

‘Was life worth living?’ Older widowers and their explicit discourses of the decision to live

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Abstract

It is well recognized that there is excess mortality among widowed men. However, explanations for this are not well developed. It has been argued that functional ability, accidents or a ‘broken heart’ may explain this finding. During two studies of widowhood in older men, there was an explicit discourse about the decision to continue with life following the death of their spouse in one-third of the interviews. These discussions did not concern suicidal ideation. Instead they involved a rational consideration of the available choices. The men discussed related issues including the meaning of their lives, age and the mortality of friends, and their responsibilities. In addition, there was frequently a clear expression of stoicism in their decision to keep on living. It is suggested that these men chose to keep living following their bereavement. However, other widowers, not studied here, may make a different decision and choose either explicitly or implicitly not to continue to live.

Keywords: *Widowers, bereavement, mortality, life, stoicism*

Introduction

The subject of this paper emerged unexpectedly from analysis of interviews conducted during two studies of late-life widowhood among men. The interviews were wide-ranging, extensive and only loosely structured. Participants were simply asked how they felt and what they did before, during and one year after, and currently following, their loss. Although the interviews were designed to elicit information on particular aspects of a widower’s experience, the most interesting findings were those that emerged from the data in an unexpected and unsought-for manner, in line with a grounded theory tradition (Charmaz, 1995). One of the most interesting and unexpected findings in these two studies was that widowers often discussed the value of their life and the decision they had made to continue living after their wife had died. These discussions were, in every case, spontaneous and unprompted by the interviewer, as this was not the central focus of the interview. These discourses are the focus of this paper.

Many people will have to face widowhood in later life. For example, in 2001 in England and Wales 49% of women and 17% of men over the age of 65 were widowed (Office for National Statistics, 2002). There are two particular issues that turn the focus to widowers: first, evidence that widowers are more likely to die earlier than widows (Stroebe & Stroebe, 1993) and, second, that they are often believed to cope less well than widows (Stroebe *et al.*,

2001). Stroebe and Stroebe (1993) reviewed the evidence of excess mortality. They found only four studies that did not support the consensus, including studies by McNeill (1973, cited in Stroebe & Stroebe, 1993) and Smith (1990, cited in Stroebe & Stroebe, 1993). In both of these cases the unexpected results may have occurred as a result of small sample sizes. However, the majority of evidence suggests excess mortality among widowers. Bowling and Benjamin (1985), for example, found that there was excess mortality among men aged over 75 up to 6 months following bereavement. Other studies have suggested that there is an increased risk of death following bereavement, especially among men (see Jones & Goldblatt, 1986, 1987). What explains this excess mortality? Both medical explanations and social explanations have been suggested.

Turning first to the medical explanations, Jones and Goldblatt (1987) found that the number of deaths from all causes among widowers was raised, and in particular deaths from accidents and violent causes, including suicide. A common theme in studies of mortality following bereavement has been that of accidents as cause of death (see, for example, Stroebe & Stroebe, 1983; Jones & Goldblatt, 1987). Why should accidental deaths increase following bereavement? At least three explanations are possible. First, widowed people might be more accident prone as a consequence of their bereavement. Second, widowed people might be less careful of their own lives following their loss. Third, these accidents might be suicides that are misreported on the death certificate (for reasons of sensitivity) or it is unclear whether the death was accidental or deliberate (e.g. car accidents). Statistics on suicide for England suggest that it is more common among men than women at all ages (Department of Health, 2002). The UK Government launched its *Suicide Prevention Strategy* in 2002, with the aim of reducing suicide rates. One of the ways that it believed it could do so is relevant to this paper: improving the mental health of older adults. One study that draws attention to this was carried out by Li (1995), who examined suicide in older people and found that suicide may be associated with bereavement, particularly among men.

The most common social explanation of excess mortality is that of dying from a broken heart. One of the earliest studies to propose that explanation was that of Parkes *et al.* (1969). They reported excess mortality among widowed as opposed to married men. Stroebe and Stroebe (1993) have also explored this phenomenon. Under this umbrella they point to underlying explanations such as depression, immune system deficiencies, unhealthy living and, most importantly for this current study, a lack of the will to live.

