Changes in Social Participation and Volunteer Activity Among Recently Widowed Older Adults

Elizabeth A. Donnelly, MSW, MPH, and James E. Hinterlong, MSW, PhD

Purpose: Widowhood eliminates a key source of support that may trigger greater involvement in social activities and volunteer participation, which are related to better late-life health and functioning. We reexamine and build upon 2 recent studies exploring recent widowhood and social participation. Using different data, we perform a quasi-replication of Utz, Carr, Nesse, and Wortman’s (2002; “The effect of widowhood on older adults’ social participation: An evaluation of activity, disengagement, and continuity theories,” The Gerontologist, 42, 522–533) study and employ different analytic strategies to Li’s (2007; “Recovering from spousal bereavement in later life: Does volunteer participation play a role?” Journal of Gerontology Series B: Psychological Sciences and Social Sciences, 62, S257–S266) study. Design and Methods: A synthetic cohort of recently widowed individuals aged 60 years and older (n = 228) was compared with random, non-widowed older adult controls (n = 228) across 3 waves of Americans’ Changing Lives data. Generalized estimating equations were used to assess the impact of widowhood on levels of social participation and formal and informal volunteerism, controlling for social, economic, demographic, and psychological factors. Results: Similar to Utz and colleagues, we found that widowhood was positively related to informal social participation, net of other effects, but did not reproduce this finding for formal social participation. Unlike Li, we did not find a significant relationship between widowhood and formal or informal volunteerism. Controlling for prior participation, widowhood remained significantly related to informal and formal social participation. Implications: Older adults increase their reliance on sources of other social support following spousal loss but do not change their volunteer activities. This suggests that continuity of volunteer engagement and enhanced social participation are important following widowhood. Given their positive associations with late-life well-being, efforts to help older widows and widowers increase their social participation and maintain established patterns of volunteerism following spousal loss are warranted.

Key Words: Social participation, Volunteerism, Socioemotional selectivity theory, Replication study

In 2008, more than 14,300,000 individuals were widowed, with the majority being older than aged 65 years (U.S. Census Bureau, 2008). Widowhood places individuals at a greater risk for declining health (Williams, 2004), depression (Lund, Caserta, & Dimond, 1989; Siegel & Kuykendall, 1990; Thompson, Gallagher-Thompson, Futterman, Gilewski, & Peterson, 1991; Umberson, Wortman, & Kessler, 1992), alcohol abuse, and suicide (Harwood, 2005). Widowhood can also add to economic strain through increased health care costs (Prigerson, Maciejewski, & Rosenheck, 2000) and decreased income (Gass, 1989). Further, widows may have a more difficult time dealing with their loss, as they have fewer people with whom to discuss their feelings of grief (Siegel & Kuykendall). Older widowed persons are also particularly vulnerable to decreased social participation as they may become more susceptible to isolating factors such as depression (Harwood) and the effects of disability (Prince, Harwood, Blizard, & Thomas, 1997) because the deceased spouse may have facilitated or jointly engaged in social activities.
The aim of this study was to build upon and extend recent studies examining changes in social participation following recent widowhood among older adults in the United States. These effects are important because social participation, defined as “social interaction with persons other than a spouse” (Utz, Carr, Nesse, & Wortman, 2002, p. 523), may play a part in decreasing feelings of isolation and promoting general well-being. We begin with a review of the extant literature on formal and informal social participation, highlighting their importance in the lives of widowed individuals.

Informal and Formal Social Participation

Widowed individuals often lose a major resource for socializing when their spouse dies and finding support in others becomes increasingly important (Umberson et al., 1992). Informal social participation, including activities with family, friends, and neighbors, provides the widowed individual with not only emotional support but also instrumental assistance with practical needs such as meals, transportation, and house repair (Balaswamy, Richardson, & Price, 2004); however, it may not necessarily decrease the amount of time widows spend grieving (Stroebe, Zech, Stroebe, & Abakoumkin, 2005).

The nature of informal social participation may change after a widowhood event; widowhood may diminish certain social relationships such as friendships made through or primarily maintained by the deceased spouse, whereas others may be enhanced (Ferraro, 1984; Ferraro & Barresi, 1982). These enhanced relationships may include friendships (Ferraro, Mutran, & Barresi, 1984) as well as relationships with children and siblings (Guiaux, van Tilburg, & van Groenou, 2007). Although social participation may change after widowhood, it remains uncertain if those changes positively affect adaptation to widowhood (Miller, Smerglia, & Bouchet, 2004; Zettel & Rook, 2004).

