

LATE-LIFE WIDOWHOOD IN THE UNITED STATES: NEW DIRECTIONS IN RESEARCH AND THEORY *

DEBORAH CARR AND REBECCA UTZ

Widowhood is considered one of the most distressing transitions experienced by older adults, yet the bereaved display tremendous variation in their psychological and social adjustment to loss. We argue that widowhood is a multifaceted transition, and that its personal consequences are contingent upon macrosocial conditions, such as demographic patterns and gender-based allocation of social roles; dyadic characteristics, including marital quality; and individual-level attributes, such as gender. Moreover, we argue that an accurate statistical portrait of late-life widowhood requires that researchers use prospective longitudinal data, contrast the bereaved with members of a non-bereaved control group, and adjust for pre-loss characteristics which influence both the risk of and consequences of widowhood. To illustrate these points, we present new research findings from the Changing Lives of Older Couples study, a prospective study of older widowed persons and matched controls in the United States. Implications for policy, practice, and future research are discussed.

Widowhood is considered the most distressing and life-altering transition experienced by older adults (Holmes & Rahe, 1967). Yet the meaning and personal consequences of spousal loss are contingent on the larger social and historical context. In the United States, where the modern nuclear family is socially and economically autonomous, spouses may have few alternative sources of social, emotional, or instrumental support (Lopata, 1973; Volkart & Michael, 1957). When one's spouse dies, the survivor must adjust psychologically to the loss of their closest confidante, and must manage the daily decisions and responsibilities that were once shared by both spouses (Carey, 1979-1980; Umberson, Wortman, & Kessler, 1992). The adjustments required by widowed spouses may be particularly difficult in societies which maintain a rigid gender-based allocation of social roles; men and women may have little experience in fulfilling the instrumental and expressive roles previously performed by their spouses.

The meaning and personal consequences of widowhood are also embedded in the larger demographic and technological context. In the United States

Ageing International, Vol. 27, No. 1, pp. 65-88.

today, adults are living longer than ever before, and chronically ill adults increasingly have access to life-sustaining technologies and treatments (Field & Cassel, 1997). The event of spousal death now typically occurs very late in life, but the process of becoming widowed may begin years prior to the actual death, starting with the onset of the spouse's terminal illness. Aspects of the dying process, including how, where, and when one's spouse dies may have profound implications for how the elderly bereaved adjusts to the loss.

Although the death of a spouse is envisioned as the most private and personal of life transitions, we argue that the psychological and social consequences of spousal loss are inextricably linked to prevailing macrosocial conditions, such as cause of death structure and gender-based allocation of social roles in and outside the home; dyadic characteristics, including the quality of the marital relationship; and individual-level attributes, such as gender and personality of both the deceased spouse and survivor. We further propose that late-life widowhood is best conceptualized as a multifaceted process that may occur over a prolonged time period, rather than a dichotomous event that occurs upon the exact moment of a spouse's death. Further, we suggest that bereavement researchers should focus on a broad array of psychological, social, and behavioral outcomes in order to best develop interventions to improve the quality of life for older widowed persons.

In this article, we briefly review several methodological and theoretical challenges facing researchers studying late-life widowhood. We then provide an overview of new research findings from the Changing Lives of Older Couples study, a prospective study of older widowed persons and matched controls in the United States. Specifically, we summarize research on: (1) the implications of late-life longevity for bereaved spouses; (2) marital quality and its consequences for spousal grief; (3) social and daily-life adjustments to late-life bereavement; and (4) "special event" grief. Taken together, this research highlights the ways in which the widowhood transition is molded by macrosocial conditions, dyadic characteristics, and individual-level attributes of the deceased and the survivor. Finally, we discuss the implications of our findings for policy, practice, and research on future cohorts of bereaved elders.

Challenges in Studying Late-life Bereavement

Despite widespread belief that widowhood is among the most stressful of life events (Holmes & Rahe, 1967), most studies find that only 15 to 30 percent of survivors experience clinically significant depression in the year following their spouse's death (Jacobs, Hansen, Berkman, Kasl, & Ostfeld, 1989; Lund et al., 1985-86; Stroebe, Hansson, & Stroebe, 1993; Zisook & Shuchter, 1991). Less severe psychological reactions are more common. Depending on the sample and assessment procedure used, roughly 40 to 70% of widowed

persons experience dysphoria, or a period of two or more weeks marked by feelings of sadness, immediately after the loss (e.g., Bruce, Kim, Leaf, & Jacobs, 1990; Zisook, Paulus, Shuchter, & Judd, 1997).

At first glance, these statistics suggest that depression and distress are typical reactions to loss, but on closer inspection they also reveal the remarkable psychological resilience of the widowed; at least 70 to 80 percent experience the widowhood transition without clinical depression, while roughly half survive spousal loss without a two-week spell of low mood. Thus, widowhood researchers face the challenge of identifying those characteristics of the bereaved, their spouses, the marital relationship, and the death process that protect against decrements in psychological well-being.

Methodological Issues

Past research also reveals stark inconsistencies in the strength of the relationship between widowhood and psychological distress (e.g., Stroebe et al., 1993; Wortman & Silver, 1989; Zisook et al., 1997). We propose at least five methodological reasons for the inconclusiveness of past research. First, many studies of widowhood are based on samples of the widowed only, thus it is impossible to directly ascertain the effect of the widowhood transition. For instance, studies of depression rates among samples of the bereaved only cannot ascertain whether these rates are higher, lower, or the same as those found among non-bereaved peers. Second, most research is based on cross-sectional, or one-time snapshot data. Thus, it is not possible to control for those pre-loss characteristics that affect both one's risk of widowhood, and one's reactions to the widowhood transition. The deleterious psychological effects of spousal loss may be overstated if pre-loss characteristics that elevate the risk of both widowhood and depression, such as poverty or poor health, are not controlled. Third, the psychological, social, and economic consequences of widowhood may attenuate over time, thus studies which focus on relatively long time horizons may underestimate the short-term consequences. Moreover, studies that do not control the duration since death may yield inconclusive findings (Bruce et al., 1990; Ferraro, 1984; Futterman, Gallagher, Thompson, Lovett, & Gilewski, 1990; Lund, Caserta, Dimond, & Shapper, 1989; Mendes de Leon, Kasl, & Jacobs, 1994).

Fourth, different aspects of psychological and social adjustment may follow different trajectories and may be affected by different aspects of the widowhood process (Jacobs et al., 1987-88). Consequently, analyses that focus only on broad outcomes, such as overall grief, depression, or social participation across all domains, may mask patterns among more specific symptoms and outcomes. Fifth, many studies of spousal loss are based on samples spanning a broad age range, with little attention paid to age differences in how bereavement is experienced. Widowhood is a less "selective" phenomenon

among older adults, for whom spousal death is a fairly normative and anticipated transition (Neugarten & Hagestad, 1976). Thus, the personal consequences of spousal loss may be less severe for older adults than for the young or midlife widowed. Finally, a guiding assumption of much bereavement research is that widowhood is a monolithic event that can be captured with a simple dichotomous variable. We argue that the transition to widowhood can occur in many different ways, and that the conditions under which an individual makes the transition to widowhood may have important ramifications for their post-loss psychological and social well-being.

The Changing Lives of Older Couples (CLOC) Study

Sample Characteristics

Many new and previously unresolved questions about late-life widowhood can be addressed with the Changing Lives of Older Couples study (CLOC), a large multi-wave prospective study of spousal bereavement. The CLOC study is based on a two-stage area probability sample of 1,532 married men and women from the Detroit (Michigan) Standardized Metropolitan Statistical Area (SMSA). To be eligible for the study, respondents had to be English-speaking members of a married couple in which the husband was age 65 or older. All sample members were non-institutionalized and were capable of participating in a two-hour face-to-face interview. The response rate for the baseline interview was 68%, which is consistent with the response rate from other Detroit area studies in that period.

