The Desire to Date and Remarry Among
Older Widows and Widowers

This study explores gender differences in older widowed persons' interest in dating and remarriage, and the implications of these desires for psychological adjustment to loss. Analyses are based on the Changing Lives of Older Couples study (N = 210). Men's interest in dating and remarriage is conditional upon the amount of social support received from friends. Six months after spousal loss, only those men with low or average levels of social support from friends are more likely than women to report interest in remarrying someday. Similar patterns emerge for interest in dating 18 months after loss. Persons who both want and have a romantic relationship report significantly fewer depressive symptoms 18 months after loss, yet this relationship is attributable to their greater socioeconomic resources.

The gender gap in late life remarriage, where widowers are more likely than widows to remarry, has been explained by the adage "women mourn, men replace." The implication of this characterization is that heartbroken widows mourn the loss of their irreplaceable late husbands, whereas widowed men quickly find a helpmate and confidante to take the place of their late wives. The gender gap in remarriage also reflects partner availability: Older women outnumber their male peers, and many face demographic obstacles to remarriage even if they are positively disposed to the idea (U.S. Census Bureau, 2003). If legal remarriage status is used as the sole indicator of repartnering after spousal loss, gender-typed assumptions about bereavement, such as "women mourn, men replace," inevitably are perpetuated. A richer understanding of adaptation to spousal loss may be obtained by investigating older widows' and widowers' interest in postloss romantic relationships.

This study examines gender differences in the desire for a romantic relationship among older widowed persons in the United States, and the psychological consequences of having fulfilled such preferences. Using data from the Changing Lives of Older Couples (CLOC) study, I explore three questions: (a) Do widowed men and women differ in their preferences for dating and remarriage in the short term (6 months) and longer term (18 months) following spousal loss? (b) To what extent can the observed gender gap in repartnering preferences be explained by gender differences in the perceived benefits and strains of romantic relationships, relative to other forms of social support? and (c) Is the fulfilled (or unmet) desire for a romantic relationship associated with psychological adjustment to spousal loss? Answers to these research questions may have important implications for understanding how widowed men and women adjust to spousal loss, and how these personal adaptations may be shaped by demographic constraints and gendered aspects of interpersonal relationships.

Key Words: bereavement, dating, older adults, psychological adjustment, remarriage, widowhood.
BACKGROUND

Remarriage in Later Life

A distinctive characteristic of the older (age 65+) population in the United States is its pronounced gender imbalance. Because of men’s mortality disadvantage, women ages 65 and older outnumber men by roughly 1.5 to 1. By age 85, women outnumber men by roughly 4 to 1 (U.S. Census Bureau, 2003). Given this imbalanced gender ratio, older widowed men have many more opportunities to date and remarry should they wish to do so (Bengston, Rosenthal, & Burton, 1990). Although older men are more likely than women to remarry, remarriage among older adults is still rare (Lee, DeMaris, Bavin, & Sullivan, 2001). Approximately 2% of older widows and 20% of older widowers ever remarry (Smith, Zick, & Duncan, 1991). The U.S. Census Bureau estimates that each year, out of every 1,000 widowed men and women ages 65 and older, only 3 women and 17 men remarry (Clarke, 1995).

Yet official statistics on remarriage substantially underrepresent older widowed persons’ interest in romantic relationships. Older widowed persons (particularly women) who would like to remarry may remain single because of strong demographic, financial, or normative obstacles to remarriage (Mastekaasa, 1992; Peters & Liefbroer, 1997). To date, few studies have explored systematically older widows’ and widowers’ preferences for dating and remarriage. This omission may reflect both data limitations and taken-for-granted assumptions about older adults. Most large-scale population-based studies of widowed persons focus either on demographic outcomes such as remarriage status (Smith et al., 1991), mortality (Smith & Zick, 1996), and economic well-being (Holden & Smock, 1991), or on psychological and physical health (Stroebe & Stroebe, 1983; Zisook & Shuchter, 1991).

The dearth of research and data also may reflect the assumption that current cohorts of older widowed persons (particularly women) are uninterested in romantic relationships because of conservative attitudes toward sex or because of physical declines that minimize sexual desire (Lopata, 1995). Understanding later life romantic partnerships will become increasingly important in future decades, however. Members of the large baby boom cohort, now in their 40s and 50s, are expected to be in better health and to live longer than past cohorts of older adults (U.S. Census Bureau, 2001). Compared with current cohorts of older adults, baby boomers also are more likely to have divorced and remarried, and may be less committed to the notion of having only one important romantic relationship in their lifetime. These demographic shifts, along with the liberalization of sexual attitudes over the past half century (Thornton & Young-DeMarco, 2001), may create a context where future cohorts of older widowed persons are more likely to pursue late-life romantic relationships. Late-life relationships also may be facilitated by innovations such as Internet dating and the development of medications that enhance late-life sexual performance (Montenegro, 2003).

Influences on Late-Life Repartnering Preferences

Remarriage (and dating) among older bereaved persons presents a challenge to widely accepted economic theories of partnering. Most studies of remarriage rely heavily on rational choice models of search behavior (e.g., Chiswick & Lehrer, 1990; Sweeney, 1997). The guiding assumption is that persons who remarry perceive the net benefits of marriage to be greater than the benefits of remaining widowed or divorced (Becker, 1981). Most empirical and theoretical work in this tradition has focused on young or midlife adults only, and marital benefits are conceptualized in terms of the traditional gendered family roles that contribute to the maintenance of households. For instance, women are believed to have a greater economic incentive to remarry than men do because of their lower earnings in the labor market and because their economic status often deteriorates following marital dissolution (Holden & Smock, 1991). More generally, Becker’s gains to trade model posits that the benefits of marriage are highest when husbands and wives follow a traditional gender-based division of labor and require each partner’s distinctive contributions to the household; men specialize in paid employment, women specialize in homemaking and childrearing, and the partners “trade” these services.

