Til Death Do Us Part

Widowhood, Gender and Depression in Later Life

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- WORK IN PROGRESS -

Abstract
Objectives: I investigate the gender-specific effect of widohood on depression among older people within a European context. So far the literature reveals mixed results with some studies indicating worse mental health of men after bereavement, others showing that women are more severely affected by widowhood and still other studies conclude that there are no gender differences in depression after bereavement at all. *Methods:* I used multi-level models using the first wave of the "Survey of Health, Ageing and Retirement in Europe" (SHARE). The SHARE data consists of more then 31,000 respondents in 12 European countries. *Results:* On absolute level, widowed women report significantly more depressive symptoms than widowed men which can be explained by a generally higher vulnerability of women regarding depression. But the difference in the number of depressive symptoms between married and widowed men is significantly higher than the difference between married and widowed women. This gender-specific effect of widowhood becomes insigificant once holding constant duration of widowhood, financial strains and household labor division. However, the strength of the gender-specific effect of widowhood on depression varies among the 12 countries. Differences in women`s empowerment within a country (measured by the Gender Empowerment Measure) cannot explain this variation.

Keywords: widowhood; depression; gender; bereavement; psychological well-being; SHARE

Introduction and Background

The death of one's spouse is one of the most drastic events in life. Previous research shows that conjugal bereavement is among those life events, which are mostly associated with negative stress (Dohrenwend, Krasnoff, Askenasy, & Dohrenwend 1978; Holmes & Rahe 1967). Many studies confirm that especially older widowed persons report less well-being and more symptoms of depression than do their married counterparts (Lee, Willetts, & Seccombe, et al. 1998; Umberson, Wortman, & Kessler 1992; Williams & Umberson 2004). Previous research paid special attention to the question whether widowhood has different effects on the

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onset of depression regarding gender. The question whether men or women suffer more from depression after becoming widowed still has not been answered clearly. There are many studies, which find indications that depressive symptoms are more pronounced for men (Carr 2004; Williams 2003), whereas other studies show that women are the ones who suffer more from depressive symptoms after becoming widowed (Chou & Chi 2000; Lichtenstein, Gatz, Pedersen, Berg, & McClearn 1996). Still other studies conclude that there are no gender differences in mental health after bereavement. (Umberson, Wortman, & Kessler, et al. 1992). The goal of this paper is to contribute to the existing knowledge of the negative effects of widowhood to mental health within a European context using the "Survey of Health, Ageing and Retirement in Europe" (SHARE). Although much research has been done in the field of mental health consequences of conjugal bereavement, little attention has been paid to differences in this effect between countries. In this paper, I contribute to filling this research gap.

Widowhood and Mental Health

Whether women or men suffer more from depression after their spouse's death is still not fully answered. Many studies are able to show that men compared to women show more negative consequences regarding mental health after the death of their wife (Carr 2004; Williams 2003). Two points are mentioned as reasons for men being in worse psychological condition than women are. One the one hand, men generally report being widowed for a shorter amount of time compared to women, on the other hand widowhood is a much more common life event for women. But still the results are not being unquestioned since some studies show either higher levels of depression after bereavement among women or find no gender differences in mental health after the death of a spouse at all (Chou & Chi 2000; Lichtenstein, Gatz, Pedersen, et al. 1996; Umberson, Wortman, & Kessler, et al. 1992). Lee and DeMaris (2007) conjecture in their overview over the existing literature that the

discrepancies in the results can be partly explained by the fact that some analyses have been conducted with cross-sectional data while other have been carried out using longitudinal data. Although cross-sectional data is often inferior to longitudinal data regarding the analytical potential, it offers the advantage to observe people in the sample who have been widowed for a longer period of time while longitudinal data follow respondents only over a limited amount of time. The negative effect of becoming widowed is particularly strong during the first years after the event and diminishes with time (Deleon, Kasl, & Jacobs, et al. 1994; Harlow, Goldberg, & Comstock, et al. 1991). Therefore, persons who lost their spouse just recently should be in much more negative mental health conditions compared to persons who experienced conjugal bereavement some time ago. Comparing the time that has passed since the spouse passed away in cross-sectional studies reveals that women on average report a longer period of time being widowed compared to men. Thus, widowed women should also report being in better mental health condition than widowed men. Also sample composition can have a significant effect on the results. As mortality rates are higher among depressive persons (Mastekaasa 1994) as well as among widowed men (Lusyne, Page, & Lievens 2001) this could lead to a selection bias in the sample and therefore lead to biased results when using cross-sectional data.

