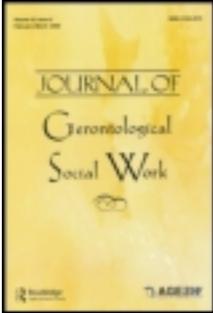


This article was downloaded by: [Laurentian University]

On: 05 March 2012, At: 09:26

Publisher: Routledge

Informa Ltd Registered in England and Wales Registered Number: 1072954
Registered office: Mortimer House, 37-41 Mortimer Street, London W1T 3JH,
UK



Journal of Gerontological Social Work

Publication details, including instructions for
authors and subscription information:

<http://www.tandfonline.com/loi/wger20>

Later-Life Transitions into Widowhood

Cheryl D. Lee PhD, MSW^a & Louanne Bakk MSW
student^b

^a Social Work Department, California State
University, Long Beach, USA

^b Social work gerontology, University of Michigan,
USA

Available online: 11 Oct 2008

To cite this article: Cheryl D. Lee PhD, MSW & Louanne Bakk MSW student (2001):
Later-Life Transitions into Widowhood, *Journal of Gerontological Social Work*, 35:3,
51-63

To link to this article: http://dx.doi.org/10.1300/J083v35n03_05

PLEASE SCROLL DOWN FOR ARTICLE

Full terms and conditions of use: <http://www.tandfonline.com/page/terms-and-conditions>

This article may be used for research, teaching, and private study purposes.
Any substantial or systematic reproduction, redistribution, reselling, loan,
sub-licensing, systematic supply, or distribution in any form to anyone is
expressly forbidden.

The publisher does not give any warranty express or implied or make any
representation that the contents will be complete or accurate or up to
date. The accuracy of any instructions, formulae, and drug doses should be
independently verified with primary sources. The publisher shall not be liable

for any loss, actions, claims, proceedings, demand, or costs or damages whatsoever or howsoever caused arising directly or indirectly in connection with or arising out of the use of this material.

Later-Life Transitions into Widowhood

Cheryl D. Lee, PhD, MSW
Louanne Bakk, MSW student

ABSTRACT. This qualitative study examines the changes women over age 70 experience when becoming widowed. It explores the implications associated with these transitions and the significance of social supports. The results suggest findings that are essential for the practitioner and policy maker in the gerontology area. *[Article copies available for a fee from The Haworth Document Delivery Service: 1-800-342-9678. E-mail address: <getinfo@haworthpressinc.com> Website: <http://www.HaworthPress.com> © 2001 by The Haworth Press, Inc. All rights reserved.]*

KEYWORDS. Transitions, social supports, changing roles, widowed aging population

INTRODUCTION

The loss of one's spouse can be described as the single most stressful life event. It is more stressful than a serious personal illness, separation, or divorce; being sentenced to prison; or living through the death of a parent or child (DiGiulio, 1989). In a pilot study of the social, emotional, service, and economic supports of widowed women, an assessment of 34 life events was included in the interview. Without exception,

Cheryl D. Lee is Assistant Professor, Social Work Department, California State University, Long Beach.

Louanne Bakk is a graduate student in social work gerontology at the University of Michigan.

Address correspondence to: Cheryl D. Lee, PhD, California State University Long Beach, 1250 Bellflower, Social Work Department, Room: Psych 134, Long Beach, CA 90840-0902.

these widows, with a minimum of five years and a maximum of ten years of widowhood, indicated that the loss of a spouse had affected them more than any other single life event (Matthews, 1991).

For women, widowhood in late life is a high-probability event (Bennett, 1997; Cox, 1996; Johnson & Barer, 1997; Matthews, 1991). At every age, male mortality exceeds female mortality (Cox, 1996). In 1990, 68 percent of the American population 80 years and older were women. As one advances in age, the differences between the number of men and women grow. At ages 65 to 69, women outnumber men 5 to 4; for those 75 years and over, women outnumber men 5 to 3. This difference further increases as a woman reaches age 85. For those age 85 years and older, women outnumber men 5 to 2 (U.S. Bureau of the Census, 1990).