The gains to trade model may not be an appropriate framework for understanding repartnering among older bereaved adults, however. Boundaries demarcating traditional “men’s roles” and “women’s roles” in marriage become blurred as adults age. Most older adults are no longer
responsible for the daily care of children, a task that falls largely to women in young and middle adulthood (Coverman & Sheley, 1986). The onset of physical health problems may render older adults less able to manage the specialized domestic chores that they performed earlier in life (Szinovacz & Harpster, 1994). Older married couples also are less directly dependent on the husband’s earnings because public entitlement programs such as Social Security provide an economic base for couples (Quadagno, 1996). In the United States, 40% of older adults’ annual income comes from Social Security benefits (Social Security Administration, 2003).

Remarriage may be perceived as disadvantageous for some older adults. Bereaved persons who are receiving Social Security or pension benefits either through their own or their late spouse’s employment may be subject to the loss or reduction of benefits upon remarriage (Stanfield & Nicolaou, 2000). Because most older adults are homeowners (U.S. Census Bureau, 2001), remarriage may require the sale of one partner’s home and the accompanying loss of privacy and residential independence. Residential relocation is a transition that many bereaved elders are reluctant to make (de Jong Gierveld, 2002; Moore & Stratton, 2001).

The most basic premise of rational choice models may apply to later life repartnering, however. The perceived benefits of repartnering should outweigh the costs of being alone. Yet the functional bases for these partnerships, such as the maintenance of an efficient household, raising children, and achieving financial stability, are not compelling concerns for most older adults. Rather, older persons’ desire to repartner may reflect positive aspects of the marriage that they hope to recapture (e.g., emotional intimacy), the negative aspects that they hope to avoid (e.g., domestic responsibilities), and alternative sources of social support that may lessen the importance one places on romantic relationships. The exchange of emotional, social, and instrumental support inside and outside marriage varies by gender, however, and these gendered patterns may be a powerful influence on widows’ and widowers’ desire to repartner.

Gender Differences in Marital Quality and Social Support

Men and women experience marriage in different ways. “His” marriage is thought to provide men with practical and emotional support, whereas “her” marriage has been described as burdening women with homemaking and caregiving responsibilities (Bernard, 1972). Empirical studies provide some support for this evaluation: Current cohorts of older women typically have provided more instrumental and health-promoting support to their spouses than the reverse (Cancian & Oliker, 2000). Because men often have limited experience in managing household tasks, including meal preparation, they may suffer poor nutrition and distress over housework responsibilities after their wives have died (Lee et al., 2001; Umberson, Wortman, & Kessler, 1992). Widowed women also report difficulty managing tasks for which they have limited experience, such as home repairs, yet they also are more likely than widowers to receive practical help from their children (Utz, Reidy, Carr, Nesse, & Wortman, 2004). The exchange of emotional support also varies by gender. Men tend to have few confidantes other than their spouses, whereas women tend to have larger and more emotionally intimate friendship networks than men (Antonucci & Akiyama, 1995). Women also receive more emotional support from their children following widowhood, reflecting mothers’ closer relationships with their children at earlier stages in the life course (Connidis, 2001; Ha, Carr, Utz, & Nesse, in press).

How widowed men and women experienced their late marriages and other close relationships may influence the ways that they think about establishing a romantic relationship after loss. Widowers may be more likely than widows to desire remarriage because marriage provides men with instrumental and health-enhancing support (Cancian & Oliker, 2000). The desire for remarriage may be most acute among men who were most dependent on their late spouse, and who feel most compelled to fill the void left by their wife’s death. For older women, conversely, dating may be preferable to remarriage. Dating has been described by older women as having “someone to go out with” rather than “someone to come home to” (Davidson, 2002, p. 51). Widows may seek male companionship, yet may hope to avoid the long-term obligations that marriage may entail, such as caring for an ailing spouse or providing homemaking services (Ghazanfareero Karlsson & Borrell, 2002; van den Hoonard, 2002).

Widowed men’s and women’s interest in repartnering also may be linked to the emotional
support that they received both in and outside their late marriages. Widowed women with the closest marriages may "sanctify" their spouse's memory (Lopata, 1981) and feel "still married" to him (van den Hoonard, 2002). Consequently, they may be less receptive to the idea of becoming involved with another man. In contrast, widowers with the closest marriages may be most motivated to establish another romantic relationship. Married men tend to rely exclusively on their wives for emotional intimacy, and may have few other sources of emotional support (Dykstra & de Jong Gierveld, 2001).

Social support from friends and family also may affect older widowers’ and widows’ desire to establish a romantic relationship. Older adults are believed to place great importance on maintaining and deepening their existing emotional ties, and they may avoid more casual social interactions (Carstensen, 1992). Although some may seek out casual or sexual relationships with a potential romantic partner, most research on late-life relationships emphasizes the importance of friendship and emotional support. Late-life marriages and romantic relationships have been characterized as companionate, where emotional intimacy and commitment take precedence over passion (Sternberg, 1988). Older married couples characterize the ideal marital relationship as encompassing friendship, shared interests, commitment, and a genuine liking for one’s partner (Lauer, Lauer, & Kerr, 1990; Levenson, Carstensen, & Gottman, 1993; Malatesta, 1989). Men and women who maintain close relationships with friends or children may be less motivated to seek out a romantic partner. Their friendships may provide at least some of the desired aspects of a romantic relationship. Yet, these close relationships also may pose obstacles to the formation of a romantic relationship. Children may show disapproval or may try to monitor the behavior of a bereaved parent who is starting to date (Moore & Stratton, 2001).

This study builds upon past research in several ways. First, I compare widows’ and widowers’ interest in two distinctive activities: dating and remarriage. Dating involves companionship, friendship, and in some cases, a sexual relationship. Because dating is a less serious and committed relationship than marriage, concerns about long-term obligations may be minimized. Second, I consider interest in dating and remarriage at two different time points because social norms about “appropriate” grieving periods may prevent the recently bereaved from seeking romantic relationships too quickly after their loss (Vinick, 1978). I examine preferences 6 months after loss, when grief symptoms are most acute (e.g., Zisook & Shuchter, 1991) and when social norms discourage the pursuit of romantic relationships (Adams, 1985; Chandler, 1991), and 18 months after the loss, at which time severe grief symptoms fade and bereaved spouses are encouraged to pursue new interests and relationships (Lieberman, 1993).

