CHAPTER 1

Understanding Late Life Widowhood

New Directions in Research, Theory, and Practice

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Research on death, dying, and bereavement has flourished in the past decade (Bryant, 2003). The U.S. population is older than ever before, and scholars, practitioners, and laypersons need to understand how to best meet the challenges facing older widows and widowers. More than 900,000 adults are widowed each year in the United States, and nearly three-quarters of them are over the age of 65 (Federal Interagency Forum on Aging-Related Statistics, 2004; Moss, Moss, & Hansson, 2001). Given both the high prevalence and emotional impact of spousal loss, it's not surprising that social scientists and medical researchers have devoted tireless efforts to finding answers to their questions on spousal bereavement and grief.

More than 5,000 articles on grief and bereavement have been published in the past 10 years, so researchers and practitioners now have a thorough understanding of the short-term emotional consequences of spousal loss. Scholars also have identified important risk and resilience factors, including gender, social support, and preexisting mental health problems; these research findings help practitioners to distinguish among those persons who will experience relatively few psychological symptoms and those who will be devastated by the death of their spouse. We also now know that most people are resilient following a loss, and that interventions are often unnecessary and may even worsen the psychological consequences of widowhood.

Despite this progress, fundamental questions about the experiences of older bereaved spouses remain unanswered. Why does grief arise after the loss of a spouse? What, if anything, is wrong with those who experience little or no grief? What kinds of initial responses to the loss of a spouse are most likely to portend subsequent difficulties? Is grief best thought of as a temporary upheaval that lasts for a year or two, or does it instead lead to enduring changes in outlook or personality? How common is it for people to show personal growth following the loss of a spouse, and under what conditions is this growth most likely to occur? Will individuals involved in a long period of caregiving for their spouse experience more grief and distress than those who are not involved in caregiving? Or will such losses be easier for them to bear? How does grief interact with other age-related changes such as chronic illness or disability? What brings about the resolution of grief? Is it the passage of time that heals, or certain processes or events that occur during this time? What interventions best help older bereaved spouses, and which ones might cause harm? The answers to these questions remain unresolved not due to a lack of effort, but rather because answers require longitudinal data that are not often available to researchers.

As noted in the Introduction ["A History of the Changing Lives of Older Couples (CLOC) Study"], social scientists Camille B. Wortman and Ronald Kessler set out nearly 20 years ago to gather prospective data that would answer a vast array of questions about the bereavement experience in late life. Soon joined by James S. House and James Lepkowski, the team accomplished their aim. The resulting CLOC study offers extensive prospective data on a large sample of older bereaved spouses and matched controls, and tracks bereaved spouses for up to four years following their loss. The CLOC data are now publicly available for all scholars to use; new and cutting edge analyses of the CLOC data provide the foundation for this volume.

AIMS OF THE VOLUME

Since its inception, the CLOC project has been truly interdisciplinary, bringing together sociologists, social and clinical psychologists, psychiatrists, and experts in quantitative research methodologies to conduct innovative and methodologically rigorous research on bereavement. This edited volume continues and extends that tradition. Our aim was to bring together scholars working in diverse disciplines, and with non-overlapping yet complementary research interests and agendas. We also sought to merge three often disparate areas of scholarship—theory, research, and practice—in order to produce a volume that would be valuable to researchers and

practitioners from many disciplines. Each of the authors contributing to this volume shares our belief that advancements in theory, research, and practice are mutually dependent and that advances in one domain cannot occur without strides in the other two.

For example, many clinical interventions targeted toward bereaved individuals today are based loosely on psychoanalytic models of grief (e.g., Adler, 1943; Freud, 1917/1957; Lindemann, 1944). According to this perspective, in order for bereaved persons to adjust psychologically to loss, they must confront and review their thoughts and feelings about the deceased. This process, referred to by Freud as the "work of mourning," is viewed as painful and as requiring considerable time and energy. In contrast, attempts to keep thoughts of the deceased loved one out of mind through avoidance, distraction, or the use of prescription drugs, are believed to delay the onset of painful symptoms. Failure to experience grief was traditionally viewed as a sign of one's denial, lack of attachment, or emotional immaturity. Conversely, persons who experience the most difficult or "chronic" grief were believed to have had an ambivalent or conflictual relationship with the deceased. This psychoanalytic view of the grieving process has dominated the bereavement literature for much of the past century, and has only recently been called into question (Bonanno & Kaltman, 1999; Stroebe, 1992–1993; Wortman & Silver, 1989, 2001). For example, empirical studies based on CLOC reveal that persons who had negative or ambivalent relationships with their late spouse experience less rather than more severe grief symptoms (Carr et al., 2000), and that "absent" grief is a normative rather than a pathological response to loss (Bonanno et al., 2002). These empirical findings may help to refine both theoretical approaches and practical interventions targeting grief.

