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Widows and Widowers

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Widows and widowers are women and men who have survived the death of their spouse. Widowhood may be conceptualized as both a life transition and a personal status. Widowhood is a transitional event because the loss of a spouse is typically accompanied by high levels of psychological distress as the newly bereaved person adjusts to life without one's spouse. Yet widowhood also may be conceptualized as an enduring social role or identity, just as "married person" is a social role. Although the transition to widowhood is often associated with grief, depressive symptoms, and declines in physical health, most bereaved spouses are resilient and return to preloss levels of functioning within two years following their loss.

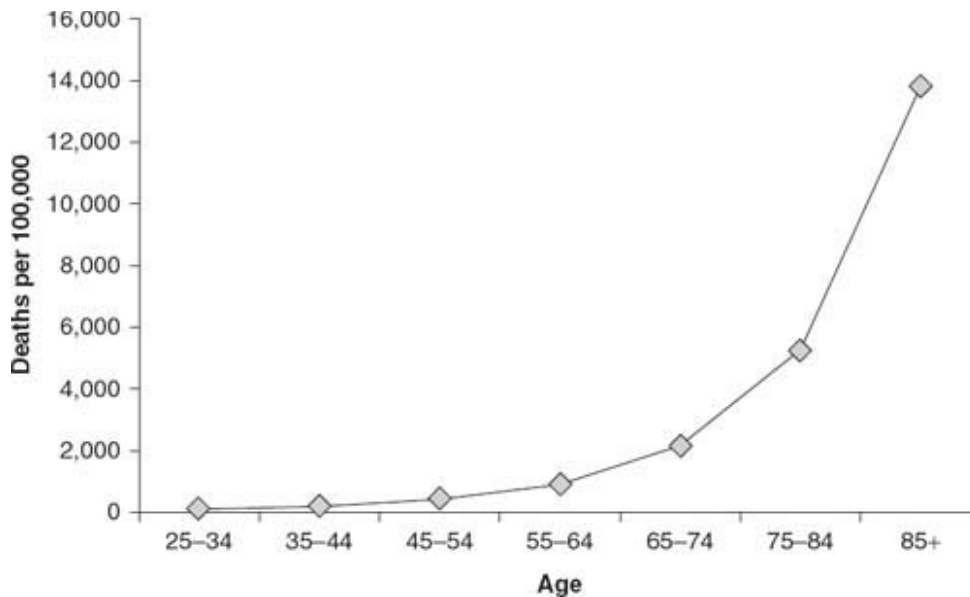
The likelihood of becoming widowed and of remaining widowed and the consequences of spousal loss vary widely by gender, age, and sociohistorical context. Gender is one of the most powerful influences on the experience of widowhood. In all developed and nearly all developing nations, women are more likely than men to outlive their spouse, reflecting men's higher rates of mortality and the tendency of women to marry men slightly older than themselves. Widowhood is also an older women's issue; life expectancy has increased steadily over the past century, and spousal loss overwhelmingly befalls older adults. As such, widowhood has important consequences for the physical, economic, and psychological well-being of older adults.

Gendered Patterns of Widowhood

Highly visible images of distraught widows and widowers often feature the young—the youthful brides of fallen soldiers in the Iraq war or the junior executives who lost their wives on September 11. Yet widowhood today is a transition overwhelmingly experienced by people age 65 and older. Of the 900,000 people who become widowed annually in the United States today, nearly three-quarters of them are age 65 or older. Widowhood patterns mirror mortality patterns. The death rate, or the number of all people who die in a given year per 100,000 people in the population, increases sharply beyond age 65 (see [Figure 1](#)). Life expectancy at birth today is 76 for men and 80 for women, so women are much more likely than men to outlive their spouse.

Women also are more likely to remain widowed, given widowers' greater propensity to remarry. Among people age 65 to 74 in 2006, 26.3% of women and just 7.3% of men are widowed. These proportions jump to 58.2% of women and 20.5% of men age 75 and older (see [Figure 2](#)).