Third, I examine the ways that social support exchanged within and outside the late marriage affects men’s and women’s desires to repartner. Specifically, I examine the extent to which emotional and instrumental support within marriage, emotional support from friends, and emotional and instrumental support from children mediate and moderate the effect of gender on repartnering desires. Each aspect of marital quality and social support is evaluated prior to loss because retrospective assessments of relationships often are subject to recall bias. For example, the newly bereaved tend to sanctify the memory of their spouse and late marriage, and offer unrealistically positive portrayals in retrospect (Lopata, 1981).

Repartnering: A Sign of Loneliness or Readjustment?

The final objective of this research is to explore whether the fulfillment of one’s romantic preferences is associated with psychological adjustment following spousal loss, and whether this pattern differs by gender. The desire for a romantic relationship may signify that one has come to terms with the finality of a spouse’s death. Dating or expressing interest in dating may be a way to establish a new identity to offset the identity of widow or widower (DiGiulio, 1989), and may offer strength to persons who feel vulnerable and alone (Parkes, 1972).

Conversely, the desire to form a romantic relationship may be symptomatic of loneliness or a lack of meaningful interpersonal relationships. This desire may be particularly distressing if it goes unfulfilled. Several theories of psychological adjustment rest on the premise that an incongruity between what one wants and what one has (or will likely have in the future) is a source of psychological distress (Carr, 1997; Dykstra, 1995; Higgins, 1989). Multiple
discrepancy theory argues that happiness and life satisfaction are functions of the discrepancy between what one has and what one wants (Michalos, 1985). Similarly, self-discrepancy theory posits that a discrepancy between the actual self, or one’s current self, and the ideal self, or the self that one hopes for, may lead to dejection, sadness, and depression (Higgins).

Unfulfilled romantic wishes may be more distressing for older women than men, given that the gender imbalance may prevent many women from establishing romantic relationships. Alternatively, unmet interest in dating may be more distressing for men. Older widows are more likely than widowers to report enhanced self-esteem, personal growth, and a renewed sense of independence (Carr, 2004; Davidson, 2002). In contrast, widowers are more likely to report loneliness and the desire for a confidante (Davidson).

Other Influences on Relationship Preferences and Psychological Adjustment

In all analyses, I consider three other potential influences on one’s interest in dating and remarriage: physical and psychological health, socioeconomic characteristics, and spouse’s physical health prior to loss. Each may have a direct influence on relationship preferences, and each also might account for a potentially spurious relationship between relationship preferences and psychological adjustment. First, I control psychological and physical well-being prior to widowhood to distinguish one’s emotional state before the death from change that occurs afterward (Jacobs, 1993; Zisook & Shuchter, 1991). Health is also a well-documented influence on one’s desire for and desirability as a romantic partner (Goldman, 1993).

Second, traditional models of repartnering emphasize the role of socioeconomic resources, where those with the most resources are considered the most desirable partners. This relationship is likely to be far weaker or even in the reverse direction among older adults, however, given rules of pension and Social Security benefit receipt (Stanfield & Nicolaou, 2000). Additionally, the extent to which a presumed stressor, such as spousal loss, affects an individual’s readjustment is linked to one’s other resources (Thoits, 1995). Thus, I control for socioeconomic status (education, income, and home ownership) and demographic characteristics (age and race) at baseline. Finally, I control spouse’s physical health at baseline because it may affect interest in dating or remarriage. Older adults with ailing late spouses may not want to remarry because they do not want to resume the role of caregiver (van den Hoonard, 2002).

METHOD

Data

The Changing Lives of Older Couples (CLOC) study is a prospective study of a two-stage area probability sample of 1,532 married individuals from the Detroit 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 noninstitutionalized and were capable of participating in a 2-hour interview. Women were oversampled to maximize the number of respondents who would experience spousal loss during the study period. Approximately 65% of those contacted for an interview participated, which is consistent with response rates from other Detroit-area studies. Baseline face-to-face interviews were conducted in 1987 and 1988 (Carr & Utz, 2002).

Spousal loss was monitored by reading the daily obituaries in three Detroit-area newspapers and by using monthly death record tapes provided by the State of Michigan. The National Death Index was used to confirm deaths and obtain causes of death. Of the 319 respondents who lost a spouse during the study, 86% (n = 276) participated in at least one of the three follow-up interviews that were conducted 6 months (wave 1), 18 months (wave 2), and 48 months (wave 3) after the spouse’s death. The primary reasons for nonresponse were refusals (38%) and ill health or death (42%).

Wave 1 analyses are based on the 250 widowed persons (35 men and 215 women) interviewed at the 6-month follow-up, or 79% of the 316 living respondents who lost a spouse. Wave 2 analyses are based on the 184 widowed persons (159 women and 25 men) who participated in the 6-month and 18-month interviews. The data are weighted to adjust for unequal probabilities of selection and differential response rate at baseline. The final weighted analytic samples include 210 persons (151 women and 59 men) interviewed at Wave 1 and baseline,
and 155 persons (110 women and 45 men) also interviewed at Wave 2.

The issue of selective attrition deserves mention. If persons who failed to participate in the follow-up interviews are significantly different from those who did participate in terms of their baseline characteristics, the study findings should not be generalized to the overall population of older widowed persons. I estimated logistic regression models to identify the correlates of nonparticipation in the Wave 1 interview given that one participated in the baseline interview, and correlates of nonparticipation in the Wave 2 interview given that one participated in the baseline and Wave 1 interviews. I examined gender differences in the sources of attrition because widowhood increases the risk of mortality more for men than women (Kaprio, Koskenvuori, & Rita, 1987). Men who survive until (and participate in) the follow-up interviews may be emotionally and physically healthier than their female peers.

I first evaluated potential predictors of Wave 1 nonparticipation, including baseline demographic and socioeconomic characteristics, social support, physical and mental health, and spouse’s health. Only three variables predicted attrition, and these effects did not differ significantly by gender. Age and baseline anxiety increased the odds and home ownership decreased the odds of attrition. For models predicting Wave 2 nonparticipation (given that one participated in the Wave 1 interview), I replicated the models estimated for Wave 1, and included indicators of Wave 1 grief symptoms. Not one variable was a significant predictor of attrition at Wave 2. Nonetheless, caution should be taken in generalizing these findings to the population at large because older, more anxious, and residentially mobile persons may be underrepresented in the analytic sample.