Formal volunteerism entails working for or through an organization in an unpaid capacity. It allows older adults to contribute to their communities and exhibits a positive association with measures of well-being (Jirovec & Hyduk, 1998; Morrow-Howell, Hinterlong, Tang, & Rozario, 2003; Thoits & Hewitt, 2001). Volunteerism has been shown to decrease depressive symptomatology in those older than 65 years (Musick & Wilson, 2003) as well as mortality risk (Musick, Herzog, & House, 1999), and this effect is enhanced when combined with religious involvement or social support (Harris & Thoresen, 2005; Oman, Thoresen, & McMahon, 1999). Van Willigen (2000) found that older adults benefited more from volunteering than their younger counterparts and that volunteering for more than one organization resulted in increased life satisfaction and perceived health. However, other research has also shown that the type or number of organizations that elders volunteer for does not further contribute to well-being (Morrow-Howell et al.).

Although social participation is important to the well-being of older adults, we seek to examine how the widowhood event affects involvement in these activities. We are guided by Utz and colleagues (2002), who examined the impact that widowhood had on both formal and informal social participation by using data from the Changing Lives of Older Couples (CLOC) study. In this study, a group of 297 recently widowed individuals’ social participation rates were compared with consistently married persons ($n = 87$) over a period of 48 months. They found that whereas formal social participation did not change, informal social participation rates increased after the loss of a spouse. A majority of those in the study stated that they increased social participation to combat the negative effects of widowhood. The authors speculate that these effects may also be seen in other forms of participation, such as formal and informal volunteerism.
Another potential advantage of formal volunteerism is that it may enable widowed persons to increase their social network by meeting other volunteers as well as gain the positive benefits of helping. Elders who volunteer with an organization tend to be women, who are more likely to participate in volunteer activities at a higher level. Elders who volunteer are also more likely to have a higher income and be married (Kim & Hong, 1998). The stress-buffering effects found through involvement with voluntary organizations (Rietschlin, 1998) may help decrease the stress associated with widowhood.

Li (2007) examined the relationship between widowhood and formal volunteerism using the Americans' Changing Lives (ACL) study. Using cross-sectional time series analysis, pooling respondents into two waves of data, Li found that widowed individuals had a higher likelihood of pursuing formal volunteer roles than did non-widowed individuals, within 1–4 years following the death of a spouse. Li hypothesized that this was due to widowed persons adopting volunteer roles as a compensatory measure after the loss of a spouse. Furthermore, Li found that volunteerism was protective against depressive symptoms and increased hours of volunteering was protective against depressive symptoms and increased self-efficacy.

**Informal Volunteerism**

Informal volunteerism involves helping family, friends, and neighbors, and continues to be a part of a person’s life into old age (Choi, Burr, Mutchler, & Caro, 2007). It can entail providing instrumental support in the form of transportation, child care, and housework without pay (Brown, Brown, House, & Smith, 2008). It is one of the most common forms of activity among older adults (Hinterlong, 2008) and may contribute to general levels of late-life functional and subjective health (Hinterlong, Morrow-Howell, & Rozario, 2007). Informal volunteerism after spousal loss has been shown to mitigating depressive symptoms in bereaved individuals (Brown et al.).

**Theoretical Underpinnings**

Our examination of widowhood and social participation draws upon both socioemotional selectivity (Carstensen, Isaacowitz, & Charles, 1999) and continuity theories (Atchley, 1989). First, the theory of socioemotional selectivity posits that “perception of time is inevitably linked to the selection and pursuit of social goals” (Carstensen et al., 1999, p. 166). When time is perceived as limited, goals shift from the acquisition of knowledge to meeting emotionally based goals. Knowledge-based goals involve the pursuit of information, whereas emotionally based goals derive emotional satisfaction and meaning from social contacts, being aware of the present moment rather than focused on future events (Carstensen et al., 1999). Furthermore, as emotional goals become primary, individuals turn more frequently to known social partners, as those who are familiar to them may more reliably be able to provide predictable and positive contact (Carstensen, Fung, & Charles, 2003; Carstensen et al., 1999). Although the overall size of a social circle decreases over time (Carstensen, 1992), the importance and satisfaction derived from those contacts remains constant (Lansford, Sherman, & Antonucci, 1998). The theory of socioemotional selectivity theory would posit that after the loss of a spouse, the widowed individual might focus more on emotionally based goals, and there will be an increase in social participation to meet emotional goals and compensate for the loss of the spouse. Beyond general social participation, evidence exists that although the number of volunteer activities undertaken by older adults may decrease, levels of volunteering may increase or remain constant for individuals who are already engaged in volunteer activities (Hendricks & Cutler, 2004). This supports the idea that significant social contacts, in this case volunteer contacts, are retained over time.

