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WIDOWHOOD

One of the most common stressful events in later life is widowhood, which has significant social and psychological implications. Widowhood is the marital status that a man or woman gains once his or her spouse has died. A widow is a woman whose spouse has died, and a widower is a man whose spouse has died. It is useful to distinguish between widowhood and bereavement. Bereavement can be seen as the situation or state of having experienced the death of someone significant in one's life—in this case, a spouse. Bereavement is generally thought to be a short-term state that primarily has personal consequences and meanings. Research into bereavement often examines the events following the death for up to 2 years. Widowhood, by contrast, refers to an ongoing and frequently long-term state, which has both social and personal consequences and meanings. Despite the usefulness of this distinction, much of the research on widowed people does not distinguish between bereavement and widowhood. However, for this entry the term *widowhood* is used.

Widowhood is one of the most deeply distressing life events experienced by adults, and it becomes more likely as people age. In European and North American societies it is also more common among women than men. The fact that men usually die at earlier ages than women and women tend to marry men slightly older than themselves partially explains this phenomenon. In the United States in 2005, 18% of men and 52% of women ages 75 to 84 years were widowed, and 32% of men and 75% of women aged 85 and over were widowed (U.S. Census Bureau, 2006). Similar patterns are observed elsewhere as well. For example, according to the Office for National Statistics (ONS; 2005, 2006) in the United Kingdom, 16% of men and 45% of women 65 years old and over were widowed in 2004. In 2003, 27% of men and 63% of women 75 years old and over were widowed.

HOW WIDOWED PEOPLE DIFFER FROM OTHER MARITAL STATUS GROUPS

In the United States widowed women account for the largest marital status group among women ages 65 years and over (42%) and is the second largest marital status group for men (32%). In comparison, the divorced and separated (approximately 10% for both men and women) and the never married (4% for both men and women) account for much smaller proportions of the older population (U.S. Census Bureau, 2006) and are broadly similar to those found in the United Kingdom (ONS, 2005, 2006). Widowed, divorced, and never-married people share some of the problems that living alone brings (Cramer, 1993), and widowed and divorced people also share the difficulties that marital dissolution brings (Prigerson, Maciejewski, & Rosenheck, 1999). Widowed and married people also share other commonalities, such as having (in general) a loving marital relationship. However, there are aspects of widowhood that make it and its effects unique. Widowed people are the only group whose partners have died and who have had no choice in the marital dissolution. They are also more likely to be older than other groups experiencing marital dissolution.

EARLY RESEARCH AND THEORY

Although the vast majority of research on widowhood has been conducted since the mid-20th century, two earlier classic studies of bereavement are worthy of mention

because they have significantly influenced research in widowhood. Sigmund Freud (1856–1939) described the differences between grief and melancholia in his 1917 seminal paper *Mourning and Melancholia*. He understood that the death of a loved one sometimes caused depression and that there was important psychological work to do to ameliorate the effects of grief, coining the term *grief work*.

Erich Lindemann (1944) studied the effects of bereavement following the Coconut Grove fire, a nightclub fire in Boston, Massachusetts, that killed nearly 500 people. He distinguished between normal and morbid grief, and his work formed the basis of much of the later theorizing in bereavement and, to some extent, in widowhood. Normal grief is that which people typically experience following the death of a loved one. Morbid grief, by contrast, is grief that lasts longer and is more severe because of the complications that are associated with it—it is grief that is seen as pathological. However, the systematic study of widowhood is believed to have started with Peter Marris (1958), when he examined normal grief among widowed women in London, England. He found that there was a lower rate of morbid grief among these women than among those who had experienced other types of traumatic bereavement, yet there were also shared experiences, such as sensing the deceased's presence.