Baseline face-to-face interviews with the married older adults were conducted from June 1987 through April 1988. Spousal loss was subsequently monitored using monthly death record tapes provided by the State of Michigan and by reading the daily obituaries in Detroit-area newspapers. The National Death Index (NDI) and direct ascertainment of death certificates were used to confirm deaths and obtain causes of death. Of the 335 respondents known to have lost a spouse during the study period, 316 were contacted for possible interview (19 persons, or 6 % had died during the interim). Of the 316 contacted, 263 persons (83%) participated in at least one of the three follow-up interviews which were conducted six months (Wave 1), 18 months (Wave 2), and 48 months (Wave 3) after the spouse's death. Each widowed person was assigned a same-age, same-sex non-bereaved matched control from the baseline sample, and this control was also interviewed at each of the three follow-ups.

All analyses use weighted data, which adjusts for unequal probabilities of selection and differential response rate at baseline. Most analyses presented in this paper are based on the 211 widowed persons (59 men and 152 women) and the 87 matched controls (21 men and 52 women) who were interviewed

at the six-month follow up. Several analyses also evaluate the longer-term consequence of loss, and focus on the 178 widowed persons (51 men and 127 women) and 202 matched controls (58 men and 144 women) who were interviewed at the 18-month follow up.¹

Strengths of the CLOC Study

The CLOC study has several desirable properties that make it an ideal data set for studying the consequences of late-life widowhood. First, the sample includes both men and women, thus it is possible to explore gender differences in the experience of widowhood. Second, all interviews with widowed persons (and matched controls) were conducted exactly six, 18 and 48 months following the death, thus all analyses “hold constant” the duration of time that has passed since the loss. Third, because the data are prospective and include rich information on the widowed persons, their spouses, and their marital relationship prior to the loss, we are able to prospectively study changes in psychological and social well-being after the loss. Moreover, we can control those factors that increase one’s risk of (or “selection” into) widowhood and which affect adjustment to widowhood. Fourth, all widowed persons are assigned a same-age and same-sex “matched control” from the baseline sample, thus the true effects of widowhood can be differentiated from those related to aging or the passage of time.

Finally, the CLOC study includes rich data on both global aspects of psychological and social adjustment, such as depression and anxiety, as well as specific loss-related outcomes, such as yearning and grief. Specific symptoms and behaviors may respond in very different ways to different aspects of the widowhood transition, and these (potentially) competing effects may cancel out one another when only an aggregated scale is used as an outcome variable. For instance, widely-used grief scales such as the Bereavement Index (Jacobs, Kasl, & Ostfeld, 1986), Present Feelings About Loss (Singh & Raphael, 1981), and Texas Revised Inventory of Grief (Zisook, DeVaul, & Click, 1982) typically comprise several symptom subscales, such as anger or yearning (see Table 1). These subscales respond differently to different aspects of spousal loss, thus the use of an overarching grief scale may conceal patterns among more precise symptoms.

Recent Findings from the CLOC

We now provide an overview of findings from recent empirical research based on the CLOC study. Specifically, we present findings on: (1) the implications of late-life longevity for bereaved spouses; (2) marital quality and its consequences for spousal grief; (3) social and daily-life adjustments to late-life bereavement; and (4) “special event” grief. We will summarize the research findings, highlight the importance of our findings for policy and prac-

Table 1

**Summary of Items That Contribute to the Grief Scale and Subscales,
Changing Lives of Older Couples Study, 1987-1993**

Anxiety (a = .71)	Afraid of what is ahead Felt anxious or unsettled Worried about how you would manage your day to day affairs
Despair (a = .64)	Life seemed empty Felt empty inside Felt life had lost its meaning
Shock (a = .77)	Felt in a state of shock Couldn't believe what was happening Felt emotionally numb
Anger (a = .68)	Felt resentful or bitter about death Felt death was unfair Felt anger towards God
Yearning (a = .75)	Longing to have him/her with you Painful waves of missing him/her Feelings of intense pain and grief Feelings of grief or loneliness
Intrusive Thoughts (a = .66)	Difficulty falling asleep, thoughts of him/her kept coming into your mind Tried to block out memories or thoughts of him/her Couldn't get thoughts about him/her out of my head
Grief (a = .88)	[All 19 items above]

NOTE: All items referred to the month prior to interview and were coded on a 4-point scale: 1=No, never, 2=Yes, but rarely, 3=Yes, sometimes, 4= Yes, often

tice, and discuss the implications of our research for understanding the widowhood experience among future cohorts of older adults. Taken together, these research projects highlight the importance of the three theoretical considerations outlined earlier in the paper, that: the experience and consequences of widowhood are molded by macrosocial conditions, dyadic characteristics, and individual-level attributes; widowhood is multifaceted process - not a dichotomous event; and responses to widowhood comprise a diverse array of psychological, social, and behavioral adjustments.

Late-Life Longevity and its Implications for Bereaved Spouses

Late-Life Death in the United States. One of the most important demographic shifts in the United States over the past century is the extraordinary gain in life expectancy experienced by older adults. In 1900, a newborn could expect to live until age 47. Persons who survived until age 65 in 1900 could expect to live another 11.9 years (Guralnik, Fried, & Salive, 1996). In stark contrast, life expectancy at birth currently tops 75 years, and 65 year olds can expect to survive another 17.5 years (National Center for Health Statistics, 1992). This precipitous increase in life expectancy is due, in part, to a shift in the nature and causes of death over the past century. While acute and infectious diseases of infancy and childhood were the leading causes of death at the beginning of the 20th century, the leading causes of death today are chronic diseases, or ongoing conditions that may add years of discomfort, disability, and dependence to the aging patient's life. Heart disease, stroke, and cancer are now the leading causes of death, and these three illnesses account for 67 percent of all deaths to older adults in the United States (Rosenberg, Ventura, & Mauer, 1996: 31). An implication of these demographic patterns is that late-life widowhood is increasingly experienced as the endpoint of a prolonged and often painful dying process, rather than an acute event that happens suddenly and unexpectedly. Scientific, medical, and public health advances throughout the 20th century arguably have made "living easier and dying harder" (Field and Cassel 1997).

Is "dying harder" for widowed persons whose spouse's deaths occur slowly and painfully? The CLOC research team investigated: (1) whether older widowed persons adjust better psychologically to sudden, unexpected deaths or anticipated deaths that occur following a long illness period; and (2) whether other characteristics of the spouse's dying trajectory affect the survivor's psychological adjustment to loss (Carr, 2001; Carr, House, Wortman, Nesse, & Kessler, 2001).

Coping with Sudden Versus Expected Spousal Deaths. Are gradual and anticipated deaths, or sudden, unexpected deaths more difficult to cope with? Some studies suggest that sudden spousal death is associated with poorer psychological adjustment among the widowed, because the married couple did not have the opportunity to resolve emotional, financial, and practical "unfinished business" (e.g., Blauner, 1966; Jacobs et al., 1986; O'Bryant, 1990-91). Other studies find that anticipated deaths are linked to poorer adjustment among the widowed (e.g., Gerber, 1974; Sanders, 1982-83), while others still find no relationship between death expectedness and survivors' psychological adjustment (e.g., Hill, Thompson, & Gallagher, 1988; Roach & Kitson, 1989).