Further theoretical underpinning for this study is found in continuity theory (Atchley, 1989), which posits that as individuals age, they will attempt to maintain the roles and activity patterns that they established earlier in their lives. Thus, following widowhood, individuals may try and maintain types and levels of social participation consistent with those prior to the loss of a spouse (Dean, Matt, & Wood, 1992; Zettel & Rook, 2004). Even when an obligation such as care giving takes the time of older adults, they are likely to continue in their volunteer work (Choi et al., 2007).

**The Current Study**

The current study combines and builds upon features of both Utz and colleagues’ (2002) and Li’s (2007) studies to address outstanding issues
identified by those authors and our review of the literature. We begin with a quasi-replication of the work of Utz and colleagues using the ACL data. In their call for future research, Utz and colleagues noted the need to understand the impact of widowedhood on specific forms of social participation. Li offers some insight by narrowing the focus in his examination of widowhood and formal volunteerism. We have extended this analytic approach to reexamine Li’s assessment of formal volunteerism following widowhood and consider how informal volunteerism is impacted by spousal loss. We diverge from both Utz and Li by examining how robust various forms of social participation are following a widowhood event. The final question we examine is whether any of these various forms of social participation are impacted by widowhood, controlling for previous levels of participation.

In attempting to replicate the work of Utz and colleagues with the ACL data, our study design differs in several ways. First, we identify random non-widowed controls to approximate their use of matched case controls. Second, the ACL does not contain all the independent variables used in their study (i.e., drive automobile, spouse health characteristics). We also address methodological limitations identified by Li (2007). Specifically, Li uses all widows in the ACL while controlling statistically for time since the spouse’s death; similar to Utz and colleagues however, we include only those individuals widowed within the past 3 years, which minimizes recall bias and places the spousal loss more temporally proximal to the outcomes under investigation. Additionally, Li did not control for pre-loss respondent characteristics but rather used the post-loss data as proxy indicators. Our use of randomly selected never-widowed controls eliminates this concern by controlling for pre-loss characteristics.

Methods

Sample

The data used for this study are drawn from the first three waves of the ACL study (House, 1994). Initial face-to-face interviews were conducted in 1986 with a panel of 3,617 community-dwelling adults aged 25 years or older. Subsequent data were collected in 1989 and 1994. The ACL over-samples Blacks and adults aged 60 years and older. We limited our sampling frame to adults aged 60 years and older at any wave (n = 1210) and identified 228 individuals who experienced a widowhood event within the 3 years prior to any interview. These were pooled to form a synthetic cohort. We then randomly drew 228 never-widowed individuals from the sampling frame to serve as controls.

Missing data are a common issue under all study designs but are especially prevalent in complex longitudinal studies like the ACL. We used multiple random imputation (MRI) to represent the missing data resulting from reasons other than respondent death. MRI, a preferred method for addressing missing data, enables us to use complete-data analytic methods. We weight our findings to generalize back to the U.S. population of noninstitutionalized older adults.

Analysis

To take advantage of the longitudinal nature of the ACL, we use generalized estimating equations (GEEs) to estimate our models. GEE allows serially correlated data produced by panel studies to be examined within a general linear model framework that accommodates the inclusion of both categorical and continuous independent and dependent variables. By accounting for autocorrelated error, GEE produces more accurate standard errors and less biased parameter estimates than ordinary least squares regression. We begin by identifying differences among recent widows and never-widowed controls across our analysis variables. We then use GEE to test for hypothesized differences between these groups on each measure of social participation.

We present three nested models for each dependent measure. The first two models parallel the analyses of Utz and colleagues. Our final models examine levels of social participation, controlling for previous levels of participation and all other control variables. This allows us to examine how robust patterns of social participation are following a recent widowhood event.

Measures

Dependent Measures.—Four dependent variables were used in this analysis, formal and informal social participation, and formal and informal volunteering. Formal social participation is a standardized index of two variables: (a) how often do you attend meetings or programs of groups, clubs, or organizations that you belong to and (b) how often do you usually attend religious services. Utz and colleagues included hours of volunteering in their measure of formal social participation. We do not; because volunteerism is being assessed
separately in our analyses, it was not included as part of the formal social participation index. Informal social participation is a standardized index of two variables: (a) in a typical week, about how many times do you talk on the telephone with friends, neighbors, or relatives and (b) how often do you get together with friends, neighbors, or relatives and do things like go out together or visit in each other’s homes. Formal volunteering reflects unpaid activity done for an organization during the past year. Informal volunteer status refers to the provision of instrumental assistance to friends and neighbors without pay such as help with household chores or transportation. Both forms of volunteering are dichotomized (1 = yes, 0 = no).

