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Coping, depressive feelings and gender differences in late life widowhood

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Abstract
The study investigated the relationship between depressive feelings and coping amongst older widowed men and women. Participants were interviewed about their affective experiences of widowhood and completed two depression questionnaire assessments, the Symptoms of Anxiety and Depression Scale (SAD) and the Hospital Anxiety and Depression Scale (HADS). Participants were assessed as either coping or not coping. The results showed that both measures were effective at differentiating those who coped (Copers) from those who did not (Non-Copers) in the sample as a whole. Amongst the widows the HADS significantly differentiated the two groups. Amongst men, neither measure significantly distinguished Copers from Non-Copers. However, an examination of the interviews suggested that widowers reported depressive feelings significantly more often than widows. The results suggest that depressive feelings are associated with non-coping in older widowed people. There is also evidence to suggest that widows and widowers respond differentially to assessment measures.

Introduction

Widowhood is one of the most stressful life events older people may face. A number of studies have shown that depressive feelings are elevated in widowed people (Bennett, 1997, 1998; Gallagher, Breckenridge, Thompson & Peterson, 1983; Zisook, Paulus, Shuchter & Judd, 1997). Bennett (1997, 1998) found elevated levels of depression following bereavement both in the short (4 years or less) and medium (8 years or less) term amongst widowed people, when compared with their pre-bereavement levels and with their married counterparts. Often in the literature the terms bereavement and widowhood are interchangeable. Bereavement is operationalized as the objective situation or state of having experienced the death of someone significant in one's life; it is considered to be a relatively short-term state, and has primarily personal consequences and meanings. Research into bereavement often examines the two-years that follow the death (for example, Zisook et al., 1997). Widowhood, on the other hand, refers to an ongoing, and frequently long-term state, which has both social and personal consequences and meanings. The distinction between bereavement and widowhood is an important one in the consideration of depressive feelings. Much of what is known concerns bereavement, less is known about the impact of widowhood on affective states and depressive feelings (see for example, Bennett, 1998).

Although older women are reported to have higher levels of depression than men (Kessler, Zhao, Blazer & Swartz, 1997; Pálsson, Östling & Skoog, 2001), the gender effects are generally reversed in widowhood, that is, depression is higher amongst widowers (see Stroebe & Stroebe, 1983). In a comprehensive review Stroebe, Stroebe and Schut (2001) concluded that when only the most rigorous studies are considered widowers have higher levels of psychological disturbance than widows. Two of the studies they recommended are relevant here (Cramer, 1993; Umberson, Wortman & Kessler, 1992). Both were large-scale cross-sectional studies, using recognized measures of psychological disturbance (CES-D and GHQ), one conducted in the USA and one in the UK. Using different analytical methods both concluded that psychological disturbance, termed depression by Umberson et al. (1992) and psychological distress by Cramer (1993), was greater in widowers than widows when compared to their married counterparts.

One of the disadvantages of the reviewed work is that they considered all widows regardless of age, and thus did not focus on older widowed people,

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nor did they statistically control for age (there is evidence that depression increases with age in women; Bennett & Morgan, 1992). A number of studies have focussed on older adults (Chen et al., 1999; Lee, deMaris, Bavin & Sullivan, 2001). Chen et al. (1999) found that the relationship between gender and outcome from bereavement was complex. They found that in general widows had higher levels of depression than did widowers. However, amongst those widowers who had high levels of anxiety at six months there was a high level of suicidal ideation at 25 months. In another study of older widowed people Gallagher et al. (1983) found that widows had higher levels of distress than widowers. Taking the evidence of studies of widowhood in later life with those of widowhood in general, suggests age is an important factor in studies of widowhood.

In addition to studies that examine forms of distress such as depression, several also examine coping mechanisms and how these mechanisms relate to outcome. For example, Stroebe, Stroebe and Domittner (1988), found that locus of control beliefs predict recovery, with those with low internal control beliefs recovering more slowly than those with high internal control beliefs. Stroebe and Schut (1999) developed the Dual Process Model of Coping, which suggests that bereaved people engage in two forms of coping: loss-oriented and restoration-oriented. Stroebe and Schut (2001) reviewed theories of coping in relationship to bereavement and suggest that it is a valuable area of research for a number of reasons including the validation of assessment tools, which are important in clinical settings.