Figure 1 Death Rates by Age (All Causes), United States, 2004



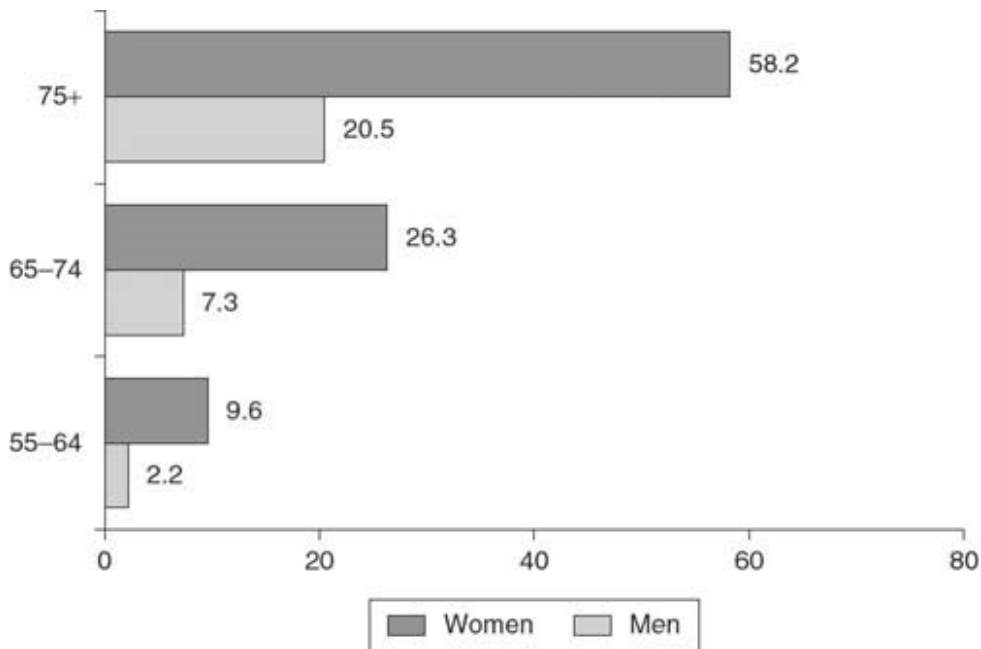
Source: Deaths: Final Data for 2004 (August 21, 2007), by *National Vital Statistics Reports*, 55(19), pp. 1–119.

Widows are far less likely than widowers to remarry because of the death of opposite sex peers. Among men and women age 65 and older in the United States, the sex ratio is 1.5 women per every man. By age 85, this ratio is more than 3 women per every man. As a result, few widows have the opportunity to remarry. Additionally, cultural norms encourage men to marry women younger than themselves, so widowed men may opt to remarry a younger woman, whereas older widows do not typically have access to a similarly expanded pool of potential spouses. Recent studies also reveal that women in contemporary Western nations have a weaker desire to remarry; many women report that they do not want to resume the homemaking and caregiving chores that often accompany marriage.

The Personal Consequences of Widowhood

Widowhood often is accompanied by emotional distress, physical symptoms, compromised health behaviors, potentially disruptive residential relocations, and economic strains triggered by both the direct costs of medical care and funeral arrangements at the end of a spouse's life, as well as the loss of the (working age) spouse's income. In this section, we describe the consequences of widowhood for older men and women. However, it is important to note first that the widowhood experience is different for older and younger adults.

Figure 2 Proportion Widowed, by Age and Gender, United States, 2006



Source: Table A1: Marital Status of People 15 Years and Over, by Age, Sex, Personal Earnings, Race, and Hispanic Origin, 2006 (pp. 20–547) from *America's Families and Living Arrangements: 2006*, by U.S. Census Bureau, Current Population Reports (March 27, 2007).

The age at which one experiences a major life transition shapes both the nature and context of the event. Life events that occur unexpectedly or are “off-time” (that is, earlier or later than one’s peers) are particularly distressing. Youthful deaths typically are unexpected, leaving the young bereaved spouse little time to prepare psychologically or financially. Many younger widows and widowers face the challenge of raising children on their own, often while working full time. Many may be robbed of a long future with their spouse, and few have peers to turn to for empathy and support, as spousal loss is rare among young people.

By contrast, most older people experience the loss of their spouse after decades of marriage. They have raised their children, celebrated the births of their grandchildren, and have enjoyed at least a few years of relaxation together after retiring from the workforce. For most older spouses, widowhood comes “on time,” rather than prematurely. Older people are often prepared for the transition, and they have friends and peers they can turn to for emotional strength, practical support, and camaraderie. Older adults also differ from their younger counterparts in how they respond emotionally to stress. Psychologists document that older adults have lower levels of “emotional reactivity.” This means that they have a heightened capacity to regulate their emotions, and they report less extreme emotional responses than do younger people. As a result, their grief reactions tend to be less intense and much shorter lived than those experienced by young adult or midlife widows and widowers.