Widowhood.—Widows are identified as individuals who experienced a widowhood event within the 3 years preceding the ACL interview. Non-widows are individuals who report never experiencing a widowhood event.

Control Variables.—We include the same control variables as Utz and colleagues. These variables include age, years of education, total household income, sex (1 = male, 2 = female), homeownership (1 = own home, 0 = does not own home), and race (1 = White, 2 = non-White). We also controlled for functional health status, self-rated health, depression, extraversion, employment status, and no children. Functional health status is an index of 12 variables assessing the ease in which the individual attends independently to activities of daily living. Self-rated health is assessed by asking, “How would you rate your health at the present time?” Response options vary from excellent (1) to poor (5). Depression is assessed using nine items from the Center for Epidemiological Studies-Depression scale (Radloff, 1977). In the ACL, extraversion is an index of four variables: (a) are you a talkative person, (b) do you usually take the initiative in making new friends, (c) do you tend to keep in the background on social occasions, and (d) are you mostly quiet when with other people. Employment status is a dummy code (1 = employed, 0 = unemployed) as is no children (1 = yes, 0 = no).

We were unable to include two variables used by Utz and colleagues due to limitations in the data set, including whether the individual provided care for his/her spouse and if he/she drove an automobile.

Results
Widowhood and Social Participation

As shown in Table 1, we identified several significant demographic differences between widows and non-widows in our sample. Widows had higher levels of informal social participation at Waves 1 and 3. Widowed individuals also had higher levels of formal social participation at Wave 3. Widowed individuals were more frequently women, significantly so at Waves 2 and 3, and significantly older than non-widows at Waves 1 and 3. Non-widows had significantly higher levels of education at Wave 2, had higher household income in Waves 1 and 2, and were more likely to own their own home in Wave 2. Further differences were identified in Wave 2, when non-widows were more likely to have higher levels of functional health. Widows reported higher levels of depression at Waves 1 and 2 as well as lower levels of employment at Wave 2. Of note, some of the mean scores are negative because both positive and negative values were associated with the construct (i.e., extraversion, depression).

Our first aim was to replicate the findings of Utz and colleagues using the ACL data, as seen in Models 1 and 2 on Table 2. Model 3 tests the robustness of the relationship between recent widowhood and current social participation, controlling for previous levels of participation. We were able to successfully replicate some of Utz and colleagues’ findings, however several of our results differed. As in Utz and colleagues’ study, we found that widowhood had a significant positive relationship with informal social participation in the controlled environment ($b = .681, p < .001$). Additionally, both analyses indicate women reported greater informal social participation ($b = .275, p < .01$). Our analyses identified significant relationships not observed in Utz and colleagues’, including those between informal social participation and age ($b = -.036, p < .001$), education ($b = .076, p < .001$), homeownership ($b = .280, p < .05$), extraversion ($b = .162, p < .001$), and no children ($b = .279, p < .05$). Our analyses did not show the significant relationship Utz and colleagues found between depression and informal social participation.

As seen in Model 3, we then estimated a model using the identified variables as covariates, widowhood status as a fixed effect, and prior social participation as a control. These full models explained over half of the variance in social participation due to the inclusion of lagged participation. Consequently,
Table 1. Univariate statistics, by widowhood status and wave