The study reported here was part of the 'Older Widow(er)s Project' which was designed to investigate psychological well-being and lifestyle in older widowed people. This project enabled us to examine the relationship of depressive feelings to coping in older widowed men and women. In addition, we were able to examine whether different assessments of depressive feelings were more sensitive to one gender than the other in the assessment of depression. Finally, we were able to examine whether the non-clinical interviews contributed to an understanding of depressive feelings.

Method

Participants

The participants were 46 widowed men and 46 widowed women. In the analyses presented here one woman was excluded since she had been widowed for 60 years. The remaining participants were aged between 55 and 95 years (mean = 74) living in the North West of England. They had been widowed between 3 months to 32 years (mean 8.68 years). Demographic details are summarized in Table I, and includes information concerning the excluded woman for consistency with other papers published from the larger study.

Procedure

The aims of the Older Widow(er)s Project were communicated to a diverse range of formal and informal groups of older people. Contact was also made with other welfare organizations and agencies, social services and sheltered housing schemes, through whom links with widowed people were established. The interviews were conducted by one of three interviewers and were tape-recorded, took place at the respondents' homes, at a day centre or at the University of Liverpool and lasted between one and two hours. The local ethics committee approved the study and confidentiality and anonymity were assured. Names have been changed to preserve anonymity.

The interview

The interviews were semi-structured and were designed to elicit information on lifestyle and affect, by asking what the participants did and how they felt at specific times. Respondents were first asked factual information concerning age, length of marriage, widowhood and family relations. Secondly participants were essentially asked two questions (with supplementary questions) about their widowhood;

Table I. Demographic data by gender.

	Women ($n = 46$)*			Men ($n = 46$)§		
	Mean	Standard deviation	Range	Mean	Standard deviation	Range
Age	73.29	8.93	57–95	75.02	7.88	55–93
Age at widowhood	62.10	10.54	35–86	55.84	10.20	42–87.75
Years married	35.75	13.49	2–63	39.37	12.97	5–63
Years bereaved	10.94	10.7	1–60	8.18	6.72	0.25–25
SAD anxiety	2.86	2.91	0–12	2.2	2.41	0–14
SAD depression	2.41	3.28	0–13	1.72	3.08	0–18
HAD anxiety	5.30	3.39	0–17	5.25	3.24	0–16
HAD depression	3.49	2.49	0–10	3.72	5.25	0–16

*Includes woman excluded from these analyses; §Sample *n* includes the participant who completed the questionnaires

what did you do; and how did you feel. These two questions were asked repeatedly following the chronology of events: married life prior to widowhood; the time around the death of the spouse; one year post-bereavement (for those who had been widowed for longer); and the present time. In addition, participants were asked their views on widowhood more generally—whether they thought widowhood was different for a man than for a woman; what advice they would give someone in the same situation as themselves; if anything would make life easier for them; and whether they thought the government or local authority could do anything to help widowed people. In the context of this paper it is important to note that the original purpose of the interview, in the context of the wider study, was not to assess depressive symptomatology in any formal or structured way.

Questionnaires

Participants also completed two questionnaires: the Hospital Anxiety and Depression Scale (HADS: Zigmond & Snaith, 1983); and the Symptoms of Anxiety and Depression scale (SAD: Bedford, Foulds & Sheffield, 1976). These both measure depression and anxiety, but in different ways. The 14-item SAD, derived from the Delusions, Symptoms and States Inventory (DSSI) was used (Bedford et al., 1976). The SAD focuses exclusively on recent symptoms, and comprises two seven-item subscales relating to anxiety and depression respectively. It has been successfully used in an older population (Morgan et al., 1987). The HADS is a self-report questionnaire developed for non-psychiatric use, to detect adverse anxiety and depressive states. Participants are asked to choose an immediate response from four options for 14 questions, to show how they have felt over the past few days. The anxiety and depressive sub-scales are also valid measures of the severity of the emotional disorder. This measure has been found to function as an effective measure of anxiety and depression amongst older patients with major depression (Flint & Rifat, 2002). The anxiety and depression scales are considered independently. In this paper only the depression sub-scale is reported.

