

Changes in Support From Confidants, Children, and Friends Following Widowhood

This paper examines the extent to which widowhood affects changes in (a) the availability of a confidant, (b) emotional support from children, and (c) emotional support from friends/relatives both 6 and 18 months after spousal loss. Analyses are based on data from the Changing Lives of Older Couples, a prospective study of 1,532 married individuals aged 65 and older. Compared to married persons, widowed persons are less likely to have a confidant, yet they receive greater support from children, friends, and relatives, controlling for support prior to widowhood. The findings suggest that, although close social relationships may remain stable in the course of normal aging, stressful events such as widowhood may bring forth both losses and gains in social support.

With the death of a partner, the bereaved spouse loses one of the most important sources not only of emotional but also of social support and must rely on other relationships for support (Zettel & Rook, 2004). Although much research has examined the extent to which social support buffers the distress of spousal loss (Norris & Murrell, 1990; Stroebe, Stroebe, Abakoumkin, & Schut, 1996), considerably less attention has been focused on the extent to which widowhood brings changes to one's social ties and the ways different arrays

of close social relationships respond to surviving spouses' loss. This paper examines the extent to which widowhood affects the following three sources of social support: (a) the availability of a confidant, (b) emotional support from adult children, and (c) emotional support from friends and other relatives. Furthermore, this paper examines whether the effect of widowhood is temporary or enduring by investigating changes in social support at both 6 and 18 months after spousal loss.

Theoretical Issues

Socioemotional selectivity theory (Carstensen, 1992) is used as a springboard to examine changes in social support following late-life widowhood. This theory explains that one's network of emotionally close relationships remains stable until late in life, even though the size of the overall social network decreases (Lang & Carstensen, 1994). It posits that the stability in the close social network is maintained, despite the decrease in the overall level of social engagement, because as people grow older, they selectively focus on fewer but more intimate relationships to meet their emotional needs. This theory, in essence, describes how one keeps the level of close social support intact in the course of normal aging through conserving and investing in close social relationships. Despite much application of this theory, little research has examined how the stability in the close network and support is maintained when older adults experience an involuntary life transition such as widowhood, which inherently involves changes in their close social relationships.

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Given that one of the most intimate forms of support is provided within the marital relationship (Kendig, Coles, Pittelkow, & Wilson, 1988), widowed older adults may be at higher risk of losing important sources of social support (as opposed to maintaining stability) upon spousal loss compared to their married counterparts. The resulting loss of support may be especially pronounced in the area where the spouse used to provide greater support than others (e.g., confidant relationships). At the same time, however, widowed persons may gain extended support from other relationships (e.g., children and friends), which, to a certain extent, may contribute to maintaining stability in the overall level of social support (Ferraro & Barresi, 1982). By examining how widowhood affects different sources of social support, we may be able to expand existing theories to elaborate on the ways social relationships or support change in the face of a stressful life transition. In the following sections, I review previous research examining the effect of widowhood on the different sources of social support listed above.

Effect of Widowhood on the Availability of a Confidant

A confidant relationship—defined here as a relationship in which one can share private feelings—is one of the most important types of social support and well-being (Connidis & Davies, 1990). The presence of a confidant has a positive effect on one's morale and health independent of the effect of the frequency of social contact (Lowenthal & Haven, 1968). Although not all married people name their spouse as a confidant, for many married individuals, and especially for men, their spouse is one of the persons with whom they share private feelings and concerns (Kendig et al., 1988). For example, an examination of the Americans' Changing Lives Wave I data (House, 2002), a national probability sample of adults aged 24 to 96, indicates that among those who are married and have reported that they have someone with whom they can share private feelings, 50.2% (65.8% of men and 39.3% of women) list their spouse as one of the top three persons in whom they confide. Thus, losing a spouse can have a detrimental effect on one's available social support, particularly if the surviving spouse has depended primarily, if not solely, on her/his spouse for emotional support prior to widowhood.

A handful of studies have examined whether the close emotional support formerly provided by a spouse can be replaced by the support of another person. The findings are mixed. On the one hand, Connidis and Davies (1992), based on cross-sectional analysis, suggest that other social ties can be substituted to serve as a confidant when the spouse is not present. On the other hand, Stroebe and his colleagues (1996) indicate that it is hard to replace the spouse's support. Zettel and Rook (2004) report that the substitution of social ties occurs following spousal loss, yet they question its psychological benefit. They suggest that greater substitution in social ties (e.g., greater number of rekindled ties) following widowhood predicts worse psychological health.

