)—and women's tendency to marry men older than themselves. Second, there are relatively high rates of depressive symptomatology found in older people, ranging from reports of the prevalence of depression as between 11 per cent for depressive symptoms and 19 per cent for less severe dysphoria (see, for example, Blazer *et al.*, 1987; Kennedy *et al.*, 1990). Further, mental health problems in late life are more often associated with female gender. Green *et al.* (1992) found that being a woman was a risk factor for depression. It is, therefore, a valuable area of research.

There are a number of methodological issues which need to be addressed when examining widowhood in late life. There are difficulties with the use of cross-sectional data, difficulties in pursuing longitudinal research, difficulties in tackling the sensitive issue of bereavement and the relatively high mortality rates amongst this age group. These difficulties have been thoroughly examined by Stroebe and Stroebe (e.g. 1983 and 1987). One methodological issue which is often overlooked by those working in the area of bereavement, rather than the area of gerontology, is the complexity of change measurement in late life, in particular the confounding effects of widowhood and ageing. Many of the physical and emotional changes assessed in relation to widowhood are known to occur as a result of ageing *per se*. Thus, both physical health (see

Nowlin, 1974) and morale (see Larson, 1978) show age-related decreases. If assessed longitudinally, therefore, it is important to distinguish between the effects of widowhood and the confounding effects of ageing. Furthermore, widowhood itself comprises at least two distinct 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. Studies need to take these factors into account.

Medium-term effects

What are the effects of bereavement and widowhood in the medium term, for example between 1 and 4 years following the loss of their spouse? A number of studies have examined these longitudinal effects (see, for example, Dimond *et al.*, 1987; Ferraro, 1989; Harlow *et al.*, 1991a; Heyman & Gianturco, 1973; Jacobs *et al.*, 1989; Jones & Goldblatt, 1986; O'Bryant & Morgan, 1990). Most of these examine the effects up to 2 years following bereavement. These results indicate that there are higher levels of depression, lowered morale, quite short-term declines in health and stability in social functioning.

One study which examined medium-term changes in all the above aspects (mental health, morale, social participation and physical health) in widowed women was carried out by myself and Kevin Morgan (Bennett & Morgan, 1992). Four-year changes in mental and physical health, morale and social functioning were assessed in a random sample of elderly women widowed during the course of a longitudinal study, together with never-married and still-married controls. This allowed an examination of the relationship between the effects of ageing and the effects of widowhood *per se*.

Mental health

Parkes (in press) in a review of the literature has suggested that, for the most part, mental health was not seriously affected in the medium term. Parkes (1992) had earlier argued that, however, that for a substantial minority of older widows widowhood could precipitate severe depression. Further, when this is added to the other losses which frequently occur in late life, it contributes to a significant proportion of psychiatric problems in this age group. Thompson *et al.* (1989) found no significant differences in depression 30 months after bereavement. Mendes-de-Leon *et al.* (1994) found that there were differential effects for age. For those older widows, 75 years and over, there were no medium-term effects of bereavement. However, they found that depression remained elevated for those young-old widows aged between 65 and 74, well after the first year.

In my own study I assessed the impact of widowhood on women bereaved in the course of a longitudinal study, where there were measures of mental health both pre- and post-bereavement (Bennett & Morgan, 1992). The results showed that becoming a widow contributed significantly to poorer mental

health. Those women who had become widowed by 1989 were more depressed than the women who had stayed married. It is interesting to note, in the light of the findings of Harlow *et al.* (1991a,b), that there was no significant difference between the widowed and the never-married. This suggests that there might be an effect of living alone, in addition to the effect of widowhood itself. This will be discussed more fully later.

Similarly, other research indicates that, regardless of young-old or old-old status, depression is not an uncommon response to bereavement even in the medium term, and that its occurrence is more common than Parkes suggests. Lund *et al.* (1989), Zisook *et al.* (1994) and Harlow *et al.* (1991a,b) found that there were depressive symptoms amongst widows 2 years post-bereavement.

Morale

Turning to a broader area of mental health, morale, there is less research. This lack of research may reflect the medicalization of bereavement at the expense of wider social concerns. This is unfortunate, since whilst widows may not always experience the depths of despair they are likely to be miserable and experience lowered morale (see Bennett & Morgan, 1992; Brock & O'Sullivan, 1985). A counter-argument to this is posed by Lund *et al.* (1989) who found no differences in life-satisfaction as a result of widowhood. They argued that because life-satisfaction was so broad a life-domain widowhood would be unlikely to have such an all-encompassing effect.

