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'Is Anybody Listening?' The Experiences of Widowhood for Older Australian Women

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ABSTRACT. This paper discusses preliminary findings from participants in the baseline survey of the Australian Longitudinal Study on Women's Health (Women's Health Australia: WHA) who reported their marital status as widowed. A total of 12624 women, aged 70-75 years, completed a self-administered 260-item questionnaire, and 4335 of these women were widowed. Many of these women provided additional qualitative comments about their health, social and financial circumstances after the death of their spouse. This paper presents a thematic analysis of the qualitative comments and builds on the findings of the quantitative analysis of baseline data. The aims of this part of the study are to examine the short- and long-term effects of widowhood on the health and wellbeing of older women and to explore the process of

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change they experience after the death of a spouse. Preliminary findings suggest that, as a key life event, widowhood has an initial negative impact on the health and wellbeing of older women, but in the long term it may be accompanied by a positive shift into a new life phase.

KEYWORDS. Widows, health, financial, social support

INTRODUCTION

While the aging of the world's population is a key global issue, it is less well recognized as primarily a female concern. At the turn of the century the average life expectancy for both women and men in developed countries was less than sixty years, but by 1994 women, on average, were living beyond eighty years and had exceeded the average male life expectancy by approximately seven years (United Nations & Statistical Office Department of International Economic & Social Affairs, 1991). Australia is the sixth largest country in the world with a small population of approximately 18.3 million persons, the bulk being concentrated on the south east coast extending from Melbourne in the south, to Sydney and on up north in a coastal plume of townships. The most recent Australian demographic data reflects the global picture and confirms that Australian women outlive men by approximately seven years, with women comprising 57 per cent of the population aged sixty-five years and over (Australian Bureau of Statistics, 1997). This trend is expected to extend well into the next century resulting in a significant population of older women for whom widowhood will mark a 'normal' transitional phase in their life-cycle.

However for many women widowhood is a transitory period, from 'wife' to that of a single older woman, providing them with the opportunities for development and re-establishment within their particular communities (Lieberman, 1997; Walker-Birckhead, 1985). Friedan (1993) argues that in the past, researchers have resisted confronting the fact that there is potential for further growth in old age. Rather, the focus is on deterioration, loss and decline, a trend that Friedan insists must be overcome before it is possible to envisage new possibilities for ourselves or our society. The women in our study have confirmed that the social consequences of the death of a spouse, of moving from

being married to widowed, are likely to be considerable, and yet widowhood has largely been overlooked in health and social research. These women tell of their experiences, of new directions and alternative possibilities that this stage of life presents to them, as well as the external factors that impact on their health and well being.

LITERATURE REVIEW

The relatively small body of American, European and Australian social research concerned with the experience of widowhood consistently identifies the death of a spouse as one of the most stressful and disruptive events in the human life-cycle, with little attention being paid to the complex interaction of the social, physical, cultural or economic changes that take place in the longer term. Canadian and American writers are concerned that widowed women are stereotyped as little more than women who have lost their spouses (Gee & Kimball, 1987; Silverman, 1986), and that widowhood has been constructed within the context of crisis and personal affliction (Barrett & Schneweis, 1980; Wenz, 1977), as a gateway to profound bereavement and long-term mental health problems (Kirshling & Barron McBride, 1989; Lund, 1989; Prigerson, Frank & Kasl, 1995; Stein & Susser, 1969). Other studies associate widowhood with premature mortality (Bowling, 1988; Mendes de Leon, Kasl & Jacobs, 1994) and suicide (Guohua, 1995). Yet, little attention has been paid to the complex interaction of social, physical, cultural and economic changes that take place over time for older women who have lost their spouses.

Facing life as a single older woman is often accompanied by the increased importance of social networks, family relationships and financial security. A number of American studies have focussed on the challenges confronting older women after the death of a long term marital partner, exploring changes that accompany the experience of widowhood beyond bereavement (Lopata, 1987; Patterson & Carpenter, 1994; Silverman, 1986; Wenz, 1977). These studies have identified the potential for social stigmatization that is often associated with widowhood and which can impact directly on the quality of health and wellbeing of these women. In contrast, Australian writers (Harrison, 1983; McCallum, 1986) argue that widowhood is a central event of aging which is the process of moving through life transitions that have been socially constructed. Harrison argues that the perception of

women fulfilling roles intrinsically linked to the family, leaves many widowed women vulnerable to the negative stereotypes of older women as unproductive, isolated and without meaningful roles in society. Older single women are more likely to be impoverished than couples or single men and the threats to income security after the death of a spouse are considerable, often leading to the experience of poverty (Bound, Duncan, Laren & Olemick, 1991; Rosenman, 1982). Not only do they have to adjust to living on one annuity, but many older women in this generation have had little past experience of financial matters (Morgan, 1991).