There is also evidence to suggest that the impact on both mental and physical health is greater among men than among women. Stroebe *et al.* (2001), revisiting their earlier review, found that in those studies that were well designed, men fared less well than women once they were widowed (Stroebe & Stroebe, 1983). For example, they point to the work of Umberson *et al.* (1992), who found that when compared to gender-matched controls, widowers were more vulnerable to depression than widows. Studies that have found the reverse, that is that widows suffer more, have often not matched them with same-gender controls. For example, Jacobs *et al.* (1989) found in a telephone interview with widowed adults that depression was more common among widows. But as Stroebe *et al.* (2001) argue, the interviews were only conducted with widows and not with married controls. However, even if those studies that are methodologically well-designed are considered, one problem, in the context of older widowhood, remains. Almost all of these studies were not conducted specifically with people in later life. Some studies have focused on older people. For example, Gallagher-Thompson *et al.* (1993) found short-term declines in physical health. Byrne and Raphael (1994) found depressive bereavement phenomena in half of their men up to 13 months following their loss. Finally, in terms of

social participation, Bennett and Morgan (1993) found that outdoor activities, such as gardening and shopping, decreased, whereas indoor activities such as housework increased. This view was also supported by Davidson (2001), who found, among the widowed men she interviewed, that widowers believed themselves to be tied to domestic activities after their wife had died.

This paper aims to examine the discussions that widowed people have concerning decisions to live and the value of life. It is proposed that these discussions will shed light on the complex issue of mortality following bereavement and on the motivations of many widowed people to continue to live.

Method

Participants

The respondents were recruited during the course of two studies of older widowed men, the first conducted in the East Midlands of England (denoted Mr + letter) and the second in the North West of England (denoted M + number). Recruitment was through a variety of organizations concerned with older people, including widows' clubs, trade unions, Age Concern and social service departments. Many respondents were living in their own homes although several were living in sheltered accommodation. The data consist of tape-recorded interviews with 60 widowers. The widowers were aged between 55 and 98 years (mean age 79 years) and had been widowed for between 3 months and 25 years (mean 7 years).

Participants came from a wide range of social and economic backgrounds, representing the diversity of Merseyside and the East Midlands. We carried out a comparison of socio-economic status of our participants with General Household Survey 2001 norms and found no significant differences (Office for National Statistics, 2001). In addition, participants in our sample held a variety of religious, spiritual and secular beliefs, with no single religious denomination being dominant. Unfortunately, our sample did not reflect ethnic diversity, although we had attempted to do so.

The interview

The interviews were tape-recorded and undertaken in the respondents' own homes; they were semi-structured and lasted between three-quarters of an hour and an hour and a half. Before beginning the interview, the respondent was given an information sheet to read and was asked to sign a consent form; confidentiality and anonymity were assured. The interview was not prescriptive; the aim was to learn from the widowed people what was important to them. The approach was: 'we are the novices and you have the experience'.

The interview schedule consisted of five parts: first, factual questions concerning age, length of marriage, widowhood and family relations; then four sections inquiring about the widowed person's life at various times. The first of the middle sections asked about what the marriage had been like. Questions included what hobbies they had pursued together, what the division of labour had been, what had they done separately, whether and on what issues they had argued, and so on. The second section asked about the time around the death of their spouse. For example, they were asked to describe what a typical day had been like after the death, whether they went out, what support they had had from family and friends, how they had felt, and what emotions they had experienced. The next section asked them what they did and how they felt one year on. They were asked how their lives had changed by then, what a typical day was like at that stage, whether they were now

doing anything new, whether anything had changed with regards to work around the home. They were asked had their feelings changed, whether they were lonely or whether they enjoyed being able to spend time alone. The last section asked about what their lives were like at the present time; what did they do with their time, how did they feel about their widowhood, how had their lives changed, what their emotions were, and how they felt now about being alone.

Analysis

The interviews were coded using grounded theory and content analysis methods by three members of the team (for a detailed description, see Bennett & Vidal-Hall, 2000). One of the themes that emerged that seemed to be fundamental to the experience of bereavement among the men was the decision to continue with life. This marked difference occurred in 20 of the 60 interviews and led to the more detailed analysis consisting of recoding the relevant passages for extracting more specific themes: carelessness of life and the decision to live; stoicism; affective and behavioural associations; and mortality. These specific themes are discussed below. Reliability was assessed and agreement was found to be 78% between the coders.