<table>
<thead>
<tr>
<th></th>
<th>Full pooled sample, (N = 456)</th>
<th>Wave 1</th>
<th>Wave 2</th>
<th>Wave 3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(M) &amp; (SD)</td>
<td>(M) &amp; (SD)</td>
<td>(M) &amp; (SD)</td>
<td>(M) &amp; (SD)</td>
</tr>
<tr>
<td>Informal social participation</td>
<td>0.01 &amp; 1.11</td>
<td>0.24 &amp; 1.16</td>
<td>-0.13 &amp; 1.10*</td>
<td>0.14 &amp; 0.98</td>
</tr>
<tr>
<td>Formal social participation</td>
<td>0.19 &amp; 1.05</td>
<td>0.16 &amp; 1.07</td>
<td>0.09 &amp; 1.04</td>
<td>0.17 &amp; 1.02</td>
</tr>
<tr>
<td>Informal volunteering</td>
<td>0.59 &amp; 0.49</td>
<td>0.56 &amp; 0.50</td>
<td>0.62 &amp; 0.49</td>
<td>0.60 &amp; 0.49</td>
</tr>
<tr>
<td>Formal volunteering</td>
<td>0.35 &amp; 0.48</td>
<td>0.24 &amp; 0.43</td>
<td>0.38 &amp; 0.49</td>
<td>0.27 &amp; 0.45</td>
</tr>
<tr>
<td>Sex</td>
<td>1.69 &amp; 0.46</td>
<td>1.66 &amp; 0.48</td>
<td>1.60 &amp; 0.49</td>
<td>1.80 &amp; 0.40</td>
</tr>
<tr>
<td>Age, years</td>
<td>73.96 &amp; 6.44</td>
<td>75.24 &amp; 6.90</td>
<td>71.64 &amp; 5.57***</td>
<td>74.07 &amp; 6.15</td>
</tr>
<tr>
<td>Annual household income</td>
<td>3.80 &amp; 2.37</td>
<td>2.77 &amp; 1.63</td>
<td>3.69 &amp; 2.13**</td>
<td>3.00 &amp; 2.09</td>
</tr>
<tr>
<td>Own home</td>
<td>0.77 &amp; 0.42</td>
<td>0.72 &amp; 0.45</td>
<td>0.76 &amp; 0.43</td>
<td>0.77 &amp; 0.42</td>
</tr>
<tr>
<td>Race</td>
<td>0.73 &amp; 0.45</td>
<td>0.73 &amp; 0.45</td>
<td>0.75 &amp; 0.44</td>
<td>0.64 &amp; 0.48</td>
</tr>
<tr>
<td>Functional health</td>
<td>3.16 &amp; 1.11</td>
<td>3.05 &amp; 1.11</td>
<td>3.23 &amp; 1.05</td>
<td>2.95 &amp; 1.16</td>
</tr>
<tr>
<td>Self-rated health</td>
<td>2.94 &amp; 1.09</td>
<td>2.79 &amp; 1.15</td>
<td>3.10 &amp; 1.07</td>
<td>3.07 &amp; 1.13</td>
</tr>
<tr>
<td>Depression</td>
<td>0.11 &amp; 0.96</td>
<td>0.39 &amp; 1.05</td>
<td>0.01 &amp; 0.88*</td>
<td>0.51 &amp; 1.02</td>
</tr>
<tr>
<td>Extraversion</td>
<td>-0.22</td>
<td>-0.96</td>
<td>-0.25 &amp; 0.93</td>
<td>-0.35 &amp; 0.98</td>
</tr>
<tr>
<td>Employed</td>
<td>0.09 &amp; 0.29</td>
<td>0.06 &amp; 0.24</td>
<td>0.14 &amp; 0.35</td>
<td>0.08 &amp; 0.28</td>
</tr>
<tr>
<td>No children</td>
<td>0.17 &amp; 0.38</td>
<td>0.18 &amp; 0.39</td>
<td>0.23 &amp; 0.42</td>
<td>0.12 &amp; 0.33</td>
</tr>
</tbody>
</table>

Note: *\(p < .05\), **\(p < .01\), ***\(p < .001\).

Many of the statistically significant relationships seen in earlier models disappear. Specifically, the relationship between gender, age, education, and homeownership and informal social participation disappears. Variables that remain significantly related to informal social participation include widowhood (\(b = .671, p < .001\)), extraversion (\(b = .058, p < .05\)), and race (\(b = .511, p < .05\)). Prior informal social participation is also strongly related to current informal social participation (\(b = .332, p < .001\)).

Widowhood also exhibits a significant relationship (\(b = .329, p > .01\)) with formal participation, a finding that differs from Utz and colleagues’. Other variables that are significantly associated with formal social participation include homeownership (\(b = .529, p < .001\)), depression (\(b = -.176, p < .01\)), and extraversion (\(b = .195, p < .001\)). Utz and colleagues’ analyses found that formal social participation was significantly related to gender, education, race, and depression.

Once again, Model 3 examines the robustness of the relationship between the predictor variables and formal social participation, controlling for previous levels of formal participation. In these analyses, formal social participation remains significantly related to widowhood (\(b = .451, p < .001\)), depression (\(b = -.225, p < .001\)), and prior formal participation (\(b = .649, p < .001\)). However, the relationship between social participation and homeownership disappears.