The shift from the status of married to widowed is often accompanied by a freedom from the responsibilities of caring for an infirm spouse or the restrictive conventions of marriage (George, 1980; Lopata, 1987). In such cases, the challenges faced by older women after the death of a husband may ''comprise a new and uncharted journey'' (Lieberman, 1997: 3). Walker-Birckhead's studies (1985, 1997) of Australian rural women have also provided a positive view of widowhood as a time that has been anticipated as empowering and liberating, whilst Alston (1995) also describes the period of widowhood for Australian women as ''. . . the most powerful time in a farm woman's life, because it may be the only time she achieves autonomy in her productive life'' (Alston, 1995: 60). The perspective offered by these studies is of widowhood as a process of change, but importantly they introduce a level of theoretical analysis to a body of work which has in the past been largely policy driven, descriptive and 'atheoretical' (Arber & Ginn, 1995; Gee & Kimball, 1987; Martin-Matthews, 1991).

TRANSITION NOT ADJUSTMENT

In our discussion of widowhood we acknowledge the growing body of international work which adopts a developmental theory perspective on life events (Bernard & Meade, 1993; Cole, Achenbaum, Jakobi & Kastenbaum, 1993; Heaven, 1992). Contemporary research on adult development has allowed for both a better understanding of the changes that take place across the human life-cycle (Erikson, Erikson & Kivnick, 1986; Gutmann, 1987; Wainrib, 1992) as well as more realistic expectations of the aging process (Heaven, 1992). In the main, a life span perspective acknowledges that people change throughout their lives and the subsequent role transitions that they experience ''are nor-

mal parts of life, not crises to be resolved'' (Murrell, Norris & Grote, 1988: 97). Fahey and Holstein (1993), for example, describe life stages as ''increasingly fluid'' and argue that studies of specific life events should be undertaken within the context of past experiences.

Feminist researchers argue for the life-cycle perspective in studies of aging generally and widowhood specifically (Finch, 1989; Harrison, 1983; Jones Porter, 1995; Martin-Mathews, 1987). Theoretical or methodological approaches which emphasize or assume a male orientation to life are often used to measure and assess the predominantly female experience of widowhood (Gilligan, 1982). In her extensive work on older Canadian widowed women Martin-Matthews argues that a woman's past life greatly influences her attitude to and experience of widowhood; ''no single stage of a person's life can be understood or viewed apart from its antecedents and consequences'' (Martin-Matthews, 1991: 113). Markson (1983) also identifies the aging experience as a life stage and argues that for American women, this stage is often dominated by social and cultural expectations of appropriate behavior that do not reflect the realities of their lives. Markson claims that the lives of many older American women, particularly after the death of a spouse, may no longer fit a predictable pattern or an expected norm. This perspective is supported by the work of Daly (1997) in her work on Australian women's experience of menopause.

By locating any analysis of widowhood within a life-cycle framework, it becomes possible to avoid a negative perspective of this normal life experience, whilst still capturing the significance of the loss for the individual. A life course approach provides a more useful framework for understanding the changes that accompany the death of a spouse. The personal commentaries of the women in this study reveal much of the emotional, psychological and social impact of widowhood on their lives and their emergence from the 'crisis' of bereavement.

THE STUDY

The Australian Longitudinal Study on Women's Health, otherwise known as Women's Health Australia (WHA), is the first national longitudinal study of women's health. In contrast to other international longitudinal studies, which have focused on women from specific geographical areas (Steinmetz, Kushi, Bostick, Folsom & Potter,

1994; Avis & McKinlay, 1995), or from particular occupation groups (Barton et al., 1980), this study was designed to explore the factors which promote or reduce good health in women who are broadly representative of the whole Australian population in the study age groups. To achieve this aim, the Australian Medicare database was chosen as the sampling frame, because it is believed to be the most complete and up to date population list. Almost all women in Australia, including immigrant and refugee women, are registered with this government health insurance agency. Few other American or European studies have attempted to recruit from such a wide geographic area. For example, the Netherlands Longitudinal Study of Socio-Economic Health Differences (LS-SEHD) drew from population registers in the area around the city of Eindhoven (Mackenbach, Van de Mheen & Stronks, 1994); the Iowa Women's Health Study used the Iowa register of women drivers' license holders as a sampling frame (Steinmetz et al., 1994); and the Massachusetts Women's Health Study recruited from census registries in 38 cities and towns in Massachusetts (Avis & McKinlay, 1991).

The only other major cohort study of women's health to have recruited from an extensive geographic area is the Nurses' Health Study, which includes women from 11 America states (Barton et al., 1980). However, as the name implies, the Nurses' Health Study does not include women from all walks of life, and it was initially funded to examine fairly specific women's health issues (for example, the relationships between contraceptive use, smoking and the risk of major illness) among married nurses (Colditz, 1995). Similarly, the Iowa Women's Health Study has a strong focus on a particular health issue (associations between diet and cancer) (Steinmetz et al., 1994), and the Massachusetts Women's Health Study focused predominantly on menopause and the health of mid-age women (Avis & McKinlay, 1995).