Colin Murray Parkes (1996) conducted the first study that followed bereaved people through their first year of bereavement and synthesized the results, along with results of two other important studies, in *Bereavement: Studies of Grief in Adult Life*. In this Parkes identified the determinants of grief, the features of grief, and recommended strategies for helping the bereaved. Although Parkes described his studies in terms of bereavement, he focused primarily on younger widows and thus had much to say about widowhood, both at younger and older ages.

The first author widely recognized for her research specifically on widowhood was Helena Lopata (b. 1925) beginning in the 1970s. She published *Widowhood in an American City* (1973), a study describing the experiences of older widowed women in Chicago, Illinois, which examined both the emotional and the social consequences of losing a husband. Dale Lund (2001) is another widely recognized researcher, who has focused his attention on the effects of spousal loss among men. In Europe, Margaret Stroebe has influenced thinking about both widowhood and bereavement from the 1980s onward, eventually publishing the *Handbook of Bereavement Research* in 2001. At the end of the 20th century, a team of researchers at the University of Michigan developed the Changing Lives of Older Couples (CLOC) study, a large survey that tracked the experiences of older widows and widowers over a 4-year period following the death of their spouse (Carr, House, Wortman, Nesse, & Kessler, 2001).

THEORETICAL PERSPECTIVES

Most of the theoretical work on widowhood has focused on bereavement rather than on widowhood itself; therefore, this section discusses those aspects of bereavement theory most relevant to widowhood. Historically a number of researchers have developed theories that explain the ways in which people adapt to bereavement, including spousal loss. Many of these have resembled stage theories, which suggest that people must experience sequential emotional states such as anger, depression, numbness, disorganization, and reorganization in order to adapt successfully to loss. In addition, a number of scholars have emphasized the importance of grief work in the adaptation process. Grief work involves working through the feelings, memories, and thoughts associated both with the death itself and with the spouse. However, Lopata (1996) among others have suggested that these approaches are unhelpful and even potentially harmful because they imply that these stages are necessary conditions to successful adaptation.

THE DUAL PROCESS MODEL OF BEREAVEMENT

In 1999, Stroebe and Henk Schut developed a conceptual model to explain the ways in which people adapt to bereavement, and indeed this model was developed originally with widowhood in mind. The Dual Process Model (DPM) of coping with bereavement describes two types of coping behaviors or experiences: loss-oriented coping and restoration-oriented coping. In the former, coping comprises grief work, as described earlier. This may involve avoiding making changes to one's life—for example, continuing to set the dinner table for two rather than for one. Grief may also intrude into everyday life; seeing someone who resembles the deceased, for instance, may lead to tears. This type of coping may also involve moving to a new home or disposing of the husband's or wife's possessions.

In contrast, restoration-oriented coping consists of attending to life changes, such as changing the names on one's bank account. It also involves doing new things, such as joining a club and taking on new roles or beginning new relationships. Finally it involves avoiding things that remind one of grief; so, for example, people may stay away from the house or keep busy so they have no time to think about how upset they are feeling. Key to the DPM model is oscillation, which is the process whereby coping switches between loss- and restoration-oriented tasks. In 2006 the DPM was brought together with cognitive stress theory (Lazarus & Folkman, 1984) to develop an integrative risk factor

framework (Stroebe, Folkman, Hansson, & Schut, 2006). Cognitive stress theory describes the relationship among stress, coping, and outcome. Central to this theory is appraisal or evaluation of the stressor, in this instance either or both bereavement and widowhood. The aim of the integrative framework is to allow exploration of the ways that individual differences influence adaptation to bereavement and therefore identify those individuals who will deal with bereavement and widowhood normally as well as those who would benefit from some form of intervention.