There are several considerations why widowhood shows different effects on the mental health of women and men. Some instrumental aspects of marriage point to elevated burden for women while others see men as those being more affected by the death of the spouse. Financial strains on the one hand and household management tasks on the other constitute such instrumental aspects with gender-specific effects.

Financial strains are generally a threat to psychological well-being. Persons reporting to not being able to make ends meet show elevated levels of depressive symptoms (Mirowsky & Ross 2001). Widowhood often constitutes a break for the bereaved regarding financial matters. Typically women gain financially more from a marriage since, even if holding

constant human capital and occupational characteristics, men still earn more money and thus contribute more to the household income than women (see also current studies from the gender wage gap literature, Dex, Ward, & Joshi 2008, Konstantopoulos & Constant 2008). But this also means that financially women have to lose more when becoming widowed. Therefore, the death of a spouse is potentially a greater problem for widowed women than for widowed men, which also points to women suffering more often from depression after conjugal bereavement than their male counterparts. (Angel, Douglas, & Angel 2003; Ha, Carr, Utz, & Nesse 2006; Umberson, Wortman, & Kessler, et al. 1992). Household management might also add to explaining the gender differences in depression after bereavement. The expected effects are negative for men in particular. Considering a traditional role allocation in the household, household managing tasks, which have formerly been carried out by women form a special and unusual situation and therefore a potential source of strain for men (Utz, Reidy, Carr, Nesse, & Wortman 2004). For women on the other hand the death of the husband does not result in drastic changes regarding household chores.

The time that has passed since the death of the spouse might also contribute to the explanation of the gender differences in depression after bereavement. Widowhood is a much more common life event for women compared to men and women report being widowed for a longer period compared to men. On the one hand, this is due to the higher life expectancy of women; on the other hand, women tend to marry men who are older (Bozon 1991; Van Poppel, Liefbroer, Vermunt, & Smeenk 2001).

The course of the psychological strain after bereavement follows a crisis model: immediately after becoming widowed the effects are strongest, but diminish with time[1]. As women on

[1] While some studies show that the levels of depression falls back to the level before the death of the partner after some years (Deleon, Kasl, & Jacobs 1994; Harlow, Goldberg, & Comstock 1991), other studies find evidence that the level depression diminish with time but remain on an elevated level compared to the time before widowhood (Lee, Willetts, & Seccombe 1998; Lee, DeMaris, Bavin, & Sullivan 2001; Sonnenberg, Beekman, Deeg, & van Tilburg 2000).

average report a longer duration of widowhood, women *on average* are in an advanced state of the crisis model in which the negative effects have lost their strength.

However, it is not only individual characteristics, which can account for explaining gender differences in depression. There are also influencing factors on a societal level, which add to the differences in the number of depressive symptoms amomg women and men. One could assume that the magnitude of the gender-specific effect of widowhood on depression varies with different patterns of domestic labour division (Hank & Jürges 2007) as well as with the extend of economic independence of women within a society (Klement & Rudolph 2004).

Regarding household management, the negative effects of widowhood on mental health should be less severe for men in contexts in which the domestic labour division is not exclusively determined by traditional role models. In societies in which women have a higher economic autonomy women are less dependent on the income of male household members and thus the death of the husband causes less financial strains.

The causal connections mentioned above following lead to the following hyptheses:

First, widowed persons show higher levels in depression than married persons do. *Second*, an interaction effect between gender and widowhood is assumed to appear in a simple model. *Third,* this interaction effect will lose strength and signifiance once financial strains, domestic labour burden and duration of widowhood are being held constant. Fourth, the interaction effect between gender and widowhood varies context-specifically.

Data and Methods

The data for this study are drawn from the second public release version of the 2004 'Survey of Health, Aging and Retirement in Europe' (SHARE[2]; for an overview see Börsch-Supan et