The chapters in this volume are guided by three overarching themes. First, we argue that late life (age 65+) widowhood is the most common form of spousal loss, yet most theories of bereavement do not take into consideration the special risk factors and resources of the elderly. Second, we maintain that the widowhood experience has been transformed over the past century. Demographic shifts and advances in medical technologies have changed the way that older adults live and die; spousal loss today happens largely to women, and happens typically at the end of a long period of spousal illness (often with accompanying caregiving demands). At the same time, sweeping changes in gendered social roles over the past 50 years continue to alter the way that widowhood is experienced. For example, the ways that husbands and wives allocate household and financial responsibilities has important implications for how they manage daily life after spousal loss. Finally, we argue that therapies, policies, and practices to help the older bereaved must be

based on empirically sound state-of-the-art research findings. Many current practices designed to assist the grief-stricken are based on dated theoretical models that have not withstood empirical scrutiny. We suggest that rigorous empirical research is a necessary prerequisite for the development and refinement of theories; these newly refined theories of bereavement, in turn, are critical for the establishment and implementation of effective practices to help the bereaved.

Taken together, the book's chapters provide a comprehensive portrait of late life widowhood in the United States today. Specifically, the authors document the social, psychological, and economic consequences of late life spousal loss, and they identify the factors that protect against (or that increase one's susceptibility to) the stressors associated with widowhood. We present new research findings, based on a unique data set—the CLOC—which allow us to avoid many of the methodological challenges of past studies. Finally, we suggest specific ways that findings from recent scientific studies might guide the development and refinement of therapies, policies, and practices targeted specifically toward bereaved older spouses.

The chapters in this volume are presented in four parts. Part I provides an overview of the methodological challenges facing bereavement researchers and offers a sociohistorical context for understanding the distinctive experiences of older widows and widowers in the United States in the late 20th and early 21st centuries. Part II focuses on the personal consequences of spousal loss, and illustrates the diverse ways that spousal loss affects the psychological, physical, social, spiritual, and economic well-being of older widows and widowers. Part III proposes innovative new theoretical frameworks for understanding late life grief and bereavement. Finally, Part IV weaves together theory, data, and practice and suggests ways that new empirical findings on spousal bereavement—generated from the CLOC study as well as other large-scale studies—can be used to inform both therapeutic interventions and public policies.

CHAPTER SUMMARIES

Studying Bereavement: Methodological Innovations and Contextual Influences

"Methodological Issues in Studying Late Life Bereavement" by Deborah Carr (chapter 2) provides a comprehensive overview of methods used to study spousal loss, and discusses the reasons why studies of late life spousal loss often offer equivocal or conflicting findings. Carr's chapter begins with a discussion of the strengths and weaknesses of commonly used data sources for

the study of bereavement, including help-seeking, bereaved, and community samples. She then elaborates the reasons why findings obtained from cross-sectional and self-selected samples may offer an incomplete or inaccurate characterization of the bereavement experience. She also points out the advantages of using large-scale, random sample, prospective, and longitudinal data sets for exploring the short- and longer-term consequences of spousal loss. The most important contribution of the chapter, however, is Carr's discussion of the ways that methodological innovations—including the use of multi-wave prospective data, and the consideration of a broad array of outcome, mediator, and moderator variables—foster theoretical developments and refinements. For example, she argues that subgroup differences in the bereavement experience, such as gender differences, may be "masked" in studies that fail to consider a broad array of bereavement outcomes, or that fail to consider the distinctive pathways that link spousal loss to distress (or resilience) for widows and widowers.