None of these studies, however, has examined specifically the effect of widowhood on changes in the availability of a confidant. Furthermore, few studies have examined longitudinally whether the period of time elapsed after spousal death creates variability in the ways widowhood affects the availability of a confidant (Ferraro & Barresi, 1982). Developing new confidant relationships or maintaining previously existing close relationships may be difficult within a short period after spousal loss, when the bereaved spouse typically experiences intense sadness, anxiety, and yearning for the deceased (e.g., Carr et al., 2000). As time passes, however, surviving spouses may move on from loss to adjustment and it may become easier to find a person with whom to share private feelings.

Using data collected at 6 and 18 months following spousal death, this paper examines whether widowhood significantly influences change in the availability of a confidant and whether this effect differs across the two time points. I hypothesize that widowed persons are less likely to have a confidant compared to married individuals and that this difference is greater at the 6-month follow-up, compared to the 18-month follow-up.

Effect of Widowhood on Emotional Support From Adult Children

The second type of support concerns emotional support from adult children. Previous studies have noted distinct effects of widowhood on various aspects of parent-child relationships. Studies reveal that, compared to still-married parents, widowed parents are more likely to receive assistance from their children (Rossi & Rossi, 1990),

are less likely to provide help to their children (Cooney & Uhlenberg, 1992), and show higher levels of dependence on children (Ha, Carr, Utz, & Nesse, 2006). Nevertheless, few studies have examined how widowhood affects qualitative aspect of parent-child relationships, such as the degree of supportiveness within the relationship. Also, no study has examined the effect of widowhood on children's support relative to that of other sources.

Although socioemotional selectivity theory does not specify how supportiveness of children would change specifically in response to widowhood, one of its core propositions is that older adults focus their emotional energy on those who are close to them. Given that children are one of the closest social relationships that older adults rely on when spouse is not available (Connidis & Davies, 1990) or in times of need (Hogan & Eggebeen, 1995), levels of support from children may increase following spousal loss.

To examine whether significant changes occur in the qualitative aspect of support from children following spousal loss, the current study investigates the extent to which widowhood affects surviving spouses' perception of emotional support from their adult children 6 and 18 months after spousal loss, controlling for support at baseline. Given that the distress of widowhood is greatest in the first few months of bereavement (Zisook & Shuchter, 1991), it is predicted that the positive effect of widowhood on support from children would be greater at an earlier stage of bereavement (6-month follow-up) than at a later stage (18-month follow-up).

Effect of Widowhood on Emotional Support From Friends and Relatives

Lastly, I examine the influence of widowhood on support from friends and relatives. Friends provide significant emotional support and companionship for widowed older adults (Waite & Harrison, 1992). Relationships with friends have a strong positive effect on older adults' subjective well-being, and this effect is known to be far greater than that of other relationships, such as the parent-child relationship (Dean, Kolody, & Wood, 1990). In particular, friends who themselves are widowed provide important emotional support for their peers through sharing their experiences of grief and managing life without the spouse (Cohen, 2000).

Although previous studies tend to concur that friendship has a positive effect on older adults'

adjustment to widowhood, it presents inconclusive findings as to the impact of widowhood on friendship ties. Some studies suggest that widowhood has a negative impact on friendship support (Blau, 1961), but other studies find that widowed individuals have more frequent contact with friends (Field & Minkler, 1988) and spend more time providing assistance to friends than their married counterparts (Gallagher & Gerstel, 1993). Some studies suggest that the effect of widowhood on social contact differs depending on the duration of widowhood (Ferraro, Mutran, & Barresi, 1984) or the age of becoming widowed (Lowenthal & Haven, 1968). Ferraro et al. found that, compared to those who are more recently widowed, those who have been widowed for 1 to 4 years experience an increase in friendship support, as indicated by the number of friends that respondents know and trust, by integration in friendship networks, and by the frequency of interaction. Previous studies examining the effect of widowhood on the relationship with relatives other than children are scarce, yet some research suggests that other family relationships such as siblings serve as important sources of support in old age. Unmarried siblings (including those who are widowed) maintain closer relationships with siblings than married siblings (Gold, 1989).

This research closely follows Ferraro et al.'s (1984) work in that it examines *changes* in support from friends and relatives following late-life spousal loss. Rather than quantitative aspects of friendship support, however, this study focuses on the extent to which widowhood affects *emotional support* from friends and relatives. As in the case of children's support, it is predicted that widowed persons will experience higher levels of support from friends and relatives than their married counterparts, controlling for support at baseline. Given the importance of the duration of widowhood noted in previous studies (Ferraro & Barresi, 1982), both short-term and long-term consequences of spousal loss are examined. In line with more quantitative measures examined in Ferraro et al. (1984), I expect that a qualitative measure of friendship support will show a pattern of increased support over time.

