

# PSYCHOLOGICAL ADJUSTMENT TO DIVORCE AND WIDOWHOOD IN MID- AND LATER LIFE: DO COPING STRATEGIES AND PERSONALITY PROTECT AGAINST PSYCHOLOGICAL DISTRESS?

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## ABSTRACT

*Little is known about the specific ways that young-old men and women cope with marital disruption. Using data from the Wisconsin Longitudinal Study, we examine: (1) the extent to which widowhood and divorce in one's 50s or early 60s affect depressive symptoms and alcohol use; and (2) the extent to which coping strategies and personality traits protect against or elevate distress levels. We find that widowed men and women report elevated depressive symptoms and these effects persist more than 2 years after the loss. By contrast, divorce does not affect depressive symptoms, yet does have a large effect on men's alcohol use. Not one coping style mediates and very few coping styles moderate the effect of marital disruption on mental health. The adverse psychological implications of marital disruption may reflect the fact that for young-old adults*

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*both widowhood and divorce are “off-time” transitions and, thus, are particularly distressing.*

A vast body of research has documented the effects of marital disruption on physical, emotional, and social well-being (Amato, 2000; Lee, DeMaris, Bavin, & Sullivan, 2001; Stroebe, Hansson, & Stroebe, 1993), yet few studies identify the specific ways that men and women cope with widowhood and divorce, the effectiveness of these coping strategies, and the extent to which relatively stable personality characteristics affect psychological adjustment to marital dissolution. Using data from two waves (1993 and 2004) of the Wisconsin Longitudinal Study (WLS), a long-term study of men and women who are now in their late 60s, we examine: (1) the extent to which marital statuses and transitions affect two dimensions of psychological distress – depressive symptoms and alcohol use – among young-old men and women; and (2) the extent to which coping styles and personality traits protect against or elevate depressive symptoms and alcohol use among near-old widowed and divorced men and women.

## BACKGROUND

### *Marital Dissolution among the Young-Old*

Spousal bereavement and divorce are considered two of the most distressing and disruptive life transitions (Holmes & Rahe, 1967). Newly widowed or divorced persons must cope with the loss of an enduring intimate relationship, establish a new identity as an unmarried person, and learn to manage the daily routines that were once shared by both partners (Utz, Reidy, Carr, Nesse, & Wortman, 2004). Although extensive research has documented the physical, emotional, and financial consequences of late-life widowhood and of rare early-life widowhood, empirical studies and theoretical models of spousal loss among young-old persons – those in their 50s and early 60s – are relatively scarce. Similarly, because divorce typically occurs during the first decade of marriage (Kreider, 2005), studies of the consequences of divorce focus overwhelmingly on younger adults, particularly those who have children under the age of 18 (Amato, 2000; Booth & Amato, 1991).

The age at which one experiences a major life transition shapes both the nature and context of the event, and one’s subsequent psychological adjustment (George, 1993). For midlife and young-old bereaved and

divorced persons, marital transitions may be accompanied by some of the challenges facing both older and younger persons, as well as a set of distinctive age-related risks and resources. Most newly single young-old persons are not confronted with the challenge of raising young children, as their younger counterparts are. Compared to older persons, they are less likely to experience physical and cognitive declines, functional limitation, involuntary relocation, and deaths to friends and relatives – each of which may compound the psychological strains associated with marital dissolution. Yet, they also may face challenges distinctive to midlife. Some may assume the dual responsibility of caring for aging parents and grandchildren, while others may be balancing paid employment with family obligations. For others, the dream of a relaxing retirement with one's spouse may be shattered by an untimely death or an unwanted divorce. Persons who divorce in their 50s or 60s typically have few peers who share their experiences, given that most recently divorced persons are younger adults. Likewise, young-old widow(er)s have relatively few peers they can turn to for empathy or support because most recently bereaved persons are older adults (Federal Interagency Forum on Aging-Related Statistics, 2004).