The chapter concludes with an overview of the content and structure of the CLOC study and a discussion of how the unique design of the CLOC makes it an ideal data set for exploring the long-term consequences of spousal loss. For example, one of the most difficult challenges facing bereavement researchers is causal inference. Cross-sectional studies often cannot ascertain whether spousal loss causes distress, or whether distressed persons are more likely to become widowed due in part to earlier stressors and adversities. Moreover, studies based on single point in time observations cannot ascertain whether the quality of a spouse's death or the quality of a couple's marriage affects adjustment to loss, or whether one's psychological state following loss affects one's recollections and reconstructions of their late marriages. The CLOC data set is designed expressly to address these methodological challenges; Carr offers myriad examples of the research questions that can be addressed effectively using the multi-wave, quasi-experimental CLOC data.

A guiding assumption of this volume is that social, cultural, technological, and historical contexts influence how, when, and where older adults die; these contextual factors, in turn, shape the experience of bereavement. In "How Older Americans Die Today: Implications for Surviving Spouses" (chapter 3), Deborah Carr, Camille B. Wortman, and Karin Wolff argue that the widowhood experience has been transformed in the 20th century. Death today is a slowly unfolding process: death typically strikes older adults and often occurs at the end of a long, distressing, and debilitating illness. The transition from "spouse" to "widow(er)" is gradual rather than sudden, and the transition often is accompanied by difficult caregiving responsibilities, and wrenching decisions about the type, site, and intrusiveness of end-of-life

medical care that one's spouse receives, as well as painful moments of watching one's long-suffering spouse battle physical pain, cognitive impairment, and anxiety. During this difficult time, the caregiving spouses also may neglect their own physical health symptoms or psychosocial needs. The authors argue that the stressors experienced during the days and weeks preceding the death may have critically important implications for older adults, both before and after their spouse dies.

This chapter provides an in-depth review of classic and cutting-edge studies on death context and its implications for widows' and widowers' well-being. The chapter opens with a historical overview of how cultural practices surrounding death and the epidemiology of death have changed over the past 3 centuries. The authors then focus on four specific influences on widows' and widowers' adjustment to loss: whether the death was sudden or anticipated, the extent to which the surviving spouse provided care, the place of the death, and the quality of care received by the dying spouse at the end of his or her life.

Studies of death forewarning and survivor well-being date back to the classic Coconut Grove studies, where Lindemann (1944) concluded that sudden death is the most distressing death because it robs survivors of their final moments with their loved one. Anticipated deaths were long considered less distressing, because they offer individuals the opportunity to achieve closure and to resolve emotional "unfinished business" with their dying spouse (Blauner, 1966). Carr and colleagues point out that the forewarning period also may be filled with difficult strains—particularly for older adults—and these strains may compound the harmful impact of spousal loss. The authors highlight the complex and often surprising ways that caregiving strain affects surviving spouses, including the potentially beneficial impact of caregiving for grieving spouses. They also describe the ways that innovative approaches to end-of-life care, including hospice, may benefit bereaved spouses as well as the dying patients. The chapter concludes with recommendations for caregiver services and advances in end-of-life health care that may protect against physical and emotional strain among bereaved older spouses.

Personal Consequences of Spousal Loss

Spousal loss has long been considered one of the most distressing events that older adults will experience (Holmes & Rahe, 1967), yet recent research counters that widowhood is not universally distressing. Bereavement researchers have moved away from asking *whether* widowhood is distressing, and instead ask *for whom* and *for how long* is spousal bereavement distressing? Answer-

ing these questions is a daunting task, given the proliferation of research on bereavement throughout the past four decades. Karin Wolff and Camille B. Wortman offer a detailed and integrative answer to such questions in their chapter "Psychological Consequences of Spousal Loss Among Older Adults: Understanding the Diversity of Responses" (chapter 4). Wolff and Wortman take as their point of departure the observation that some older adults exhibit intense and prolonged distress following the loss of their spouse, while others manifest remarkable resilience. They provide a nuanced discussion of the individual, intrapersonal, and social factors that protect against—or exacerbate—intense and prolonged distress. Wolff and Wortman recognize that men and women experience widowhood very differently, largely because they experience marriage and interpersonal relationships very differently, and they highlight the distinctive risk factors and protective resources of widows and widowers.