A woman's transition into widowhood changes her identity and the way she views herself. It also has a significant impact on her social support systems, as well as her past and present roles. A transition is initiated when a person's current reality is disrupted. Its purpose is to build a bridge from the disrupted reality to one of the possible realities that can be created (Steffl, 1995). For most widows, this devastating and lonely path often leads them to new and unexpected life satisfactions. Some, however, are not able to cope with this transition. They become depressed, develop poor health habits, and are at higher risk for residing in a nursing facility (Markson, 1984). This paper examines the psychological and social transitions a woman faces as the result of becoming a widow.

INITIAL REACTIONS AND TRANSITIONS

Profound changes occur when a woman loses the partner with whom she has shared the ongoing process of defining herself and her surroundings. These changes involve a complete redefinition on the part of the widowed of who she is and how she views her world. This event causes a complete transition of her taken-for-granted reality. A woman's experience of becoming aware of her changing identity may begin immediately upon bereavement. This awareness gradually sets in more deeply as the widowed person goes about her their daily life (Matthews, 1991). Within the first twelve to eighteen months following the death of their spouse, most women claim that they can still feel the presence of their partner, and go about their daily activities as if he were still present (DiGiulio, 1989).

A woman's personal identity becomes disoriented when she experiences the death of her spouse; part of her is perceived as being "lost"

along with her spouse. At first, this disorientation is numbing and is similar to a shell shock experience. It later becomes more a question of "Who am I now that my spouse is dead?" Because women are more likely to have incorporated the marital relationship into their sense of themselves, they feel that they have lost not only a spouse, but also a part of themselves (DiGiulio, 1989). One newly-bereaved woman describes her initial reaction to the death of her husband:

It seemed like hours before I could be persuaded to walk out of that room. When I did, I was conscious of my hands dangling uselessly by my sides. I was a person with no job to do, no place to fill, no function in life. The line had been drawn—the line between the world that contained someone who needed me and the world that had to somehow go on without him. (Matthews, 1991, p. 24)

Married men rarely describe themselves as "the husband of" their spouse. As a result, when their spouse dies, their identity remains intact. Women, on the other hand, have a tendency to describe themselves as part of her spouse and part of a family (DiGiulio, 1989). Therefore, a woman's identity is often defined through relationships and caring for others. When she loses a loved one, she also loses a sense of self, which intensifies grief and requires a new identity formation (Hurd, 1999). A husband's death leaves numerous voids in a woman's life; because her self-image was shaped by her identity as half of a couple, she must reexamine herself and move from a "we" to an "I" (Lieberman, 1996).

A NEW SENSE OF SELF

The adverse effects of widowhood diminish with time (Lee & Willetts, 1998). Despite the initial psychological disruption of bereavement, many individuals experience widowhood as an opportunity for growth and independence (DiGiulio, 1989; Lieberman, 1996; Matthews, 1991). After the first difficult period following their husband's death, many women have found they have been able to advance and develop, establishing new and meaningful lives.

Morton Lieberman, PhD, (1996), conducted a seven-year study of over 600 widows between the ages of twenty-eight and eighty. Eight out of ten widows experience difficulty with at least one aspect of singleness after their husband's death. One year later, he found this number was significantly reduced. The majority of the women developed a

greater ability to cope with their problems. In addition, he found that they experienced significant improvements in their functioning abilities in both the world and their personal lives. These widows exhibited a greater sense of well-being, self-esteem, and life satisfaction. Most women adapt quite successfully to lives without husbands; some even discover that they enjoy and relish their freedom. For many, widowhood presents a time for meaningful life change (Lieberman, 1996; Walker, 1999).

In another study conducted with 26 widows in Guelph, Ontario, Canada, it was discovered that the majority of the women interviewed felt that they are now more thoughtful and appreciative than they had been in the past. They also felt that they are more decisive and independent than they were in their marriages (Matthews, 1991).