Contextual Factors Affecting Changes in Social Support Following Spousal Loss

The extent to which widowed persons experience changes in their social relationships may be

influenced by other contextual factors, such as their marital relationships and social engagement prior to widowhood. Although previous studies often have examined the effects of demographic factors, many of the earlier studies were based on cross-sectional data and thus were not able to consider prewidowhood contextual factors.

Using data from a prospective study of married older adults, I attend to three major groups of contextual factors assessed at baseline, as well as potential mediating factors assessed at the follow-up waves. First, I include indicators of the availability and geographic proximity of children at baseline, which may influence older adults' choice of a confidant as well as their embeddedness in other social relationships (Connidis & Davies, 1990, 1992).

Second, I examine the influence of the prewidowhood (baseline) marital context, assessed with marital quality, dependence on spouse, and spousal health. Marital quality at baseline can have an important influence on postwidowhood social support in two ways. One way is that those who had higher marital quality are likely to have had spouses as their confidants (Kendig et al., 1988) before widowhood; consequently, they may experience more difficulty finding new confidants following the loss. Another way is that those with higher marital quality experience higher levels of yearning following the death of their spouse (Carr et al., 2000), and this elevated level of grief may result in increased support from social networks.

Further, preloss emotional dependence on a spouse may affect older adults' adjustment to loss, in that those who primarily relied on their spouses may have had no other confidant prior to widowhood and thus may be less likely to have a confidant after spousal loss. Spousal health at baseline is considered because the poor health of a spouse can increase caregiving responsibilities and thus limit opportunities to interact with others.

Third, I control for baseline demographic (age, gender, race) and health characteristics that previous research has found to be important predictors of social adjustment to widowhood (Utz, Carr, Nesse, & Wortman, 2002). I also controlled for socioeconomic characteristics (education, income), given that higher education and income may provide more opportunity for social engagement and good health to remain active in social circles (Ferraro et al., 1984).

Finally, I include potential mediating factors that may explain the mechanisms through which widowhood affects social support. A significant effect of widowhood may not necessarily mean that widowhood itself directly leads to a change in social support. Rather, other changes in life that are triggered by (or correlated with) widowhood may influence the levels of support. For example, widowed older adults may be more likely to move closer to children, which then may increase levels of social support from children. Likewise, widowhood may affect social support through increased financial difficulty and illness. To account for this possibility, I considered three potential mediating factors that occurred after spousal death: serious financial problems, illness, and relocation.

The effects of these potential mediating factors may differ across the three sources of support. Given that children are expected to provide support in times of crisis (Hogan & Eggebeen, 1995), support from children may increase in response to these events. Conversely, the availability of confidants or support from more voluntary (e.g., friends) or remote (e.g., other relatives) relationships may decrease in response to adversities or relocation. These differential effects of mediating factors are examined.

METHOD

Sample

The analyses are based on data from *Changing Lives of Older Couples*, a prospective study of a two-stage area probability sample of 1,532 married men and women (Carr, 2005). To be eligible for the study, respondents had to be English-speaking members of a married couple in which the husband was aged 65 or older. All sample members were community dwelling. Approximately 68% of those contacted for an interview participated. Baseline face-to-face interviews were conducted between June 1987 and April 1988.

Spousal losses were identified through the daily obituaries in newspapers and monthly death records provided by the State of Michigan. Of the 319 respondents who lost a spouse during the study, 86% ($n = 276$) participated in at least one of the follow-up interviews, conducted at 6 (Wave 1), 18 (Wave 2), and 48 (Wave 3) months after spousal death. The primary reasons for nonresponse were refusal to participate

(38%) and ill health or death at follow-up (42%). Controls from the original sample of 1,532 were selected at each wave to match the widowed persons along the dimensions of age, race, and gender. The matched controls were interviewed at roughly the same time as their corresponding widowed participants.

Changing Lives of Older Couples data are particularly well suited to the present research because they provide rich information on the psychological as well as social consequences of widowhood. Furthermore, the study's prospective design allows the researcher to control for preloss conditions. In addition, the data include both widowed and married controls. Thus, with these data, it is possible to distinguish the effect of widowhood from the effect of normal aging; without control groups, we cannot tell whether changes in social relationships that we observe among the widowed sample are attributable to widowhood or to the general passage of time.