CONTINUING BONDS

Another important theoretical perspective is that of continuing bonds with the deceased (Klass, Silverman, & Nickman, 1996). Until work was published on this perspective, the general view was that it was important to sever ties with the deceased as a means of adapting to the new situation. One of the difficulties with the earlier approach was that it did not reflect what most people normally did when dealing with their bereavement and widowhood. Widows normally would keep possessions belonging to their deceased husbands, for example. Both widows and widowers quite normally felt their spouses' presence, in a way that was not associated with pathology or distress. The work of Dennis Klass, Phyllis Silverman, and Steven Nickman (1996) suggested that maintaining a bond with the deceased was common among healthy grieving people. Their book, *Continuing Bonds: New Understandings of Grief*, examined these ideas in detail. In it, for example, Lopata discussed the ways in which older widows idealized their deceased husbands and tended to forget their faults and foibles whereas Miriam and Sidney Moss (1996) discussed the triadic relationship between the widowed person, their new spouse, and their deceased spouse.

Since 2005 other scholars, such as Stroebe and Schut (2005), have begun to discuss whether it is better, in terms of outcome, to relinquish or to continue to hold a bond with the deceased. They suggest that it is not possible to say that one path is more beneficial than another and that it may, instead, depend on the individuals concerned. For some it may be important to maintain bonds, whereas for others it may be necessary to relinquish them. The key may be to distinguish between continuing bonds and grief intensity.

ANTICIPATION AND SOCIAL CAUSATION

Two other theoretical perspectives are also important to note: anticipatory bereavement and social causation. The theory of anticipatory bereavement suggests that some widowed people experience the effects of bereavement before their spouse has died (Dessonville-Hill, Thompson, & Gallagher, 1988). Among widows who have an ill spouse, this may not be surprising. For example, many spouses die from terminal illnesses such as cancer or from dementia. It is distressing to watch one's spouse die. However, even among those who do not expect their spouses to die, there may be higher levels of depression than those who do not go on to become widowed (Bennett & Morgan, 1992). Thus, it appears that anticipatory bereavement cannot be understood only in terms of caring for a sick spouse. It may also be explained by the fact that, for women in particular, husbands are generally older and are expected to die sooner. The other theoretical perspective is social causation; this perspective suggests that it is the effects of widowed status rather than, or in addition to, the bereavement itself that causes declines in psychological well-being (Wade & Pevalin, 2004). Society does not treat single people, including widowed people, as well or grant them as much status as those who are married. Thus, widowed people are disadvantaged financially, socially, and psychologically.

THE CONSEQUENCES OF WIDOWHOOD

Traditionally much of widowhood literature has focused on those people for whom experiences of grief and widowhood might be described as pathological. But for the majority of widowed people, especially those who are older, widowhood is a high-probability event and an event that, although distressing, cannot be described as pathological but rather as normative. Among younger people widowhood is less common and not a normative event. In these circumstances, younger people have fewer shared experiences to draw on, and the effects may differ—something that is addressed later in this entry.

However, in general, the evidence suggests that widowed people experience lowered morale and mood following the loss of their spouse. Depressive feelings may be elevated among widowed people for at least 2 years following their loss, and mood may not return to its pre-widowhood levels. However, only a relatively small proportion of widowed people meet the criteria for clinical depression, especially in the long term. Widowed people may miss their spouse and feel sad, but at the same time they carry on with their new lives and find satisfaction. The evidence for physical health is less clear. Some research suggests that there are short-term effects on physical health. For example, sleep and eating habits may be disrupted. Health maintenance behaviors may also be affected; physician consultations, for example, may increase or, conversely, decrease. Changes in these behaviors may be dependent on whether the deceased (often the wife) was the gatekeeper for health-related behaviors. For instance, wives often monitor their husbands' diets and medication

Cancer Caregiver. *Hospice nurse Joni Connelly comforts Nancy Warner as her husband of five days, Dick, lies unconscious in their Post Falls, Idaho, trailer. Marriage was a priority for Dick, who realized his body was beginning to give up its fight against cancer. He was a hospice patient for four and a half months before he died, with Nancy, his wife and caregiver, by his bedside.* **AP IMAGES**

regimens, and the loss of a spouse may hurt a husband's ability to keep up with these two important health behaviors. There is also evidence, among men in particular, of increased mortality across all causes of death, which includes suicide, but especially in accidental deaths. The popular view of people dying from a broken heart is borne out to some extent by data from death certificates (Parkes, Benjamin, & Fitzgerald, 1969). The evidence suggests that men, rather than women, are more likely to die prematurely following the death of their spouse, and this is across all causes of death (Jones & Goldblatt, 1987).