Results

The most striking finding in this study was that 33% of the men made explicit statements or had explicit discussions of this subject, the decision to continue with life. The other striking feature of the widowers' interviews was that the discussion of the value (or otherwise) of life was explicit. As will be seen, the men discussed these issues openly and with great frankness.

These discussions of the decision to live can be represented by a number of themes. These are carelessness of life and the decision to live, stoicism, affective and behavioural associations and mortality.

Careless of life and the decision to live

On first reading the interviews, one of the most striking aspects was the openness and frankness with which the men discussed whether or not their life was worth living, what its value was, and what was the purpose of life without their spouse. It was clear that several men did not care whether they lived or died, thought at least to some degree about suicide, and consciously thought about the decision to. These ideas form the basis of this theme and are illustrated by this first set of quotes.

Mr E was for some time following his bereavement (the loss of his wife and then a family friend) literally careless of his own life.

With being a diabetic I shouldn't do what I did do and consequently I ended up in hospital but that's beside the point. [What . . . ?] But then I used to go out at lunch time. [Right.] Which I'd never done. [Right.] Drink at lunchtime. [Right.] Go out every night which I never used to do . . .

. . . it was actually started on the Sunday when I had this heartache over it and I just thought, *fuck it*. I went straight round to the pub. Then I came back, then I got my dinner prepared . . . Yeah I was diabetic and I, I was drinkin' there one night, *bang*, I was out. [Really?] And the next thing I was in hospital. (Age 74, widowed 5 years)

Similarly, M44 said:

I didn't care whether I lived or die, you know. (Age 77, widowed 7 years)

The next widower had an explicit discussion about the value of his life over 16 years after his wife died after 40 years of marriage.

Oh I always felt upset like, you know. [Yeah. Yeah].

Thought to myself, was life worth living like, sort of thing, you know. [Really. Yeah, Yeah. And ...]

I still feel that way now. [And is that to do with missing your wife or is that kind of feeling lonely or ...]

Well I mean when you're on your own you're, you're, there's times when you get, is it worth it, like you know. (Mr D, age 81, widowed 16 years)

At least two other men expressed similar feelings. For example, M2, a 76-year-old widower who had been widowed 11 years, said 'life comes to an end', and M21 (age 75, widowed 11 years) talked about 'the futility of life'. At the extreme of this view are men who talked about suicide. In these cases they talked about suicide but that was all. None reported having prepared for or attempted suicide. For example:

Sometimes I felt like ending it all to be honest with you. I mean I don't think I would have done – I would never do that, never do that. But I felt that. (M15, age 81, widowed 7 years)

and

I was feeling suicidal. (M37, age 72, widowed 8 years)

By contrast, other widowers were more positive in their outlook and discussed the firm decision they took to continue living. As one widower said to himself, 'Either you drop dead or you get going' (Mr B, age 77, widowed 15 years). In the same vein Mr L said, 'Well it seemed a natural thing to do I mean, I'd got to carry on living so, you know'. Similarly, M10 (age 70, widowed 9 years) said, 'life goes on'.

Surprisingly, widowers were explicitly speaking about suicide and the lack of value they placed on their lives. Of these men perhaps only one of them took action that was likely to hasten death – Mr E knew that continuing to drink was dangerous. The others either thought about it but took no action or thought about it but dismissed it as not an option. Nevertheless, what is interesting is the fact that these men *did* think about it and thought that it was of interest and importance to the interviewer. Furthermore, these men did not appear afraid of social opinion that might frown upon such sentiments being expressed by men.

Stoicism

In the last two quotes in particular there is a strain of stoicism that is the next theme that emerged in relationship to the issue of life. Stoicism in the face of questions about the value

of life was an important theme. As above, it can be seen as an intra-personal decision, but in others as an interpersonal decision. For example, several of the widowers took into account their responsibilities to others. Mr B, above, said, 'but I'm trying to keep going as long as I can for other people's sake'. In a similar vein M3 said, 'It was the two lads that forced me . . . and it was just the two lads that kept me going' (age 75, widowed 8 years). These widowed men are discussing and have considered, explicitly or implicitly, that there was a choice – they chose to carry on but they could have given up. As Mr H said, 'you know, I've never really thought about that but it was obviously there' (age 76, widowed 3 years).