This study uses two subsamples of the Changing Lives of Older Couples Study. The first sample includes 297 persons (211 widowed and 86 married persons) who participated in the baseline and Wave 1 interviews. The second sample includes 369 persons (178 widowed and 192 married persons; numbers do not add up to the total because of a rounding error) who participated in the baseline and Wave 2 interviews. The number of married controls is much smaller than the number of widowed persons in the Wave 1 sample because not every widowed person was matched with a control at Wave 1 because of a temporary cut in funding. Two separate samples of widowed and married persons are used because Changing Lives of Older Couples Study reselected the married control sample at every wave; thus, married respondents who participated in Wave 1 interview as a control sample did not necessarily participate in a Wave 2 interview. The analyses focus on Waves 1 and 2 because of small sample sizes, a large attrition, and inconsistent measures in Wave 3 data.

In the models predicting the effects of widowhood on children's support, I excluded from the sample those who do not have any child at the respective follow-up interview ($n = 28$ at both waves); this restriction reduced the sample size to 271 persons at Wave 1 (91% of the total sample) and 341 persons at Wave 2 (92% of the total sample). Sample sizes are weighted to account for the different probabilities of selection and nonresponse at the baseline interview.

Measures

Different sources of social support. Three measures are considered in order to assess different sources of social support: the availability of a confidant, support from children, and support from friends and relatives. All three measures are assessed at baseline, at Wave 1, and at Wave 2, using the same set of questions. Analyses control for baseline measures of social support in order to examine changes in social support following spousal loss. The *availability of a confidant* is assessed with the question, "Is there anyone in your life with whom you can really share your very private feelings and concerns?" The response categories are 1 = *yes* and 0 = *no*. *Support from children* ($\alpha = .58$) and *support from friends and relatives* ($\alpha = .48$) are assessed with the following four questions: "How much do [are] your children [friends/relatives] (a) make you feel loved and cared for, (b) willing to listen when you need to talk about your worries or problems, (c) make too many demands on you, and (d) critical of you or what you do?" Response categories are: 1 = *a great deal*, 2 = *quite a bit*, 3 = *some*, 4 = *a little*, and 5 = *not at all*. Positive items are reverse coded, so that higher scores represent higher support and lower hassle.

Measures of support from children and friends/relatives have low reliability, most likely because of the somewhat diverse content of the scales. Although this low reliability makes it harder to detect the significant relationship between independent and dependent variables by attenuating the correlations between them, the broader range of content may increase the validity of the measure in covering various dimensions of social support.

The composite scales used in the current study are standardized based on the following procedure: First, each item in the scale was standardized using the weighted mean and standard deviation computed across the nonmissing cases for the item; second, the mean of the standardized item scores was computed; finally, the mean computed in Step 2 was standardized using the weighted mean and standard deviation of all nonmissing cases at baseline. The final step was taken in order to make the index scores across baseline and all follow-up waves comparable to each other.

Independent variables. I describe the independent variables in this section.

Widowed status. *Widowhood* is a dichotomous variable, where 1 indicates that the respondent became widowed during the study period (after the baseline interview), and 0 indicates that the respondent is still married at the follow-up interviews.

Preloss availability of support. In the models predicting the availability of a confidant and support from friends and relatives, I controlled for two dummy variables capturing the availability and geographic proximity of children at baseline. *Children living close by* represents those respondents who have at least one child living within an hour's drive (including coresident children). *Children living more than 1 hour away* represents those who have at least one child, but no one within an hour's drive. Reference category is respondents with no children. In the models predicting support from adult children, those who had no child were dropped from the analysis. Thus, I included a variable that captures respondents whose children live close by and treated respondents whose children live more than 1 hour away as a reference category.

Preloss marital context. Three variables are considered in order to capture marital contexts at baseline. The items in the *marital quality* (10 items, $\alpha = .88$) and *marital dependence* (four items, $\alpha = .88$) scales were drawn from a modified version of the Dyadic Adjustment Scale (Spanier, 1976). (A list of specific items is available from the author.) Higher values indicate higher marital quality and higher dependence respectively. *Spouse's health* is assessed with the question, "How would you rate your (husband's/wife's) health at the present time?" Responses of *excellent*, *very good*, and *good* are coded 1, indicating good health, and *fair* and *poor* are coded 0, indicating poor health.

Control variables. The control variables include *gender* (1 = *female*, 0 = *male*), *age* (in years), *race* (1 = *White*, 0 = *Black*), *education* (in years), *couple's income at baseline*, *functional limitation at baseline*, and *duration between baseline and follow-up interviews* (in months). Couple's income is assessed by asking respondents to indicate which of 10 income categories most accurately characterized their economic status. A continuous measure of income is derived by taking the midpoint of these categories. The natural log of income is used

because the respondents' income distribution is skewed toward the lower income categories. Functional limitation ($\alpha = .77$) is a 4-item scale indicating how much difficulty the respondent has bathing by oneself, climbing a few flights of stairs, walking several blocks, and doing heavy housework. Response categories are: *a little*, *some*, *a lot*, and *cannot do*. The scale is standardized, and higher scores indicate greater limitation.