These conflicting findings are due largely to the fact that important aspects of the dying process which are correlated with death expectedness were not controlled in past studies. Consequently, the actual effects of death expectedness may be either counteracted or suppressed by omitted variables. For instance,

the forewarning period may be punctuated by potentially distressing experiences such as difficult caregiving duties (Anashensel, Pearlin, Mullan, Zarit, & Whitlach, 1995; Wells & Kendig, 1997), financial strains imposed by costly medical and long-term care (Field & Cassel, 1997; Warshawsky, 2000), emotional isolation from family members and friends (Kramer, 1996-97), and the neglect of one's own health (Rosenblatt, 1983; Sanders, 1982-83; Siegel & Weinstein, 1983; Sweeting & Gilhooly, 1990). Yet other experiences that accompany a slow death process may be associated with better spousal adjustment following the loss (O'Bryant, 1990-91). Couples who anticipate a death may have the opportunity to resolve "unfinished business" and to make practical plans for the survivor's economic and social adjustment, thus enabling a smoother transition to widowhood (Blauner, 1966; Rando, 1986).

Our analysis explores the effects of death suddenness and expectedness on the surviving spouse's psychological adjustment in both the short- and longer-term (i.e., six and 18 months following the loss). We adjust for important indicators of the death context, including spouse's age at death, whether the respondent was providing care to his/her spouse in the six months prior to the death, whether the spouse was residing in a nursing home prior to death, whether the couple talked about the impending death, and whether the survivor was with their dying spouse at the moment of death. These indicators capture both positive aspects of the forewarning period, such as discussions and closure-seeking, as well as negative aspects, including caregiving strain.

Regression models were used to evaluate the effects of death forewarning and death context on diverse aspects of the bereaved spouse's psychological adjustment, and all models controlled demographic, socioeconomic, health, and pre-loss characteristics. The analyses revealed that some grief symptoms are heightened by sudden deaths, while other symptoms are exacerbated by anticipated deaths. However, these competing effects would have cancelled out each other and gone undetected if we had used only a broad grief scale which agglomerates diverse symptoms. Widowed persons whose spouses died suddenly had more frequent intrusive thoughts six months after the loss, although this effect faded by the eighteen-month follow up. This finding is consistent with research examining symptoms of post-traumatic stress disorder among the bereaved. In the short-term, unprovoked thoughts of the deceased and the sudden death plague the survivor, yet these thoughts fade over time as the widowed person becomes enmeshed in other activities and relationships (Parkes, 1985; Parkes & Brown, 1972).

In contrast, deaths that occur after more than six months of forewarning are associated with elevated anxiety levels at both six and 18 months after the death. Persons who spend more time awaiting their spouse's impending death are presumably at a greater risk of experiencing concurrent stressors than those whose anticipation periods are confined to a shorter time frame. It is also possible that the elderly spouses who died slowly suffered cognitive im-

pairment during their final stages, thus preventing the couple from engaging in meaningful conversation and preparation for death.

These findings underscore the importance of conceptualizing widowhood as a process that may begin far earlier than the actual moment of death, and which extends well beyond the initial mourning period. Interventions targeted toward older adults providing care to their ailing spouse may be as important for alleviating bereavement-related anxiety as interventions offered to the newly bereaved. Future research should explore how combinations of forewarning time and precise causes of death, such as Alzheimer's disease, condition the effect of loss on survivors' psychological adjustment. As our research has demonstrated, how the dying patient and his/her spouse experience the final months of life has profound implications for the psychological adjustment of the survivor.

Our research also reveals that men and women experience the process of spousal death very differently. For women, sudden deaths are associated with elevated yearning for one's spouse. Men, in contrast, yearn most for their deceased wives when they died after a prolonged illness. Given gendered patterns of socialization and social interaction in the United States, men typically have fewer sources of friendship and social support over the life course than do women (Antonucci, 1990). During the final stages of his wife's life, a man may become even more emotionally bonded to his spouse, at the expense of his already few and tenuous relationships with others. Moreover, given gender differences in mortality, men may have few same-sex peers who are caring for a dying spouse, and thus few sources of guidance and support. In contrast, women may rely on their female friends' direct experience with spousal illness to prepare them for the difficult dying process and thereafter (Fooker, 1985). Peer education or peer-counseling programs targeted to male care givers and widowers may be a particularly effective strategy for assisting men whose wives are dying slowly from terminal illness.

A "Good Death" For Whom? Spousal Death Quality and Survivor's Psychological Adjustment. In the United States, policy makers, scholars and practitioners share the concern that advanced medical technologies have made "living easier and dying harder" (Field & Cassel, 1997). This widespread concern - that the sick and dying can prolong the length, though not necessarily the quality, of their lives—was a driving force behind the passage of the 1990 Patient Self-Determination Act and a growing Hospice movement. Both seek to give the dying and their families the opportunity to actively manage the death process; the guiding assumption is that if the dying patient and family decide when, how, and under what conditions death occurs, then the process of dying will be less distressing both to the patient and surviving kin. However, we know of no empirical studies that have evaluated directly whether characteristics of the death, such as how much pain the deceased was subject to, the location of the death, and the psychological state of the dying patient affect the surviving spouse's adjustment to loss.

Carr (2001) examined whether the psychological adjustment of elderly widowed persons six months following spousal death is affected by the nature of their spouse's dying experience. Based on theoretical and philosophical writings on "dying well" and the "good death" (e.g., Byock, 1996; Field & Cassel, 1997; Webb, 1997), five aspects of death quality were considered: the patient's acceptance of their impending death, social support from loved ones, degree of burden on others, death timeliness, and appropriate physical care. Each of these indicators characterized the dying experience of the now-deceased spouse, and was based on the surviving spouse's retrospective report obtained six months following the death. A diverse array of psychological outcomes (including depression, anxiety, grief, and specific grief symptoms) were regressed on each of the death quality indicators, and demographic, socioeconomic status, and pre-loss characteristics were controlled. Objective characteristics of the death, including the cause of death and duration of the illness, were also adjusted in all models.

Despite widespread belief in the clinical and religious community that a "good death" may ease psychological adjustment for widowed persons (e.g., Byock, 1996; Webb, 1997), we found only partial empirical support for the proposed linkages between death quality and survivor adjustment. Two dimensions of "death quality": the dying spouse's acceptance of his/her impending death, and the surviving spouse's belief that the deceased had led a full life, did not predict survivor's psychological adjustment. Rather, survivors' psychological adjustment was most closely linked to physical aspects of the death. Widowed persons reporting that their spouse had considerable physical pain prior to death report significantly higher levels of yearning for their deceased spouse, significantly elevated post-loss anxiety and anger levels, and significantly more intrusive thoughts. Those whose spouses died due to physician or hospital negligence evidenced significantly higher levels of anger. Anger is considered a particularly difficult symptom of loss, because it is linked to social isolation and rejection of social support from friends and family. Again, these important symptom-specific patterns would have been masked had we considered only a broad outcome measure, such as overall grief.

One aspect of the dying process presumed to be undesirable for the dying patient actually proved protective to survivors. The surviving spouses of those who lived in nursing homes at the end of life showed less anxiety than the survivors of those who were living at home. Placing one's husband or wife in a nursing home may psychologically prepare spouses for the permanent separation of widowhood, and may spare them from the strains of providing direct care. Taken together, these findings suggest that improved medical care, affordable nursing home, long-term, or Hospice care, and increased availability of pain management programs will not only benefit the dying person, but may also enable a smoother transition to widowhood among their surviving spouses.