Thus, we explore how divorce and widowhood transitions in one's 50s and early 60s affect two aspects of psychological health among men and women: depressive symptoms and alcohol use. We are interested in *transitions*, and as such, we consider married persons' transitions out of marriage; and divorced and widowed persons' transitions into new marriages. We consider the distinctive effects of divorce versus widowhood. Although the secondary stressors associated with both types of transitions may be similar, encompassing the losses of household income, one's confidante, a helpmate, and long-established domestic routines, the nature of the two transitions may differ in a fundamental way: people can "choose" to divorce (or grant a divorce to) their spouse, whereas one has little choice over whether they become widowed (Wade & Pevalin, 2004). In general, transitions that are entered into voluntarily are considered less distressing than those that happen involuntarily (Thoits, 1983). Further, individuals often can prepare emotionally for those transitions that they foresee happening, thus cushioning themselves from the distress of the transition. Divorce typically culminates after a period of long discussion and forewarning, whereas death – at least among young adults – often occurs unexpectedly. Yet even deaths that are anticipated may be highly distressing, in that they often entail high financial costs associated with medical care, difficult caregiving, and witnessing a loved one's prolonged illness and suffering prior to death (Carr, 2003).

The psychological consequences of marital dissolution also are contingent upon one's "role history" (Wheaton, 1990), or the quality of one's experience in the marital role prior to dissolution. The loss of a role that provided few psychological rewards is less distressing than the loss of a highly satisfying role; moreover, the loss of a distressing role may be accompanied by psychological gains (Wheaton, 1990). Divorced persons typically have poor marital quality and high levels of marital conflict prior to dissolution (Glenn & Supancic, 1984), and as such, may experience only modest decrements – or even improvements – in their psychological well-being following the marital transition. Although widowed persons often faced difficult caregiving strains prior to the death of their spouse, most persons who become bereaved typically enjoy high levels of marital quality prior to the death. Moreover, psychological adjustment to the death of a spouse is most difficult for those persons who enjoyed particularly close and warm marriages (Carr et al., 2000). Thus, drawing on prior research and theory on role transitions and well-being, we expect that spousal death will carry more profound psychological costs than divorce, at least for our analytic sample of young-old adults.

We also explore directly whether the effects of marital transitions vary based on the time passed since the event, given prior studies showing that that the psychological consequences of marital disruption tend to diminish as time elapses. Documenting the time course of these patterns among midlife and young-old adults is an important goal. Nearly one-third of the U.S. population belongs to the Baby Boom cohort, the large cohort of men and women born between 1946 and 1964. The oldest members of this cohort are on the brink of transitioning from midlife to late-life; the findings revealed among members of the WLS cohort (born in 1939) will foreshadow the challenges that Baby Boomers may face in the future as they cope with marital dissolution.

### *Coping with Marital Disruption*

Most studies show that only 15–30% of older adults experience clinically significant depression in the year following their spouse's death (see Wolff & Wortman, 2006; Hansson & Stroebe, 2007 for review). Less severe emotional responses are common, however. Depending on the sample and assessment procedures used, an estimated 40–70% of the recently bereaved experience at least two weeks marked by sadness shortly after the transition (Zisook, Paulus, Shuchter, & Judd, 1997). Depression rates are even lower

among the recently divorced (e.g., Barrett, 2000; Simon, 2002), perhaps reflecting the fact that divorce is often entered into voluntarily (Sweeney & Horwitz, 2001). These patterns suggest that distress is a normal reaction to loss, yet they also reveal the remarkable resilience of persons experiencing marital disruption. Given that clinical depression is the exception rather than the norm in the face of marital loss, researchers face the challenge of identifying the psychological, interpersonal, and structural factors that buffer against or amplify psychological distress. We focus here on two sets of psychological factors that have received relatively little attention from spousal bereavement and divorce researchers: coping style and personality.

Coping refers to “cognitive and behavioural efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person” (Lazarus & Folkman, 1984, p. 141). The two main functions of coping are to modify the problem causing the distress and to manage one’s emotional responses to the stressor. Lazarus and Folkman (1984) refer to the former as *problem-focused* coping and the latter as *emotion-focused* coping. Problem-focused coping typically is invoked when environmental conditions are appraised as modifiable and amenable to change. In contrast, individuals tend to use emotion-focused coping strategies when they believe that nothing can be done to alter harmful or threatening circumstances. Problem- and emotion-focused coping styles are conceptualized as dispositional tendencies because individual differences in using particular coping styles tend to be moderately stable over time and consistent across diverse contexts (McCrae, 1992; Watson & Hubbard, 1996).