MEASURES

Dependent Variables

I first assess the predictors of widowed persons’ interest in dating and remarriage. I focus on interest in relationships because an indicator of legal marital status only would underrepresent older adults’ interest in romantic relationships, given the strong demographic obstacles to late-life remarriage. No CLOC respondents had remarried by the 18-month interview, and a very small minority were dating as of the 6- or 18-month interview (9% and 13%, respectively).

Desire to remarry is evaluated with the question, “Please tell me how true the following statement is: very true, somewhat true, a little true, or not true at all. ‘Some day, I would like to remarry.’” The responses are recoded into a dichotomous indicator where 1 is very, somewhat, or a little true (0 = not true at all). The response categories are recoded into a dichotomy because the distribution is skewed, with fewer than 20 persons in any cell other than not true at all. Interest in dating is evaluated with the question “At this point, do you have any interest in dating?” The dichotomous variable is equal to 1 for responses of yes. Each of these questions taps a different time horizon. The former evaluates interest in establishing a new romantic relationship eventually, whereas the latter taps interest in forming a relationship immediately.

The second part of the analysis examines whether an incongruity between one’s interest in and the actual establishment of a romantic relationship is associated with psychological adjustment 18 months after spousal loss. The key independent variables here are an indicator that one is interested in either dating or remarriage and is currently dating, and an indicator that one is interested in either dating or remarriage and is not currently dating. The reference category includes those persons who have no interest in forming a romantic relationship (i.e., either dating or remarrying) at the 18-month interview. All respondents who were currently dating at the Wave 2 interview also reported that they were interested in either dating or remarriage.

The outcome variable for the second part of the analysis is depressive symptoms (α = .80) at the Wave 2 interview. Symptoms are assessed with a subset of nine negative items from the 20-item Center for Epidemiologic Studies depression (CES-D) scale (Radloff, 1977). Respondents are asked to indicate how often they experienced each of the following nine symptoms in the week prior to interview: (a) I felt depressed; (b) I felt that everything I did was an effort; (c) My sleep was restless; (d) I felt lonely; (e) people were unfriendly; (f) I did not feel like eating, my appetite was poor; (g) I felt sad; (h) I felt that people disliked me; and (i) I could not “get going.” Response categories are hardly ever, some of the time, or most of
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the time. The scale is standardized and has a mean of 0 and standard deviation of 1. Although CES-D scales are usually skewed, with few respondents reporting frequent depressive symptoms, the CLOC respondents tend to fall along the full distribution because the sample includes widowed older adults who are at elevated risk for depressive symptoms. Normal distributions produce a kurtosis statistic of about 0; the kurtosis statistic for the CES-D distribution here is .125.

Independent Variables

Baseline well-being. Physical health is assessed with the question, “How would you rate your health at the present time? Would you say it is excellent, very good, good, fair, or poor?” The scale ranges from 1 to 5, where 5 is poor health. Depressive symptoms ($\alpha = .83$) are measured with the CES-D scale described above (Radloff, 1977). Anxiety ($\alpha = .86$) is assessed with 10 items from the Symptom Checklist 90 Revised (Derogatis & Cleary, 1977). Respondents are asked to indicate how often they have been bothered by 10 symptoms in the week prior to interview: (a) nervousness or shakiness, (b) trembling, (c) feeling suddenly scared for no reason, (d) feeling fearful, (e) heart pounding or racing, (f) feeling tense and keyed up, (g) spells of terror and panic, (h) feeling so restless you couldn’t sit still, (i) feeling that something bad is going to happen to you, and (j) thoughts and images of a frightening nature. Response categories are not at all, a little bit, moderately, quite a bit, and extremely. Baseline measures of depressive symptoms and anxiety are standardized and have a mean of 0 and standard deviation of 1.

Spouse’s physical health was evaluated at baseline with the question, “How would you rate your spouse’s health at the present time? Would you say it is excellent, very good, good, fair, or poor?” The scale ranges from 1 to 5, where 5 represents poor health.

Demographic and socioeconomic status variables. Demographic variables include age (continuous, in years), race (1 = Black, 0 = White), and gender (1 = woman, 0 = man). Socioeconomic status characteristics include home ownership at baseline (1 = owns home), education (a continuous measure ranging from 3 to 17 or more years of completed schooling), and total household income at baseline (natural log of income). Total household income was measured by asking respondents which of 10 income categories best characterized their economic status. A continuous measure of income was derived by taking the midpoint of each of the 10 categories, with Pareto estimation of the mean for the top category. The natural log of income is used because the income distribution is skewed negatively.

Marital and social support. Questions assessing marital quality are drawn from a modified version of the Dyadic Adjustment Scale (Spanier, 1976). Respondents are asked to assess how frequent (almost always, often, sometimes, rarely, or never) or true (very, somewhat, a little, or not at all true) a given statement is. Two aspects of marital quality are considered here: marital conflict and marital closeness. Higher scores reflect higher levels of an attribute. Scales are standardized and have a mean of 0 ($SD = 1$). Marital conflict ($\alpha = .64$) at baseline is a two-item measure based on the items, (a) how often would you say you and your spouse typically have unpleasant disagreements and conflicts? and (b) in some marriages, there are times when you feel very close, but other times when you can get more upset with that person than with anyone else. How much does this sound like the relationship you have with your spouse?

Marital closeness ($\alpha = .88$) is assessed with a seven-item scale: (a) How much does your spouse make you feel loved and cared for? (b) How much is your spouse willing to listen when you need to talk about your worries and problems? (c) There are some serious difficulties in our marriage (reverse-coded); (d) Thinking about your marriage as a whole, how often do you feel happy about it? (e) Taking all things together, how satisfied are you with your marriage? (f) How often do you feel bothered or upset by your marriage (reverse-coded)? and (g) My spouse doesn’t treat me as well as I deserve to be treated (reverse-coded).

Instrumental dependence is measured with the following questions: “Husbands and wives often depend on one another to handle different responsibilities. At the present time, how much do you depend on your spouse to (a) handle or help with home maintenance and minor repairs; (b) keep up with checking and savings accounts and pay bills; (c) make major financial and legal decisions; and (d) prepare meals, general
housework, and laundry?” I conducted factor analyses, which yielded one 3-item subscale ($\alpha=.54$) comprising items 1 through 3, and a single-item measure (item 4). The former scale reflects homemaking tasks, and the latter item represents home maintenance and financial management tasks.