Who Adjusts Better to Spousal Loss: Men or Women?

Although widowhood is much more likely to befall women than men, both genders face distinctive challenges as they cope with a partner’s death. An estimated 40% to 70% of older widowed people experience a period of 2 weeks or more marked by feelings of sadness immediately after the loss. Gender differences in emotional

distress following late-life widowhood have been researched extensively, yet results remain inconclusive.

Researchers agree that gender differences in psychological health in general need to be taken into consideration before one can conclude that widows or widowers fare systematically worse. Women have higher rates of depression than men; most studies estimate that women's rates of depressive disorders are between 50% and 100%; higher than men's. In contrast, men have significantly higher rates of alcohol and drug dependence and antisocial behavior disorders than women. Studies that compare only widowed women and men may find that widows are more depressed, but cannot necessarily attribute this gender difference to the event of widowhood. Gender differences in psychological reactions to the loss of one's partner may be understated (or overstated) in studies that do not control the pathway variables that may account for the observed gender gap. The key pathways that link bereavement to psychological adjustment reflect gendered patterns of social interaction over the life course, characteristics of the late marriage or long-term relationship, and the context of the partner's death.

Understanding Gender Differences in Bereavement Experience “His” and “Her” Marriage

Adjustment to spousal loss is inextricably linked to the social roles one held both within and outside of marriage. Feminist writings, exemplified by the work of sociologist Jesse Bernard, have argued that traditional marriages—where men specialize in the breadwinner role and women are responsible for childbearing and childrearing—benefit women much less than men. Marriage brings men health, power, and life satisfaction, but the institution subjects women to stress, dissatisfaction, and the loss of self. According to this perspective, women are purported to suffer less when a marriage ends because they have less to lose. However, recent empirical studies counter that marriage benefits *both* men and women, yet in different ways. Women typically benefit economically, whereas men receive richer social and psychological rewards. These gendered patterns of advantage and disadvantage within marriage provide a framework for understanding gender differences in adjustment to spousal loss.

Economic Issues

One of the most widely documented sources of distress among widows is economic strain. Widows are more likely than widowers to experience economic hardship. Although age-based income assistance programs, such as Social Security, provide economic support for older widowed people, the bereaved remain significantly worse off than their married peers. Widowed people are more likely to live below the poverty line than their married counterparts, and they tend to cyclically re-enter poverty after losing their partner. Costs associated with the funeral, medical and long-term care, or estate-related legal proceedings can devastate the fixed income of older adults. For younger women, remarriage may be a pathway out of poverty, yet demographic constraints make this option difficult for most older women.

Widows' economic disadvantage reflects lifelong patterns of gendered inequality. In traditional marriages, wives tended to childrearing and family responsibilities, while husbands were responsible for supporting the family financially. As a result, older women have had fewer years of paid work experience than their male peers. Women's

accumulated pension and Social Security benefits based on their own earnings are typically much lower than those based on their husband's lifetime earnings. Moreover, the pension benefits and Social Security income of their husband may not be available or may be reduced after his death. Older widows who try to re-enter the labor force may also lack the experience to secure a good job, or they may face age discrimination.

These financial stressors, in turn, are an important source of psychological strain. Stressful life events, such as widowhood, may cast off a chain of secondary stressors that have either direct or combined effects on the survivor's well-being. Financial strain is a risk factor for depression. Bereaved women who lack expertise or experience in paying bills and making major financial or legal decisions may face considerable anxiety when forced to assume sole responsibility for the financial management of the household.

Social and Instrumental Support

In traditional marriages, women typically provide emotional, social, instrumental, and health-promoting support to their husbands. As a result, men often have difficulty in managing household tasks, maintaining their own health, and seeking out alternative sources of emotional support after their wives have died. For these reasons, men are more likely than women to experience physical health declines, increased disability, and heightened risk of mortality after their wives die. While popular lore claims that these men may “die of a broken heart,” research shows that it is the loss of a helpmate and caretaker that is really the culprit. Wives typically monitor their husbands' diets, encourage them to exercise, remind them to take their daily medications, and urge them to give up their vices, like smoking and drinking. When their wives die, these healthy reminders slip away. Widowers are more likely than married men to die of accidents, alcohol-related deaths, lung cancer, and chronic ischemic heart disease during the first six months after their loss, but not from other causes that are less closely linked to health behaviors.