The WHA project was established as a result of an Australian government initiative to conduct a longitudinal study on women's health (Brown et al., 1996) and is designed to track the health of three cohorts of women over a period of up to twenty years. To date, baseline data have been collected from more than 40,000 women, aged 18-23, 45-50 and 70-75 years (Brown et al., 1998). Women from rural and remote areas were deliberately over-represented in the sample and were selected in twice the proportion which exists in the Australian

rural and remote population in each age group (54 per cent of the sample were from rural areas and 3 per cent were from remote areas). Women from capital cities and other metropolitan areas made up the balance of the samples. While there was some over-representation of women born in Australia and other English speaking countries in all three groups, women from Europe and Asia were well represented. (For example, 10.6 per cent of the older cohort were born in a non-English speaking European country, compared with 7.9 per cent of women in this age group in the last Australian census.)

The baseline measures included a 260 item questionnaire on a wide range of issues designed to explore the social and environmental aspects of women's lives as well as the biological and psychological determinants of health. Analysis of the WHA cross-sectional data (Byles, Feldman & Mishra, 1999) revealed important differences between women who have been widowed for less than 12 months from those who have been widowed for more than 12 months. It also identified three major dimensions integral to the quality of life of women, 70-75 years, after the death of their spouse as being those associated with health, financial and social circumstances. As would be expected, women in the first 12 months following the death of a spouse scored poorer on physical and mental health measures when compared to women widowed for 12 months or more. These recently widowed women also had the lowest self rated health and were more likely to report that they were stressed about their health. The recently widowed women were also more likely to be taking medication for 'nerves' (18% reported use of these medications) or medications to help them sleep (25% reported use) than women widowed for longer than 12 months. The second dimension was related to anxiety about financial and practical issues. There was an association between having difficulty managing on the money available and being widowed for less than 12 months, but other women also revealed anxiety about money. Women widowed for less than 12 months were more likely to classify themselves as stressed regarding a range of practical issues including housing. Not surprisingly the third dimension to emerge from the quantitative analysis was concern about living alone, the importance of relationships with children, other family members and the broader social community (Byles et al., 1999).

Whilst the results of the quantitative study do highlight the negative implications of widowhood for this cohort of women, particularly in

the first 12 months of bereavement, the study also provides a valuable framework for comparing the short and longer-term experiences of widowhood. Building on these results we now turn to the qualitative data to add another dimension to the empirical data, to provide a picture of the impact of the three dimensions that are central to the quality of life for older women after the death of a spouse.

Data Analysis

Of the 12,624 women in the 70-74 age cohort, 4,355 (34.5%) defined themselves as 'widowed.' The final question in the 260 item mailed survey asked women ''is there anything that we have missed or that you would like to add.'' Over 700 of the women provided qualitative accounts that specifically referred to their experiences of widowhood. It is these comments that provide a more detailed picture, of 'the extraordinary variability that characterizes the experience of widowhood' (Martin-Mathews, 1991). We recognized the importance of ''integrating'' (Reinharz & Rowles, 1988: 14) ''the experience of women themselves into any account of their lives'' (Daly 1997: 1) and we did so by utilizing qualitative methodologies in tandem with a quantitative study. Gubrium and Sankar (1994) advocate the integration of qualitative methodologies in aging research, arguing that qualitative data may highlight significant aspects of older people's health and wellbeing that are not clearly identified by quantitative methodologies alone.

We turn now to the women for what Luborsky (1993) calls an 'insider's view' of widowhood. It is not our intention to contradict the quantitative conclusions, but rather to ''shed new light on the meaning of the results obtained'' (Pillemer, 1988: 262). Widowhood is a process of change and ''. . . one cannot interpret the nature of those experiences by mechanically assigning subjects to groups such as . . . male or female, young or old, married or widowed'' (Gubrium & Sankar, 1994: viii). To enhance the categorical comparisons of women in the quantitative analysis, we reviewed the women's own comments. The women provided us with extensive accounts of ''the multifaceted and complex nature of human experience'' (Gubrium & Sankar, 1994: ix) from their perspective. We applied a thematic analysis to their written qualitative comments, reading and re-reading them so as to understand their concerns and perceptions about the experience of widowhood, specifically in relation to the three major dimensions identified in the base-line cross-sectional data. Thematic analysis is a

''subjective and interpretative process'' (Kellehear, 1993: 39) and described by Luborsky as being about ''the speaker's experience of the past, present, and anticipated future set within an extended dialogue with its own history . . .'' (Luborsky, 1993: 207). Not only is a thematic analysis conducive to coding and systematic comparison (Luborsky, 1993) but it is a complementary methodology in relation to the findings of the baseline study, and provided us with a cohesive picture of the women's experiences. The quotes which we present were selected to illustrate the major concerns of the women.

THE STORIES THAT WOMEN TELL

The comments made by the women in the 70-74 aged cohort underline the strong desire of older widowed women to express their needs and concerns. Through their qualitative accounts, the women provided a retrospective view of life after the death of their husband. Their comments reminded us of the complex and integral relationship between health and wellbeing, financial and social circumstances. Whilst most women looked towards a positive future, their stories also tell of the ongoing struggles of daily life. Here we suggest that to adopt a negative/positive split in relation to their observations is simplistic and does not take account of the fact that as with other experiences of life, widowhood is positioned somewhere on a continuum, with ''some good days and some bad days.''