Late-Life Grief: A Function of Marital Quality and Spouse's Personality?

Marital Quality and Spousal Bereavement. How older adults experience widowhood is inextricably linked to how they experienced marriage. We propose that the degree to which the bereaved mourn the loss of their spouse may be commensurate with the psychological and social benefits received in the marriage; those with warm, trusting relationships may grieve more than those with conflicted marriages. However, early research—guided largely by the psychoanalytic tradition—suggests that widowed persons with the most troubled marriages suffer heightened (and delayed) grief following their spouse's death (Freud, 1917/1957). This perspective holds that survivors who had strained or conflicted marital relationships find it hard to let go of their spouses, yet they also feel angry at the deceased for abandoning them and thus experience elevated depression. Empirical support for this hypothesis is undermined by a serious methodological limitation; most studies measure marital quality retrospectively after the spouse's death, and thus widowed persons' characterizations of their marriages are often shaped by their current emotional state (e.g., Parkes & Weiss, 1983). Persons who are most depressed after the loss may offer the most negative retrospective accounts of their marriages (Bonnano, Notarius, Gunzerath, Keltner, & Horowitz, 1998) because depressed individuals evaluate themselves, their relationships, and their past experiences more negatively than do nondepressed persons (Abramson, Seligman, & Teasdale, 1978; Beck, 1967; Hirschfield et al., 1989; Teasdale, Taylor, & Fogarty, 1980).

Research from the CLOC project explores whether pre-loss marital quality affects widowed persons' psychological adjustment following the loss (Carr et al., 2000). Our research reveals that the bereaved yearn most for their deceased spouses when the marital relationship was marked by closeness and interdependence. Persons in conflicted marriages reported significantly less yearning for their deceased spouses, thus calling into question earlier psychoanalytic-based assumptions about spousal bereavement (Carr et al., 2000). Troubled marriages appear to diminish, rather than exacerbate, grief and mourning.

Are All Deceased Spouses Missed? The degree to which widowed elders are grief-stricken is also linked to personality characteristics of their spouses; some spouses are "missed" more than others. The CLOC research team investigated whether the bereaved spouse's grief is associated with the deceased spouse's personality traits, measured at baseline (Sonnega, 2001a). Prior to their death, the now-deceased spouses completed the NEO Five-Factor Personality Inventory (Costa & McCrae, 1985), which measures five personality dimensions: agreeableness (the inclination toward interpersonal trust and consideration of others); conscientiousness (the tendency toward persistence, industriousness, and organization); extraversion (the disposition toward positive emotion); neuroticism (the tendency to experience emotional distress),

and openness (a receptive orientation toward varied experiences and ideas). Spouses who had a deep appreciation for art and beauty (i.e., the aesthetics subscale of the openness to experience scale) were not grieved for as much as those who did not show these characteristics. In contrast, persons with conscientious spouses had a much lower risk of major depressive disorder following the loss, suggesting that the transition to widowhood may be easier in terms of death-related stressors, such as financial and legal matters, when one's spouse was well-organized and hard working.

Our findings clearly reveal that not all losses are equal. Although widowhood historically has been viewed as an event that inevitably and universally triggers grief and sorrow (see Archer, 1999 for review), our research shows instead that the emotional consequences of bereavement are contingent upon how rewarding or conflicted the marital relationship was prior to loss. Moreover, individual-level characteristics of the deceased, such as conscientiousness or a pleasant demeanor, may make some spouses "missed" more than others. Although some deaths may not actually trigger grief among the widowed, rigid normative expectations for the expression of emotion are often imposed on the bereaved (Averill, 1968). Widowed persons' failure to comply with normative expressions of grief, such as openly yearning for a deceased spouse, may be subtly sanctioned: a denial of grief may be interpreted as "a sign of actual or potential pathology" (Averill, 1968). By considering one's marital history prior to spousal death, variations in bereavement may be better understood.

Our findings also imply that emotional adjustment to spousal loss may become more difficult for future cohorts of older adults. The members of the CLOC sample, most of whom were born between 1900 and 1920, belong to a birth cohort who experienced very low levels of divorce, given both the social stigma accompanying divorce, and the scarcity of opportunities for women to provide for themselves economically in earlier decades (Cherlin, 1981; Holden & Smock, 1991). Thus, some men and women of the CLOC cohort may have remained in marriages that provided relatively low levels of warmth and relatively high levels of conflict. If current cohorts of young and midlife couples choose to dissolve dissatisfying marriages, then those who remain married until late life may have highly satisfying marriages and thus may suffer worse upon spousal death.

Social and Behavioral Adjustments to Spousal Loss

The death of a spouse represents more than the severing of an emotional attachment to one's partner and confidante (Bowlby, 1980). Widowhood also alters the routines, tasks, and living arrangements that characterized the everyday life of the married couple. The bereaved must reconstruct their daily lives to reflect their new status as an unmarried person; this process typically involves modifying the daily decisions, household tasks, and routine respon-

sibilities that were once shared by both spouses (Carey, 1979-1980). Although a voluminous literature explores the mental and physical health consequences of widowhood (see Stroebe, Hansson, Stroebe, & Schut, 2001; Waite & Gallagher, 2000 for review), relatively little is known about the social and behavioral adjustments made by older bereaved spouses. Documenting the practical and “daily life” consequences of late-life spousal loss is critically important, and can help practitioners and scholars to develop a deeper understanding of the challenges faced by the widowed as they navigate their new (or newly reconfigured) social roles.

The CLOC research team explored the consequences of widowhood for three aspects of everyday life: informal and formal social participation; housework and household maintenance activities; and the exchange of emotional and financial support among bereaved spouses and their children (Ha, 2001; Utz, et al. (forthcoming); Utz & Reidy, 2001). This research brings into sharp focus the ways that gender-based allocation of social roles inside and outside the home affects social and psychological adjustment among current cohorts of the bereaved elderly.

Social Participation Among the Bereaved Elderly. Utz, et al. (forthcoming) investigated whether and how widowhood affects older adults’ participation in formal and informal social activities. Formal social activities include participation in clubs or organizations, while informal social activities include visits and conversations with friends and family. Widowhood increased levels of informal social participation, but not formal social participation. Upon closer inspection, we found that this increase in social contact is due largely to increased levels of social support offered to rather than sought by recently bereaved persons. Regardless of whether social support is actively sought or passively accepted, the majority of widowed persons named social activities and community involvement as strategies for coping with the stress and loneliness that often accompany widowhood. Although sustained social engagement appears to be a critical component of successful adaptation to widowhood, we caution practitioners against adopting a simple-minded “keep busy” edict when designing appropriate care and support strategies for the widowed. Rather than creating new recreational or social opportunities for the bereaved, intervention efforts should instead enable older adults’ maintenance of their pre-loss social activities, interpersonal relationships, and hobbies—provided these activities are still deemed enjoyable and worthwhile by the newly bereaved.

Maintaining a Household After Spousal Death. The lives of the widowed are also altered in terms of their activities within the home: the maintenance of their households remains a pressing concern for most older bereaved. The overwhelming majority of older married couples in the United States maintain their own household, separate from their children and extended family, up until the very last years of life. Roughly 95 percent of older adults live in their own independent residences, and 77 percent of older adults are homeowners (HUD, 1999). Consequently, when one spouse dies, the survivor is often

charged with running the household and performing the tasks that were once performed by their spouse. The personal strain is often considerable, and is most acute for those who were highly dependent on their spouses prior to death. For instance, women in the CLOC study who were highly dependent on their spouses for household management tasks prior to loss evidenced significantly higher levels of post-death anxiety (Carr et al., 2000). In order to best develop interventions to assist the bereaved with their newly acquired daily responsibilities, researchers must obtain a fuller understanding of the nature of these responsibilities, and the alternative sources of support that the bereaved may have access to.