Controlling for prior social participation greatly increased the explanatory power of both models. When prior participation was added to the model, the adjusted \(R^2\) for informal social participation increases from .14 in Model 2 to .58 (\(p < .001\)) in Model 3. The model of formal social participation also accounts for more variance with the addition of prior participation, with the adjusted \(R^2\) changing from .09 to .63 (\(p < .001\)). It would appear that controlling for prior participation increases the variance accounted for in the models of both formal and informal social participation. In addition, it must be noted that although many demographic variables lose their significant relationship to both
Table 2. Unstandardized coefficients from regression of predictors of social participation on recent widowhood

<table>
<thead>
<tr>
<th>Variable</th>
<th>Informal social participation</th>
<th></th>
<th>Formal social participation</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Model 1</td>
<td>Model 2</td>
<td>Model 3</td>
<td>Model 1</td>
</tr>
<tr>
<td></td>
<td>Estimate</td>
<td>SE</td>
<td>Estimate</td>
<td>SE</td>
</tr>
<tr>
<td>Intercept</td>
<td>0.220</td>
<td>0.611</td>
<td>0.595</td>
<td>0.722</td>
</tr>
<tr>
<td>Gender</td>
<td>0.361</td>
<td>0.096***</td>
<td>0.275</td>
<td>0.098</td>
</tr>
<tr>
<td>Age</td>
<td>−0.032</td>
<td>0.007***</td>
<td>−0.036</td>
<td>0.008</td>
</tr>
<tr>
<td>Education</td>
<td>0.078</td>
<td>0.016***</td>
<td>0.076</td>
<td>0.016</td>
</tr>
<tr>
<td>Income</td>
<td>0.025</td>
<td>0.021</td>
<td>0.011</td>
<td>0.02</td>
</tr>
<tr>
<td>Race&lt;sup&gt;a&lt;/sup&gt;</td>
<td>0.188</td>
<td>0.161</td>
<td>0.213</td>
<td>0.168</td>
</tr>
<tr>
<td>Homeownership</td>
<td>0.263</td>
<td>0.124*</td>
<td>0.1710</td>
<td>0.5</td>
</tr>
<tr>
<td>Formal employment</td>
<td>−0.014</td>
<td>0.165</td>
<td>0.008</td>
<td>0.163</td>
</tr>
<tr>
<td>Widowed</td>
<td>0.614</td>
<td>0.097***</td>
<td>0.681</td>
<td>0.103</td>
</tr>
<tr>
<td>Functional health</td>
<td>0.041</td>
<td>0.054</td>
<td>0.112</td>
<td>0.073</td>
</tr>
<tr>
<td>Self-rated health</td>
<td>−0.028</td>
<td>0.053</td>
<td>0.027</td>
<td>0.073</td>
</tr>
<tr>
<td>Depressive symptoms</td>
<td>0.010</td>
<td>0.057</td>
<td>−0.085</td>
<td>0.074</td>
</tr>
<tr>
<td>Extraversion</td>
<td>0.162</td>
<td>0.045</td>
<td>0.114</td>
<td>0.049**</td>
</tr>
<tr>
<td>No children</td>
<td>0.279</td>
<td>0.133</td>
<td>0.180</td>
<td>0.165</td>
</tr>
<tr>
<td>Prior participation</td>
<td>0.332</td>
<td>0.063***</td>
<td>0.322</td>
<td>0.063***</td>
</tr>
<tr>
<td>−2 Log likelihood</td>
<td>−652.433</td>
<td></td>
<td>−624.250***</td>
<td></td>
</tr>
<tr>
<td>Model χ²</td>
<td>234.292</td>
<td></td>
<td>219.527***</td>
<td></td>
</tr>
<tr>
<td>Adjusted R²</td>
<td>0.11</td>
<td></td>
<td>0.14***</td>
<td></td>
</tr>
</tbody>
</table>

Notes: N = 456.
<sup>a</sup>African American is reference group.
* p < .05. ** p < .01. ***p < .001.
formal and informal social participation, widowhood retains a strongly significant relationship to both types of social participation.

**Widowhood and Volunteerism**

The second stated goal of this study was to build on Li’s (2007) analyses by examining the affect of recent widowhood on different types of volunteerism. As noted in Table 3, our analyses did not find that widowhood was significantly related to either formal or informal volunteerism. Variables that were related to formal volunteerism included education (b = .16, p < .001), homeownership (b = 1.01, p < .05), self-rated health (b = −0.36, p < .05), and extraversion (b = .47, p < .01). Variables demonstrating a statistically significant relationship to informal volunteerism included age (b = −0.08, p < .001), education (b = .14, p < .01), functional health (b = .37, p < .05), and extraversion (b = .30, p < .05). We did not control for prior formal and informal volunteerism because the initial analyses failed to show a significant effect for widowhood.