Wolff and Wortman also demonstrate the complex interplay among theory, research, and practice. They challenge two theoretical assumptions that have guided research and practice: the expectation that most bereaved people will react with intense distress that diminishes over time, and the assumption that it is necessary for people to "work through" their feelings in order to recover from the loss. Wolff and Wortman review recent research findings that call into question such taken-for-granted assumptions; recent studies—many of which are based on the CLOC—reveal considerable variability in whether intense distress is experienced and whether "working through" the loss is beneficial. The authors conclude by offering suggestions for grief interventions and therapies; these practical suggestions derive directly from both recent empirical analyses and the theoretical refinements that resulted from the analyses.

Bereavement researchers have made tremendous strides in recent years, particularly in documenting the short- and long-term psychological and emotional reactions of older bereaved spouses. However, much less is known about the physical health consequences of spousal loss. Fictional and anecdotal accounts of "death of a broken heart"—where bereaved spouses die shortly after their loss—have intuitive appeal yet have garnered little empirical support. If physical health does decline among newly bereaved spouses, are the effects best understood as short-term responses to a stressful event, or more persistent adversities that bereaved persons must manage? And, if health suffers, what underlying mechanisms are involved? Amy Mehraban Pienta and Melissa M. Franks set out to find answers to these questions in their chapter "A Closer Look at Health and Widowhood: Do Health Behaviors Change After the Loss of a Spouse?" (chapter 5).

Pienta and Franks set forth an intriguing hypothesis: that widowhood may entail either the loss of a person who fostered positive life-sustaining health behaviors, or the loss a partner who brought potentially harmful health behaviors—such as poor diet or smoking—into the couple's home. The authors examine whether and how health behaviors change following spousal loss. They focus on smoking, alcohol consumption, weight change, and exercise, and track these behaviors up to 4 years after the loss. In doing so, they pinpoint whether such changes are a short-term response to the initial strains of widowhood, or whether such changes are enduring responses to the loss of one's helpmate and nurse (or co-conspirator in unhealthy behaviors). Pienta and Franks take full advantage of the prospective design of the CLOC data; they control for pre-loss characteristics that may influence both one's own health behaviors and one's likelihood of becoming widowed. By carefully considering selective pressures into widowhood and the ways that one's health behaviors change following spousal loss—whether for better or for worse—they uncover important new findings about the ways that some bereaved spouses compromise their health following the death of loved ones. Their findings carry important implications for policy and practice; Pienta and Franks outline possible interventions to foster positive health behaviors among older adults struggling with the illness and eventual death of their spouses.

Stephanie L. Brown, James S. House, and Dylan M. Smith explore a new and rarely studied dimension of spousal loss: the interpersonal and spiritual connections maintained and altered after the death of one's spouse. In chapter 6, "Interpersonal and Spiritual Connections Among Bereaved Older Adults," Brown and colleagues uncover what widowed persons *do*, both in terms of relating to others and modifying their patterns of religious behaviors and beliefs. Although past studies examine the extent to which social support or religious beliefs buffer against the strains of widowhood, Brown and her coauthors take this line of inquiry an important leap further. They document the ways that bereaved older adults rearrange or readjust their social and spiritual worlds in order to meet their new psychic and interpersonal needs.

They find that increasing one's reliance on religious coping and increasing one's level of social integration by giving support to others are two independent ways of coping with loss. For instance, they find that bereaved persons who become more intensely involved in religion after spousal loss are more psychologically resilient and bounce back from depression more quickly than those who do not intensify their religious beliefs. Yet they also find that giving social support to others—rather than receiving support—is a critically important step on the path to resilience. For example, they find

that the linkage between early grief symptoms and later depressive symptoms weakens as widows and widowers increase the amount of social support they give to others. These findings challenge and call for re-conceptualizations in how bereaved persons are treated by family members and social service providers. Although widows and widowers clearly benefit from others' assistance, Brown and colleagues show persuasively that widowed persons also benefit from giving to others. By taking control over their spiritual and interpersonal lives, they may feel energized and empowered to manage the myriad other challenges posed by spousal loss.