[2] This paper uses data from release 2.0.1 of SHARE 2004. The SHARE data collection has been primarily funded by the European Commission through the 5th framework programme (project QLK6-CT-2001- 00360 in the thematic programme Quality of Life). Additional funding came from the US National Institute on Ageing (U01 AG09740-13S2, P01 AG005842, P01 AG08291, P30 AG12815, Y1-AG-4553-01 and OGHA 04-064). Data collection for wave 1 was nationally funded in Austria (through the Austrian Science Foundation, FWF), Belgium (through the Belgian Science Policy Office), France (through CNAM, CNAV, COR, Drees, Dares, Caisse des Dépôts et Consignations et le Commissariat Général du Plan) and Switzerland (through BBW/OFES/UFES. The SHARE data collection in Israel was funded by the US National Institute on Aging

al. 2005). SHARE is modeled closely after the U.S. 'Health and Retirement Study' and it is the first data set to combine extensive cross-national information on socio-economic status, health, and family relationships of Europe's elder population. Release 2 of the data contains information from some 31,000 computer assisted personal interviews (CAPI) with individuals aged 50 and older in 12 countries: Sweden, Denmark, Germany, the Netherlands, Belgium, France, Switzerland, Austria, Italy, Spain, Greece, and Israel. Probability samples were drawn in each participating country. However, the institutional conditions with respect to sampling in the participating countries are so different that a uniform sampling design for the entire project was infeasible. As a result the sampling designs used vary from a simple random selection of households (in the Danish case, for example, from the country's central population register) to rather complicated multi-stage designs (as, for example, in Greece, where the telephone directory was used as a sampling frame). The weighted average household response rate in the face-to-face part of the survey is 62% (a thorough description of methodological issues is contained in Börsch-Supan and Jürges 2005).

In order to investigate on the psychological consequences of losing one's spouse it is expedients to compare married to widowed persons – given that these analyses are based on cross-sectional data. Thus, the number of respondents in the dataset is reduced to 25,679 persons who stated to be either married or widowed at the time of the interview. Persons living in cohabitation, living as single or being divorced will not be considered in the following analyses.

The variable of interest in all analyses is respondent`s state of mental health, measured by the number of depressive symptoms. This variable was operationalized using the EURO-D scale (Prince, Reischies, Beekman, et al. 1999). The EURO-D scale has been developed for measuring the prevalence of depression among older people within a European context. The

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EURO-D scale ranges from zero (no symptoms of depression existent) to 12 (12 symtpoms of depression existent). The symptoms are depressivness, hopelessness, wishing to be dead, feelings of guilt, sleep disturbance, apathy, irritability, appetite, fatigue, trouble with concentration, enjoyment and tearfulness.

The existing literature considers the fact that age, education and chronic diseases are correlated with mental health as well confirmed. Prevalence of depression rises with age, persons suffering from chronic diseases are more likely to suffer also from depression, persons with higher education are less likely to show symptoms of depression (Mirowsky & Ross 2003). Thus, variables on age (in years), education and the existence of the two or more chronic diseases are entered into the analyses.

Gender, operationalized as a dummy variable for female, as well as widowhood, operationalized as a dummy variables for widowed (married is the reference category) are entered into the analyses as explaining variables. Furthermore, an interaction effect of both dummy variables is part of the analyses.

The distribution of household management tasks is also entered into the analyses. This variable ranges from zero to four, where a higher value means a more traditional distribution of household chores during the spouse's lifetime. This variable was only asked in a drop-off questionnaire that was handed to the respondents after the end of the CAPI interview. As this drop-off questionnaire was only given to a part of the total sample, the number of respondents for the analyses is reduced to 15,107 respondents.

In addition, a variable on financial strain is part of the regressions. The variable ranges from 0 to 3, where higher values stand for a higher amount of difficulties to make end's meet.

Duration of widowhood also plays an important role. Therefore, a variable will be used which contains information on the number of years gone by since the death of one' spouse.

On the context level the "Gender Empowerment Measure" (GEM) developed by the United Nations Development Programm (UNDP) in 2007 serves as a measure for social inequalities regarding gender and traditional role perception. The GEM is based on indicators such as the percentages of parliamentary seats held by women or the percentage of women in leading business positions. The GEM ranges from zero to one, where higher values represent a higher status of women within a society.

One major research goal of this paper is to find out whether differences between countries regarding the effect of widowhood on depression exist. Therefore the analytical methods of this paper are, among classic cross tables and t-tests on the equality of means, multilevel analyses (Rabe-Hesketh & Skrondal 2005; Snijders & Bosker 1999). The multilevel models analyse the data regarding a variation in depression between countries (*random intercept*). I also assume that the slope of the interactioneffect between gender and widowhood from the microlevel of the model also depends on the variation of the variables of the macro level of the model (*random slope*). Drawing from the considerations above, we also assume that the strength and significance of the interactioneffect varies depending on the differences in the patterns of domestic labour division and economic independence of women between countries.