Throughout the comments there is an attitude of courage, strength and stoicism. Many women used humor as a coping mechanism and gave the impression of being tough survivors: ''life wasn't meant to be easy, but I find it interesting, challenging and surprising, and worth living a day at a time.''

The women do not place time limits on the process of learning to live alone, to managing relationships or coping with failing health. They describe the period immediately after the death of a spouse as a time of shock, of bewilderment, that it takes time to re-establish a life and tell of how much time has passed since the event. They talk about what they do with their time now and emphasize that in time ''things will be better.'' Whilst the death of a long-term partner is accompanied by ''a sadness and loneliness that I thought would never pass'' (woman widowed two and a half years), women spoke of the follow-

ing years as being accompanied by positive changes and a sense of future. One woman puts it this way:

> I felt so desolate and despairing (at the time of his death) . . . I have managed to survive and lead a comfortable and quite interesting (albeit at times a rather lonely) life. I am pleased that I have moved, settled and adjusted and handle all of my affairs. I shall never get over the loss but I have lived to see the day. (widowed four years)

HEALTH

Many of the women described the responsibilities that confronted them in the first months following the death of their spouse as daunting and stressful. As one woman, widowed less than two years, reflected: ''coping with my health, my home, and the area surrounding it is always very stressful.''

Death of a loved one is a stressful event regardless of age and personal resources. However older women face particular challenges and a participant recalls her response to the sudden and unexpected death of her husband and the complex nature of the issues that she now faces. But despite the dramatic events in her life, she says that ''life goes on'' because succumbing to depression and anxiety would impact on her social relationships leading to a poor quality of life. Her ongoing financial circumstances continue to provoke anxiety, particularly as she grows older and without the support from her family life would be a difficult struggle. Like many of the women in the study issues of financial security are a major source of concern. She puts it this way:

> Until seven years ago, my life was running smoothly and reasonably successful. My husband and myself were always very happy with our two children and felt we had achieved a good comfortable life. Then came the result of the recession and the sudden death of my husband. My life was reversed so far as money was concerned and only for the help of my daughter and her husband I would have to be renting. It was a great shock but I realized life goes on and who cares if you become nervous and refrain from mixing with friends and become morose so I have made the best

> of it all. Many times I feel I will never get in front of it all and after the comfortable lifestyle I was used to I have found it very hard to exist on the old age pension.

And the following insight sums up the impact of the death of a partner for one woman:

> Since my husband passed away two years ago my whole life has changed not for the better. I have also found I have difficulty coming to terms with his illness and death. Over the years I have enjoyed good health but now find that minor ills seem to be major.

By way of contrast the next story assures us that despite the physical and emotional changes that may accompany both aging and the death of a spouse, we must not assume that some degree of ill health will lead automatically to a substantial decrease in the quality of life for these women. What follows is from a woman who was younger than seventy years of age when her husband died, but despite suffering from a chronic health problem, she continues to be an active member of her rural community:

> I just want you to know that I have been widowed for ten years. I have lived alone all this time and although I have no immediate family living within 100 miles from me I live a full and active life. Although suffering from osteo-arthritis I manage to lead an active life, doing all my own gardening and housework as well as some charity work. I drive a car and take my friends out to social activities.

Talking about the interconnectedness of health and wellbeing and her ability to maintain an active and engaged life another woman, widowed more than two years, reports: ''I guess my attitude to health is I have to look after myself (or everyone else suffers). If I have anything wrong I get it fixed as quickly as possible and get on with living.''

This woman is pragmatic about the importance of good health and provides us with a subtle reminder that caring for a sick older woman may be a burden on others or lead to a decrease in her independence, something that she does not accept at this stage of her life. Older

women continue to be active members of their community with responsibilities to family and community alike and as this woman points out if she does not maintain good health ''everyone else suffers.'' Even in the presence of a serious health event one participant reminds us that these women are resilient, that they are survivors who have outlived others. As one woman widowed for less than 18 months puts it, they are women who are used to ''getting on with life.''

> I have been in Peter MacCallum Cancer hospital last week and enter the same hospital again during the coming week, hence I have not been able to attend my usual activities or can't speak at the moment. All should be well in a few weeks.

Another theme threaded throughout the qualitative data is stoicism in the face of the death of a husband and an increasing array of health problems. One woman has experienced it all and yet tells us that she can't complain about life:

> I am seventy-two years of age. Osteoporosis problems started ten years ago . . . Three crushed vertebrae. I have a lot of back pain problems–so I am careful lifting, etc. My doctor calls to see me regularly. I have high blood pressure, rapid heart beat and a mild form of epilepsy, all of which are being treated and so far with good results. Up until 1986, I led a very active life. I worked until I was sixty and raised my family. My husband died very suddenly three years ago. My two children (boy and girl) are very good and I mainly look after myself at home. Someone takes me shopping every week. I have nothing to complain about.