Mediating factors. I considered three potential mediating factors in the analyses: *experience of serious financial problems*, *illness*, and *relocation*. The experience of financial problems is assessed with the question asking whether the respondents had serious financial problems or difficulties in the given time frame (past 12 months for Wave 1 interviews and past 6 months for Wave 2 interviews). The experience of illness is assessed with questions asking if the respondents had a life-threatening or a serious but non-life-threatening illness or injury in the given time frame (same as the above). Response categories for these questions are 1 = *yes* and 0 = *no*. For these two variables, respondents are also queried about the month and year the event occurred. In order to have a comparable time frame at Waves 1 and 2, I recoded the Wave 1 variables to indicate experiences of financial problems and illness in the past 6 months.

Relocation is assessed with questions using different time frames for different samples. At Wave 1, widowed persons were asked whether they moved to a new residence since spousal death; married controls were asked whether they moved to a new residence in the past 12 months. At Wave 2, all respondents were asked whether they moved to a new residence in the past 6 months. Response categories are 1 = *yes* and 0 = *no*. For this variable, no information was available regarding the month and year of the event; thus, the variable is not recoded.

RESULTS

Sample Characteristics

Table 1 shows descriptive statistics. A lower proportion of the widowed sample has someone with whom they can share private feelings both at Wave 1 and Wave 2. The mean levels of support from children are not significantly different

Table 1. Descriptive Statistics, Changing Lives of Older Couples Study, 1987 – 1993

	6-Month Follow-Up (W1)				18-Month Follow-Up (W2)			
	Widowed		Married		Widowed		Married	
	(n = 211)		(n = 86)		(n = 178)		(n = 192)	
	M	SD	M	SD	M	SD	M	SD
Dependent variables, ^a W1 or W2								
Availability of confidant(s)	0.82		0.91*		0.82		0.93**	
Emotional support from children ^b	0.29	1.01	0.08	0.99	0.15	1.19	0.10	0.98
Emotional support from friends and relatives ^b	0.48	0.85	0.36	0.97	0.45	0.95	0.18**	0.88
Independent variables, baseline								
Has at least one living child	0.92		0.92		0.92		0.98*	
Children live closeby	0.82		0.84		0.82		0.80	
Marital quality ^b	-0.05	1.08	0.02	0.94	-0.14	1.15	-0.13	0.98
Emotional dependence on spouse ^b	2.39	1.54	2.06	1.42	-0.14	1.14	-0.13	1.00
Spouse in good health condition	0.40		0.71***		0.40		0.67***	
Female	0.72		0.75		0.71		0.70	
White (0 = Black)	0.85		0.86		0.85		0.85	
Age	70.46	6.91	68.96	6.08	70.36	6.94	70.31	6.78
Education (in years)	11.27	2.91	11.67	2.80	11.42	2.71	11.97	2.98
Log income	9.71	0.71	9.85	0.64	9.68	0.72	9.95***	0.71
Functional difficulty ^b	-0.11	0.77	-0.11	0.90	-0.11	0.79	0.10*	1.09
Months between baseline and W1 (W2) interviews	36.41	18.44	59.46***	8.29	41.74	13.96	47.19***	14.81
Mediating factors, W1 or W2								
Financial problems	0.03		0.00**		0.03		0.02	
Experience of illness	0.20		0.26*		0.16		0.17	
Moved to a new residence	0.09		0.02**		0.04		0.01	

Note: Two-tailed *t* tests were used to assess significant differences between means or proportions. Sample sizes are weighted.

^aBaseline measures were not significantly different between widowed and married samples (not presented). ^bStandardized scales.

* $p \leq .05$. ** $p \leq .01$. *** $p < .001$.

between widowed and still married persons at both waves, and the average level of support from friends and relatives at Wave 2 is significantly greater among widowed persons than among the still-married sample.

Effect of Widowhood on Confidant Relationships

Table 2 presents the results of the multivariate logistic regression models predicting the effects of widowhood on the likelihood of having a confidant at the 6- and 18-month follow-up. Model 1 includes the widowed status, the availability of a confidant at baseline, and all other baseline predictors. Model 2 additionally controls for postwidowhood potential mediating factors.