In chapter 7, "Economic and Practical Adjustments to Late Life Spousal Loss," Rebecca Utz rounds out the exploration of the ways that older widowed persons readjust to spousal loss. Utz, drawing on the Dual Process Model (Stroebe & Schut, 1999), argues that successful readjustment to loss requires that widows and widowers cope with both emotional aspects of the loss (i.e., loss-oriented coping), and practical challenges and "secondary stressors" that result from the death (i.e., restoration-oriented coping). Following the death of a spouse, even seemingly mundane activities such as keeping house, preparing meals, paying bills, and driving to a doctor's appointment can be a source of distress and anxiety to older bereaved persons. Utz argues further that the daily and practical challenges associated with spousal loss may be particularly acute for current cohorts of older men and women, such as those participating in the CLOC study. Men and women born in the early 20th century were socialized to hold rigidly gender-typed social roles. Men were socialized to be breadwinners, and to leave homemaking and child care tasks to their wives. Women, in contrast, were raised to be mothers and homemakers rather than paid workers or financial managers. This gender-typed specialization leaves both widows and widowers ill-equipped to manage the tasks once performed by their now deceased spouse.

Building upon the Dual Process Model and theories of changing gender roles, Utz documents the ways that widows and widowers manage housework, finances, and home maintenance tasks after their spouse dies. Like Wolff and Wortman, Utz finds tremendous heterogeneity among bereaved spouses; for example, she finds that both the needs of and practical adjustments made by recent widows and widowers vary based on the conditions and timing of their spouses' death. For instance, older adults who had advanced forewarning that their spouse was dying often learned to master the household tasks that their ailing spouse had performed even when the spouse is still alive, ensuring a smoother transition to widowhood. Utz concludes that interventions and practices to help bereaved spouses should not focus solely on emotional distress, but should also provide practical support. Programs that assist

widowed women with financial management tasks or that help widowed men with home making tasks may effectively mitigate some of the stressors that cause the most anxiety and distress for newly bereaved spouses.

New Perspectives on Grief and Bereavement

Randolph Nesse and Robert Neimeyer offer two very different—yet surprisingly complementary—new perspectives on grief. In chapter 8, "An Evolutionary Framework for Understanding Grief," Randolph M. Nesse brings an evolutionary perspective to the study of grief. Nesse recognizes that the idea that grief may be a "useful" biological trait may seem cold-blooded. After all, most of us are more interested in how to relieve the pain of grief than in knowing why it exists. Yet Nesse elaborates that grief is a special kind of sadness shaped to cope with the challenges posed when a loved one dies. Central to Nesse's evolutionary approach is the notion that the capacity for sadness must be useful. Drawing together traditional research on grief with animal studies and cross-cultural work, he argues that some aspects of the anguish associated with grief can be useful in some circumstances, at least for our genes. Nesse reviews evidence indicating that the depression associated with grief can foster a necessary reallocation of effort away from options that are no longer possible. Bereaved persons who experience anguish are also more likely to take action to prevent additional immediate losses, and to avoid similar situations to reduce the likelihood of subsequent losses. Both the experience of pain and the anticipation of such pain should increase one's motivation to prevent the deaths of other loved ones.

This framework has important implications for how we think about, study, and treat grief. As Nesse illustrates, an evolutionary prospective provides a fresh lens from which to view current research on grief and loss. For example, this perspective can help account for seemingly maladaptive behaviors revealed among bereaved persons, such as ruminating about the loss or blaming oneself for what has happened. In an evolutionary framework, such behaviors can be conceptualized as automatic responses that help to prevent future losses. This approach also helps to explain the empirical finding that grief is powerfully influenced by degree of kinship. Grief responses to the loss of close relatives are stronger, on average, than responses to the loss of a spouse, and grief is more intense following the loss of one's twin than the loss of another sibling. An evolutionary approach helps to clarify other empirical results that otherwise seem puzzling, such as the intense grief often shown when a relative dies, even if there has been little emotional closeness. These

findings are difficult to explain using traditional models of the grieving process, such as attachment theory.