To this end, the CLOC research team examined how widowhood affects housework duties among elderly men and women, with a particular emphasis on the role that children and other family members play in helping the widowed to maintain their households (Utz & Reidy, 2001). Regression models were used to predict the amount of time an older person spends preparing meals and doing housework in an average week. The analyses revealed that widowhood decreases the amount of housework performed by women and increases the amount of housework done by men. This gender difference is due, in part, to the fact that adult children are more likely to assist their widowed mothers than their widowed fathers with household tasks following spousal loss.

Widowed mothers' dependence on their adult children for financial and legal advice also increases after the loss (Ha, 2001). Both prior to and following spousal loss, women receive more instrumental support from their children than men do, and this support increases much more for women than men following the loss. However, the flows of intergenerational exchange are not solely upward to grieving parents: widowed women are more likely than men to give emotional support to their children following loss, reflecting gender-based patterns of parent-child closeness over the life course (Ha, 2001). Newly widowed mothers maintain their role as the family's emotional and expressive caretaker, even as they work through their own grief.

Gender-Based Social Roles: A Detriment to the Widowed? Given that marriages in the United States have traditionally adhered to a gender-based allocation of instrumental and expressive roles, it is not surprising that the loss of a spouse has quite different ramifications for widows and widowers. Our research also reveals the potentially harmful consequences of rigid adherence to gender-typed social roles. For men and women socialized to fulfill the "traditional" marriage contract, widowhood may represent the loss of a homemaker and confidante for men, and the loss of a decision maker and financial resource for women. The loss of a partner who performed highly specialized tasks in the home may create stress for the surviving spouse, if he or she lacks the skills to perform those tasks. Based on these findings, we urge practitioners to devise intervention programs that provide assistance with instrumental daily activities, if there is an unmet need due to the death of their spouse. One

such strategy may be the development of support groups, where the bereaved can gain mastery over those tasks for which they lack skills, training, or prior experience (see Caserta, Lund, & Rice, 1999 for example). Successful intervention programs should first identify precisely what is lost upon spousal death, and then fill the identified void.

We must caution that our findings may reflect the unique experiences of men and women born in the early 20th century. For instance, current gender differences in mortality have created a highly imbalanced sex ratio among older Americans, where older women outnumber older men by 1.5 to 1 (United States Bureau of the Census, 1996). This imbalance could create a situation where older widowed men have a large pool of female helpmates to turn to, thus they may be less reliant on their children for instrumental and expressive support. Alternatively, current cohorts of older widowers may not need the same amount of informal support as do widows, due to early socialization experiences (Stevens, 1995). The development of personal attributes such as independence and self-reliance may have been imbued in young men, but not young women of the CLOC cohort.

Women of the CLOC cohort may have been socialized to rely on their husbands (when they were alive) and their children for household maintenance tasks, while their children may adhere to the stereotypical view that older women need more assistance and support than their presumably more capable male peers. Future generations of older women, who have higher levels of education, more years of paid work experience, and who participated in more egalitarian divisions of labor in their families (Bianchi, 1995), may be less susceptible to dependence on their husbands or children for tasks such as home repair and financial management. Yet in future generations, we may continue to witness adult children's tendency to provide support to their mothers, rather than their fathers. High rates of marital dissolution in the American family in the late 20th century, coupled with a persistent division of labor which places primary responsibility for child rearing responsibility (and custody) in the hands of mothers, may create a context of weakened father-child relationships; such patterns may prove particularly harmful to future cohorts of widowed men, who may attempt to manage their lives without the support of wives or children.

Evaluating Clinical Wisdom: Anniversary Grief?

Just as spousal loss disrupts daily routines and activities, widowhood also alters the ways that older adults experience annual or periodic activities and celebrations. Mental health professionals and social scientists base important professional decisions on the assumption that the bereaved are likely to experience heightened grief on special occasions, such as wedding anniversaries, major holidays, and their deceased spouse's birthday. Special events are believed to trigger memories of the deceased spouse, and accompanying feelings

of sadness, yearning, and grief (Rosenblatt, 1983). Psychological reactions to spousal loss may ebb and flow based on time and place; particular days and locations may elicit pleasant or painful memories of the deceased spouse.

The concept of “anniversary grief” has powerful ramifications for both research and practice. For instance, survey researchers typically interview widowed persons 13 months (rather than 12 months) following their loss, for fear that an interview on the one-year anniversary of the loss may capture disproportionately high levels of dysphoric mood and disturbances in social functioning (Jacobs, Schaefer, Ostfeld, & Kasl, 1987; Parkes & Weiss, 1983). Practitioners and authors of self-help literature regularly warn widowed individuals that they may experience recurrent grief at “special times . . . [including] holidays, anniversaries and birthdays” (University of Michigan Faculty and Staff Assistance Program, 2001: 21).

Despite the pervasive influence of the “anniversary grief” concept, we know of no research that has held this argument up to empirical scrutiny. Thus, the CLOC research team evaluated the hypothesis that widowed persons experience decrements in their emotional well-being upon special occasions (Sonnega, 2001b). Specifically, our research examined whether widowed elders experience an elevated risk of a major depressive disorder, and heightened levels of depressed mood, anxiety, and grief symptoms during the following time periods: (1) at or around the time of the deceased spouse’s birthday; (2) during the month of January, believed to be a period of post-holiday blues, and (3) during the month of June, a time when the married couple would have celebrated wedding anniversaries or other family-centered events such as school graduations or Father’s Day celebrations. Ordinary least squares regression models were estimated to evaluate whether widowed persons interviewed in January, June, or within one month of their deceased spouse’s birthday had significantly poorer psychological health. All statistical models controlled potential confounders and mediators of the relationship, including demographic, health, and socio-economic characteristics of both the surviving and recently deceased spouse.

The analyses revealed that widowed persons interviewed in June report significantly higher levels of yearning, despair, and grief-related anger. They also are 12 times more likely to report a major depressive episode than those interviewed in other months. Persons interviewed in January also have a significantly greater risk of major depressive disorder and grief, and this effect is significantly greater for widowed persons than for members of the control sample. Thus, while older adults appear to experience the post-holiday “blues,” widowed persons are particularly susceptible to this experience. Bereaved persons interviewed within one month of their spouse’s birthday have significantly elevated levels of grief, anxiety, depression, shock, and despair. However, birthdays do not appear to trigger major depressive episodes. Rather, this time appears to be marked by symptoms of tension and nervousness, perhaps due to uneasiness about how to observe a deceased spouse’s birthday. Importantly, all of the effects described thus far are short-lived; the psy-

chological impact of special occasions is confined to the first year following the loss, and is no longer present at the 18-month follow up.

Our finding that psychological distress, grief, and depression among widowed persons spike in January, June, and near the decedent's birthday has important ramifications for both research and practice. First, special occasion reactions may be a significant source of variance in bereavement studies, and thus should be accounted for in statistical analyses. Widowed persons interviewed near special occasions may overstate their feelings of distress, thus reliable diagnostic criteria for complicated or pathological grief should incorporate the timing of the mental health assessment. Second, counselors and practitioners should devise individual treatment strategies, community interventions, or special programs for widowed persons during the winter holiday season, and during the busy, event-dense month of June (Watson, 1994). A careful examination of death anniversary reactions may provide useful clinical observations about whether psychiatric complications have arisen in bereavement (Jacobs et al., 1987). Future research should examine whether special occasion grief reactions are indicative of a better or worse course of recovery.