Some widows, after having time to reflect on their lives as married women, come to the conclusion that they were and are happier as single people (Hurd, 1999; Lieberman, 1996). Some reconnect with their past dreams and talents and rediscover a lost part of themselves. Others achieve dreams submerged during marriages when taking care of their husbands and children; they develop their own sense of personal identity and begin to live full lives (DiGiulio, 1989; Lieberman, 1996). Frequently, parts of themselves that had seemed important, such as continuing their education or developing talents, were not pursued. Their husbands, children, and homes took priority. In some cases, husbands actively discouraged their wife's desires. Approximately one out of three widows studied felt they were stunted during their marriages, and one half had regrets about some aspects of their lives (Lieberman, 1996). In many cases, feeling stunted is what often led to their personal growth and development.

WIDOWED WOMEN WHO POORLY TRANSITION

Some women, however, are unable to successfully recover and grow. They seem incapable of deriving pleasure from developing themselves or expressing previously unvoiced goals and desires. For the most part, they live their lives very much as they had prior to their husband's death. They are afraid of change and often cling onto their husband's possessions for years after his death. In some cases, a husband's possessions become a shrine dedicated to his memory (DiGiulio, 1989; Matthews, 1991). Many of these widows suffer from anger at their husbands for dying and guilt about thoughts unspoken, things left undone,

and especially feelings that they had somehow let their husbands down at the end of their lives. For these women, loneliness and sadness are severe problems which often lead to other health dilemmas (Lieberman, 1996).

Women in these more dependent marriages tend to describe their husbands in almost mythical terms; their husbands and marriages are idealized. When describing characteristics of these men, words such as intelligent, handsome, extremely kind, and generous are often used. There are no negative statements. They see their marriage as perfect and cannot consider anything that could have been different (DiGiulio, 1989; Matthews, 1991). Sanctification is a vital and necessary step in the bereavement process; it permits the widow's previously fused identity to become separated. This, however, should be a temporary phase. If sanctification is prolonged, it can become "canonization." If this occurs, the widow is immobilized and unable to move forward with personal identity reformulation. The majority of her energy is directed towards her deceased husband in an activity that can provide her with little ongoing fulfillment (DiGiulio, 1989).

ROLE TRANSITIONS

Role theory is the theoretical framework of several major studies of widowhood (Lopeta, 1979; Matthews, 1991). Roles have a profound effect on a individual's self-concept and sense of worth. Society fails to provide adequate role expectations or rewards for taking on old-person status; old age is a stage of life for which we are not properly socialized. This period represents a major loss of roles and is seen by the aged themselves as a negative experience that most would prefer to avoid (Brown, 1996; Cox, 1996; Dychwald & Flower, 1989).

For the majority of their lives, many widows think of themselves as housewives. With the death of their husband, these women's roles suddenly decline in importance and involve them in fewer community-related activities. They are left with no role expectations to perform, and are no longer expected to participate in any of the activities typically related to this role. Many widows consider the role of wife to have been a very important one, and the difficulties surrounding the loss of this identity are compounded by the fact that most widows lack an alternate major role to focus upon. Disengagement and loss of life satisfaction often results from the loss of this major life role that provided them with

identity, purpose, and meaning in their lives (Brown, 1996; DiGiulio, 1989; Hooyman & Kiyak, 1993; Matthews, 1991).

Widows who have several, but not an overwhelming number of roles, are more likely to successfully adapt after the death of their spouse. They are less likely to succumb to depression and illness than those whose sense of themselves is limited. The importance of having a role other than "wife" or "widow" is critical to their health and well-being. A widow who has not developed alternate roles is at a disadvantage. Developing relationships rooted in the present is essential to her recovery (DiGiulio, 1989).

SOCIAL SUPPORTS

In addition to providing emotional support, family members often provide significant practical support for the newly widowed. They can take on roles once occupied by the deceased person, such as managing finances or household maintenance. In examining the important health-promoting functions of support network members, many studies have focused specifically on the family as "one crucial form of social support" (Bohm & Rodin, 1985, p. 280; Matthews, 1991), particularly in relation to such age-related life events as bereavement. Family is frequently looked upon as being a major and key source of strength during this difficult transition period (DiGiulio, 1989; Lieberman, 1996; Matthews, 1991).