Running through the quotes above is a strong sense of stoicism, of carrying on against the odds. Here are some more examples.

Yeah, felt a bit sorry for myself. [Yeah.] But I intended to get over it and that was it. (Mr C, age 92, widowed 6 years)

I think what went through my mind was well I've got to do something about my life. (Mr H, age 76, widowed 3 years)

I got through it you know that. (M37, age 72, widowed 8 years)

Mr C is very matter of fact about not allowing himself to give in, whereas Mr H was acknowledging a struggle but is determined to overcome it. In previous work it has been suggested that stoicism was a particular characteristic of this generation of women but not of men (Bennett & Morgan, 1992). However, in this study, men are behaving in a stoical way, they persevere with life for the sake of other people or because they have been brought up not to feel sorry for themselves, perhaps 'keeping a stiff upper lip'. This is discussed in more detail in the Discussion below.

Affective and behavioural themes

Although stoicism has been dealt with as a separate theme, it is also possible to see it in the context of both behaviour and affect. Widowers demonstrated the discourse of the decision to live by discussing their actions – going to concerts, moving house. They also described their decisions in affective or emotional ways – describing themselves as lost, and indeed found. Other examples of these themes concern the desolation of bereavement but also the turning points on the road to life as a widower. For example, Mr D said:

I was lost like you know. [Yeah. Did you . . . ?] Can't explain really you know and you sort of erh you know I felt as though I had lost everything. Well I had lost everything. (Age 81, widowed 16 years)

Or Mr E and M10, who talked about the turning points in their lives.

I couldn't care – if the house burnt down . . . but you've got to make a move and as I say the first step back on the road . . . to normality . . . was the Philharmonic. (M10, age 70, widowed 9 years)

(The Philharmonic is a concert hall that was attended coincidentally and independently by several of the widowers in this study.) Mr E was the widower who had been trying to drink himself into oblivion:

Erh, got around and erh, they said leave Brown Road, and erh, I don't know what strings were pulled but when I did ring up the housing place over here and asked them about if I could move erhm, they said well I'll call you back, or she said, I'll call you back. And within an hour she sent me down here the same, the same woman to look at this place. [Right.] So it was empty it was all done so I, erh, decided to take it . . . I went to the Red Lion and me friend there they (words unclear), that was the first time I'd gone home sober. (Age 74, widowed 5 years)

This last quote in particular is inspirational. This widowed man described earlier how he was drinking himself to death and that he knew that the consequences of drinking could be fatal. Then came a turning point when a local priest (Mr E had been involved in the church when he was married) insisted on visiting and, together with the man's friends, turned his life around. The way Mr E tells it, the turning point just happened so quickly. It demonstrated that people can have a remarkable ability to turn their lives around and to begin living again. It is interesting that for both of these men they can identify an institution that turned them around. The role of such institutions and communities is discussed later. There are also, however, one or two men for whom there has not yet been a turning point. Mr D is such an example, as is M2 who said (as we quoted earlier) that his life had come to an end.

Mortality

Given both the widowers' ages and their widowed status it is not surprising to find that they are in some sense considering issues of mortality. What is surprising is how open they are in their discussion and also how those views often differ, and the three examples below illustrate this well. The first is from a 98-year-old widower who is preparing for his own death:

And I've just had a fortnight in Crete, I came home last Saturday. That's one of my daughters. I promised all three of them I'd see all three of them before I died so, that's it, I've finished now. (Mr A, widowed 3 years)

By contrast, this 92-year-old does not give the impression of expecting to die any time soon:

I eat very well, yes I'm a good eater and I think that's why, why I've lived so long. (Mr C, widowed 6 years)

Other widowers also talk about the mortality of their friends. For example, Mr D begins by talking about the loss of his wife and his two subsequent women friends, all of whom died. He then goes on to talk about the deaths of all his male friends:

so I mean I've lost, lost all me pals [women friends] . . . I've got no men friends. All my men friends have died. (Age 81, widowed 16 years)

M17 also discusses the deaths he has experienced including family and friends.