SOCIAL CONSEQUENCES

Widowed people also report social consequences of widowhood. Widowed women talk often about changes in friendships. They report losing or being shunned by their married friends and of turning to other widowed women for companionship. The social lives of widowed men also change. Traditionally men's social networks revolved around work. Frequently other social activities, with both family and friends, were arranged by their wives. When their wives die, men must forge new social relationships or face a reduced social circle. The social circle may be increased if the widow(er) remarries. This is more common among men than women. For many women of the pre-World War II (1939–1945) birth cohorts, there is no desire to remarry and resume the traditional gender role of caretaker (Bennett, Hughes, & Smith, 2002).

GENDER DIFFERENCES

Throughout this discussion there has been evidence of gender differences in the responses to widowhood. Men and women, including the widowed, believe that men fare worse as widowed people than women. They attribute this to men's poorer domestic and social skills and the notion that men, in the European and North American developed nations, bottle up their feelings. Some research suggests that this might be the case, at least with respect to emotional responses. Margaret Stroebe, Robert Hansson, Wolfgang Stroebe, and Henk Schut (2001) found that, on balance, when the most carefully controlled studies were considered, widowed men were more vulnerable following spousal loss, although this difference was small. However, some studies show that the differences may be due not to the experience of emotional stress but rather with the language used in expressing emotional feelings. To preserve masculinity, men may use masculine language such as control and self-sufficiency to express emotional feelings (Bennett, 2007).

IDENTITY

Identity is one aspect that is challenged by widowhood. For many married people, being married and part of a couple is a central part of their identity. Once a partner has died, society views that person as a widow and as a person alone. Yet the widowed person still sees herself or himself as a wife or a husband and as maintaining a bond with the deceased.

Thus, a widowed person's identity is challenged. At the same time they may see themselves both as a widow(er) and as a wife or husband whose spouse has died. Some changes and reconstructions of identity are required. For men it appears that this is undertaken in ways that allow masculinity to be preserved at a time when it is most under threat. Women, by contrast, maintain their self-identity as wife, while at the same time incorporating an independent and self-sufficient self in the face of social challenges.

SOCIAL SUPPORT

Social support is known to influence coping in stressful situations in general and, as a consequence, a number of studies have examined the effects of social support on adaptation to widowhood. One of the most carefully controlled studies of social support was conducted with data from the CLOC study. A main effect for social support in simple terms means that the more social support a person has, the better his or her well-being. In addition, if social support has a buffering or mediating effect, then social support will enhance coping with the stressful situation. Stroebe, Zech, Stroebe, and Abakoumkin (2005) found evidence for a main effect for social support but no effects of buffering or social support as a protective factor. They found that social support, though helpful, does not reduce the impact of loss or quicken the pace of adaptation. This may be because bereavement, unlike other types of stressors, is one that (among older adults) is part of the normal aging experience rather than one that is unexpected and abnormal. Social support for widowed people comes from a variety of formal and informal sources. For many, social support is provided informally through family and friends. For some it is provided more formally through welfare and health services or through bereavement counseling. The key to effectively coping with widowhood may be to ensure a good fit between the needs of the widowed person and the support offered. Difficulties may arise when this fit is poor; not only may under-provision be problematic, but over-provision may be inappropriate as well.