The power and presence of this family support network should begin to recede after the first year (DiGiulio, 1989; Matthews, 1991). In some instances, they may interfere with a widow's recovery (Lieberman, 1996). Although children provide both socioeconomic support and assistance with tasks, this may not necessarily reduce their mothers' loneliness. Interactions with an adult child are less reciprocal, while friends and neighbors are better suited for sharing leisure activities and providing companionship. This reciprocity tends to be associated with higher morale (Hooyman & Kiyak, 1993; Lee & Willetts, 1998). In fact, most widows prefer to be independent from their children (Johnson & Barer, 1997). Studies have shown that receiving considerable assistance from children can be depressing rather than supportive. (Lee & Willetts, 1998).

Those widows in middle and later life almost universally feel alienated from married friends. The old "couples networks" that they previously relied on gradually begin to fade away (Lieberman, 1996). Many

widows reported that they felt snubbed by people who were once their friends, especially those whose spouses were still alive (DiGiulio, 1989). When attending social functions, they began feeling like a fifth wheel. Widows commonly find that old friends are unable to provide them with the help they need; they no longer share commonalities. As a result, most develop new relationships, often with other widows who have similar experiences to share (DiGiulio, 1989; Lieberman, 1996). A sixty-two-year-old widow of four months best illustrates this point by summarizing what she considers to be the source of her greatest help:

While my neighbors and family were very helpful, only another widow can really know what you are going through. You don't have to wonder if they really understand you, you know they do. (Lieberman, 1996, p. 97)

Unfortunately, widows who do not develop social networks and relationships with their peers are at risk for alcohol addiction. It is estimated that as many as 10% of those age 60 or older have a problem with alcohol, and one-third of these older people first develop problems in later life, frequently after the death of a spouse. Socialization contributes significantly to lowering incidents of alcohol abuse and to increasing a widows self-esteem and sense of well-being (Lachs & Boyer, 1999).

Many women tend to rely on a senior center as a social network that compensates for the loss of husbands and the accompanying social ties of marriage. Social interaction and physical activity are important aspects and give meaning to their lives. Peer-group networks are an increasing pattern among the widowed. Social networks can become a source of new forms of self-esteem and self-worth (Brown, 1996; Hurd, 1999). Involvement in these networks often leads to a widow developing a sense of purpose. Her sense of worth, however, may not be apparent to an outsider. Following is an example illustrating this point:

An elderly lady who came to a senior center daily to do nothing but play Chinese checkers with a few choice friends. She very rarely missed a day. She lived alone and so, on the surface, it appeared that she came purely because she likes the game and to avoid being lonely. Her life seemed to have little or no purpose or worth. However, she related in an interview that, in fact, she was gaining a whole new sense of self-worth by coming to the center each day. She explained that the others with whom she played often told her that they were dependent upon her for their enjoyment of the day's

activities. She had come to accept it as her duty to be there every day. (Brown, 1996, p. 72)

Widows with an abundance of social contacts enjoy better cognitive function than their more isolated peers (MacReady, 1999). Human contact is critical in counteracting loneliness, the most predictable consequence of widowhood. For these women, social supports, particularly close friends, confidants, and other widows, are essential to their physical and mental well-being, as well as their survival (DiGiulio, 1989; Hooyman & Kiyak, 1993; Lieberman, 1996; Matthews, 1991).

SAMPLING PROCEDURE

This qualitative study was conducted at a senior center. Because of the nature of the facility, interviews were not audio recorded; however, notes were taken and transcribed immediately succeeding the interviews in order to preserve the accurateness of the information that was obtained. The sample consisted of eight widows who ranged from 74 to 86 years of age. All have children; the number of children ranged from two on up to eight. One individual has been married twice; the remainder of those interviewed were married once. The average length of marriage was 43 years. The number of years these women were widowed ranged from five years to twenty-three years. With the exception of one individual, all are residing alone.

The objectives of the interviews were: (1) to understand the significance senior centers and social interaction with peers play in the lives of widows who attend senior centers; (2) to determine whether new and/or additional roles are frequently undertaken after the death of a spouse; (3) to ascertain the role of family, the role of friends, and the role of other widows in the lives of widows; and (4) to investigate whether older widows are interested in romantic involvement after an extended period subsequent to their partner's death.