From these commentaries comes a varied picture of experiences and circumstances, and of the integral relationship between health and overall wellbeing which in the longer term effects the capacity of these women to make the transition from married to widowed.

Health Practitioners

The insights offered by the women conveyed the importance of the relationship with their health practitioners, particularly after the death of a spouse. The participants talk of their support needs during the bereavement process being broader than those related to physical

health. This woman widowed for five years highlights her social and emotional needs at that time and her ability to cope with the substantial life changes that she faced: ''My husband died after forty-eight years of a good marriage. I felt desolate and despairing. The medical profession were helpful generally speaking–they didn't solve the problems that arose. The organization 'Solace' was helpful. . . .''

Although her doctor was helpful the woman found that assistance from a bereavement support service helped her cope with the emotional despair that she experienced at that time. Nevertheless other women tell of the importance of continuing care and support of their local doctor, hospital and health services particularly in the rural areas. As one woman, widowed less than one year, stated:

> I suffered a very bad fall in the shower six months ago, resulting in a wedge fracture of L vertebrae. Could have been a lot worse and I am mending slowly. We have had five deaths of close family members in the last nine months, including my husband and several more close friends. Not exactly the best of years but I live in a close knit rural area and the support of family and friends (particularly church friends) has been absolutely wonderful! I have a very caring, wonderful doctor (country GP) who never seems to be in a hurry and a country hospital with a marvelous, caring staff. It would be an absolute disaster if it were ever to be closed as is happening to so many now.

SOCIAL RELATIONSHIPS AND SUPPORT

The relationship to family, neighbors, and wider social groups is especially important after the death of a spouse. The women spoke of family life as integral to their sense of wellbeing. Their comments confirmed that few women grow old or experience widowhood in total isolation. However, for many it may be a time when they live alone for the first time in years, having outlived a spouse or siblings or because children have moved away: ''. . . Naturally my problem is mainly loneliness. I do not put myself on people. I would hate to be a nuisance to anyone.''

Despite the difficulty of facing the loss of a partner, a substantial number of the women emerged as an articulate and assertive group who are not willing to accept a passive, declining role in society. There

is sadness and grief associated with their loss, and the importance of social relationships and support dominates the commentaries. A woman widowed for less than twelve months takes a pragmatic view of her future:

> At present I am trying to cope with the loss of my husband however caring relatives and friends are always near . . . I have always been a very active person however just at present things have slowed down, but expect to come good as time goes by.

Another common thread was the need to keep busy. It is difficult to ascertain whether this is a direct response to the death of a long term partner or whether the women take the opportunity to make new social relationships and to explore new experiences. As this woman, widowed less than two years, puts it:

> My husband died nearly two years ago so my lifestyle has changed. I cope by being very busy in the community, i.e., I am president of two organizations and I still do some relief teaching. I sew and paint. I have very little spare time!

Reflected in the following segment is the return to 'normal' and a sense of picking up where one leaves off as life goes on:

> My husband passed away in April of this year and of course it brought with it a great deal of stress and sadness. However with the support of a wonderful family and friends, I have been able to now resume my normal activities. I do the gardening with some assistance, play golf in the events and bowls in the summers. I do hope to do this and keep my own home as long as possible.

Caring Relationships

Although some older widows face diminished family responsibilities, others continue to be the prime carers of parents or other family members including young children. Typical of the comments about their caring roles were these: ''I have one daughter–divorced with two girls–I try to help out with the girls, as she works shift work–I feel this is getting harder for me as I get older but they are all I have'' (widowed more than two years). ''Daughter only forty-four years when she

died in two weeks with cancer. I've had her daughter to finish school living with me. She's in year 12 and is eighteen years now'' (widowed more than ten years).

What is not generally clear is whether these caring roles are a burden for these older women. Two women related how the release from caring responsibilities has had a positive effect on their emotional and physical health. Release from the pressures of caring for an ill husband, particularly over a prolonged period of time, provides the women with a sense of relief from the stresses and strains that accompany this most difficult role. A woman widowed for four years comments: ''My husband had leukemia and was very ill toward the latter part of his life. I found this part of my life very stressful . . . My life is much better now.'' And another widowed less than two years: ''My husband passed away in March last year after me looking after him twenty-four hours a day for ten years . . . I was very tired but I am getting much better now.''

FINANCIAL AND STRUCTURAL

Of the three major themes to emerge from analysis of the base-line data, women widowed for less than twelve months were most likely to report worries related to the decrease in their income, coupled with anxiety and depression about ensuing financial insecurity. How they manage their finances and whether they can continue to live in their own homes was cause for great concern. A woman widowed for less than twelve months explains: ''So far I've managed to keep the garden tidy and the house also. My worries are when I need a plumber or painter or carpenter, I have to pay for help and that is my worry.''

The following detailed account presents a complex picture of past difficulties, including the lack of financial independence or control, and the impact of these on this woman's current and future circumstances:

> Widowed two years ago, I am finding the house and garden too much to manage. My husband left nothing but debts (unknown to me, he had been gambling heavily–and his superannuation had been used up consequently). I can't afford help in the house cleaning department. That's what worries me most–trying to do all the housework and the garden, and knowing I can't do it–even

> though I'm very healthy for my age. My children all live in other cities the nearest being three hours away–and I have no immediate family living near me. So being alone worries me at times.