Yet Nesse also shows how advances in evolutionary thinking are beginning to influence attachment theory. He argues that the mechanisms that underlie close relationships between spouses, particularly among older couples, may be quite different from those that underlie mother-child relationships. The generous behaviors in such relationships, such as caring for an ill spouse, can be understood in terms of a framework he calls "commitment." This refers to a situation where people develop an understanding to help one another even in the absence of any immediate payoff. The special value of such commitments helps to explain much of what is lost when a long-term, intimate relationship comes to an end.

Drawing from the CLOC data, Nesse addresses some of the problems inherent in attempting to test hypotheses regarding the usefulness of grief. He concludes by proposing that an evolutionary framework has important implications for the treatment of grief. He notes, for example, that if there were a drug that would block the pain of grief, an evolutionary approach suggests that it might not be a good idea to administer it routinely to everyone. As he points out, we still do not know nearly enough about such important issues to conclude whether routine treatment of bereaved people with antidepressant drugs would be wise or not.

In chapter 9, "Widowhood, Grief and the Quest for Meaning: A Narrative Perspective on Resilience," Robert A. Neimeyer illustrates the value of applying a narrative constructivist approach to the study of bereavement. In essence, he maintains that there is much to be gained by viewing widowhood as a quest for meaning and continuity. As he points out, there has been a groundswell of interest in narrative processes from many disciplines, including cognitive science, social and developmental psychology, neuropsychology, and psychotherapy. Drawing from the burgeoning interdisciplinary field of narrative studies, he offers a new and valuable framework for understanding widowhood.

Neimeyer observes that significant losses challenge the self-narratives of survivors. He suggests that such losses have the potential to disrupt survivors' personal sense of autobiographical continuity, as well as their social construction of their post-loss identity. In recognition of the diversity of responses to bereavement, he notes that narrative disorganization is limited and transient for some widowed persons, but sweeping and prolonged for others, who are left with a world that is fragmented and incoherent. In an insightful analysis, he suggests a narrative elaboration of each of the five major bereavement

trajectories identified by Bonanno and his colleagues (Bonanno et al., 2002; Bonanno, Wortman, & Nesse, 2004). Neimeyer proposes, for example, that resilient individuals are able to successfully assimilate their loss experience into their existing life narratives, which is why they show only transient distress and report relatively little need to search for meaning. He suggests that the self-narrative of chronic grievers is seriously disrupted by the loss, which is why they remain preoccupied with an intensive search for meaning even a year and a half after the death. According to Neimeyer, people in the "depressed-improved" group can best be understood as having been released by bereavement from the narrative of a caregiver, or of a partner in an oppressive marriage which had sharply constrained their identity.

The author concludes the chapter with a provocative and timely discussion of the implications of his analysis for research and clinical work. He identifies both quantitative and qualitative research methods that could greatly enhance our study of meaning reconstruction following loss. Regarding clinical implications, he draws from a narrative perspective to illustrate why the vast majority of people who experience loss do not require treatment. As Neimeyer points out, however, therapy may be indicated for the 15 to 20% of bereaved whose grief remains chronic. For such individuals, a narrative approach offers a treasure trove of therapeutic procedures that can facilitate the reconstruction of meaning following loss. These include systematic writing about the loss or its most troubling aspects, biographical techniques, poetic expression, and a host of other strategies that hold considerable promise, both for self-help applications and as homework assignments in professional grief therapy.

Implications for Practice, Policy, and Future Research

One of our most important aims in assembling this volume is to provide potentially useful research findings to clinicians, counselors, social workers, gerontologists, and policy makers who work directly or indirectly with bereaved older adults. Two chapters, in particular, helped us to achieve that aim. In chapter 10, "Clinical Interventions with the Bereaved: What Clinicians and Counselors Can Learn from the Changing Lives of Older Couples (CLOC) Study," Anthony D. Mancini, David L. Pressman, and George A. Bonanno offer a state of the art review of clinical interventions for bereavement, with an emphasis on the experiences of older bereaved spouses in the CLOC study. They summarize studies showing that most grief interventions are generally not useful and may actually be harmful. However, they also note that a subset of bereaved persons can benefit from treatment, and that

scholars and practitioners are beginning to understand how to identify the appropriate treatments for members of that subset. Their chapter is a must-read for clinicians working with older bereaved spouses.