Analyses and Results

Descriptive Findings

Table 1 shows some descriptive statistics. The applied dataset contains information from 15,107 respondents. Of those, 84 percent are married, 16 percent are widowed. Twenty-five percent of all women in the dataset report spousal bereavement wheras only 7 percent of all men experienced the death of their wives. The average duration since the death of their husbands is 13 years among women. Widowed men significantly differ from that: the time that has passed since they lost their wifes averages to only 9 years. Regarding depressive

symptoms, the four marital status/gender categories vary a lot. Married men report the lowest number of depressive symptoms, widowed women the highest number. Widowed women and married women differ significantly regarding their mental well-being, which is also the case for married versus widowed men. However, the difference in the number of depressive symptoms between married and widowed men is larger than the difference between married and widowed women.

Widowed men are on average older than married men, report lower education, but report less chronic diseases. Concerning financial strains and division of household chores widowed men do not differ from married men.

Widowed women are older than their married counterparts, report lower education and have more chronic diseases. Furthermore, they report suffering from financial strains more often than married women do. Moreover, widowed women are more likely to live in a household with (former) traditional household labor division.

Widowed women differ significantly in all respects from widowed men. They suffer more from depression, received lower education, report more chronic diseases and financial problems and more frequently live in a household with (formerly) traditional labour division.

Table 1: Means (*standard deviations*) of the sample for all variables by gender and marital status (source: SHARE 2004 (Release 2.0.1))

	women		*men*	
	married	*widowed*	*married*	*widowed*
	(n=6,208)	*(n=2,028)*	*(n=6,539)*	*(n=458)*
EURO-D	2.48 (2.24)	3.24 (2.56)*	1.68 (1.86)	2.51 (2.44)*
age	62.03 (8.43)	73.24 (9.82)	64.01 (9.09)	74.37 (9.67)
lower education	0.51 (0.50)	0.69 (0.46)*	0.42 (0.49)	0.52 (0.50)*
medium education	0.31 (0.46)	0.22 (0.42)*	0.33 (0.47)	0.31 (0.46)*
higher education	0.18 (0.38)	0.09 (0.28)*	0.25 (0.43)	0.17 (0.37)*
> 2 chronic diseases	1.48 (1.39)	2.14 (1.61)*	1.40 (1.33)	1.80 (1.38)*
Financial strain	1.12 (0.95)	1.39 (0.96)*	1.11 (0.95)	1.06 (0.94)*
duration of widowhood		13.30 (11.03)*		8.99 (8.17)*
traditional labour division	3.19 (0.81)	3.46 (0.71)*	3.05 (0.80)	2.99 (0.94)*
GEM	0.57 (0.32)	0.51 (0.33)*	0.56 (0.33)	0.56 (0.33)*

Remark: the t-tests in each case compare widowed women with widowed men; p≤.01

Multilevel Models

A crucial question contected to all multilevel models is how the variation of the dependent variable (which is depression in the case of this paper) is distributed over the explaining levels. The first step is to estimate an empty model without any explanatory variables (model 1). It is obvious that there is a variation among the different countries regarding the dependend variable depression. However, the percentage of variance on the country-level is rather small compared to the total variance. In model 2 I add variables on the individual level as fixed parameters to the analysis. The results show that widowhood has a negative effect on mental health. Furthermore, there is a negative interaction effect of widowhood and female gender. This interaction effect points to the conclusion that widowhood has a less severe negative effect on the mental health of women compared to men. However, when holding constant all other variables in the model, widowed women suffer more from depression than widowed men, which can be explained by the fact that women in general report more depressive symptoms than men do.

In model 3 I test the assumption that the gender-specific effect of widowhood differs among the countries in the sample. Thus, I expand the model by a random slope. The coefficient of the interaction effect from level 1 in model 3, which represents the average slope in all countries, still has a negative sign but lost significance. The variance of the deviation of the single countries from this average slope is positive and significant. A likelihood-ratio test shows, that models 2 and 3 significantly differ from each other (LR $\chi^2(1) = 47.54$), which verifies the assumption that the gender-specific effect of widowhood differs among countries.

In model 4 I expand the model by introducing variables on duration of widowhood, financial problems and traditional household labor division. As expected, duration of widowhood significantly reduces the number of depressive symptoms, which corroborates the assumption of the crisis model. With every further year, which has passed since the death of one's spouse, the negative effect of widowhood on mental health dimishes. Financial problems significantly add to the number of depressive symptoms. Persons, formerly living in a household with a more traditional labor division, show more symptoms of depression, but this effect is only slightly significant. As the model includes duration of widowhood, financial strains and household labor division the average gender-specific effect of widowhood is no longer significant on the 10%-level when holding constant all other variables in the model. However, the variance of the deviation of this interaction effect between the countries is still highly significant.