Most prior studies find that problem-focused tactics are more effective than emotion-focused coping in warding off distress. Problem-focused behaviours are associated with lower levels of psychological distress, whereas emotion-focused coping strategies are related to higher levels of distress and hopelessness (Billings & Moos, 1981; Clements & Sawhney, 2000). Effective problem-focused coping contributes to positive psychological functioning by fostering a sense of personal control and a sense of accomplishment (Folkman, 1997). In this study, we explore whether the associations between the two forms of coping and mental health of the near-old widowed and divorced are consistent with patterns reported in previous research. Although problem-focused coping is generally associated with better psychological adjustment in the face of adversity, it may be an ineffective strategy for coping with an irreversible event, such as the loss of one’s spouse. In situations where the social context simply cannot be altered, managing one’s emotional reactions to the stressor may be a more viable and protective strategy. As such, we propose that emotion-focused coping

may be a more powerful buffer against loss-related distress than problem-focused coping.

*The Potential Role of Personality in the Psychological Adjustment to Marital Disruption*

Personality, or one's enduring emotional, dispositional, and temperamental traits, plays an important role in almost every aspect of the stress process. Personality is associated with the likelihood of experiencing stressful situations (Bolger & Zuckerman, 1995), the appraisal of an event as stressful (Gunthert, Cohen, & Armeli, 1999), the tendency to use particular coping strategies (David & Suls, 1999; McCrae & Costa, 1986), and the effectiveness of these coping strategies (Bolger & Zuckerman, 1995). One model of personality that has been particularly useful in understanding the ways individuals cope with stress is the Five-Factor model (Lee-Baggeley, Preece, & DeLongis, 2005; McCrae & Costa, 1986), yet few studies have explicitly investigated the extent to which the "Big Five" personality traits shape psychological adjustment to marital dissolution.

The Five-Factor model encompasses the traits of neuroticism, extraversion, openness to experience, agreeableness, and conscientiousness (Costa & McCrae, 1985; David & Suls, 1999). People high in neuroticism have a propensity to experience negative affect and are likely to appraise stressful situations as threatening (Costa & McCrae, 1985). Extraverts tend to experience frequent positive emotions, and to evoke and enjoy social attention (Caspi, Roberts, & Shiner, 2005). Individuals high in openness are likely to be untraditional and imaginative. Agreeableness includes a variety of traits that foster close and rewarding relationships with others (Caspi et al., 2005), whereas those high in conscientiousness are reliable, hard-working, and self-disciplined (David & Suls, 1999).

Among the five personality factors, the implications of neuroticism for stress and coping have received the most attention. Neuroticism is associated with elevated distress, depressive symptoms, anxiety, somatic complaints, and negative affect (Watson & Hubbard, 1996). People high in neuroticism are less likely to use problem-focused coping and often rely on emotion-focused strategies, such as wishful thinking, escapist fantasy, self-blame, withdrawal, and passivity (Costa & McCrae, 1989; David & Suls, 1999; Hooker, Frazier, & Monahan, 1994; McCrae & Costa, 1986). In contrast, extraversion is positively correlated with problem-focused coping and positive reappraisal, and is inversely related to negative emotion-focused

strategies (Hooker et al., 1994; McCrae & Costa, 1986; Vickers, Kolar, & Hervig, 1989; Watson & Hubbard, 1996). Extraversion also may facilitate effective support seeking; older adults who are extroverted tend to establish and maintain more social contacts than do introverted older people (Krause, Liang, & Keith, 1990).

Individuals who are open to experience tend to use humour when dealing with stress, although openness is only weakly related to the selection and use of specific coping tactics (McCrae & Costa, 1986). Agreeableness and conscientiousness are associated with support-seeking, problem-solving, and positive reappraisal, and lower levels of reliance on avoidant and ruminative emotion-focused coping strategies (David & Suls, 1999; Hooker et al., 1994; Vickers et al., 1989; Watson & Hubbard, 1996). Researchers have speculated that conscientiousness may be related to problem-focused and task-oriented coping, because it involves many traits that are necessary for completing work effectively, including the ability to sustain attention and to inhibit impulsive behaviour (Caspi et al., 2005).