Returning to my own study there were differences which could be accounted for by the differences in marital status (Bennett & Morgan, 1992). The widows showed lower levels of morale than either the still-married or never-married women. These were primarily the result of the widowhood. In 1989, following widowhood both the married and never-married women showed higher levels of morale than the widows. Interestingly, further analyses of this data indicated that there were also pre-widowhood differences between those women who were and remained married and those women who were either single or became widowed. These findings are not dissimilar to those found for depression by both Harlow *et al.* (1991) and Mendes-de-Leon *et al.* (1994). These findings may suggest that there is some role for the anticipation or actuality of single status in addition to the effects of bereavement (Bennett, 1991).

Social participation

We found stability in social participation before and after bereavement (Bennett & Morgan, 1992). However, we did find differences between those women without husbands (the widows and the never-married) and the women with husbands. The still-married women had significantly higher levels of social functioning than either the widows or the never-married women at both times of measurement. It is possible that there were different influences affecting the

widows at the first and at the second interview: (i) the widows had low levels of social functioning at the time of the first interview because of their situation (e.g. caring for a sick spouse); and (ii) low social functioning at the second time of interview because of their changed marital status. Finally, it should be noted that while these analyses have assumed stability in social functioning between the two points of measurement—1985–1989—it is also possible that there was a decline in social functioning immediately after bereavement and that this was followed by a recovery which returned the mean to baseline levels. Nevertheless, the literature reviewed earlier, together with the pattern of results reported here, strongly suggest that BASE levels in the present study reflect stability rather than strength of recovery. Similarly, Heyman and Gianturco (1973), Dimond *et al.* (1987) and O'Bryant and Morgan (1990) found stability in social participation.

Health

The majority of the literature indicates that the effects of widowhood on health are short-term (see, for example, Ferraro, 1989; Heyman & Gianturco, 1973; Lund *et al.*, 1989). Similarly we found no effects for widowhood up to 4 years following bereavement, although we did find age-related declines in health (Bennett & Morgan, 1992).

Long-term effects

There are very few studies which examine the psychological and health-related effects of bereavement in the long-term, examining the effects, say over 4 years. One study (Bennett, 1996) which does so is the follow-up to my earlier work (Bennett & Morgan, 1992). The women in the study comprised those women who had been included in the 1989 study of 4-year changes following bereavement, who were interviewed again in 1993, thus allowing measurement of 8-year changes. Since the data now include three points of measurement, one before bereavement and two following bereavement, the patterns of change are more complex. These are now explored.

Mental health

The patterns for depression showed that there were significant changes over time (without considering marital status). Between 1985 and 1989 there were significant increases in depression for the sample of women as a whole (the widows, the married and the single women combined). In contrast, significant decreases were found between 1989 and 1993. More importantly, the changes were most marked, particularly in 1989, for those women who became widows and especially when compared to the still-married women. The widowed women were significantly more depressed. It is clear, given the design of the study, that this effect is explained by the widowhood.

These findings indicate that there is a significant long-term effect on mental health following bereavement. The widows were most depressed in 1989, shortly after their bereavement. This is to be expected. By 1993 these women were less depressed. Why should this be the case? There are at least two possibilities. The first is that their levels of affective status are returning to pre-widowhood, or baseline levels. The second is that their levels are merely falling from their post-bereavement high and will plateau but remain elevated. Only time or more detailed interview would elucidate this.

Morale

The same study also considered morale. Data showed that marital status had an important part to play in the pattern of change. There were significant differences between the widows and the still-married women, with the widows having lower morale. Interestingly, the single women appeared to plough a middle course, with higher morale than the widows but lower morale than the married women (though neither differences were significant). These findings support those of my earlier work which suggested that there might be a role for single status as well as widowhood *per se* in morale for women in late life (Bennett & Morgan, 1992). There were also changes for the sample of women as a whole (the widows, the married and the single women combined). Life satisfaction decreased between 1985 and 1989, but (reflecting the pattern for depression) increased between 1989 and 1993. However, of most interest here was the significant effect that widowhood had. The widowed women had lower morale in both 1989 and 1993 than either the married or single women. Here, there appear to be negligible effects of single status *per se* on morale.

The results show a significant long-term effect on morale, following bereavement. The widowed women have lower levels of morale following their bereavement and these effects remain for some considerable time after bereavement. They demonstrate the enormous impact of widowhood on women even in the long term. As with personal disturbance, the widows have their lowest morale in 1989, post-bereavement, and by 1993 levels appear to be improving. Again there are at least two possible explanations. The first is that their levels of morale are returning to pre-widowhood, or baseline levels. The second is that their levels are merely rising from their post-bereavement low and will plateau but remain suppressed. In addition to this, unlike personal disturbance, there remain significant differences between the widows and both control groups in 1993 as well as 1989. So there is still a marked effect on morale of the loss of their spouses. It may be, in contrast to the earlier findings of Lund *et al.* (1989), that morale is a more robust measure than personal disturbance, that the effects of bereavement have a much longer-term impact on morale, rather than more acute measures of mental health. This seems intuitively plausible: women may no longer be in the depths of depression, rather they are much less happy than they were and their lives are not as fulfilled as they were when they were still married.

