AS of 2010, there were more than 14 million widowed persons in the U.S. population—nearly 3 million men and well more than 11 million women (U.S. Bureau of the Census, 2012, Table 57). About 13% of men and 40% of women aged 65 and older, and 57% of women aged 75 and older, are widows. This is, of course, just a single snapshot in time; nearly half of the population necessarily experiences widowhood during their lifetimes. The only ways of avoiding it are to never marry, to divorce and never remarry, or to predecease your spouse. And widowhood is primarily a late-life experience: more than three quarters of all widowed persons are aged 65 or older. So it is not surprising that widowhood has attracted the attention of gerontological researchers virtually since the inception of the discipline and continues to do so.

Over the years, I have noted with interest how many articles on widowhood begin with a citation to Holmes and Rahe (1967) to the effect that widowhood is perhaps the most distressing and difficult experience of people’s lives. This tradition continues with several of the articles in this collection. To my knowledge, this statement has never provoked disagreement. But some close scrutiny and some nuanced qualifications may be needed.

The extremely distressing nature of widowhood is most often examined within the domain of psychological well-being. Two thirds of the articles in this special issue (10 of 15) take some form or forms of psychological well-being as a dependent variable, continuing a long tradition of research. It is encouraging to see that all of these studies have moved beyond the initial question of how and how much widows differ from married people on depression, life satisfaction, and other dimensions of psychological well-being. We are now asking more sophisticated questions about how different categories of the population are differentially affected. Cheng, Chan, Li, and Leung show that widowhood is more problematic in several ways for Chinese elders who are childless than for their counterparts who are parents. Holland, Thompson, Rozalski, and Lichtenthal look at how trajectories of regret over the marital relationship influence grief and depression among widows. Pitzer and Bergeman compare widows with different patterns of synchrony between positive and negative affect. Hahn, Cichy, Small, and Almeida show how widowhood and married persons have different experiences of daily stressors (not always favoring the married), and how they react differently to these stressors. De Vries, Utz, Caserta, and Lund address the importance of social support for widows and compare the effects of support from family and friends, a theme continued by Utz, Swenson, Caserta, Lund, and De Vries in their examination of loneliness; both studies find support from friends to be particularly critical. Sasson and Umberson look at gender differences in the depressive effects of widowhood; they find none, but do find that people who will be widowed are more depressed than their continuously married counterparts prior to widowhood. The two articles by Carr and Sharp and Carr, Sonnega, Nesse, and House examine, respectively, how psychological distress among widows is exacerbated by certain types of beliefs in the afterlife and by annual occasions such as holidays and deceased spouses’ birthdays. And Choi and Vasunilashorn show how the mental health disadvantages of the widowed are exacerbated if their marriages were age heterogamous.

The focus on characteristics that make people more or less vulnerable to the psychological consequences of widowhood is important in part because, although there is no disagreement with Holmes and Rahe’s (1967) thesis that widowhood is a hugely distressing experience, the totality of the evidence constitutes testimony to human resilience. Many of the articles in this issue that show how widowhood differentially affects people with different characteristics indicate that, for some types of people, the effects seem to be relatively small. Sasson and Umberson show that, with respect to depressive symptoms at least, widowed persons on average return to their prewidowhood baseline within 2 years—although that baseline appears to be higher than it is for the continuously married. There is nothing here that should make us conclude that widowhood is not a devastating event, but the fact that most people ultimately appear to make a reasonably successful adjustment to it, at least in psychological terms, tells us something important about our ability to deal with devastating events.

But widowhood makes many other differences in our lives besides its effect on psychological well-being. Losing a spouse substantially increases older parents’ odds of coresiding with a child; Seltzer and Friedman show how characteristics of both widowed mothers and their children affect whether mothers will coreside with a child, and which child they will live with. Suitor, Gilligan, Johnson, and Pillmer find that recent widows are more likely than long-term widows or divorcees to receive care from the child they prefer as caregiver, which may have long-term implications.
for both psychological and physical well-being. There are subtle but important differences in both cognitive functioning (O’Connor and Arizmendi) and physiological functioning (Holland, Rozalski, Thompson, Tiongson, Schatzberg, O’Hara, and Gallager-Thompson) between widowed and married older persons, the implications of which we are just beginning to understand. Finally, Sullivan and Fenelon show that widowhood does indeed elevate the odds of mortality by nearly half, although some of this is attributable to selection. This is an important reminder that widowhood is not randomly distributed in the population but rather disproportionately likely to occur, and to occur at younger ages, among the disadvantaged.

Just as we have moved from asking simple to more complex questions about the consequences of widowhood, we have employed increasingly sophisticated data sets and analytic techniques. It is now possible to study widowhood prospectively, with large national surveys such as the Health and Retirement Study or with smaller but ingeniously designed longitudinal studies such as the Changing Lives of Older Couples study, both of which are employed by multiple articles in this issue. But there is still much need for smaller surveys and experiments that allow us to measure variables not often included in larger data sets or to employ intensive data collection methods such as daily diaries. And although panel studies offer the enormous advantage of allowing within-individual before-and-after comparisons, they rarely extend long enough to allow observation of truly long-term effects of widowhood, and even within their restricted time ranges often suffer from problems of sample attrition. Cross-sectional studies still make valuable additions to our knowledge, and always will.

The articles in this issue are excellent examples of the kinds of research currently being conducted by leading scholars. We know much more about the consequences of widowhood now than we did when Holmes and Rahe (1967) made their oft-cited observation about its devastating effects. It does more than just make people sad; it changes their lives in fundamental ways. But the real story here may lie in the search for the ways in which widows and widowers manage to cope with the loss of their spouses and adjust to the new realities they must face.

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REFERENCES