RESULTS

All those interviewed attend the senior center at least three times per week, and when attending, stay an average of four hours. Three of the women stated that in addition to frequenting the senior center at which the study was conducted, they also visit a nearby center as well. All of

the widows interviewed identified the facility as a major social system in their life. The social interaction, planned activities, and shared meals were unanimously defined by the group as being essential to their well-being and to counteracting loneliness. One respondent summarized her reasons for attending:

I just can't stand sitting in the house and watching TV. I know other widows who do that, but I don't associate with them. They're not happy. I got to get out and be with people. I look forward to coming here and seeing everyone. It feels like home to me.

In addition to attending the senior center, six of the eight women interviewed stated that they are active volunteers in this organization, and five of these individuals also volunteer in other groups and associations. The Air Force, choir, neighborhood association, arts and crafts guild, and golf clubs are just some those mentioned. Four women stated that they became more involved in volunteer work and took on new roles since the death of their husbands, and two stated that they had remained just as active as they had during their marriage. Seven of the eight interviewees stated that they had at least one other hobby or interest besides the senior center. The following is an excerpt from one widow who stated her motivation for remaining active and involved:

I just got to keep going. If I don't, I start to get tired and depressed. I start feeling sorry for myself. There are lots of things for me to do. When you're widowed, you just got to get involved and keep doing things.

Another widow was quoted as stating:

There's just not enough hours in the day—time goes so quickly. I'm always busy—I love it.

All of the widows interviewed were involved with their adult children in some way; however, the level of involvement varied. Over half had children living outside the state. Seven out of eight widows talk to at least one adult child each week, either by phone or in person. One women reported living with her 62-year-old adult daughter, but as the following remarks illustrate, the relationship appears less than ideal:

She doesn't want to do anything—I can't stand it! All she does is sit in the house and watch TV; she never wants to go anywhere. We argue all the time about this (her lack of motivation).

Another widow stated that she has not talked to her adult son in over three months because of a disagreement. Contrary to these negative relationships, one woman stated that she is extremely close to her children and considers them to be a major source of strength. Despite the amount and type of contact with adult children, all those interviewed stated that they felt closest to other widows. The following statements identify this apparent correlation:

They understand the best—what it's like. We just have a lot in common. Others (widows) know what I've been through. I think other widows are most supportive to me and understand better than anyone else.

Past “couples networks” that were a part of their previous social system have, for the most part, disappeared. There were numerous accounts of feeling like a “fifth wheel” and no longer socializing with married friends because of this discomfort. Two widows stated that female friends who still have their spouses appear threatened by their presence. One woman's account illustrates her encounters with a married female friend:

When I'm around, she (the married woman) pulls her husband in close to her, as if I'm going to steal him. This started happening shortly after my husband died—I couldn't believe it. She started thinking that I'm after him.

Six of the eight widows interviewed indicated that that would have an interest in becoming romantically involved again; however, as research and personal accounts indicate, there appears to be a lack of eligible widowers. As we discussed the availability of men, one interviewee jokingly remarked:

Look around (pointing around the senior center)—how many men do you see here?! And the ones that are here—let's just say they're not the ones I'm interested in!

One individual who has been widowed six years reported recently becoming involved in a relationship with a gentleman in her apartment building. She described her feelings surrounding the relationship with this man:

He's so kind—he sends me flowers once a week. When my husband died, I didn't think I'd ever want anyone (another man) again. It's nice to be cared about.

ALIGNMENT WITH CURRENT KNOWLEDGE

Results of this study indicate that social supports and human contact, preferably with other widows who understand their situation, are essential to the physical and mental health and well-being of widows. All those interviewed had at least one social outlet, and half have taken on additional roles and pursued new activities since the death of their spouse. It appeared that those with numerous roles had successfully adapted to the transitions they experienced.

While children play a key role in providing practical support, peer relationships appear to take precedence. In two cases, assistance from adult children was found to be non-supportive and depressing. However, contrary to the literature review, one widow reported having an extremely satisfying and close relationship with her adult children. As both research and personal accounts indicate, for the majority, connections with other widows are the prime source of fulfillment for these older women. The understanding nature of these relationships often furnish widows with the emotional support and kindness that they need. In opposition to these nurturing relationships, old “couples networks” provide little friendship for widows, and often cause feelings of uneasiness, discomfort, and alienation.