Social engagement

As with previous studies, widowhood does not appear to have an impact on social engagement (Dimond *et al.*, 1987; Heyman & Gianturco, 1973; O'Bryant & Morgan, 1990). However, there was a significant decline in participation between 1985 and 1993.

Levels of social engagement do not reveal any effects for widowhood, supporting our earlier findings (Bennett & Morgan, 1992). However, contrary to these findings (and those of others: Ferraro, 1989; Heyman & Gianturco 1973), significant declines in social engagement are shown for ageing. It may be that it is the 8-year changes and increased age which is the important factor here. Of the sample, 98 per cent are now 75 years old or over, falling into the 'very old' category commonly used in the gerontological literature. There may be some support for a disengagement argument (Havighurst *et al.*, 1968). More detailed analysis would be required which is not appropriate here.

Physical health

As with earlier reports there was no long-term effect on health as a result of widowhood, but once more there were significant age-related declines.

Discussion

Research into the longitudinal effects on widowhood in late life has not been extensive. There are two principal reasons for this. First, because widowhood in late life is so common, it is often thought to be an event which people take in their stride. Second, there are relatively few longitudinal studies of ageing. Despite these problems, it is possible to draw some general conclusions about the effects of widowhood in late life.

Widowhood has been shown to affect levels of mental health in the short, medium and long terms. The evidence which suggests declines in mental health following bereavement is the most extensive (Bennett & Morgan, 1992; Mendes-de-Leon *et al.*, 1994; Zisook *et al.*, 1994). In the medium term, it appears that there continue to be suppressed levels of mental health, although there is some debate as to how many women are affected by this. Parkes (in press), for example, argues that declines in mental health in the medium term are found in a small minority, whilst I found that there was a significant elevation in personal disturbance in the medium term. In the long term there still appear to be elevated, though reduced, levels of personal disturbance. One issue that needs to be addressed is the assessment of mental health. Parkes's comments refer to extreme depression, whilst my own work refers to self-reported anxiety and depression, as measured by the Symptoms of Anxiety and Depression (SAD) Scale (Bedford *et al.*, 1976). Objective and clinical measurement of depression may result in lower numbers of women with depression and support the conclusions of Parkes. However, subjective measurements of health

and mental health are valuable and may be as relevant as objective ones. Studies have shown that subjective measures of health in late life are effective predictors of outcome (Borgquist *et al.*, 1992). A similar argument may be proposed for mental health. The subjective experience of depression is as important as the objective classification of depression amongst this group of women.

When one turns to morale, it appears that there is no real consensus about the short- and medium-term effects of bereavement (Bennett, 1996; Bennett & Morgan, 1992; Lund *et al.*, 1989). The evidence from my own two studies suggests that morale is affected for some considerable time following spousal loss. Indeed, I have found that levels of morale have not returned to normal between 4 and 8 years following the loss.

My findings and interpretations concerning morale are very different from those of Lund *et al.* (1989) (Bennett, 1996). All the studies use versions of the LSI: Lund *et al.* use the LSI-A and I used the LSIZ (Neugarten *et al.*, 1961; Wood *et al.*, 1969). Lund *et al.* argue that because of the stability of morale one would not expect to see bereavement having a significant impact, where one would expect a significant impact on levels of depression. I argue, however, that whereas depression following bereavement may be shorter-lived, the impact on morale is more long-term. Whichever is the case, there is an impact on morale. Lund *et al.* suggest that bereavement is such a powerful event that it impacts on morale, and this appears to be a line of thought which pulls together both my own work and their's.

The effects are more marked for morale than they are for personal disturbance (Bennett, 1996). Why should this be so? Mental health has been measured using a number of indices including depression, anxiety and personal disturbance. These are often measuring clinical or quasi-clinical symptomatology. Morale, on the other hand, is often measured using the LSI or LSIZ (Neugarten *et al.*, 1961; Wood *et al.*, 1969), which is measuring a general, and non-clinical, feeling about one's life. So what we may be seeing is the difference between something akin to clinical depression and a general feeling of being low and down, i.e. women recover from clinical levels and yet still feel low. It may be unrealistic for us to expect that women (who may have been married for over 40 years) return to pre-widowhood levels of satisfaction with life after the loss of the partner. Even if the marriage had not been good, there is often so much shared experience and shared memories that return is unlikely, although life may change in other positive ways.