**Other social support.** Two sources of social support are considered: children and friends (including distant family members). I consider both instrumental and emotional support from children, but only emotional support from friends because older adults typically seek and receive different types of support from family and friends (Antonucci & Akiyama, 1995). **Dependence on children** ($\alpha=.60$) is based on three items: “How much do you depend on your children for emotional support, for help or advice with financial and legal matters, and for help with errands or other chores?” Response categories are a lot, some, a little, or not at all. Higher scores represent greater reliance on one’s children. Persons who have no living children are assigned the sample mean for this variable, and are also indicated by a dichotomous variable (1 = has no children, 0 = has any children). **Social support from friends and relatives** ($\alpha=.70$) is based on two items: “On the whole, how much do your friends and relatives make you feel loved and cared for?” and “How much are your friends and relatives willing to listen when you need to talk about your worries or problems?” Response categories are a great deal, quite a bit, some, a little, and not at all. Identiﬁcal questions were asked separately regarding support from children and spouse; thus, respondents understood that “friends and relatives” referred to relatives other than spouse or children. Response categories for the dependence questions are a great deal, quite a bit, some, a little, and not at all. Higher scores reveal higher levels of support. Each of the social support indicators is standardized, and thus has a mean of 0 ($SD = 1$).

Finally, I controlled for the duration (in months) between the baseline and Wave 1 interviews. Although all bereaved persons participated 6 (Wave 1) and 18 (Wave 2) months after spousal death, the duration between the baseline and Wave 1 interviews ranged from 9 to 76 months because of variation in the timing of spouse’s death. Thus, baseline assessments were more temporally distant for those who lost their spouses at later dates. Roughly half of the Wave 1 interviews were conducted within 2.5 years after the baseline interview, and 75% were completed within 3.5 years of the baseline interview. The effects of important baseline indicators, including marital quality, do not differ signiﬁcantly based on the time elapsed between baseline and Wave 1 interviews (models not shown).

**RESULTS**

**Sample Characteristics**

Descriptive statistics and $t$ tests comparing means for men and women are presented in Table 1. The data revealed pronounced gender differences in widowed persons’ interest in postloss romantic relationships. Six months after their spouses have died, men are signiﬁcantly more likely than women to want to remarry (30% vs. 16%), to be interested in dating (17% vs. 6%), and to be currently dating (15 vs. less than 1%). In the longer term (18 months after loss), men and women do not differ signiﬁcantly in their desire to remarry (26% vs. 19%), although men still are more likely than women to report interest in dating (37% vs. 15%) and to actually date (23% vs. 9%).

Between the 6- and 18-month interviews, the proportion interested in dating doubles: from 17% to 37% among men, and from 6% to 15% among women. Just 7% of the sample reported interest in dating at both waves. Interest in remarriage changes only slightly over time, however. The proportion declined slightly from 30% to 26% among men, and increased slightly from 16% to 19% among women. Roughly 15% of bereaved persons (19% of men and 13% of women) were interested in remarriage at both waves. These ﬁndings suggest that the newly bereaved do not necessarily want to date right away, but a sizeable minority do look forward to the idea of marriage at some point in the future. Overall, the desire to repartner is rare even among widowed men; 18 months after their loss, only a minority of bereaved elders desire romantic relationships. As noted earlier, not one person in the sample reported interest in both dating and remarriage at both the 6-month and 18-month interviews.

The data also revealed pronounced gender differences in bereaved persons’ evaluations of their late marriages. Prior to loss, men report significantly higher levels of marital warmth
than women do. Women report higher levels of dependence on their spouses for home maintenance and financial management tasks, and men report greater dependence on their spouses for homemaking tasks. Women also report greater emotional support from friends, compared with men. Women report significantly more anxiety prior to loss than men do, and also are slightly less likely than their male peers to be homeowners at the baseline interview.

Repartnering Desires in the Short Term
(6-Month Follow-Up)

The first objective of the multivariate analysis was to investigate gender differences in re-partnering preferences 6 months after spousal death. Table 2 displays results for logistic regression models estimating the likelihood that a bereaved person reports interest in remarrying (left panel) and dating (right panel). Odds ratios
Table 2. Summary of Logistic Regression Analysis for Variables Predicting Older Widowed Persons’ Interest in New Relationships 6 Months After Spouse’s Death, Controlling for Background and Social Support Variables (N = 210)

<table>
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<th>Predictor</th>
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<th>Model 2</th>
<th>Model 3</th>
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<td>.72</td>
<td>-.05</td>
<td>.83</td>
<td>.95</td>
</tr>
<tr>
<td>Race (1 = Black)</td>
<td>.07</td>
<td>.58</td>
<td>1.07</td>
<td>.05</td>
<td>.60</td>
<td>1.05</td>
</tr>
<tr>
<td>Age</td>
<td>-.15***</td>
<td>.04</td>
<td>.86</td>
<td>-.14***</td>
<td>.04</td>
<td>.87</td>
</tr>
<tr>
<td>Years married, baseline</td>
<td>-.01</td>
<td>.02</td>
<td>.99</td>
<td>-.01</td>
<td>.02</td>
<td>.99</td>
</tr>
<tr>
<td>Depressive symptoms, baseline</td>
<td>.22</td>
<td>.25</td>
<td>1.25</td>
<td>.14</td>
<td>.27</td>
<td>1.15</td>
</tr>
<tr>
<td>Anxiety, baseline</td>
<td>-.17</td>
<td>.34</td>
<td>.85</td>
<td>-.23</td>
<td>.34</td>
<td>.80</td>
</tr>
<tr>
<td>Own physical health (poor)</td>
<td>-.62**</td>
<td>.21</td>
<td>.54</td>
<td>-.66**</td>
<td>.22</td>
<td>.52</td>
</tr>
<tr>
<td>Spouse physical health (poor)</td>
<td>-.53**</td>
<td>.19</td>
<td>.59</td>
<td>-.56**</td>
<td>.19</td>
<td>.57</td>
</tr>
<tr>
<td>Marital conflict, baseline</td>
<td>.82*</td>
<td>.39</td>
<td>2.27</td>
<td>.82*</td>
<td>.39</td>
<td>2.27</td>
</tr>
<tr>
<td>Social support from friends</td>
<td>-.41*</td>
<td>.20</td>
<td>.66*</td>
<td>-.13***</td>
<td>.38</td>
<td>.28</td>
</tr>
<tr>
<td>Constant</td>
<td>14.89</td>
<td>14.62</td>
<td>15.46</td>
<td>15.46</td>
<td>15.46</td>
<td>15.46</td>
</tr>
<tr>
<td>$\chi^2$</td>
<td>49.18</td>
<td>52.97</td>
<td>63.34</td>
<td>54.1</td>
<td>54.1</td>
<td>54.1</td>
</tr>
<tr>
<td>df</td>
<td>12</td>
<td>13</td>
<td>14</td>
<td>12</td>
<td>13</td>
<td>13</td>
</tr>
<tr>
<td>Interest, wave 1</td>
<td>.20%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: Months between baseline and 6-month follow-up interviews are controlled in all models.