[following four family deaths] And then a friend of mine died of cancer . . . So there was death after death you know. Oh shocking. And then seven weeks after the fella I sat with at church he died suddenly. (Age 79, widowed 2 years)

In this context, it is now appropriate to mention one factor that has not been examined in detail in this paper, the cumulative losses that some of the men experience, especially the older men. Mr D and M17 are the most explicit of these. In other cases, one only gets a sense of these losses through reading their entire interviews, where the deaths of others (family, including parents and children (e.g. M32, friends, colleagues)) are mentioned in passing. From the current study the evidence does not suggest that it is those widowers who have experienced multiple losses who are more likely to discuss the issue of the value of life. A more tailored study would be able, however, to address those issues. A related issue is that many of the men would have expected to die before their wives. Some of the men mention this but not usually in the context of their decision to live. Had these two concerns been related it is likely that they would have been discussed in the same portion of the interview.

Discussion

The central finding of the study reported here is that one-third of the widowed men spoke spontaneously about the value of their life. It is also important because this was found in two studies conducted using the same methodology (which did not ask the men about this issue) in two geographically distinct areas in the UK (the East Midlands and Merseyside). This indicates that it is not a chance phenomenon, rather that it may reflect more widespread concerns among older widowers. Some might argue that it not interesting because two-thirds of men did not discuss the topic. However, in a cultural climate where discussion of suicide is not encouraged and where there is increasing concern about preventable deaths (whether from suicide or accidental causes) (NHS Plan, Department of Health, 2000) this finding is of importance. As in the results section, the focus of this discussion is on the widowers; why widows do not seem to discuss these issues is discussed later.

The extracts show that the widowed men do consider their own mortality and their attitude to life very carefully. They have made explicit decisions to carry on with their lives in the absence of their wives. They did not seem to do that lightly; instead they recognized how hard it would be. However, among these men at least, there is not a sense that they regretted the decision, although one or two may be indifferent to it.

Is it possible to explain why these men, rather than the others interviewed for this study, discuss these value of life issues? Possible explanations include age at bereavement, age at interview and length of time bereaved. However, there are no clear patterns. Their ages at bereavement range from 61 to 95, their current ages range from 70 to 98, and the number of years bereaved from 6 months to 16 years. These values overlap widely with the other men in the study. Another explanation concerns memory and recall. Three possible views could be taken. First, that these widowers are the only ones who have had these thoughts. Second, that these are the men who recalled these thoughts. Finally, there were also men who recalled these thoughts but who did not discuss them in the interview. The interview data do not allow the determination of which, if any, of these views is the most probable. However, the first view presents the probable minimum number of widowers who had these views and it is of significance that at least one-third of widowers considered explicitly the value of their life. Further study would elucidate this issue and the authors have recently re-interviewed a sub-sample of the North West widowers. It is possible to compare mortality in this group with the group as a whole, and this is being undertaken.

These men are clearly survivors. They are survivors not only in the direct meaning of the word, that is that they are alive, but also in the colloquial sense. From the interviews there is a sense of determination, of stoicism, and often of beating the odds. The men talk about the

fact that the people around them are dying, they talk of 'having to carry on', and a sense that they are not going to give in to feeling sorry for themselves (or not for very long).

There are several factors that may enable the men to make the decision to live and to continue living. For example, some of the men explain that they had to continue living because of their family responsibilities, as the quotations have shown. For some of the other men, their faith or their personalities gave them the strength to continue. And for yet others, people in the community, whether from religious organizations or sheltered housing schemes or neighbours, gave them support when it was most needed. There was no single factor or organization that unified these men's experiences. Rather, what it demonstrates is the diversity of experience and many potential resources that widowed men can call upon in a time of need.

While the men in this study are interesting and much can be learnt from studying them, it is also valuable to consider those men who do not survive. The studies referred to earlier indicate that mortality is higher in men than women; that death is more likely to occur within 6 months of bereavement; that many men are likely to die from natural causes; and that there is excess mortality from accidents and suicide, and simply from a 'broken heart' (Parkes, 1972; Jones & Goldblatt, 1986). Parkes (1972) suggested that the excess of mortality among male widows could be explained by increases in heart-related deaths – literally 'broken hearts'. Although more recent evidence suggests that the excess is not restricted to deaths through heart disease, there is a growing body of academic literature to suggest that dying of a 'broken heart' is not simply a lay or anecdotal notion (Stroebe & Stroebe, 1993).