The age at which people become widowed may influence the ways in which they respond to widowhood and the ways in which society responds to them. Younger widowed people often face additional challenges. For example, they may have children to care for and, therefore, have to manage their own grief alongside that of their children. There may be greater financial strain as one parent becomes both caregiver to children and breadwinner. Social circumstances also may change; younger widowed people caring for children may feel particularly isolated as they are unable to socialize as often as they wish. Younger widows may be more interested in repartnering than older widows, and yet this may be more difficult if there are children around.

FACTORS THAT CONTRIBUTE TO OUTCOMES

This discussion has focused on the normal experiences of widowhood. However, there are some factors that contribute to the successful (or unsuccessful) adaptation into widowhood. The circumstance of the death is thought to have some bearing on adaptation. Those people who are widowed as a consequence of violent or traumatic causes may have a poorer outcome, as Lindemann's (1944) early work showed. There is not clear evidence as to whether a sudden or prolonged death is harder to come to terms with (Lopata, 1996). Among older spouses, there may be some recognition that one of them is likely to die and that it is more likely to be the husband. Thus, as has been mentioned earlier, there may be anticipation of the death. The older the spouse, the more likely widowhood becomes. Among younger spouses, by contrast, death is an unlikely event and, thus, may be more difficult to adjust to. For many widowed people, having the opportunity to say goodbye is important but in many cases is simply not possible. Those people who feel responsible, whether with justification or not, for their spouse's death may find adaptation more difficult. Those who had an ambivalent relationship with the deceased may also find adaptation more problematic. Those who keep to themselves, especially in the context of emotional expression, are also less able to cope well.

Some circumstances and personal characteristics appear to be helpful. For example, those who have been caring for a sick spouse may feel some relief mixed with grief. Those who are able to find new meaning and new identities are better able to deal with widowhood. Among men, those who have had previous experience with domestic responsibilities (e.g., looking after children or a sick spouse) appear to be better equipped at adapting to widower status. People who continue to communicate to what they believe is their deceased spouse's presence appear to cope better than those who do not.

Younger widowed men and women may face additional challenges in adapting to widowhood. Many widowed women talk about the changes in friendships that occur as a consequence of widowhood. This is particularly important among younger widows who may face a double burden of isolation. They may have child care responsibilities that tie them to the home and, as with older widowed women, married friends may drift away. American and British society is more accepting and equipped for couples than for those on their own.

PRACTICE AND INTERVENTION

There have been a number of supports designed for widowed people. Stroebe et al. (2001) make clear the distinction between grief counseling and grief therapy. The former

refers to helping a bereaved person through the process of normal grieving; the latter refers to interventions designed to assist in complicated or pathological grief. In the United States, Phyllis Silverman's (1986) Widow-to-Widow program provides mutual help, whereby widowed people help other widowed people adjust to life as a widow. In the United Kingdom there is a national self-help organization, Cruse, that provides support for widowed people. Lund et al. (2004) has taken the DPM model of coping with bereavement and applied it to an intervention.

FUTURE OF WIDOWHOOD RESEARCH

The future of widowhood research is very exciting. There are increasing opportunities to study widowhood longitudinally, especially with studies such as the CLOC. It is important to distinguish the effects of widowhood from those of bereavement and from preexisting social and psychological states. Much of the research on widowhood has focused on men and women born before World War II. These men and women grew up with experiences of traditional gender roles, with most men going out to work while women raised the family. These patterns are slowly changing. It is unlikely that the experiences of widowed men and women will be exactly the same when new studies take place with widowed people born after the 1950s. Profound changes also are occurring in the patterns of marital relationships. People are cohabiting more, marrying later, and divorcing and remarrying more frequently. These complex marital histories are likely to make studying widowhood more complex.