*p < .05, **p < .01, ***p < .001.
(exponentiated betas), betas, and standard errors are presented.

The baseline model (Model 1) evaluates the effect of gender on repartnering interests, controlling for demographic, socioeconomic, and baseline health characteristics. Women are 18% as likely as men to report interest in remarriage, and 13% as likely to report interest in dating (Model 1). Next, I evaluate the extent to which (a) women’s lesser interest in repartnering is explained by gender differences in how marriage and social support are experienced, and (b) the gender gap is contingent upon the ways that marriage and social support are experienced. I estimated Model 1 twelve additional times for each outcome; I separately evaluated each of the following six variables as a potential mediator and moderator of the gender effect: marital conflict, marital closeness, dependence on spouse for home maintenance and financial management tasks, dependence on spouse for homemaking tasks, social support from children, and social support from friends. Social support from friends both mediates and moderates the effect of gender on remarriage interest. Marital conflict is a significant predictor of dating interest. No other variables were significant mediators or moderators.

Model 2 in the left panel reveals that social support from friends reduces the desire to remarry: Each one standard deviation increase in social support from friends reduces by 34% the odds that a bereaved person would like to remarry. The gender gap also narrows slightly when social support is controlled (i.e., the odds ratio increases from .18 to .22). The interaction term analysis in Model 3 shows that support from friends has distinctive consequences for widows and widowers. A one standard deviation increase in support from friends reduces the odds by roughly 72% that a man desires to remarry, yet increases the odds by 12% that a woman seeks remarriage.

Figure 1 displays the predicted probability that an older widowed person is interested in someday remarrying, net of all independent variables adjusted in Model 3, and conditional upon both gender and level of social support from friends. The reference category comprises men with average levels of support from friends. Women’s interest in remarriage is generally similar across all levels of social support. Men’s interest in remarriage, however, is highest among those with little support from friends, and is comparable to women’s interest among those with the highest levels of social support (i.e., one standard deviation above the mean).

Models in the right panel of Table 2 show that women are only 13% as likely as men to be interested in dating, and this relationship does not change even when a variety of marital quality and social support characteristics are adjusted. Moreover, only one of the six potential mediator variables is a significant predictor of dating interest: marital conflict. Higher levels of marital conflict are associated with a significant increase in the likelihood that one reports interest in dating 6 months after a spouse has died.

Repartnering Desires in the Longer Term
(18-Month Follow-Up)

Next, I explored whether gender differences in repartnering preferences persist 18 months after the loss, and the extent to which this relationship reflects gendered ways of experiencing marriage and other social relationships. The results are presented in Table 3.

The baseline model (Model 1) evaluates the effect of gender on repartnering interests, net of demographic, socioeconomic, and baseline health characteristics. Eighteen months after loss, women are one third as likely as men to report interest in remarriage (Model 1; left panel), and 18% as likely to report interest in dating (Model 1; right panel). I evaluated each of the marital quality and social support variables as possible mediators and moderators. Only one of the six variables—social support from friends—had a significant effect on remarriage.
Table 3. Summary of Logistic Regression Analysis for Variables Predicting Older Widowed Persons’ Interest in New Relationships, 18 Months after Loss, Controlling for Background and Social Support Variables (N = 155)

<table>
<thead>
<tr>
<th>Predictor</th>
<th>Interest in Remarrying Someday</th>
<th>Interest in Remarrying Someday</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Model 1</td>
<td>Model 2</td>
</tr>
<tr>
<td></td>
<td>$B$</td>
<td>$SE$</td>
</tr>
<tr>
<td>Gender (1 = female)</td>
<td>$-1.08^*$</td>
<td>.53</td>
</tr>
<tr>
<td>Education</td>
<td>.10</td>
<td>.09</td>
</tr>
<tr>
<td>Income (natural log)</td>
<td>$1.38^*$</td>
<td>.55</td>
</tr>
<tr>
<td>Owns home (1 = owner)</td>
<td>$-1.88^*$</td>
<td>.83</td>
</tr>
<tr>
<td>Race (1 = Black)</td>
<td>$-0.02$</td>
<td>.71</td>
</tr>
<tr>
<td>Age</td>
<td>$-0.01$</td>
<td>.04</td>
</tr>
<tr>
<td>Years married, baseline</td>
<td>$-0.04$</td>
<td>.02</td>
</tr>
<tr>
<td>Depressive symptoms, baseline</td>
<td>$-0.01$</td>
<td>.31</td>
</tr>
<tr>
<td>Anxiety, baseline</td>
<td>$-0.18$</td>
<td>.49</td>
</tr>
<tr>
<td>Own physical health</td>
<td>$-0.43$</td>
<td>.23</td>
</tr>
<tr>
<td>(5 = poor)</td>
<td>$-0.29$</td>
<td>.21</td>
</tr>
<tr>
<td>Spouse physical health</td>
<td>$-0.29$</td>
<td>.21</td>
</tr>
<tr>
<td>(5 = poor)</td>
<td>$-0.29$</td>
<td>.21</td>
</tr>
<tr>
<td>Support from children</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Social support from friends</td>
<td>$.79^{**}$</td>
<td>.28</td>
</tr>
<tr>
<td>$\chi^2$</td>
<td>33.56</td>
<td>42.62</td>
</tr>
<tr>
<td>$df$</td>
<td>12</td>
<td>13</td>
</tr>
</tbody>
</table>

Note: Months between baseline and 6-month follow-up interviews are controlled in all models.