Mancini and his collaborators also review recent studies that reveal variations in the grief experience. For example, they report that nearly half of the bereaved subjects in the CLOC study were "resilient" and experienced few symptoms, while only 16% became depressed after the loss and stayed depressed for months afterward. Only one-tenth of the sample displayed the supposedly "typical" pattern, with significant grief symptoms 6 months after loss, and recovery shortly thereafter. Roughly the same proportion showed an improvement in psychological well-being after the loss, probably because the death represented the end of a bad marriage, onerous caregiving responsibilities, or both. These results underscore the importance of both recognizing and respecting the many different ways that widows and widowers grieve, instead of expecting everyone to conform to an essentialized bereavement prototype.

Mancini, Pressman, and Bonanno also argue persuasively that there is no sound empirical evidence for the concept of "delayed grief." Nor do they find any evidence for the hypothesis that the loss of ambivalent or conflicted relationships causes more grief than the loss of more close and loving relationships. Instead, they find that grief is more intense for individuals who were more loving and dependent on each other. Perhaps the authors' most important finding is their observation that for some individuals, much of the depression that follows grief is present even before the loss occurs. Often, this pre-loss depression is a long-standing condition, and one that makes bereavement all the more difficult. The authors urge clinicians to recognize the difference between depression and grief, and to make appropriate treatment decisions based on this differentiation. The authors conclude by noting that many of the problems experienced by bereaved older adults are not a result of the loss per se, but are problems associated with the aging process. These findings have important implications for treatment recommendations, as well as the public policy issues addressed in the next chapter.

In chapter 11, "Implications for Public Policies and Social Services: What Social Workers and Gerontology Professionals Can Learn from the Changing Lives of Older Couples (CLOC) Study," Virginia E. Richardson provides a comprehensive review of treatment options, social service organizations, and public policies that serve bereaved older adults. In particular, the hospice movement has extended its contributions in a natural way to services for the bereaved. The National Hospice Organization has written and adopted practice guidelines, as has the National Association of Social Workers. Richardson

notes that these guidelines draw heavily on prior bereavement research, but that professional organizations can gain much from considering new methodologically rigorous research. Secondary prevention efforts also have grown so that widow support groups and widow-to-widow programs are now available to many. Tertiary prevention has become more specialized and sophisticated, moving from the offices of individual clinicians into organized programs to help those whose grief becomes prolonged or disabling.

Even experienced social workers will learn from this chapter about the remarkable array of government programs that provide practical resources for the bereaved, many funded via the Older Americans Act, others via Social Security, Medicaid, Medicare, and the Family Medical Leave Act. Many of these resources are underutilized and her summary table should help social workers provide more effective help for their clients. Richardson wisely notes that while many of these programs were not designed expressly to help bereaved older adults, they nonetheless offer an array of services for widows and widowers.

Richardson observes that currently available services and policies still are not sufficient to meet the needs of many older bereaved spouses, and that some practices, are wrong-headed or incomplete because they are based on dated notions about loss. Moreover, many of the most challenging problems faced by the bereaved—such as medical expenses, loneliness, and transportation difficulties—are the very same problems faced by many older people who are not bereaved. She offers a series of welcome recommendations for specific policy changes that would greatly help older bereaved spouses. For instance, increasing Social Security benefits by just 5% for the impoverished elderly would help a great deal at a feasible cost. Whether or not such sensible advice will influence policy makers in the current political climate remains to be seen. The chapter concludes with a plea for improved training for those who provide services to the elderly, and those who make public policies. One can only hope policy makers read her important and comprehensive chapter.

The volume concludes with a series of recommendations for future research, and speculations about how future cohorts of older adults will cope with the challenge of spousal loss. In chapter 12, "The Future of Late Life Spousal Bereavement," Deborah Carr reviews some important social and demographic trends that are occurring in the United States today; each of these patterns has potentially important implications for how older adults adjust to the loss of a loved one. As the United States population becomes increasingly diverse in terms of race, ethnicity, and religion, ways of coping with death may change accordingly, and new interventions and therapies may be

required. She also suggests ways that changing family patterns, including divorce, childlessness, and increasing acceptance of gay and lesbian relationships, shape the ways that bereavement is experienced. In the 21st century, widowhood and the personal experience of bereavement may once again be transformed.

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