SEE ALSO Volume 2: *Family and Household Structure, Adulthood;* Volume 3: *Caregiving; Death and Dying; Singlehood.*

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Kate M. Bennett

WISDOM

Wisdom has been hailed as a human virtue across history. Folklore suggests that wisdom increases with age. The scholarly view of wisdom has shifted across time from emphasizing proper conduct in living one's life to focusing on individuals' particular mental capacities and knowledge as well as their socioemotional sensitivity in understanding fundamental life issues. To encompass both moral and social-cognitive aspects of wisdom, Paul B. Baltes and Jacqui Smith (1990) referred to wisdom as an orchestration of mind and virtue. In the past, thorny definitional and measurement issues kept all but the heartiest social science researchers from tackling this complex, value-laden topic. Fortunately, however, the empirical examination of wisdom grew rapidly during the 20th century. The relation of wisdom to aging has been central to its examination in lifespan psychology, life course sociology, and gerontology.

DEFINITION

In the social sciences, an important distinction is made between implicit and explicit wisdom (Sternberg, 1998). *Implicit wisdom* refers to conceptions of wisdom that individuals with certain personal attributes (e.g., age, gender, culture) carry in their minds. For example, a young woman in Austria may have a different conception (i.e., implicit theory) of what wisdom entails compared with the thoughts of an old man in Japan. Among other issues, research on implicit theories of wisdom addresses whether older and younger individuals conceive of wisdom differently.

Explicit wisdom refers to what wisdom *actually is* based on experts' theories (e.g., philosophical writings, theoretical and empirical investigations). Researchers who examine explicit wisdom define and measure individuals' relative levels of wisdom. For example, research addresses whether older individuals have a greater level of wisdom than younger persons. Although definitions of wisdom vary in their specifics, several central aspects appear consistently across the multidimensional definitions of wisdom in the literature. Definitions generally include an integration of positive social-cognitive aspects (e.g., rich knowledge base, reflective attitude), socioemotional qualities (e.g., compassion), and the ability to manifest these capacities in real-world contexts.

One well-accepted definition is that wisdom is expertise in the *fundamental pragmatics of life* (Baltes & Smith, 1990). This involves having rich factual knowledge about human nature and the life course, rich procedural knowledge about ways of dealing with life problems, an understanding of the lifespan contextual nature of issues, a view of different values as relative, and tolerance for uncertainty. This definition does not include age per se; its focus on expertise suggests that age may be a necessary if not sufficient condition for the development of wisdom. Monika Ardelt's definition (2003) of wisdom has also been very influential. She argues that wisdom involves the intersection of three broad components: cognition, reflection, and affect. Ardelt also claims that age alone does not promote wisdom, but her research suggests that wisdom in late life is associated with greater life satisfaction.

Several other authors have contributed key aspects to current definitions of wisdom. For example, R. J. Sternberg's (1998) definition of wisdom from his *Balance Theory* is distinct in including metacognitive style: knowing that one does not know everything. L. Orwoll and M. Perlmutter's (1990) view of wisdom describes it as a mature personality style. Some debate continues in the literature about whether wisdom is best seen as a form of expertise, or behavior, or whether it is an aspect of personality development. J. E. Birren and L. M. Fisher (1990) introduced the notion that regardless of whether wisdom is largely expertise or a matter of personality, it is not simply something one thinks or feels. Wisdom must manifest itself practically in response to life's most challenging issues and problems. These authors also suggest that wisdom should increase with life experience (and therefore age) but note that wisdom is not exclusively found in old age. Baltes and Staudinger (2000) have summarized the relation between age and wisdom by referring to age as one of several *facilitative contexts* for the development of wisdom.

Besides the distinction between implicit and explicit wisdom, scholars have further delineated explicit wisdom. For example, W. L. Randall and G. M. Kenyon (2001) describe *ordinary* and *extraordinary* wisdom. Ordinary wisdom refers to finding meaning in life. This involves accepting and valuing life's experiences including one's own personal life story. Extraordinary wisdom involves cognitive abilities, life experience, relationship skills, striving to live a good life, and spiritual-mystical understanding of the meaning of human existence. A very different delineation has been suggested by Staudinger. She operationalizes the distinction between general and personal wisdom. *General wisdom* is concerned with life