Rural and Remote Women

Currently the Australian rural community is experiencing profound economic hardship accompanied by the inevitable close and rationalizing of health and other services. The women in our study who live beyond the urban centers, on farms or in towns, in the rural and remote areas, voiced their concerns about how they are to manage in the future. While some of the women were unable to continue their former lives, often being forced to move away from the country areas, other women described how they intend to continue their farming responsibilities after the death of their husband even though other family members are often scattered around the country: ''There are thousands of women like me in Australia. I walk around my farm (500 acres) each day approximately ten to twelve kilometers. My husband died five years ago and I am now the owner of the farm.''

The comments from yet another woman, widowed for nearly ten years, is typical of the resilience of many of the women who were determined to carry on with their rural life even in the face of geographical isolation and compromised health.

> I just want you to know that I have been widowed for ten years. I have lived alone all this time and although I have no immediate family living within 100 miles from me I live a full and active life. Although suffering from osteo-arthritis I manage to lead an active life, doing all my own gardening and housework as well as some charity work. I drive a car and take my friends out to social activities.

CHANGE

The comments from the women convey a sense of change, of a new life evolving. This notion is reflected nicely in the contribution of a woman widowed just three months, but who already looks toward her future: ''I am still trying to adjust to losing my husband after almost

forty-nine years of a marriage. I moved in with one of my sons less than two months ago so have not as yet joined any local clubs.'' And from a woman widowed fifteen years: ''Adjusting to life without him has been very difficult but by keeping busy and with support from a loving family circle and friends another way of life evolves.''

For many of the women the death of their spouse brought about dramatic lifestyle changes. A rural woman, widowed for more than two years, tells of the anxiety that accompanied the learning of new skills in the transition to another way of life. However, her reflections convey the message that she has no choice but to meet the challenge: ''I had not banked, shopped or driven the car for many years and had to learn the lot . . . I am still nervous of it all but managing.''

However many women described how they 'cope' with change and how change makes them 'stronger.' Their resilience is reflected in many of the comments: ''Today I enjoy my little corner of content. Thanks to life's ups and downs I value each day. Life's trifles don't upset me. I look forward to a reasonably healthy happy life at ninety.''

DISCUSSION

The picture that has emerged from our study is that the social consequences of the shift in status from married to widowed are likely to be considerable, a factor that has been overshadowed in much health and social research. The study also confirmed that the concerns of these older women are not only restricted to the experience of bereavement and loss, but are also related to the challenges of daily life that include their health, financial, and social circumstances. The qualitative comments revealed, as might be expected, the complex nature of the changes that accompany the experiences of widowhood, particularly in the first twelve months after the death of a spouse. Analysis of the data has shown significantly differing needs and concerns for women who have been widowed in the short-term, that is, under two years to those of longer-term widows.

Many of the women related that in the short term there were negative consequences associated with the death of their husband, but overall they viewed their life as one of transition and change. The women described the months and years ahead of them as a time where they would expect to establish other relationships, meet new challenges and take up opportunities that may not have been possible

before the death of their husband, particularly if they had in the past the responsibility of caring for an ill spouse. However the women did talk of the stresses and anxiety related to managing their own personal finances or coping with financial hardship. Although the women nominated good health as being central to their lives, the women reminded us that it is incorrect to assume that some degree of ill health would necessarily result in a dramatic loss in independence or quality of life for them. For these women health, relationships, social activities and maintaining a positive attitude to life are of prime importance, each element effecting the other.

Also of prime importance is the passage of time allowing healing, and other things to move into the space left in their lives by the death of their spouse. However while the pain of the loss diminishes over time, the death of their husband never loses it saliency for these women. Even women whose husbands had died thirty years earlier still wanted to talk about the experience of becoming widowed and their new lives as single older women.

The women generously provided us with insight into their daily life and talked of their overall health and wellbeing. Daly, in discussing experiences of menopause, argues that ''It is important to note that women cannot be located within one or other of these experiences in any static way since their experiences can change radically over a relatively short period of time'' (Daly, 1997: 164). Similarly, Martin-Mathews (1991) advocates that widowhood be viewed as a process of transition. Because this study incorporated methods of inquiry, ''to highlight the multiple dimensions'' (Blieszner, 1993) of the changes associated with the death of a spouse and on 'becoming' a widow, we have been able to present a detailed view of an important event in the lives of these older women. Their comments have strengthened our findings by providing us with a window into the process associated with the changes of widowhood, as well pinpointing those factors that promote or inhibit positive outcomes for them after the death of their spouse. The stories from these women challenged the dominant underlying assumptions about the impact of widowhood on their lives by telling us how they make sense of the ongoing changes that confront them. The richness of the qualitative data demonstrates the ability and desire of these older women to contribute to our understanding about their experiences. Their stories tell of their expectations about what the future may hold for them as they face the challenges of life.