**Discussion**

Our findings on social participation are consistent with socioemotional selectivity and continuity theories, insofar as levels of social participation were maintained or increased after the widowhood event. In the case of this study, levels of social participation remained the same or increased after a widowhood event, which may be attributed to the individual attempting to compensate for the loss of the spousal relationship. We did not observe the same relationship between widowed individuals and formal and informal volunteerism. This lack of findings may be due to the way in which volunteerism was measured in the data set or simply be cause of a nonsignificant relationship between volunteerism and widowhood in this population.

Beyond the theoretical implications of our findings, three goals were articulated for these analyses. The first goal was to attempt to reproduce to the extent possible the findings of Utz and colleagues (2002) in regards to social participation after widowhood. Second, we build on Li’s (2007) analyses by examining what differences might exist in formal and informal volunteerism after widowhood. Finally, we extend on both previous efforts by examining the robustness of the observed relationships by controlling for previous levels of social participation and volunteerism.

We did reproduce some of the findings of Utz and colleagues in regards to widowhood and
social participation in older adults. Specifically, we find a positive relationship between recent widowhood and informal social participation. These data demonstrate that in two separate samples, widowed individuals reported a higher level of informal social participation than did non-widows, and widowed women were more likely to report higher levels of informal social participation than were widowed men. Our analyses identified additional significant relationships between informal social participation and age, education, homeownership, extraversion, and no children. In addition to informal social participation, analyses of formal social participation and the identified variables revealed a number of differences from the Utz and colleagues' findings. Specifically, our analyses revealed a significant relationship between widowhood status and higher levels of formal social participation. Furthermore, homeowners as well as those with higher levels of extraversion report greater formal social participation. This stands in contrast to the findings of Utz and colleagues, in which they found that formal social participation had a significant relationship to gender, education, and race. The only findings from Utz and colleagues that were reproduced in terms of formal participation included negative relationships between levels of formal social participation and depression.

As the stated goal was to attempt a quasi-replication of the Utz and colleagues’ findings, the relationships that were reproduced in these analyses included the significant relationship between widowhood and greater informal social participation, as well as between gender and informal social participation. In terms of formal social participation, the only replicated findings that reflected a decreased level of participation were in those with increased levels of depression.

The second stated goal was to build on Li’s (2007) findings involving the relationship between formal volunteerism and widowhood. Although Li found that there was an increased likelihood of widows taking on a volunteer role after the widowhood event, these findings were not replicated in these analyses. As Li notes, the effect of widowhood status on volunteer role in that sample was relatively modest possibly due to the low number of individuals widowed between the two data collection periods. It is a possibility that the different methodological choices made in this study (the use of those only widowed in the past 3 years and the use of randomly selected never-widowed controls) might explain the discrepancy in findings. These findings present an interesting conundrum, as previous research has shown that older married individuals are more likely to volunteer than unmarried individuals (Kim & Hong, 1998). Therefore, it would follow that widowed individuals would show a lower rate of volunteerism than would their married counterparts. The answer may be found in socioemotional theory, which posits greater emphasis on meeting emotional goals later in life. If an emphasis is placed on meeting emotional goals by maintaining important social contacts, then perhaps despite the widowhood event, the widowed individual will retain the volunteer relationship. This would lead to similar rates of volunteerism between widowed individuals with a history of volunteerism and married individuals. More research is needed to explicate the differences in volunteerism between married individuals and different types of non-married individuals (i.e., never-married or widowed).

The final goal of this study was to test the robustness of the relationships between widowhood and formal and informal social participation as well as formal and informal volunteerism. These findings are perhaps the most compelling in the study as they demonstrate that widowhood has a significant relationship with both formal and informal social participation, even when prior levels of social participation are controlled for. This indicates an increase in both formal and informal social participation regardless of the level of social participation prior to the widowhood event. Indeed, even when demographic variables became nonsignificant, widowhood retained a significant relationship to social participation. This indicates that widowhood status, more than other demographic characteristics, may influence social participation in older widowed adults. Controlling for previous levels of social participation also significantly increased the explanatory power of the model; more than 50% of the overall variance was explained for both formal and informal social participation.

**Limitations**

Several limitations exist in this study that must be noted. First, we were only able to attempt a quasi-replication of the Utz and colleagues’ study. The differences in the CLOC and ACL data sets made a true replication unfeasible. A second limitation lies in the observational nature of the study. Although we were able to control for a host of factors, we were unable to include consideration of what the
experience of the widowed individual both prior to and during the spousal loss might have been. These factors may act as unmeasured confounders that we were unable to control for in this study. Further, despite the availability of baseline formal and informal social participation data, the nature of the study makes positing any sort of causal connection impossible.