Summary and Implications for Future Research

We have presented recent research findings from the Changing Lives of Older Couples study, and have highlighted the methodological, theoretical, and practical importance of this research. First, we identified a number of important methodological issues that scholars of late-life widowhood must take into consideration in order to develop a rich and empirically sound portrait of bereavement. The use of prospective, multiwave data that obtains information on both men and women, and on both widowed persons and non-bereaved controls is essential. Moreover, pre-loss data on both husbands' and wives' physical, emotional, economic, and social well-being is necessary if researchers hope to identify changes in well-being before and after the widowhood transition. Finally, researchers should move away from conceptualizing and operationalizing widowhood as a dichotomous event, and should develop theoretical and statistical models that capture the multifaceted nature of the widowhood process.

We also proposed that scholars and practitioners could obtain a richer and more accurate understanding of late-life widowhood by conceptualizing the process and consequences of widowhood as deeply embedded in the macrosocial and historical context, and as closely linked to characteristics of the marital dyad and individual-level characteristics of husband and wife.

Macrosocial Issues: Mortality and Morbidity in the United States

Our research has revealed that both how one's spouse dies, and the extent to which the dying process produces strain both before and after the actual death is closely linked to technological and demographic forces. Older wid-

owed persons today are much more likely than prior generations to experience spousal loss as a slow and gradual process, beginning with the diagnosis of terminal illness, through the difficult stages of caregiving and care seeking, up until the eventual death (Field & Cassel, 1997). The dying process has critical implications for survivor well-being. Slow and expected deaths bring elevated anxiety to the surviving spouse in both the short- and longer-term (i.e., six and 18 months following loss), perhaps due to the fact that caregiving strain, cognitive decline on the part of one's spouse, and the potential for co-occurring stressors may outstrip the healthy spouse's ability to cope. Deaths marked by physical pain, and which were due, in part, to physician or hospital negligence are particularly difficult for bereaved spouses. Future health care policy, including legislation regarding end-of-life care, and funding for Hospice and palliative care, may have important implications for the well-being of the bereaved as well as the dying.

Dyadic Characteristics: The Implications of Marital Quality for the Bereaved

The psychological consequences of spousal loss are also contingent upon the quality and dynamics of one's marriage. Our research has shown that widowed persons whose marriages were marked by high levels of warmth and interdependence evidenced heightened levels of yearning following their loss, while conflicted and strained marriages led to significantly lower levels of yearning for one's spouse. Widowhood research which presumes that all marriages are created equal might have found that the effects of widowhood on yearning were either weak or non-significant; only when the quality of marriage is ascertained do we start to obtain a more accurate picture of how spousal loss affects psychological adjustment.

Individual-Level Characteristics: The Place of Gender in Bereavement Research

Individual-level characteristics are important moderators of the relationship between widowhood and survivor adjustment. Among the most important of these is gender. Emotional responses to loss vary by gender; for men, watching their wife die slowly is associated with elevated yearning, while for women, their husband's sudden and unanticipated death leads to heightened yearning. Behavioral responses vary as well; following spousal loss, women perform less housework and men perform more housework, largely because children come forward to provide instrumental support, and financial advice to their widowed mothers (but not fathers). Yet widowed women also are the providers of support; they are significantly more likely than widowed men to provide emotional support to their children upon the death of their father. Women's social embeddedness and relationships with their children may protect against the longer-term physical and emotional strains associated with spousal loss and with aging, more generally. In sum, our research revealed a number of impor-

tant gender differences in how widowhood is experienced, and these differences reflect macrosocial patterns of gender role socialization over the life course, and gender-based allocation of social roles in and outside the home.

Bereavement among the Baby Boomers: Speculations from the CLOC Study

We caution that many of the findings documented in the CLOC study may be specific to men and women who were born in the early 20th century, who went on to hold clearly demarcated gender roles in the family, and who experienced very low rates of marital dissolution (see Bianchi, 1995 for review). The experiences of future cohorts of bereaved elders may be quite different, given the rapid changes in gender roles, marriage, and fertility patterns which have unfolded over the past five decades. In the years following the Women's Movement of the 1960s, women and men have achieved parity in educational attainment, and women are increasingly likely to enter professional careers, and to demand more equitable division of household labor. These changes in gendered roles and opportunities inside and outside the home suggest that widowed men and women in future generations will face fewer challenges when grappling with household and practical tasks traditionally associated with the opposite gender.

Demographic and family changes also have critical implications for the context and consequences of spousal loss in future generations. Future cohorts of older adults are far more likely than current elders to have divorced and remarried. Compared to members of the CLOC sample, their late-life marriages may be slightly shorter-lived on average, but may also be marked by higher levels of closeness and warmth. Moreover, future cohorts of older adults will have significantly fewer children than members of the CLOC sample, given the declines and then stabilization in fertility rates that have occurred since the early 1960s. Aging Baby Boomers will have fewer adult children than prior generations of elders; whether having fewer children leads to the receipt of less instrumental, expressive, or social support remains to be seen.

Limitations and New Directions

In this brief review, we have considered only a handful of the individual, dyadic, and societal-level factors that may affect how older adults experience spousal loss. Bereavement researchers face the challenge of identifying other conditions that protect against severe grief, anxiety, and social isolation, in order to best devise practical and culturally-sensitive interventions. For instance, a growing body of research underscores the importance of religious, spiritual, and self-efficacy beliefs for coping with loss (Fry, 2001; Schaefer & Moos, 2001). By identifying the psychological resources that ease the widowhood process, practitioners can target interventions towards individuals who appear to lack such resources.

A further limitation of our review is that we have focused solely on the macrosocial context of the United States in the late 20th and early 21st century. As such, our research findings and our speculations about future cohorts of bereaved elders apply primarily to persons in Western, individualistic nations similar to the United States. We would encourage researchers to consider how psychological reactions to loss may reflect a broader array of cultural contexts. For instance, the normative pressures to maintain an independent household and to be self-reliant and psychologically resilient following spousal loss may be particularly acute in cultures which emphasize individualism and autonomy, such as the United States. In collectivistic nations, such as Japan, the cultural emphasis on interdependence, and fulfilling the needs of others may enable a smoother widowhood transition (e.g., Markus & Kitayama, 1991). Other cultural factors, including patterns of household structure and filial piety (Ikels, 1993), and attitudes towards life and death may condition the experience of elderly bereaved. For instance, current Western notions of bereavement encourage breaking ties with the deceased, while other cultures, such as the Balinese, view sustained bonds to the deceased as an indication of the importance of the relationship and of one's own strength of character (Stroebe et al., 1992). As practitioners develop policies and interventions for the elderly bereaved, they must take into consideration the larger cultural, social, historical, and demographic backdrop against which spousal loss occurs.

Biographical Notes

Corresponding author: Deborah Carr, Institute for Health, Health Care Policy and Aging Research, Rutgers University, 30 College Avenue, New Brunswick, NJ 08901-1293.

Deborah Carr, Ph.D. is assistant professor in the department of Sociology and the Institute for Health, Health Care Policy, and Aging Research at Rutgers University.

Rebecca Utz is a doctoral candidate in the Department of Sociology at the University of Michigan. The Changing Lives of Older Couples (CLOC) study is supported by grants R01-Ag15948 and P01-AG05561 from the National Institute of Aging, and from the Nancy Pritzker Research Network, awarded to Dr. Randolph Nesse, Institute for Social Research, University of Michigan. The analyses for this paper were conducted while the first author was at the University of Michigan.