This study sought a broad understanding about the health, financial and social circumstances of older Australian women who have experienced the death of their spouse. While this analysis has not addressed specific cultural sub groups within the Australian community, we recognize that there is a clear need to undertake such an analysis in future research. Following on from this preliminary analysis, Women's Health Australia and The Alma Unit for Women and Ageing will undertake a national study on the health and social experiences and service use patterns of 430 widowed women 70-75 years, who will have been widowed for approximately eighteen months. Participants will be asked to complete a 51-item mailed survey that combines both quantitative and qualitative methodologies, and includes questions about health, family and social relationships, and economic circumstances. The purpose of this further longitudinal study is to help clarify the process of transition and change over time, and to elicit the factors that are central to the lives of older women who have experienced the death of a spouse. The study will aim to clarify whether there are specific issues for this group of women that may take on added importance as they age and experience changes in their physical, financial and social circumstances, particularly those related to life-styles, cultural and ethnic norms. Through our study we will be able to alert health practitioners and policy makers to the key factors that impact the health and wellbeing of a significant group of rural and urban older Australian women, and to provide a basis for further research both in Australia and overseas.

And finally in the words of one woman: ''Modern medicine is wonderful in prolonging our lives, but we still have battles with which to contend. Is anyone listening?''

REFERENCES

Alston, M. (1995). *Women on the land*. Kensington: University of New South Wales.

Arber, S., & Ginn, J. (Eds.). (1995). *Connecting gender and ageing: A sociological approach*. Great Britain: Open University Press.

Australian Bureau of Statistics. (1997). *Estimated resident population by sex and age: States and territories of Australia, June 1995 and preliminary June 1996*. (Catalogue No. 3201.0). Canberra: Australian Government Publishing Service.

Avis, N. E., & McKinlay, S. M. (1995). The Massachusetts Women's Health Study: An epidemiologic investigation of the Menopause. *Journal of the American Medical Women's Association*, *50*, 45-49.

Barrett, C., & Schneweis, K. M. (1980). An empirical search for stages of widowhood. *Omega–International Journal on Aging and Human Development*, *112*, 97-104.

Barton, J., Bain, C., Hennekens, C. H., Rosner, B., Belanger, C., Roth, A., & Speizer, F. E. (1980). Characteristics of respondents and non-respondents to a mailed questionnaire. *American Journal of Public Health*, *70*, 823-825.

Bernard, M., & Meade, K. (Eds.). (1993). *Women come of age: Perspectives on the lives of older women*. London: Edward Arnold.

Blieszner, R. (1993). A socialist–feminist perspective on widowhood. *Journal of Aging and Society*, *7*(2), 171-182.

Bound, J., Duncan, G., Laren, D. S., & Olemick, L. (1991). Poverty dynamics in widowhood. *Journal of Gerontology: Social Sciences*, *463*, S115-124.

Bowling, A. (1988). Who dies after widow(er)hood? A discriminant analysis. *Omega–International Journal on Aging and Human Development*, *19*, 135-153.

Brown, W., Bryson, L., Byles, J., Dobson, A., Manderson, L., Schofield, M., & Williams, G. (1996). Women's Health Australia: Establishment of the Australian Longitudinal Study on Women's Health. *Journal of Women's Health*, *5*, 467-472.

Brown, W. J., Bryson, L., Byles, J. E., Dobson, A. J., Lee, C., Mishra, G., & Schofield, M. (1998). Women's Health Australia: Recruitment for a national longitudinal cohort study. *Women and Health*, *28*(1), 23-40.

Byles, J., Feldman, S., & Mishra, G. (1999). For richer, for poorer, in sickness and in health: Older widowed women's health, relationships and financial security. *Women and Health*, *29*(1), 15-29.

Cole, T. R., Achenbaum, W. A., Jakobi, P. L., & Kastenbaum, R. (1993). *Voices and visions of aging: Towards a critical gerontology*. New York: Springer.

Colditz, G. A. (1995). The Nurses' Health Study: A cohort of US women followed since 1976. *Journal of the American Medical Women's Association*, *50*, 40-44, 63.

Daly, J. (1997). Facing change: Women speaking about midlife. In P. Komesaroff, P. Rothfield & J. Daly (Eds.), *Reinterpreting menopause: Cultural and philosophical issues*. New York: Routledge.

Erikson, E., Erikson, J., & Kivnick, H. (1986). *Vital involvement in old age–the experience of old age in our time*. New York: Norton.

Fahey, C.J. & Holstein, M. (1993). Toward a philosophy of the third age. In T. R. Cole, W. A. Achenbaum, P. L. Jakobi, & R. Kastenbaum (Eds.), *Voices and visions of aging: Toward a critical gerontology*. New York: Springer.

Finch, J. (1989). *Family obligations and social change*. Cambridge: Polity Press.

Friedan, B. (1993). *The fountain of age*. London: Random House.

Gee, E., & Kimball, M. (1987). *Women and ageing*. Toronto: Butterworths.

George, L. (1980). *Role transition in later life*. Monterey, California: Cole Books.