As all three variables, duration of widowhood, financial strain and traditional household labor division have been entered into the model together we can draw no conclusion about how the single variables influence the gender-specific effect of widowhood on depression. On order to find out I separately estimated three models, which add only one of the three variables to the model (results not shown here).

First, I added duration of widowhood to the orginial model 3 from table 2. Over the years, the negative effect of widowhood on mental health diminishes. When holding constant the

duration of widowhood the interaction effect between widowhood and gender becomes insignificant, but I also detect that the effect becomes smaller as expected, which leads to the assumption that men and women react more similar to widowhood as expected so far.

In a further model, I add financial strains to model 3. The gender-specific effect of widowhood becomes larger when controlling for financial problems. This confirms the assumption from Umberson et al that „the primary mechanism linking widowhood to depression among women is financial strain" (Umberson et al. 1992: 10).

Finally, model 3 is extended by the variable for traditional household labor. Traditional household labor division has no significant effect on the number of depressive symptoms. Umberson and her colleagues assume that „[a]mong men the more critical mechanisms seem to be strains associated with household management" (Umberson et al. 1992: 10). Thus, widowed men should report lower levels of depression when holding constant household labor division. When comparing the extended model to model 3, we see that the gender-widowhood interaction effect becomes slightly higher. The change in the effect is not significant, so I can assume that strains caused by household labour do not really add to widowed men`s depression.

In model 5 I add a macro variable to the fixed parameters, namely the Gender Empowerment Measure (GEM), as well as an interaction effect of GEM and gender. Following the previous considerations a high GEM in a country should have a positive influence on the mental health of women. The coefficient for the interaction effect of GEM and gender supports this hypothesis: the lower the social inequality regarding gender within a country, the less depressive symptoms we find among women.

Finally, in model 6 I test whether a varying interaction effect of gender and widowhood exists among all countries, which can be (partly) explained by the Gender Empowerment Measure. For this purpose I add two additional variables, namely the interaction terms, to the analyses. The threefold interaction term, consisting of widowhood, gender and GEM, shows no

significant effect, meaning that the gender-specific effect of widowhood still varies randomly and cannot be explained by social inequalities in gender.

In a nutshell I can conclude, that widowhood in general is associated with higher numbers of depressive symptoms. Additionally, preliminary results show a gender-specific effect of widowhood on mental health. When comparing married men to widowed men, and then contrasting these results to a comparison of married with widowed women, we see that the difference in the number of depressive symptoms is higher among men than among women.

Furthermore, I can confirm the hypothesis that the gender-specific effect of widowhood becomes insignificant as soon as duration of widowhood, financial strains and traditional household labor division are taken into account. Finally, I am able to show that the gender-specific effect of widowhood on mental health varies between countries. But the gender inequalities in opportunities (measured by the GEM) do not help to explain this variance between countries.

Table 2: Number of depressive symptoms (multi-level models)

	Model 1	*Model 2*	*Model 3*
fixed-effects parameters			
widowhood		0.710	0.702
		(0.101)***	(0.101)***
widowhood*female		-0.205	-0.234
		(0.112)+	(0.163)
female		0.737	0.739
		(0.037)***	(0.037)***
age (in years)		0.004	0.004
		(0.002)+	(0.002)+
medium education[a]		-0.265	-0.272
		(0.042)***	(0.042)***
higher education[a]		-0.357	-0.368
		(0.048)***	(0.048)***
> 2 chronic conditions		0.845	0.842
		(0.035)***	(0.035)***
duration of widowhood			
financial strains			
Traditional labor division			
GEM			
GEM*female			
widowhood*GEM			
GEM*widowhood*female			
constant	2.220	1.297	1.298
	(0.148)***	(0.178)***	(0.171)***
random-effects parameters			
level 2:			
constant	0.258	0.170	0.141
	(0.112)**	(0.074)***	(0.062)***
widowhood*female			0.163
			(0.083)***
level 1:	4.653	4.159	4.144
Residiual variance	(0.054)***	(0.048)***	(0.048)***
rho	0.05	0.04	
N (individuals)	15107	15100	15100
N (countries)		12	

source: SHARE 2004 (Release 2.0.1))
remark: regression coefficient, standard errors in parantheses
*+ p<0.10, * p<0.05, ** p<0.01, *** p<0.001*
reference category: a) lower education