Even worse for men is that their wives often are their primary (or only) source of social support and integration. Current cohorts of older men, often raised to be strong and silent, have few close friends with whom they can share their private concerns. Wives often are the family “kinkeeper”—the one who arranges dinner parties with friends and organizes outings with the grandchildren; when a man loses his wife, he also loses his connection to his social networks. Social support is essential for maintaining physical and emotional health, especially in later life.

In contrast, women's richer sources of social support over the life course are an important resource as they adjust to the loss of their husbands. Widows typically receive more instrumental and emotional support from their children than do widowers, given mothers' closer relationships with their children throughout the life course. Women also are more likely to have larger and more varied friendship networks than men, and these friendships provide an important source of support to women as they cope with their loss. These patterns reflect lifelong processes of gender-role socialization (particularly in current cohorts of older adults), where women are raised to develop close and intimate interpersonal relationships, and men are socialized to be self-reliant and independent, with few close confidants other than their spouse.

Other Influences on Widows' and Widowers' Experiences

Marital Quality

The extent to which widows and widowers mourn the loss of their late spouse also is linked to the emotional climate of the late marriage. Early research, guided by the psychoanalytic tradition, suggested that people with the most troubled marriages suffered heightened and delayed grief following their spouse's death. This perspective held that people who had conflicted or ambivalent marital relationships find it hard to let go of their spouses, yet feel angry at the deceased for abandoning them; as a result, they experienced elevated grief. Recent research shows, conversely, that people in conflicted marriages mourn less for their spouses, while people with the most loving marriages grieve most upon their loss.

The Nature of the Late Partner's Death

Late life loss is distinct from earlier losses in that it typically occurs at the end of a long chronic illness, and intensive caregiving is often required during the ailing person's final weeks. The timing of and conditions surrounding a partner's death have implications for the psychological adjustment of the bereaved spouse. On one hand, the knowledge that one's partner is going to die in the imminent future provides the couple with the time to address unresolved emotional, financial, and practical issues before the actual death. This preparation for death is believed to enable a smoother transition to widowhood. However, long-anticipated deaths due to chronic illness may be accompanied by potentially stressful experiences, such as difficult caregiving duties, financial strains imposed by long-term care, emotional isolation from other family members and friends, and neglect of one's own health symptoms.

The conditions of a spouse's death can affect women and men in different ways. For widows, sudden spousal deaths are associated with greater psychological distress, while widowers mourn most for their wives when they died after a prolonged illness. These relationships reflect gendered patterns of socialization and social interaction. Men typically have fewer sources of social support than do women and may become even more emotionally bonded to their wives during their final weeks. Men also may have few same-sex peers who are caring for a dying spouse, and thus have few sources of peer support and advice. Women, in contrast, may rely on their female friends' direct experiences with spousal illness to prepare them for the difficult dying process and thereafter.

Partner Death among Gays and Lesbians

Researchers know little about how older gays and lesbians adjust to the loss of their long-term life partners. This lack of research reflects the fact that no official statistics are available for same-sex unions, given the lack of social and legal approval for these relationships. Older homosexuals may face both unique challenges and advantages as they cope with loss.

Bereaved gays and lesbians may encounter conflict with their deceased partner's family, particularly with respect to the dispersion of personal possessions following death. Legal rights extended to heterosexual married couples are not typically available for same-sex couples, including the opportunity to make health care and end-of-life decisions for ill partners. Bereaved same-sex partners may not receive sufficient emotional support upon loss because the end of homosexual relationships may not be recognized or acknowledged in the wider community.

However, gays and lesbians have some resources that may enable better coping with partner loss. They may create their own support networks of friends and selected family members. They also may be more likely than their heterosexual peers to enact flexible gender roles throughout the life course. Because they are not bound to traditional gender types and family roles, they may be better prepared to manage the daily challenges and responsibilities faced by the newly bereaved.

Future Trends and Research Directions

The research presented thus far provides a detailed portrait of older widows and widowers in the United States in the late 20th and early 21st century. However, this research describes late life spousal loss as it is currently experienced, and not how it may be for future cohorts of widows and widowers. Current cohorts of older adults were born in the early 20th century, and many conformed to rigid gender type marital roles as they formed families in the mid-20th century.