**Practical Implications**

These findings advance our understanding of the experience of widowhood and can aid those seeking to enhance the well-being of widowed older adults, as well as guide policymakers in developing programs that are rooted in scholarly evidence.

**Practice Implications.**—For professionals, this study adds to the growing evidence that sustained and increasing social participation by widowed individuals is protective against negative health outcomes. Identifying practical strategies for leveraging this understanding is important. When dealing with older adults who have recently experienced a widowhood event, it is important for health and mental health professionals to explore the older person’s previous and recent history of social participation and volunteerism. In particular, helping older adults to overcome barriers to participation arising from the loss of a spouse may be a central aim of these efforts. For example, social workers could assist the individual to identify and pursue future opportunities to be involved in formal and informal social activities. These intervention efforts may take place in a variety of settings, including hospice care, grief counseling and support groups, hospitals and other health care settings, or psycho-educational programs to facilitate the transition from spouse to widowed individual (e.g., Caserta, Lund, & Rice, 1999; Raveis, 2000; Silverman, 1972).

Furthermore, this research adds to the body of evidence of the importance of interaction with family and friends to those who have experienced a widowhood event. To protect against the negative effects of widowhood, including an increased risk for declining health, disability, alcohol abuse, and suicide, family must continue their participation with the widowed individual. This may be difficult given the increasing mobility and geographical separation evident in families. For these reasons, nonfamilial social relationships may become an increasingly important source of support for individuals after spousal loss (Ha & Carr, 2005). This is suggested in our finding that older widows generally increase their involvement within nonfamilial relationships. Future research should consider how to facilitate and optimize informal social participation using new technologies and within ever more complex built and social environments.

**Research Implications.**—Future research also should pursue several additional issues that we were unable to address in this study. Investigators should examine how the pre-loss experience of widows and widowers affects later social participation. Individuals who are heavily involved in the care of a spouse may have a fundamentally different experience of social participation after the widowhood event than those who lost spouses suddenly or were not as involved in the care giving process. The subtleties of the pre-loss and widowhood experience may influence later social participation in ways that were not captured in this study.

Additional research may focus on a more concentrated and detailed examination of the relationship between widowhood and volunteerism. Although no significant relationships were observed in this study, further investigation may lead to a greater understanding of the relationship between marital status, changes in that status, and volunteerism. Given the robust relationship observed between widowhood and social participation found in this study, it is certainly possible that investigation with a larger population of widowed individuals or a conceptualization of volunteerism that is nondichotomous will reveal relationships that were not observed here. Indeed, socioemotional selectivity theory indicates that in older individuals, although number of or time spent in volunteer activities may diminish as an individual ages, their level of commitment to valued volunteer roles likely remains consistent or increases.

**Policy Implications.**—As the baby boomers age, a greater number of widowed individuals will be present within the population. Given the findings in this study, future policy should focus on supporting community-based programs that promote social involvement, such as senior centers, various Older Americans Act services, and engagement in community life through more formal volunteer activities. Recent national legislation has moved in this direction. The 2006 amendments and reauthorization to
the Older Americans Act call for a greater attention to civic engagement and provide a statutory framework upon which to pursue these aims. Additionally, the Edward M. Kennedy Serve America Act (2009), will significantly expand funding to create and manage formal volunteer opportunities for individuals older than 55 years. Although not directly intended to address the needs of older widows, these policy advances could be leveraged to create innovative approaches to assist this population by reducing barriers and expanding access to organized activities that benefit both the older individual and the broader community.

The valuation of social participation in older adults is not limited to legislative efforts. Significant emphasis has been placed on civic engagement among older adults by both research institutions and funding sources. Given that emphasis, this research suggests that greater scholarly attention might be paid to engagement among widowed individuals as they may particularly benefit from an increase in engagement. Finally, agencies that serve older adults should make an effort to make widowed individuals aware of these opportunities for increased social participation. By focusing efforts on increasing engagement by widowed persons, agencies can target their endeavors on a potentially vulnerable subset of population, maximizing their overall efficacy.

In summary, as the population of widowed individuals grows in this country, mitigating the potential deleterious consequences of spousal loss becomes increasingly important. In this study, we have shown that formal and informal social participation emerge as increasing salient activities in the initial period following widowhood and thus may play a significant role in that mitigation.

**Acknowledgement**

The authors wish to acknowledge the contribution of Lindsey Dry in the development of this manuscript.

**References**


Received January 28, 2009
Accepted May 28, 2009
Decision Editor: William J. McAuley, PhD