*p < .05. **p < .01. ***p < .001.
interest, and not one of the six variables was a significant moderator of this relationship. Social support from friends also was the only significant mediator or moderator of the relationship between gender and dating preferences. Model 2 (in the left panel) reveals that the gender gap in remarriage interests 18 months after loss is no longer statistically significant when social support from friends is controlled. Social support from friends also has a direct negative effect on the desire to remarry 18 months after loss. Each one standard deviation increase in social support from friends is associated with a 55% reduction in the likelihood that one reports interest in remarrying.

Model 2 in the right panel shows that the gender gap in the desire to date is partially explained by gender differences in social support from friends. When friend support is controlled, women are 29% as likely as men to want to date, and social support from friends directly reduces interest in dating. The interaction term analysis in Model 3 shows that support from friends has distinctive consequences for widows and widowers. A one standard deviation increase in support from friends reduces the odds by roughly 70% that a man wants to remarry, yet reduces the odds by only 30% that a woman seeks remarriage.

Figure 2 displays the predicted probability that an older widowed person is interested in dating, conditional upon both gender and one’s level of social support from friends. These plotted values reflect controls for all independent variables adjusted in Model 3. The reference category comprises men with average levels of support from friends. Women’s interest in dating declines very slightly as social support increases. Men’s interest in dating is highest among those with little support from friends, yet is comparable to women among those with the highest levels of social support (i.e., one standard deviation above the mean).

The Desire for Romantic Companionship and Adjustment to Loss

The final objective is to explore whether the discrepancy (or concordance) between interest in a romantic relationship and the actual establishment of a relationship is associated with psychological well-being, and whether this relationship differs by gender. The predictor variable of interest is a combined indicator of whether one is currently dating and whether one is currently interested in either dating or remarriage. I consider the combined indicator of interest in either dating or marriage because few respondents answered affirmatively to either question. I consider the effect of Wave 2 relationship preferences on concurrent depressive symptoms, controlling for depressive symptoms at Wave 1 to address the possibility that past depressive symptoms may affect attitudes toward and proclivity for dating.

Model 1 evaluates whether a congruity (or discrepancy) between relationship preferences and current relationship status affects depressive symptoms, controlling for gender and prior depressive symptoms. Model 2 evaluates whether the effects documented in Model 1 persist, controlling for own and former spouse’s health, given that both may affect psychological adjustment and desire for (and desirability as) a dating partner. Finally, Model 3 evaluates whether the psychological consequences of met (or unmet) dating preferences persist net of socioeconomic characteristics.

Model 1 reveals that widowed persons who both are interested in forming a romantic relationship and are currently dating report depressive symptoms that are .41 standard deviations lower than those of persons not interested in having a romantic relationship ($p < .05$). Surprisingly, persons with unmet romantic aspirations do not have significantly more depressive symptoms. These effects persist in Model 2, when health, age, and late spouse’s health are controlled. The psychological advantage associated with fulfilled romantic preferences is no
Table 4. Summary of Hierarchical Regression Analysis for Variables Predicting Depressive Symptoms at 18-Month Follow-Up (N = 155)

<table>
<thead>
<tr>
<th></th>
<th>Model 1</th>
<th></th>
<th>Model 2</th>
<th></th>
<th>Model 3</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender (1 = female)</td>
<td>.03</td>
<td>.16</td>
<td>-.02</td>
<td>.16</td>
<td>.04</td>
<td>.16</td>
</tr>
<tr>
<td>Interested in dating or remarriage and currently dating</td>
<td>-.41*</td>
<td>.20</td>
<td>-.45*</td>
<td>.21</td>
<td>-.29</td>
<td>.22</td>
</tr>
<tr>
<td>Interested in dating or remarriage and not currently dating</td>
<td>-.31</td>
<td>.22</td>
<td>-.33</td>
<td>.22</td>
<td>-.25</td>
<td>.22</td>
</tr>
<tr>
<td>Depression (Wave 1)</td>
<td>.49***</td>
<td>.06</td>
<td>.49***</td>
<td>.06</td>
<td>.49***</td>
<td>.06</td>
</tr>
<tr>
<td>Anxiety (Wave 1)</td>
<td>.07</td>
<td>.10</td>
<td>.07</td>
<td>.10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>-.01</td>
<td>.01</td>
<td>-.01</td>
<td>.01</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Own health at baseline (5 = poor)</td>
<td>.08</td>
<td>.07</td>
<td>.09</td>
<td>.07</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spouse health at baseline (5 = poor)</td>
<td>-.22***</td>
<td>.06</td>
<td>-.22***</td>
<td>.06</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Years married</td>
<td>-.01</td>
<td>.07</td>
<td>-.01</td>
<td>.01</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
<td>-.04</td>
<td>.03</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income (natural log)</td>
<td>-.11</td>
<td>.15</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Owns home (1 = owner)</td>
<td>.25</td>
<td>.27</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Race (1 = Black)</td>
<td>.21</td>
<td>.21</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Months between baseline and W1</td>
<td>.01</td>
<td>.01</td>
<td>.01</td>
<td>.01</td>
<td>.01</td>
<td>.01</td>
</tr>
<tr>
<td>Intercept</td>
<td>-.11</td>
<td>.21</td>
<td>.94</td>
<td>.89</td>
<td>1.3</td>
<td>1.02</td>
</tr>
</tbody>
</table>

R² adj .31 .35 .36

Note: Unstandardized regression coefficients are presented.
*p < .05. **p < .01. ***p < .001.

longer statistically significant in Model 3, however, after socioeconomic resources are controlled. The effect of fulfilled (and unfulfilled) romantic hopes on depressive symptoms does not differ significantly by gender (models not shown).

**DISCUSSION**

The purpose of this study was to investigate gender differences in older widowed persons’ interests in dating and remarriage, and to identify whether the fulfillment of these preferences is associated with psychological adjustment to spousal loss. Although widowers are more likely than widows to report an interest in dating, the results do not support the claim that men are looking to “replace” their deceased wives, while women “mourn” the loss of their irreplaceable husbands (Campbell & Silverman, 1987). Rather, this study underscores the importance of emotional support in late life: Widowers and widows who enjoyed similarly high levels of emotional closeness with friends do not differ in their desires for a postloss romantic relationship.