Conclusion

It is important to consider why the men in this study survived while other men (not studied) do not. One possibility is a 'survival discourse'. In the data presented here, there are explicit discourses about whether 'life is worth living' among widowed men who continue to live. However, could there also be an explicit discourse about the meaning of life among those who do not survive? Of course, this is not an easy area for research. The men who have died are not available to study. There are ethical and practical problems associated with recruiting widowed men as soon as they become widowed or indeed before they are widowed. As a consequence this question about the discourse is likely to remain unstudied. However, it is possible to hypothesize. For many men the discourse may take place; it may be explicit but it may not. Perhaps the ability to have an explicit discourse is only possible once the decision to live has been made. Perhaps the discourse is part of the decision-making process. One can only speculate.

There is also a second possibility. It may be that for some men there is no explicit discourse. There may instead be a half-way house between choosing to live and committing suicide. Could these be the men who have car accidents, or fall, or who die of a broken heart, or fade away, or don't know how to look after themselves? They may not be that dissimilar from Mr E, who almost drinks himself to death. These are the men who lose the will to live. They do not appear in death statistics because they do not fit into medical classifications. But it is possible to suggest that these non-medical explanations account for much of the excess of mortality in recently widowed men and to ask how large this 'much' might be. I also have some recent and very tentative evidence for this hypothesis. The research team from the Merseyside study recently carried out a small-scale follow-up of participants. In the original study we identified participants as either coping or not coping. We found that a higher percentage of the non-copers had died compared with the copers. In a study of older men some participants would be expected to die because of their age, but these men were

not the oldest participants. Thus it seems important to continue to strive to understand the effects of widowhood and bereavement.

Finally, are these men remarkable? Survivors against the odds? They are unusual in the sense that they have not died before their wives, nor after their wives have died, and they have not remarried. They are part of an important minority. What factors might contribute to their survival, to the decision to live? From the evidence of the widowed men in this study there are a number of factors. For some men, as with Mr B, it is a sense of duty, of keeping going for others. For other men it is a good constitution, as with Mr C. But in large measure it seems to be a close (and geographically near) family – daughters and daughters-in-law and sons who organize the shopping, arrange new accommodation, or social visits. Where there is not family support there is often social support. In Mr E's case it was his friends in the Church community that got him back on his feet. So the evidence suggests, in a broad sense, that it is the widower's place in the family and the community that encourages him to survive.

Returning just briefly to widows, why do they not discuss the issues of the value of life more often? There are several possible explanations that warrant further investigation. It may be that, as the widows themselves have suggested, although their responses were not analysed in this study, family commitments and responsibilities prevent them from seriously considering other options. It may also be that family provides women with a more robust and reciprocal support network that ensures that widows focus more on the domestic detail than on the larger philosophical question that the widowers seem to consider. Certainly, widowed women speak much more often in stoical terms about their lives than do widowers (Bennett *et al.*, 2002). A study of the behaviour and meaning of stoicism might be of use in understanding these gender differences.

To conclude, there was a clear discourse about whether to continue to live, among older widowed men. There are three areas of research that seem especially relevant. First, is this discourse confined to men, or do women too discuss the value of their lives? Second, are those who have experienced multiple losses more likely to discuss the value of their lives? Third, is it possible to explore this discourse in more detail with widowed men in order to understand the relationship between survival and non-survival?

The core theme of this paper – that widowed men discussed whether life was worth living – emerged from the data spontaneously and unlooked for. The findings were found from two separate studies conducted in two distinct geographical areas. It seems that this discourse is important to older widowed men. Their discussion of the decision to live can be categorized in four ways. The men discuss the carelessness and the lack of value they place on their lives following their bereavement. They discuss the stoicism that motivates them to continue to live. They discuss the ways the discourse is experienced both through how they behave and how they feel. Finally, they discuss the decision to live in relationship to their own mortality and the mortality of others. This study focuses principally on the survivors of spousal bereavement. Their narratives are, for the most part, optimistic and thoughtful. Primarily by omission of data, it does not focus on those widowed men who lose the will to live. However, the final message is that widowed men do discuss the value of their lives, and the majority decide that their lives are worth living.

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