The analysis reveals that widowhood does not significantly affect the availability of a confidant 6 months after spousal loss in both Models 1 and 2, though the odds ratio indicates a reduction in the availability of a confidant. At the 18-month follow-up, widowhood has a large and significant effect: Those who are widowed are about 5.9 times ($1/0.17 = 5.9$) less likely than their married counterparts to have a confidant at Wave 2, controlling for baseline availability.

Baseline availability of a confidant has a strong influence on postloss availability at both waves, suggesting continuity in close social relationships. Compared to those who did not have a confidant at baseline, those who had a confidant at baseline are about 9.5 times more likely to have a confidant at Wave 1 and about 7.5 times more likely to have a confidant at Wave 2 (Model 1).

Table 2. Binary Logistic Regression Models Predicting Odds Ratios of Having a Confidant

	6 Months		18 Months	
	Model 1	Model 2	Model 1	Model 2
Independent variables				
Widow (1 = widowed)	0.52	0.62	0.17***	0.17***
Availability of confidant(s), BL	9.49***	10.70***	7.45***	8.43***
Preloss availability of support				
Children live closeby, BL	0.67	0.62	0.80	0.78
Children live more than one hour away, BL	2.06	2.47	1.33	1.26
Preloss context of widowhood				
Marital quality, BL	1.06	1.01	1.57**	1.63**
Emotional dependence on spouse, BL	0.68	0.67	0.74	0.75
Spouse in good health condition, BL	1.00	1.09	1.03	0.93
Mediating factors, W1 or W2				
Financial problems		0.10		0.15*
Experience of illness		12.31*		2.05
Moved to a new residence		0.31		2.05
-2 Log Likelihood	205.63	193.24	211.21	205.34
n	297	297	369	369

Note: Effects of control variables (sociodemographic and health variables, duration between baseline and follow-up waves) are not presented in Tables 2 – 4 due to space limitation.

*p ≤ .05. **p ≤ .01. ***p ≤ .001.

When potential mediating factors are controlled (Model 2), the odds ratio becomes larger, suggesting that the mediating factors are suppressing the effect of baseline support.

Those who had high marital quality at baseline are more likely to have a confidant at Wave 2. Among sociodemographic factors, being female is associated with significantly higher likelihood of having a confidant at Wave 2, whereas being old is associated with decreased availability of a confidant at Wave 1. Among potential mediating factors, financial problem is associated with lower likelihood of having a confidant at Wave 2, whereas an experience of illness is associated with higher likelihood of having a confidant at Wave 1.

Effect of Widowhood on Emotional Support From Children

Table 3 shows regression models predicting the effect of widowhood on emotional support from children at the 6- and 18-month follow-up. Hierarchical regression models are used in order to separate out the effects of baseline predictors and potential mediating factors.

The analysis shows that widowhood is significantly associated with increased support from children at Wave 1, but not at Wave 2. At Wave

1, the effect of widowhood becomes significant when postwidowhood mediating factors are controlled (Model 2), suggesting that these factors are, in fact, suppressing the effect of widowhood.

Various contextual factors influence one’s perceived support from children. Those who had greater support from children and from friends and relatives at baseline report greater support from children at both Waves 1 and 2. Geographic proximity to children at baseline has a negative effect at Wave 2. Good marital quality at baseline is associated with increased support from children at Wave 1, but this effect does not persist over a long period. Emotional dependence on spouse and better spousal health at baseline are associated with greater support from children at Wave 2. Being White and greater functional difficulty predicted less support from children at least in one of the waves. Among potential mediating factors, respondents who experienced illness received significantly lower levels of support at Wave 2 than those who did not experience illness.

Effect of Widowhood on Emotional Support From Friends and Relatives

Table 4 shows the effects of widowhood on changes in support from friends and relatives.

Table 3. OLS Regression Predicting the Effect of Widowhood on Support From Adult Children

	6 Months		18 Months	
	Model 1	Model 2	Model 1	Model 2
Independent variables				
Widow (1 = <i>widowed</i>)	0.23	0.29*	0.14	0.17
Support from children, BL	0.39***	0.39***	0.47***	0.45***
Preloss availability of support				
Children live closeby, BL	-0.06	-0.05	-0.31*	-0.35*
Emotional support from friends/relatives, BL	0.15**	0.15**	0.22***	0.21***
Preloss marital context				
Marital quality, BL	0.17**	0.17**	-0.08	-0.08
Emotional dependence on spouse, BL	-0.04	-0.04	0.10*	0.09
Spouse in good health condition, BL	0.02	0.04	0.26**	0.27**
Mediating factors, W1 or W2				
Financial problems		-0.45		-0.14
Experience of illness		0.33		-0.44***
Moved to a new residence		-0.14		-0.45
(Constant)	-0.33	0.08	-1.22	-1.30
Adjusted R^2	0.35	0.35	0.32	0.34
<i>n</i>	271	271	341	341

* $p \leq .05$. ** $p \leq .01$. *** $p \leq .001$.