Future generations of older adults, by contrast, will have educational, family, and career histories that are different from those of past generations. Current generations of young adult women have higher levels of education, more years of work experience, and higher personal earnings than do earlier cohorts of older women. As a result, they may be less dependent on their husbands for income, as well as for support with traditionally “male” type household tasks, such as home repair or financial management tasks. Likewise, each cohort of men is more likely than their father's generation to participate in homemaking and childrearing tasks. As the boundaries demarcating traditional gender roles in marriage blur, widows and widowers will likely face fewer challenges (and less anxiety) as they manage homemaking, home maintenance, and financial management tasks after their spouse dies.

At the same time, adaptation to spousal loss may become more difficult for future cohorts of widows and widowers. Two important demographic trends—increasing divorce rates and declining fertility rates—may have important consequences for how the bereaved adjust to loss. While past generations of older adults often stayed in difficult marriages because of cultural or religious prohibitions against divorce, more recent cohorts of spouses can freely divorce if their marriages are unsatisfying. If men and women dissolve their troubled marriages, then those who remain married until late life may have particularly warm and close relationships, and may be the most grief stricken upon their loss. Declining fertility rates mean that older adults will have fewer children upon whom they can rely for social support following spousal death.

As life expectancy continues to increase, the nature, cause, and trajectories of death will change; the context of death has important implications for older adults and their soon-to-be bereaved spouses. For example, medical advancements that extend the length of life may create the need for more intensive spousal caregiving, a task that typically falls to women. If the duration and intensity of late-life caregiving increases, and if wives continue to bear the burden for personal care, then cohorts of women entering old age in the future may face a more difficult adjustment to spousal loss. Further exploration of the way that social, cultural, and technological forces shape the bereavement experience will provide knowledge of practical and political importance for future generations of bereaved spouses.

- widowers
- widowhood

- widows
- widows and widowers
- spouses
- marriage
- cohorts

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See also

- [Adulthood and Death](#)
- [Bereavement, Grief, and Mourning](#)
- [Good Death](#)
- [Mortality Rates, U.S.](#)

Further Readings

Archer, J. (1999). *The nature of grief: The evolution and psychology of reactions to loss*. New York: Routledge.

Barry, L. C., Kasl, S. V. and Prigerson, H. G. Psychiatric disorders among bereaved persons: The role of perceived circumstances and preparedness for death. *American Journal of Geriatric Psychiatry* 10 (4) (2002). 447–457.

Bernard, J. (1972). *The future of marriage*. New York: Bantam.

Brock, D. and Foley, D. Demography and epidemiology of dying in the U.S., with emphasis on deaths of older persons. *The Hospice Journal* 13 (1–2) (1998). 49–60.

Campbell, S., & Silverman, P. R. (1996). *Widower: When men are left alone*. Amityville, NY: Baywood.

Cancian, F. M., & Olicker, S. J. (2000). *Caring and gender*. Walnut Creek, CA: AltaMira Press.

Carr, D., Nesse, R. M., & Wortman, C. B. (Eds.). (2006). *Spousal bereavement in late life*. New York: Springer.

Friend, R. A. Older lesbian and gay people: A theory of successful aging. *Journal of Homosexuality* 20 (3/4) (1990). 99–118. http://dx.doi.org/10.1300/J082v20n03_07

Hansson, R. O., & Stroebe, M. (2007). *Bereavement in late life: Coping, adaptation and developmental influences*. Washington, DC: American Psychological Association. <http://dx.doi.org/10.1037/11502-000>

Lopata, H. Z. (1973). *Widowhood in an American city*. Cambridge, MA: Schenkman.

Wilcox, S., Everson, K. R., Aragaki, A., Wasserthil-Smooller, S., Mouton, C. P. and Loevinger, B. L. The effects of widowhood on physical and mental health, health behaviors, and health outcomes: The women's health initiative. *Health Psychology* 22 (5) (2003). 513–522. <http://dx.doi.org/10.1037/0278-6133.22.5.513>

Wortman, C. B., & Silver, R. (2001). The myths of coping with loss revisited. In M. S. Stroebe, R. O. Hansson, W. Stroebe, & H. Schut (Eds.), *Handbook of bereavement research: Consequences, coping, and care* (pp. 405–429). Washington, DC: American Psychological Association.