Analysis

To allow comparison of the interviews and questionnaire data, analysis of the interviews material was confined to 'present time'. In addition it includes references to depressive feelings, which are reported in the present tense elsewhere in the interview, since participants do not always stick strictly to the chronology of events. The interviews were coded using grounded theory and content analysis methods by three members of the team (see Bennett & Vidal-Hall, 2000, for a detailed description of the analytical technique). The codes which formed the theme depressive feelings were 'suicide/was life worth living', 'depressed', and 'devastated'. These codes reflect 'downhearted and blue a good deal of the time' identified by Berwick et al. (1991, p. 175) as an effective single item screening measure for mental health problems. Participants were classified as 'reporting depressive feelings' if they reported one of the codes listed above or not. Inter-rater reliability was assessed and agreement was found to be 80% between the coders.

As part of the larger study, coping was assessed by expert reading of the interviews and assessment of non-verbal aspects of the interview. For example, coders looked for reports of medication, contact with primary care, not coping, and the non-verbal content of the interviews were taken into account. They were classified either as coping well or not coping well, these are referred to as Coper or Non-Coper, respectively. Characteristically Copers had developed a life without their spouse, were not unduly distressed during the interview, were able to discuss the issues surrounding their bereavement in positive as well as negative terms and described the events surrounding their bereavement with a degree of distance. This assessment was made independently by two members of the team (GMH and KMB) and agreement was found to be 95%.

Data from both the SAD and HADS depression sub-scales was treated as continuous data (termed depression score). Both the HADS and SAD data were skewed and as a consequence were transformed to normalize the distributions. The SAD was transformed using an inverse transformation (Skew before transformation $= 2.48$, Skew after transformation $= 0.77$) and the HADS using a square-root transformation (Skew before transformation $= 1.51$, Skew after transformation $= -0.17$) (Tabachnick & Fidell, 2001). All data discussed was thus transformed.

Results

In order to further examine whether the three measures of depression predicted coping logistic regressions were conducted. The criterion suggested by Tabachnick and Fidell (2001) for power were met. The SAD and HADS data were continuous. In the whole sample both the SAD and HADS were significant (see Table II). For women, only the HADS significantly predicted coping. On the other hand for men, no measure significantly predicted coping, (although the SAD approached significance). In all of these analyses Age was included in each analysis but was never a significant predictor.

Reports of depressive feelings from the interview

In analysis of the interview data, we observed that men were reporting depressive feelings more often

Table II. Logistic regression showing how well depression assessments predict not coping.

	Depression assessment			
Sample	SAD		HADS	
$df = 1$	χ^2	p	χ^2	p
All	4.65	0.031	7.3	0.007
Women	0.97	0.324	4.08	0.043
Men	3.65	0.056	3.11	0.078

than women (12 men and three women), meeting the 'downhearted and sad' criteria used by Berwick et al. (1991). These data were analyzed using log-linear analysis, which revealed a significant three-way interaction between gender, coping and reports of depressive feelings (χ^2 (1) = 6.72, $p = 0.01$) (results were checked with Fisher's exact). This is caused by Reporting Depressive Feelings significantly predicting not coping in men (χ^2 (1) = 7.82, $p = 0.01$) but not in women (χ^2 (1) = 1.40, $p > 0.1$): seven out of 12 men (58%) who reported depressive feelings in the interview were classified as Non-Copers, whereas none of the three women reporting depressive feelings at interview were Non-Copers.

Below are examples of the interviews with men: direct expressions of depression, expressions of deep sadness, and discussions of the pointlessness of life and suicide.

Devastated. Four men, whilst not mentioning the word 'depression' directly clearly describe feelings which would meet the 'downhearted and sad' criteria used by Berwick et al. (1991) in their brief assessment of depression. For example, Man 13 said:

> Shattered... The misery's still there sometimes. I was devastated obviously... I couldn't honestly get over it. (M37).

Man 37 illustrates the thorough way the interviews need to be read in order to understand the sequence of events and whether the depressive feelings are current.

Depression. Three of the men discuss feeling depressed. For example, M2 expresses his feelings very succinctly:

> Depressed. (M2).

Suicidal/life worth living? The final reports concern thoughts of suicide and questions of the value of life, six men discussed these issues. The most poignant of these is M39 who also scores on the measures of depression, and the study's criteria for not coping. He is also one of the most recently bereaved respondents. It is his responsibilities that keep him alive.

> All I basically want to do is, every night I pray, pray to die so that I can be with her.

Other men talk about how little they value their lives now that their wives have died. M29 does not want to make a fuss about it, but nevertheless feels that his life is pointless.