In contrast to the effect of widowhood on support from children, which was significant only at Wave 1, widowhood has a significant positive effect on support from friends and relatives only at Wave 2, suggesting the increased salience of friendship support over time. The baseline support from friends and relatives exerts a strong and significant influence, as in the case of children's support. Baseline support from children predicts increased support from friends and relatives at both follow-up waves. Spouses' good health has a positive effect at Wave 1.

DISCUSSION

This study examined the effect of widowhood on changes in various social relationships both at an early and a later stage of bereavement. The analyses revealed five major findings. First, regarding the effect of widowhood on the availability of a confidant, the results only partially supported my hypothesis. The initial hypothesis was that widowhood would negatively affect the availability of a confidant, especially at an earlier stage of bereavement. The analysis showed that widowhood does decrease the availability of a confidant, but only at Wave 2. Although we should be cautious about the nonsignificant effect of widowhood at Wave 1 given the small number of

married controls, this finding may signify that at an early stage of bereavement, there is a rallying of support around surviving spouses, and family and friends are sensitive to the needs of the bereaved spouse. As time passes, the support that others provide may be less effective at fulfilling or substituting for the intimate emotional support formerly provided by the spouse, and the loss of a prior confidant may become more noticeable.

Second, the analysis reveals that widowed persons receive greater support from their children than married persons at Wave 1, controlling for baseline levels of support; however, this positive effect fades away at Wave 2. This finding shows the ways close family members respond to the increased need of surviving spouses. Children may play an important role as widowed persons cope with acute stress at 6 months. Over time, however, older widowed parents may not need as much support from children as they needed at the initial stage, and children may also perceive that their parents do not need as much support; therefore, the initial increase in children's support returns to the baseline level. Another possibility is that children cannot maintain a high commitment to their widowed parents' emotional needs over time.

Third, contrary to the finding that the effect of widowhood on children's support is significant

Table 4. OLS Regression Predicting the Effect of Widowhood on Support From Friends and Relatives

	6 Months		18 Months	
	Model 1	Model 2	Model 1	Model 2
Independent variables				
Widow (1 = <i>widowed</i>)	0.19	0.21	0.38***	0.38***
Support from friends/relatives, BL	0.18***	0.17**	0.31***	0.32***
Preloss availability of support				
Children live closeby, BL	-0.15	-0.14	0.16	0.17
Children live more than one hour away, BL	-0.23	-0.22	0.34	0.35
Emotional support from children, BL	0.18***	0.18***	0.11*	0.10*
Preloss marital context				
Marital quality, BL	0.01	0.01	-0.06	-0.06
Emotional dependence on spouse, BL	-0.08	-0.09	-0.06	-0.06
Spouse in good health condition, BL	0.28*	0.27**	0.13	0.12
Mediating factors, W1 or W2				
Financial problems		-0.22		-0.50
Experience of illness		0.02		-0.08
Moved to a new residence		-0.10		0.12
(Constant)	-1.05	-0.93	-1.62	-1.68
Adjusted R^2	0.15	0.14	0.16	0.17
<i>n</i>	297	297	369	369

* $p \leq .05$. ** $p \leq .01$. *** $p \leq .001$.

only at Wave 1, the effect of widowhood on support from friends and relatives is significant only at Wave 2. The increased support from friends and relatives during the later stage of bereavement may indicate that children and friends play a different role in older adults' lives and that there is a temporal dimension to the ways in which different sources of support become more salient. On the one hand, support from children is necessary and effective in times of crisis; thus, children may play a more important role as a primary source of support at the initial stage of bereavement (Cantor, 1979). Friendships, on the other hand, can engender mutually beneficial companionship for bereaved older adults, and widowed persons may be more open to developing or cultivating emotionally fulfilling friendships at a later stage of bereavement.

Overall, these three findings provide insights into the ways that widowhood affects older adults' different arrays of social relationships. Previous research has focused on how older adults choose different sources of support when one source is not available (Cantor, 1979; Connidis & Davies, 1990). The current study findings suggest that the ways bereaved older adults utilize their support network may change over time.

A related issue that future studies should examine is whether the different roles that various sources of support play over time are confounded with the types of support that older adults receive. Previous research suggested that older adults choose optimal sources of support based on tasks (Litwak, 1985). The tasks that require support at the initial stage of bereavement (e.g., help with funeral) may require long-term relationships, such as those with children. As time passes, widowed persons may need someone who shares similar life styles or social roles, and friends could be preferred over children to fulfill this task (Messerli, Silverstein, & Litwak, 1993).