STUDY LIMITATIONS

The small sample size and the fact that the study was conducted in senior centers are the two primary limitations of this study. Conducting the study in centers meant that we were not reaching socially isolated older widows. The women in our study were not isolated and had at least one social support, and it seems likely, therefore, that their transition to the role of widow was more successful than would be true of the

socially isolated. If we were able to expand the sample size, including widows who do not attend senior centers and replicating these findings in other diverse settings and geographic locations, better data could be obtained.

IMPLICATIONS FOR SOCIAL WORK

Study findings indicate the importance of educating and preparing social work professionals in advance to be conscious of critical issues involving the female widowed aging population. When performing direct practice interventions with individuals, groups and/or families, workers who possess an awareness of positive coping techniques will have the ability to enable this group to advance towards more successful transitions, as well as identify and differentiate between positive and negative coping styles. Another practice recommendation is that social workers meet with elderly widows in groups to facilitate: discussion of stages in the grief process; personal growth issues; utilization of support from peers; and creation of opportunities for increased socialization. These findings also suggest the importance of encouraging policy makers to support services relevant to the needs of this growing population. Such services might include a more efficient transportation system so that widows can easily access activities in the community and allocation of funding for outreach by social workers in neighborhoods where there are likely to be senior widows. An objective of the outreach services would be to encourage widows' participation in a senior center or other interactive activities in the community.

REFERENCES

- Bennett, Kate Mary. (1997). Widowhood in elderly women: The medium-and long-term effects on mental and physical health. *Mortality*, 7 (2), 137-149.
- Bohm, L.C. & Rodin, J. (1985). *Health, illness and families: A life-span perspective*. New York: John Wiley & Sons.
- Brown, Arnold S. (1996). *The social process of aging and old age*. New Jersey: Prentice Hall.
- Cox, Harold G. (1996). *Later life: The realities of aging*. New Jersey: Prentice Hall.
- DiGiulio, Robert C. (1989). *Beyond widowhood*. New York: The Free Press.
- Hooyman, Nancy R. & Kiyak, H. Asuman. (1993) *Social gerontology*. Massachusetts: Allyn and Bacon.

- Hurd, Laura C. (1999). We're not old!: Older women's negotiation of aging and oldness. *Journal of aging studies*, 13 (4), 419-440.
- Johnson, Colleen L. & Barer, Barbara M. (1997). *Life beyond 85 years: The aura of survivorship*. New York: Springer Publishing Company, Inc.
- Lachs, Mark S. & Boyer, Pamela. (1999). Don't let alcohol get the upper hand. *Prevention*, 51 (2), 142-145.
- Lee, Gary R. & Willetts, Marion C. (1998). Widowhood and depression. *Research on aging*, 20 (5), 611-631.
- Lieberman, Morton. (1996). *Doors close, doors open*. New York: G.P. Putnam's Sons.
- Lopeta, H.Z. (1979). *Women as widows: Support systems*. New York: Elsevier.
- MacReady, Norra. (1999). Cognitive function linked to social activity in elderly. *Lancet*, 354 (9177), 491.
- Markson, E.W. (1984). *Older women: Issues and prospects*. Massachusetts: D.C. Heath and Company.
- Matthews, Anne M. (1991). *Widowhood in later life*. Toronto, Ontario, Canada: Butterworths.
- Steffl, Bernita M. (1995). *Women and aging in Arizona*. Arizona: Arizona Women's Town Hall.
- U.S. Bureau of the Census. (1990). *Census of population and housing*. Series CPH-L-74. Washington, D.C.: Government Printing Office.
- Walker, Margaret Urban. (1999). *Mother time*. New York: Rowman & Littlefield Publishers, Inc.

DATE MANUSCRIPT RECEIVED: 06/07/00

DATE MANUSCRIPT SENT FOR BLIND REVIEW: 06/16/00

DATE MANUSCRIPT RE-RECEIVED

IN ACCEPTABLE FORM: 01/04/01