Note

1. The variation in the number of controls interviewed at the six- and 18-month follow-up interviews is due solely to the availability of funding.

References

- Abramson, L. Y., Seligman, M., & Teasdale, J. (1978). Learned helplessness in humans: Critique and reformulation. *Journal of Abnormal Psychology*, 87, 49-79.
- Anashensel, C. S., Pearlin, L. I., Mullan, J. T., Zarit, S., & Whitlach, C. (1995). *Profiles in caregiving: The unexpected career*. New York: Academic Press.

- Antonucci, T. C. (1990). Social supports and social relationships. In R. H. Binstock & L. K. George (Eds.), *Handbook of aging and the social sciences* (3rd ed.). San Diego: Academic Press.
- Archer, J. (1999). *The nature of grief: The evolution and psychology of reactions to loss*. London: Routledge Press.
- Averill, J. R. (1968). Grief: Its nature and significance. *Psychological Bulletin*, 70, 721-748.
- Beck, A. T. (1967). *Depression: Clinical, experimental, and theoretical aspects*. New York: Harper & Row.
- Bianchi, S. (1995). The changing economic roles of women and men. In R. Farley (Ed.), *State of our union: America in the 1990s*. New York: Russell Sage.
- Blauner, R. (1966). Death and social structure. *Psychiatry*, 25, 378-399.
- Bonnano, G. A., Notarius, C. I., Gunzerath, L., Keltner, D., & Horowitz, M. J. (1998). *Interpersonal ambivalence, perceived dyadic adjustment and conjugal loss*. *Journal of Consulting and Clinical Psychology*, 66, 1012-1022.
- Bowlby, J. (1980). *Loss: Sadness and depression* (Vol. 3). New York: Basic Books.
- Bruce, M. L., Kim, K., Leaf, P. J., & Jacobs, S. (1990). Depressive episodes and dysphoria resulting from conjugal bereavement in a prospective community sample. *American Journal of Psychiatry*, 157, 608-611.
- Byock, I. R. (1996). *The nature of suffering and the nature of opportunity at the end of life*. *Clinics in Geriatric Medicine*, 12(2), 237-252.
- Carey, R. G. (1979-1980). Weathering widowhood: Problems and adjustment of the widowed during the first year. *Omega*, 10(2), 163-174.
- Carr, D. (2001). A good death for whom? Quality of spouse's death and psychological adjustment among older widows. Paper presented at the American Sociological Association annual meeting, Los Angeles, CA.
- Carr, D., House, J. S., Kessler, R. C., Nesse, R., Sonnega, J., & Wortman, C. B. (2000). Marital quality and psychological adjustment to widowhood among older adults: A longitudinal analysis. *Journal of Gerontology: Social Sciences*, 55B(4), S197-S207.
- Carr, D., House, J. S., Wortman, C. B., Nesse, R., & Kessler, R. C. (2001). Psychological adjustment to sudden and anticipated spousal death among the older widowed. *Journal of Gerontology: Social Sciences*, 56B(4), S237-S248.
- Caserta, M. S., Lund, D. A., & Rice, J. A. (1999). *Pathfinders: A self-care and health education program for older widows and widowers*. *The Gerontologist*, 39, 615-620.
- Cherlin, A. (1981). *Marriage, divorce and remarriage*. Cambridge, MA: Harvard University Press.
- Costa, P. T., & McCrae, R. R. (1985). *The neo personality inventory manual*. Odessa, FL: Psychological Assessment Resources.
- Ferraro, K. F. (1984). Widowhood and social participation in later life: Isolation or compensation? *Research on Aging*, 6(4), 451-468.
- Field, M. J., & Cassel, C. K. (1997). *Approaching death: Improving care at the end of life*. Washington, D.C.: Institute of Medicine.
- Fooker, I. (1985). Old and female: Psycho social concomitants of the aging process in a group of older women. In J. Munniches & P. Mussen & E. Olbrich & P. G. Coleman (Eds.), *Life span and change in a gerontological perspective* (pp. 7-101). Orlando, FL: Academic Press.
- Freud, S. (1917/1957). Mourning and melancholia. In J. Strachey (Ed.), *Standard edition of complete psychological works of Sigmund Freud, volume 14* (pp. 152-170). London: Hogarth Press and Institute of Psychoanalysis.

- Fry, P.S. (2001). The unique contribution of key existential factors to the prediction of psychological well-being of older adults following spousal loss. *The Gerontologist*, 41, 69-81.
- Futterman, A., Gallagher, D., Thompson, L. W., Lovett, S., & Gilewski, M. (1990). Retrospective assessment of marital adjustment and depression during the first two years of spousal bereavement. *Psychology and Aging*, 5, 277-223.
- Gerber, I. (1974). Anticipatory bereavement. In B. Schoenberg & A. C. Carr & A. H. Kutscher & D. Peretz & I. K. Goldberg (Eds.), *Anticipatory grief* (pp. 26-31). New York: Columbia University Press.
- Guralnik, J. M., Fried, L. P., & Salive, M. E. (1996). Disability as a public health outcome in the aging population. *Annual Review of Public Health*, 17, 25-46.
- Ha, J. (2001). Gender differences in the dynamics of intergenerational dependence after widowhood: An examination of specific domains of support: University of Michigan.
- Hill, C. D., Thompson, L. W., & Gallagher, D. (1988). The role of anticipatory bereavement in older women's adjustment to widowhood. *The Gerontologist*, 28(6), 792-796.
- Hirschfield, R. M., Klerman, G. L., Lavori, P., Keller, M. B., Griffith, P., & Coryell, W. (1989). Premorbid personality assessments of first onset of major depression. *Archives of General Psychiatry*, 46, 345-350.
- Holden, K. C., & Smock, P. J. (1991). The economic costs of marital dissolution: Why do women bear a disproportionate cost? *Annual Review of Sociology*, 17, 51-78.
- Holmes, J. H., & Rahe, R. H. (1967). The social readjustment scale. *Journal of Psychosomatic Research*, 11, 213-228.
- HUD. (1999). *Housing our elders: A report card on housing conditions and needs of older Americans*. Washington, D.C.: United States Department of Housing and Urban Development.
- Ikels, C. (1993). Chinese kinship and the states: Shaping of policy for the elderly. In G.L. Maddox, M.P. Lawton (Eds.). *Annual Review of Gerontology and Geriatrics: Focus on Kinship, Aging and Social Change*. New York: Springer.
- Jacobs, S., Hansen, F., Berkman, L., Kasl, S., & Ostfeld, A. (1989). Depressions of bereavement. *Comprehensive Psychiatry*, 31, 218-224.
- Jacobs, S., Kasl, S., & Ostfeld, A. (1986). The measurement of grief: Bereaved versus non-bereaved. *The Hospice Journal*, 2, 21-36.
- Jacobs, S., Kosten, T., Kasl, S., Ostfeld, A., Berkman, L., & Charpentier, P. (1987-88). Attachment theory and multiple dimensions of grief. *Omega*, 88, 41-52.
- Jacobs, S. C., Schaefer, C. A., Ostfeld, A. M., & Kasl, S. V. (1987). The first anniversary of bereavement. *Israel Journal of Psychiatry & Related Science: Special Issue: Grief and Bereavement*, 24(1-2), 77-85.
- Kramer, D. (1996-97). How women relate to terminally ill husbands and their subsequent adjustment to bereavement. *Omega*, 34, 93-106.
- Lopata, H. Z. (1973). *Widowhood in an American city*. Cambridge, MA: Schenkman.
- Lund, D. A., Dimond, M. F., Caserta, M. S., Johnson, R. J., Poulton, J. L., & Connelly, J. R. (1985-86). Identifying elderly with coping difficulties after two years of bereavement. *Omega*, 16, 213-224.
- Lund, D. E., Caserta, M. S., Dimond, M. F., & Shapper, S. K. (1989). Competencies, tasks of daily living and adjustments to spousal bereavement in later life. In D. A. Lund (Ed.), *Older bereaved spouses*. New York: Hemisphere.