Social norms about “appropriate” grief may prevent the bereaved from expressing interest in romantic relationships soon after their spouses’ deaths (Adams, 1985; Chandler, 1991). The proportion of widows and widowers who report interest in remarrying someday was constant at the 6- and 18-months interviews, yet the proportion interested in dating currently doubled during that time period. Moreover, the desire to date at the 6-month follow-up increased as pre-loss marital conflict increased, suggesting that persons with strained late marriages may feel freer to ignore normative constraints and may want to quickly pursue relationships that could be more rewarding than their late marriages were.

Gendered patterns of managing household responsibilities, considered an important influence on younger persons’ (re)marriage preferences (Becker, 1981), did not affect older adults’ interests in dating and remarriage. Neither reliance on one’s late spouse for home maintenance nor homemaking tasks was a significant predictor of repartnering desires. Neither variable moderated the effect of gender on repartnering. This is surprising given that open-ended interviews suggest that widowed women who had intensive homemaking responsibilities in their late marriages do not want to replicate those patterns in a new relationship, and thus do not
date or remarry (van den Hoonard, 2002). The results here may reflect that among older adults, particularly those in poor health, the traditional gendered division of labor becomes blurred (Szinovacz & Harpster, 1994). Husbands and wives may take on more of one another’s household roles in later life in anticipation of one partner’s death, or because their spouse is no longer physically capable of performing such roles.

Late-life romantic relationships may be sought as a source of emotional support and companionship rather than for instrumental support or economic stability. The desire for post-loss romantic relationships is weakest among those who have the most emotional support from friends. In late life, the bereaved may be most interested in meaningful and supportive companionship (Carstensen, 1992), and friendships may provide at least some of the sought-after characteristics of a heterosexual romantic relationship. This possibility is consistent with Sternberg’s (1988) observation that many long-term marriages are companionate, and are distinguished by intimacy and commitment more than passion.

The study also showed that persons who both want a romantic relationship and who are currently dating have significantly fewer depressive symptoms than those without an interest in a new relationship. Nevertheless, those with unmet relationship preferences are no worse off in terms of depressive symptoms. The psychological advantage experienced by those with fulfilled romantic preferences, however, is due to their greater socioeconomic resources. After education, income, and home ownership are controlled, the advantage associated with romantic involvement is no longer statistically significant.

Finally, my findings suggest that gender differences in older widowed persons’ repartnering may be overstated (e.g., Campbell & Silverman, 1987). Certainly, men have many more opportunities to pursue opposite-gender relationships than women do, and the CLOC data confirm that a higher proportion of men than women are interested in dating and remarriage. Even 18 months after one’s spouse has died, however, less than half of all men are interested in either dating or remarriage. Moreover, men with high levels of social support from friends are no more likely than women to report interest in repartnering.

**Limitations**

This study has several limitations. First, I focused on a narrow range of relationship preference indicators; dating and remarriage may not adequately capture the actual desires of older adults. Some older bereaved adults may desire neither marriage nor a dating relationship. Rather, older persons may respond more favorably to the prospect of intimate ongoing companionship, or an arrangement referred to as Living Apart Together (LAT; Ghazanfareeon Karlsson & Borrell, 2002). Such relationships are more intimate than dating, yet do not require coresidence, a merging of assets, or a legal status change, as marriage would. Older adults may seek a union distinguished by emotional intimacy and companionship, yet that does not require coresidence, sharing daily responsibilities, and joint decision making (Ghazanfareeon Karlsson & Borrell). The limited measures of relationship types may account for the unanticipated finding that men are more likely than women to want to date, even though past studies suggest that widowers are more likely than widowers to seek nonmarital relationships because marriage often presents them with unwanted caregiving and homemaking obligations (Davidson, 2002).

Second, I considered only one consequence of relationship desires: depressive symptoms. Future research should consider outcomes such as loneliness or despair, which may be more strongly affected by the unfulfilled desire for a relationship. In addition, I considered only gender differences in the psychological consequences of fulfilled (and unfulfilled) relationship preferences. Future research should explore a wider array of characteristics that may strengthen (or weaken) the link between the fulfillment of relationship desires and psychological adjustment such as personality factors, physical and cognitive health factors, and other aspects of one’s interpersonal relationships, including the size and quality of friendship networks.

Third, this study was limited to a cohort of adults who were born mostly between 1900 and 1920. Future cohorts of older widows may have access to a larger pool of eligible men, given that social norms prescribing that women should date men older than themselves are slowly starting to erode (Montenegro, 2003). Normative constraints dictating that widowed persons should not date “too soon” following...
spousal loss also may have weakened, given that baby boomers are less likely than past cohorts to adhere to the model of having only one lifelong romantic relationship. Boomers are more likely than past cohorts of older adults to have divorced and remarried, and they may feel less constrained by norms encouraging loyalty to a deceased spouse (Lopata, 1995). Future cohorts of older widowed persons also are expected to have longer, healthier lives than past cohorts (U.S. Census Bureau, 2001). Consequently, they may envision a long future with potential spouses and may approach the prospect of remarriage with a particularly cautious eye.

Finally, future research should explore further the nature of older persons’ friendships and the extent to which friendships change as older adults manage the illness and eventual death of their spouses. Although marriage (and families, more generally) is usually characterized as the most important source of physical, economic, psychological, and social well-being over the life course (e.g., Waite & Gallagher, 2000), this study suggests that friendships may provide at least some of the same rewards as marriage for older adults.

CONCLUSION

This study has revealed older widowed persons’ preferences for repartnering, the way these preferences change as time passes after the loss of a spouse, and the ramifications of these preferences for psychological well-being. Men and women who enjoyed high levels of social support from friends did not differ substantially in their repartnering preferences. This finding highlights the limitations of research that simply identifies gender differences in bereavement-related outcomes. Future research should work toward identifying the sources of within-gender differences and between-gender similarities in how older adults adjust to spousal loss (Maccoby & Jacklin, 1984; Martin, 1994).

NOTE

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Table 6). Hyattsville, MD: National Center for Health Statistics.