> But I just don't feel there's any point in my life now. (M29).

M44 also reports that he no longer valued his life, and indeed still does not:

> I didn't really care whether I lived or die you know... It hasn't improved a lot really since. (M44).

These extracts from the interviews suggest that widowers discuss their feelings during the interviews, and more particularly their feelings of depression. The depth of their feelings in relationship to their loss is evident, and represents the feelings of a further six widowed men, whose interviews are not quoted here for brevity.

Discussion

The results demonstrate that both the SAD and HADS predict coping status when widowed men and women are considered together, such that lower scores predict coping. However, when men and women's data are considered separately women's coping status is predicted by the HADS alone. Amongst the men, neither the HADS nor SAD predict coping, although the SAD approaches significance. Examining the qualitative data there was a significant interaction between reports of depressive feelings, gender and coping, whereby those men who report depressive feelings (similar to the criteria set by Berwick et al.) are more likely to also be Non-Copers. Taken together these results link previous findings regarding depression (Zisook et al., 1997) with those examining coping (e.g., Stroebe & Schut, 2001), both of which have focussed primarily on bereavement, and extended them to a sample experiencing the effects of widowhood. In addition, the interview data, tentatively, suggests that men, especially those who are coping less well, are more likely to express their distress during an extended interview, than in the completion of measures such as the HADS and SAD. The data also suggests differences in the ways in which widows and widowers respond to interviews and questionnaire measures.

The results provide evidence of the relationship between depressive feelings and coping status, drawing together two strands of research, which have previously been discussed separately (see for example: Zisook et al., 1997; Stroebe & Schut, 2001). We found that reports of depressive feelings, whether measured using the HADS or SAD,

or examined through the interviews, were more common amongst those who were coping less well. Given the context for the interviews and the questionnaire completion we argue that these reflect the widowhood experience, rather than more general depression. In the interviews, for example, participants did mention other circumstances, such as family conflict or other bereavements, which might account for depressive feelings. However, we have examined the interviews that form the core of this study and these circumstances are not evident. In addition, it has been well established that spousal loss is one of the most negative life events, next only to the loss of a child (and we have examined our interviews for this occurrence) (see Parkes, 1996). Given the data presented here it would be interesting to investigate the relationship between depressive feelings and coping in a larger sample using established measures of depression, including psychiatric interview, and of coping.

Analysis of the interviews was valuable with respect to the widowers, and provides an interesting and potentially valuable avenue for further research. The interview may be of particularly useful with respects to the men for at least three reasons, which we will mention briefly. First, the interview allowed the qualification and quantification of widowhood experiences especially within the context of life course. Second it provided an environment where there was less need to maintain the 'stiff upper lip' so often reported amongst British men (Pickard, 1994). Third, a related issue concerns the preservation of identity. Respondents are, naturally, concerned about how they appear to the interviewer or if one generalizes, to the doctor. In the case of questionnaires like the SAD and HADS it may be easier to maintain that outward image, by minimizing experiences. In a longer interview, however, it is more difficult to sustain that. This is also likely to be the case in a diagnostic interview. There are also some interesting comparisons to be made between statements made during the interviews and SAD items, where the men reported them during the interview but did not respond to the SAD item in the same way. For example, the SAD item 'Recently, the future has seemed hopeless' parallels M29's 'I'm just existing at the moment' and the SAD item 'Recently have you been so miserable that you have had difficulty with your sleep?' resembles 'I'd get up in the middle of the night and have a ride around the village' (M26).

Conclusions

The study demonstrates a relationship between reports of depressive feelings (both in interviews and in questionnaires) and coping less well amongst older widowed men and women. It provides some evidence that depressive feelings are not only associated with the potentially shorter-term effects of bereavement, but also with the more longer-term effects of widowhood. We also found that different assessment measures appeared to be more effective with one or other gender. Whilst the interviews were not designed to assess depressive feelings, there is some tentative evidence that men responded to the interview in a manner that revealed more of their feelings than did the HADS or SAD. This warrants more research designed specifically to examine the relationship between coping, and depressive feelings in older widowed people. Given the concerns in the health services regarding excess mortality in widowers and rising levels of suicide in older men (Bowling & Benjamin, 1985; Department of Health, 2000), identifying those at risk is particularly important. Developing ways of assessing depressive feelings and coping would be a valuable next step in this endeavour.

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