- Markus, H. & Kitayama, S. (1991). **Culture and the self: Implications for cognition, emotion and motivation.** *Psychological Review* 98, 224-53.
- Mendes de Leon, C. F., Kasl, S. V., & Jacobs, S. (1994). **A prospective study of widowhood and changes in symptoms of depression in a community sample of the elderly.** *Psychological Medicine*, 24, 613-624.
- National Center for Health Statistics. (1992). *Monthly vital statistics, report 41*. Washington, D.C.: U.S. Government Printing Office.
- Neugarten, B., & Hagestad, G. O. (1976). Age and the life course. In G. Binstock & E. Shanas (Eds.), *Handbook of aging and the social sciences* (pp. 35-55). New York: Van Nostrand Reinhold.
- O'Bryant, S. L. (1990-91). Forewarning of husband's death: Does it make a difference? *Omega*, 22(3), 227-239.
- Parkes, C. M. (1985). Bereavement. *British Journal of Psychiatry*, 146, 11-17.
- Parkes, C. M., & Brown, R. (1972). **Health after bereavement: A controlled study of young Boston widows and widowers.** *Psychosomatic Medicine*, 34, 449.
- Parkes, C. M., & Weiss, R. S. (1983). Recovery from bereavement. New York: Basic Books.
- Rando, T. A. (1986). A comprehensive analysis of anticipatory grief: Perspectives, processes, promises and problems. In T. A. Rando (Ed.), *Loss and anticipatory grief* (pp. 3-38). Lexington, MA: Lexington Books.
- Roach, M. J., & Kitson, C. (1989). Impact of forewarning on adjustment to widowhood and divorce. In D. A. Lund (Ed.), *Older bereaved spouses: Research with practical applications* (pp. 185-200). New York: Hemisphere Publishing.
- Rosenberg, H. M., Ventura, S. J., & Mauer, J. D. (1996). *Births and deaths, United States, 1995*. Monthly Vital Statistics, 45(3).
- Rosenblatt, P. (1983). Bitter, bitter tears: Nineteenth century diarists and twentieth century grief theories. Minneapolis: University of Minnesota.
- Sanders, C. M. (1982-83). Effects of sudden vs. chronic illness on bereavement outcome. *Omega: Journal of Death and Dying*, 13, 227-241.
- Schaefer, J. A., & Moos, R. H. 2001 Bereavement experiences and personal growth. In M.S. Stroebe, R.O. Hansson, W. Stroebe, and H. Schut (Eds). *Handbook of bereavement research: Consequences, coping and care*. Washington, D.C.: American Psychological Association.
- Siegel, K., & Weinstein, L. (1983). Anticipatory grief reconsidered. *Journal of Psychosocial Oncology*, 1, 61-73.
- Singh, B., & Raphael, B. (1981). **Postdisaster morbidity of the bereaved: A possible role for preventive psychiatry.** *Journal of Nervous and Mental Disease*, 169, 203-212.
- Sonnega, J. (2001a). Spousal personality and grief in the elderly widowed: who is missed? Paper presented at the Gerontological Society of America annual meeting, Chicago, IL.
- Sonnega, J. (2001b). Special occasions and grief in the elderly widowed: Survey evidence confirms clinical wisdom. Ann Arbor: University of Michigan.
- Stevens, N. (1995). Gender and adaptation to widowhood in later life. *Ageing and Society*, 15, 37-58.
- Stroebe, M.S., Gergen, M., Gergen, K.J., & Stroebe, W. (1992). **"Broken hearts or broken bonds: love and death in historical perspective."** *American Psychologist*, 47, 1205-1212.
- Stroebe, M. S., Hansson, R. O., & Stroebe, W. (1993). Contemporary themes and controversies in bereavement research. In M. S. Stroebe & W. Stroebe & R. O. Hansson (Eds.), *Handbook of bereavement: Theory, research, and intervention* (pp. 457-476). Cambridge, England: Cambridge University Press.

- Stroebe, M. S., Hansson, R. O., Stroebe, W., & Schut, H. (Eds.). (2001). *Handbook of bereavement research: Consequences, coping, and care*. Washington, DC: American Psychological Association.
- Sweeting, H. N., & Gilhooly, M. (1990). Anticipatory grief: A review. *Social Science and Medicine*, 30, 1073-1080.
- Teasdale, J. D., Taylor, R., & Fogarty, S. J. (1980). Effects of induced elation-depression on the accessibility of memories of happy and unhappy experiences. *Behavior Research and Therapy*, 18, 339-346.
- Umberson, D., Wortman, C. B., & Kessler, R. C. (1992). Widowhood and depression: Explaining long-term gender differences in vulnerability. *Journal of Health and Social Behavior*, 33(1), 10-24.
- United States Bureau of the Census. (1996). *Statistical abstract of the United States: 1996* (116th ed.). Washington, D.C: U.S. Government Printing Office.
- University of Michigan Faculty and Staff Assistance Program. (2001). *Grief and loss: In the work place*. Ann Arbor, MI: University of Michigan.
- Utz, R. L., Carr, D. S., Nesse, R. & Wortman, C. (forthcoming). The effect of widowhood on older adults' social participation: An evaluation of activity, disengagement, and continuity theories. *The Gerontologist*.
- Utz, R., & Reidy, E. (2001). Changes in housework following widowhood: Gender differences and dependence on children. Paper presented at the Population Association of America annual meeting, Washington, D.C.
- Volkart, E. H., & Michael, S. T. (1957). Bereavement and mental health. In A. H. Leighton & J. A. Clausen & N. A. Wilson (Eds.), *Explorations in social psychiatry*. London: Tavistock.
- Waite, L., & Gallagher, M. (2000). *The case for marriage : Why married people are happier, healthier, and better off financially*. New York: Doubleday.
- Warshawsky, M. (2000). Financing long-term care: Needs, attitudes, current insurance products, and policy innovations. *TIAA-CREF Research Dialogues*, 63.
- Watson, M. A. (1994). Bereavement in the elderly. *AORN Journal*, 59(5), 1079-1084.
- Webb, M. (1997). *The good death: The new American search to reshape the end of life*. New York: Bantam Books.
- Wells, Y. D., & Kendig, H. L. (1997). Health and well-being of spouse caregivers and the widowed. *The Gerontologist*, 37(5), 666-674.
- Wortman, C. B., & Silver, R. C. (1989). The myths of coping with loss. *Journal of Consulting and Clinical Psychology*, 57, 349-357.
- Zisook, S., DeVaul, R., & Click, M. (1982). Measuring symptoms of grief and bereavement. *American Journal of Psychiatry*, 139, 1590-1593.
- Zisook, S., Paulus, M., Shuchter, S. R., & Judd, L. L. (1997). The many faces of depression following spousal bereavement. *Journal of Affective Disorders*, 45(1-2), 85-94.
- Zisook, S., & Shuchter, S. R. (1991). Early psychological reaction to the stress of widowhood. *Psychiatry*, 54, 320-333.

* **Invited Paper:** Revised manuscript accepted for publication in December 2001. Action Editor: P.S. Fry.