There are several factors which need to be accounted for in the post-widowhood process. I want to mention these briefly, since they contribute to a fuller understanding of the complexity of the bereavement process.

There is evidence that the quality of the marriage has an impact on bereavement (Gass, 1989; Parkes, 1992, in press; Parkes & Weiss, 1983; Stroebe & Stroebe, 1993). In addition, in studies of widowhood in late life it is not always possible to control for the length of time that women had been married. Similarly, there are unknown facts about the deceased spouse (e.g. were they ill before their death? What did they die of? Had they dementia?) (see,

for example, Bass & Bowman, 1990; Harlow *et al.*, 1991b; O'Bryant, 1990). There is also research which looks at whether or not the death was anticipated (Gerber *et al.*, 1975; O'Bryant, 1990); and there have been studies of morale and social support in widows who had been in a previously caregiving role (Bass & Bowman, 1990; Bass *et al.*, 1991).

Issues such as social class, finance and other socio-economic factors may have a part to play. In my studies social class comparisons were made between the widows and the control groups and no significant differences were found. I also examined financial status and help around the house before widowhood and found no significant differences (Bennett, 1991). Other studies have pointed to the poverty and financial uncertainties that are faced by women following the death of their spouse (O'Bryant & Morgan, 1989–1990; Thompson *et al.*, 1984). There are also studies of the levels and impact of social support (see, for example, Gass, 1989; Talbott, 1990).

Furthermore, there are possible artefacts in these studies which cannot be discounted. For example, in longitudinal studies of this age group there are issues about attrition. There has been some evidence of increased mortality following bereavement, particularly in the short term (Jones & Goldblatt, 1986). However, there is little evidence as to the effects over 6 months, and in any case these would be difficult to measure (Thompson *et al.*, 1984). Mortality rates are high amongst this age group and from a whole variety of causes. It is difficult to assess whether there are any significant differences between those who survive and those who do not, especially with such small sample sizes. There is also substantial variability in data for this age group with respect to almost any variable. There are issues too about matching. Should research include those married women who lose spouses? I chose not to but there may be arguments for so doing. If researchers correlate too many variables they may be left without subjects.

There is another complication, that is, what is being measured with widowhood—is it the effects of the loss (bereavement) or is it the effects of transition to single status? In one sense this may not matter. After all, one may only be concerned with the experience and if it is distressing then it needs to be understood and worked with. On the other hand, there are often more similarities between the single women and the widowed women (and it appears for social engagement even before widowhood) than between the widows and married women: it seems that there might be something of real significance there. We know that there are effects on both physical and mental health for people (especially men) of staying single (see Durkheim, 1952; Macintyre, 1986). Some of these findings seem to indicate a protective function for marriage even amongst women. In some respects this seems particularly strange, given that so many more women are widowed than married. One would expect, perhaps, a protective sisterhood amongst widowed women and yet there does not appear to be any evidence for this.

It is possible that there is something different between morale and social engagement. Levels of social engagement remained high following widowhood

in my study and in that of others (Dimond *et al.*, 1987; Heyman & Gianturco, 1973; O'Bryant & Morgan, 1990). Interestingly, evidence from another study (Bennett & Morgan, 1993) shows that there are differences in physical activity following recent bereavement: women substantially increase their leisure activities, but substantially decrease their indoor productive activity. However, in the long term for all women (not just the widows), the levels of social engagement dropped dramatically, perhaps evidence for social disengagement. Havighurst *et al.* (1968) suggested that people in late life start to withdraw from social activities. There appears to be little support for this in the widowhood literature, however. But there does appear to be support from the changes as a result of ageing which are found in some of the studies. This may be because in the long-term studies participants are now reaching old-old age. This disengagement may be caused by a whole raft of factors, including reduced financial status, loss of contemporaries and poorer physical health.

Conclusion

This overview presents a wide variety of views on the effects of widowhood amongst elderly women in the medium and long terms. Nevertheless, some broad conclusions can be drawn. In the medium term, there appears to be substantial support for the view that poor mental health is not uncommon amongst widowed women. There is some mixed support for the view that morale remains low. In contrast, there is evidence that social participation, support and engagement remain stable in the medium term, as does physical health. In the long term, although there are few studies, it appears that there is a decrease in depression and an increase in morale. However, neither of these appear to return to baseline. Social participation and engagement and physical health decline, but only as a function of ageing, not of widowhood. Finally, it appears that the effects of bereavement in late life are more marked and more long-lasting than has previously been recognized.

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Biographical note

Kate Bennett is a Senior Lecturer in Psychology in the Department of Human Communication, De Montfort University, Leicester. Her research interests include the effects of widowhood, gender and mental health in later life.