Fourth, the analyses reveal that social support from various sources following widowhood are influenced by the baseline availability of social support, as well as other important baseline contextual factors. The extent to which one's social relationships change in later life is not solely dependent upon a one-time life-altering event; rather, patterns of social support and relationships at an earlier time point (prior to spousal loss for the widowed sample) direct the patterns of social support at later time points. In terms of practice, this finding underscores the importance of taking a holistic perspective in approaching the problems of widowhood. By taking into account

prewidowhood contextual factors such as preloss availability of support or marital quality, practitioners may be able to better assess the needs of the older widowed, and locate the services that are most needed for a particular person in a given situation.

Finally, this study contributes to existing research by exploring the pathways through which widowhood affects various types of social support. Overall, the results did not change dramatically after including mediating factors in the model, although the positive effect of widowhood on children's support increased after controlling for mediating factors. Additional analyses of correlations showed that this change in the effect size may be because widowhood is associated with greater financial difficulty and higher likelihood of relocation, which in turn reduces support from children at the bivariate level. This finding suggests that practitioners should attend to the potential stresses associated with widowhood. By rendering support for economic as well as residential consequences of widowhood, practitioners may be able to relieve some of the burden experienced by close family members and promote healthy and supportive relationships between aging parents and adult children.

Limitations and Future Directions

The current study has several innovative features that build upon the methodological limitations noted in previous studies (see Ferraro, 1984). Using longitudinal data with a control sample minimizes the possibility of attributing *changes caused by aging to changes resulting from widowhood*. Furthermore, by using a prospective design, this study takes into consideration the effects of prewidowhood contextual factors. The current research also makes a substantive contribution by examining changes in qualitative aspects of social relationships following spousal loss, a topic that has received little attention, despite much interest in social support and its buffering effects on difficult life transitions. Nevertheless, there remain some limitations.

First, the measures of social support used here are not specific enough to precisely examine the changes in different types of social support following widowhood. For example, because we do not know whether the deceased spouse was a confidant or not, it is not clear whether it is the loss of the spouse or the loss of a spousal confidant that causes changes in social relationships.

The data also do not distinguish support from friends and other relatives, and it is unclear which kinds of friends and relatives are implicated in the changing relationships. Furthermore, the measures of support have low reliability. Although a significant effect of widowhood despite measurement problems suggests that the effect would be greater when there is no measurement error, more reliable measures are necessary to obtain an accurate estimation.

Second, the Changing Lives of Older Couples study has a unique study design, where each individual widowed person was interviewed at 6, 18, and 48 months following spousal loss. This design allows the researcher to examine the effect of widowhood at a specific time point after spousal loss, yet it inevitably leads to large variations in the time that elapsed between the baseline and follow-up interviews. Although this duration and the respondent's age are controlled in the analysis, an extended time frame between the baseline and the follow-up interviews makes it difficult to control for external factors (e.g., onset of spouse's acute illness) that may account for observed changes in social support between the baseline and follow-up interviews.

Third, because of limited space and insufficient sample size, this paper focused on examining the main effect of widowhood. Thus, it was not possible to distinguish the effects of contextual and mediating factors for widowed and married individuals separately. Given large variations in older adults' adaptation to widowhood, future studies should examine what factors help older adults better maintain close social relationships following the transition to widowhood.

In sum, this study contributes to our understanding of the changes in social relationships during stressful life transitions by examining the extent to which widowhood affects various types of social support. Overall, the findings of this paper show that widowhood involves both gains and losses in social support. Compared to married persons, widowed persons are less likely to have someone with whom they can share private feelings, especially at later stages of bereavement; however, widowed older adults receive greater support from other social relationships (e.g., children, friends, and relatives) than married persons. Further, there is a temporal dimension to this change in that family support increases at the initial stage of bereavement, whereas support from friends and relatives becomes significant at a later stage.

These findings have important implications for further elaborating theories on social relationships. Socioemotional selectivity theory emphasizes individuals' motivations or ability to exert control in the selection of close relationships to maximize emotional gains. The findings of this study suggest that this ability may be temporarily constrained or challenged by the involuntary loss of the spouse who may have been a primary confidant. At the same time, however, increased support from other sources may offer the widowed persons opportunities to redefine or newly develop close social relationships to meet their emotional needs. Nevertheless, given that the current research examines changes in social relationships at relatively early stages of bereavement (i.e., 6 and 18 months), future studies should ultimately replicate this study over a longer time span to investigate how long these gains in social support last.

NOTE

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