Gilligan, C. (1982). *In a different voice*. Massachusetts: Harvard University.

Gubrium, J. R., & Sankar, A. (1994). *Qualitative methods of aging research*. California: Sage.

Guohua, L. (1995). The interaction effect of bereavement and sex on the rise of suicide in the elderly: An historical cohort study. *Social Science and Medicine*, *40*(6), 825-828.

Gutmann, D. (1987). *Reclaimed powers. Towards a new psychology of men and women in later life*. New York: Basic Books.

Harrison, J. (1983). Women and ageing: Experience and implications. *Ageing and Society*, *1*(2), 209-235.

Heaven, P. (1992). *Life span development*. Marrickville: Harcourt Brace Jovanovich.

Jones Porter, E. (1995). The life-world of older widows: The context of lived experience. *Journal of Women and Ageing*, *74*, 31-46.

Kellehear, A. (1993). *The unobtrusive researcher: A guide to methods*. St Leonards: Allen & Unwin.

Kirshling, J., & Barron McBride, A. (1989). Effects of age and sex on the experience of widowhood. *Western Journal of Nursing Research*, *11*(2), 207-218.

Lieberman, M. (1997). *Doors close, doors open: Widows grieving and growing*. New York: Putnam.

Lopata, H. (1987). *Widows–Volume II North America*. Durham: Duke University Press.

Luborsky, M. R. (1993). The romance with personal meaning in gerontology: Cultural aspects of life themes. *The Gerontologist*, *33*, 445-452.

Lund, D. A. (Ed). (1989). *Older bereaved spouses: Research with practical applications*. New York: Hemisphere.

Markson, E. W. (1983). *Older women: Issues and prospects*. Lexington, Massachusetts: D. C. Heath and Company.

Martin-Mathews, A. (1987). Widowhood as an expectable life event. In V. Marshall (Ed.), *Ageing in Canada: Social perspectives*. Ontario: Fitzhenry & Whiteside.

Martin-Mathews, A. (1991). *Widowhood in later life*. Toronto: Butterworth.

Mackenbach, J. P., Van de Mheen, H., & Stronks, K. (1994). A prospective cohort study investigating the explanation of socio-economic inequalities in health in the Netherlands. *Social Sciences & Medicine*, *38*, 299-308.

McCallum, J. (1986). Retirement and widowhood transitions. In H. Kendig (Ed.), *Ageing and families: A support network perspective*. Sydney: Allen & Unwin. Pp. 129-148.

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.

Morgan, L. A. (1991). *After marriage ends: Economic consequences for midlife women*. London: Sage.

Murrell, S. A., Norris, F. H., & Grote, C. (1988). Life events in older adults. In L. H. Cohen (Ed.), *Life events and psychological functioning: Theoretical and methodological issues*. London: Sage.

Patterson, I., & Carpenter, G. (1994). Participation in leisure activities after the death of a spouse. *Leisure Science*, *16*, 105-117.

Pillemer, K. (1988). Combining qualitative and quantitative data in the study of elder abuse. In S. Reinharz & G. D. Rowles (Eds.), *Qualitative gerontology*. New York: Springer.

Prigerson, H. G., Frank, E., & Kasl, S. V. (1995). Complicated grief and bereavement related depression as distinct disorders: Preliminary empirical validation in elderly bereaved spouses. *American Journal of Psychiatry*, *152*, 22-30.

Reinharz, S., & Rowles, G. D. (1988). *Qualitative gerontology*. New York: Springer.
Rosenman, L. (1982). *Widowhood and social welfare policy in Australia*. Sydney: Social Welfare Research Centre, University of NSW.
Silverman, P. R. (Ed.). (1986). *Widow to widow*. New York: Springer Publishing Company.
Stein, Z., & Susser, M. (1969). Widowhood and mental illness. *British Journal of Preventative and Social Medicine*, 23, 106-110.
Steinmetz, K. A., Kushi, L. A., Bostick, R. M., Folsom, A. R., & Potter, J. D. (1994). Vegetables, fruit and colon cancer in the Iowa Women's Health Study. *American Journal of Epidemiology*, *139*, 1-15.
United Nations and Statistical Office Department of International Economic and Social Affairs, Centre for Social Development and Humanitarian Affairs. (1991). *The world's women 1970-1990, trends and statistics*. New York: United Nations.
Walker-Birckhead, W. (1985). The best scones in town: Old women in an Australian country town. In L. Manderson (Ed.), *Australian ways*. Sydney: Allen & Unwin.
Walker-Birckhead, W. (1997). 'You just go on day to day': Understanding health and independence in old age. In *16th Congress of International Association of Gerontology: Aging Beyond 2000: One World One Future*. Adelaide: Book of Abstracts. Pp. 76, 77, 456.
Wainrib, B. (1992). *Gender issues across the life cycle*. New York: Springer.
Wenz, F. V. (1977). Marital status, anomie, and forms of social isolation: A case of high suicide rate among the widowed in an urban sub-area. *Diseases of the Nervous System*, *3811*, 891-895.

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