Table 2: Number of depressive symptoms (multi-level models)
- continued -

	Model 4	*Modell 5*	*Modell 6*
fixed-effects parameters			
widowhood	0.782	0.781	1.057
	(0.105)***	(0.105)***	(0.201)***
widowhood*female	-0.268	-0.272	-0.395
	(0.164)	(0.161)+	(0.316)
female	0.754	0.869	0.879
	(0.037)***	(0.072)***	(0.073)***
age (in years)	0.008	0.008	0.008
	(0.002)***	(0.002)***	(0.002)***
medium education[a]	-0.164	-0.165	-0.164
	(0.042)***	(0.042)***	(0.042)***
higher education[a]	-0.166	-0.166	-0.166
	(0.049)***	(0.049)***	(0.049)***
> 2 chronic conditions	0.784	0.784	0.784
	(0.035)***	(0.035)***	(0.035)***
duration of widowhood	-0.010	-0.010	-0.010
	(0.004)**	(0.004)**	(0.004)**
financial strains	0.400	0.399	0.399
	(0.020)***	(0.020)***	(0.020)***
Traditional labor division	0.020	0.020	0.020
	(0.021)	(0.021)	(0.021)
GEM		0.002	0.036
		(0.273)	(0.274)
GEM*female		-0.202	-0.222
		(0.109)+	(0.112)*
widowhood*GEM			-0.490
			(0.303)
GEM*widowhood*female			0.195
			(0.499)
constant	0.477	0.471	0.451
	(0.170)**	(0.225)*	(0.226)*
random-effects parameters			
level 2:			
constant	0.081	0.088	0.088
	(0.036)***	(0.041)***	(0.041)***
widowhood*female	0.165	0.156	0.163
	(0.084)***	(0.080)***	(0.087)***
level 1:	4.028	4.027	4.027
Residiual variance	(0.047)***	(0.047)***	(0.047)***
N (individuals)	14791	14791	14791
N (countries)		12	

source: SHARE 2004 (Release 2.0.1))
remark: regression coefficient, standard errors in parantheses
*+ p<0.10, * p<0.05, ** p<0.01, *** p<0.001*
reference category: a) lower education

Discussion

These analyses show that widowhood is a drastic and negative event in life and widowed persons show more depressive symtpoms than married persons even when holding constant many confounding factors. There seems to be a gender-specific effect of depression: although women in general suffer from more depressive symtptoms than men, widowhood has a stronger negative effect on men compared to women. This result contradicts other studies, which show that men not only relatively but also absolutely suffer from more symptoms of depression after bereavement than women do (Lee et al. 1998; Lee & DeMaris 2007). But in

the further course of the analyses this gender-specific effect of depression proved to be not significant anymore once controlling for duration of widowhood, financial strains, traditional household labor division as well as context-specific variables.

The analyses have been conducted with the first wave of the „Survey of Health, Ageing and Retirement in Europe“(SHARE). At the time the analyses only first-wave data of SHARE were available (in the meantime the results of the second wave have been published). Therefore I encounter the typical problems of cross-sectional analyses: it was not possible to compare the mental health of one person before *and* after widowhood. Instead, I have to compare different person with each other. Further, I do not have any information about the mental health status of widowed persons at times their spouses were still alive. Additionally, the distinction of the respondents into married and widowed might be insufficient as it only covers the current marital status. It is possible that some of the married persons have been widowed before and are re-married. Therefore I cannot rule out the possibility of self-selection of those who could recover from bereavement quite quickly into the group of the married.

But using cross-sectional data also has advantages. Cross-sectional data provides a higher variation in duration of widowhood, which allows a closer examination of the time-variant effect of widowhood.

This preliminary paper is one of the first analyses of widowhood and gender among older persons using the SHARE data. Further analyses should incorporate other aspects as social networks, family relations and marital quality as well. Studies show that volunteer work buffers against the negative aftermaths of widowood (Li 2007). Social support, either by family or friends (Ha et al. 2006; Onrust, et al. 2007) constitutes an important resource regarding psychological well-being after widowhood. Many studies prove that within Europe we find many differerent regional patterns of familial relations and support (Glaser et al. 2004). The SHARE data allow for investigating the variance of the effect of widowhood

within a European context from a comparative perspective. Future analyses should not only deploy the variety of countries participating in SHARE but also benefit from the longitudinal component of the data.

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