Although few studies have examined the role of personality in adjustment to marital loss, recent research suggests that personality traits may be important influences on coping with bereavement. Pai and Carr (2007) show that the adverse effect of late-life widowhood on depressive symptoms is significantly less acute for persons with high levels of extraversion and conscientiousness. Further, the protective effects of these personality traits vary by gender; extraversion protects against anxiety symptoms for widows only. However, their study focused on bereaved persons in their 60s, 70s, and older – persons for whom spousal loss is at least somewhat normative and anticipated. Our study builds upon their work by assessing the ways that personality may shape the experience of marital dissolution among young-old persons, and contrasts two distinctive types of marital transitions: divorce and widowhood.

### *Other Influences on Bereavement*

We also consider a variety of other psychological and demographic factors that may confound the relationship between marital transitions and psychological adjustment, given that both marital dissolution and mental health are affected by “selection” factors such as prior mental health conditions and socioeconomic status (e.g., Wade & Pevalin, 2004). Additionally, marital transitions may trigger secondary stressors that affect psychological distress levels. Specifically, we include measures of baseline

mental health to help distinguish one's emotional state before marital disruption and changes that occurred following the transition (Zisook & Shuchter, 1991). Further, we adjust for socioeconomic status and resources at the time of the interview because low socioeconomic status increases one's likelihood of becoming widowed or divorced (Preston & Taubman, 1994; Teachman, 2002) and of experiencing psychological distress (Miech & Shanahan, 2000).

We also control social resources that may reflect nonspousal sources of support: the number of siblings and children, social support from family and friends, and the availability of a confidante. Finally, marital dissolution may increase one's susceptibility to other chronic and acute stressors. To address the possibility that the linkage between widowhood or divorce and psychological distress reflects stressors preceding or following marital disruption, we adjust for health problems, perceived financial strain, and any death to friends and family members other than the spouse.

In summary, we: (1) investigate the ways that both divorce and spousal death affect depressive symptoms and alcohol use among young-old men and women and (2) evaluate whether specific coping strategies and personality traits explain or moderate the psychological implications of marital status changes. We are interested in widowhood and divorce as transitions, rather than states. As such, we further stratify both groups based on whether one has remarried since the dissolution, and the time elapsed since the transition (for those who have not yet remarried). This approach allows us to explore whether specific personality resources are particularly effective in the earlier versus later stages of the marital transition.

## METHODS

### *Sample*

Our analysis is based on data from the WLS, a long-term study of a random sample of 10,317 men and women who graduated from Wisconsin high schools in 1957. The study participants were first interviewed during their senior year in high school, when they were 17–18 years old. Subsequent interviews were completed at ages 36 (in 1975), 53–54 (in 1993), and 64–65 (in 2004). The sample is broadly representative of older, white Americans who obtained at least a high school diploma. Because the original sample was drawn from Wisconsin high school graduates, some strata of the U.S. population are not represented in the study, such as individuals who did not



graduate from high school and nonwhite persons who constituted a very small proportion of Wisconsin residents in the late 1950s.

The WLS survey included a phone interview and a mail questionnaire in the two latest waves of data collection. Of the original 10,317 respondents, 6,875 persons in 1993 and 6,378 persons in 2004 completed both the interview and the questionnaire. Our analytic sample comprises 5,873 persons (2,814 men and 3,059 women) who completed telephone interviews and mail questionnaires in *both* 1993 and 2004 and who were *married in 1993*. We limit our study to persons who were married in 1993 because we are interested in tracking prospectively the psychological consequences of marital disruption in late midlife.

### *Measures*

#### *Dependent Variables*

We use two indicators of psychological distress as outcomes: depressive symptoms and alcohol consumption at ages 64–65 (in 2004). *Depressive symptoms* (Cronbach's alpha = .85) are evaluated using the 20-item Center for Epidemiologic Studies Depression Scale (CES-D) (see Radloff, 1977 for construct reliability and validity analyses). Respondents are asked to indicate the number of days in the past week that they experienced symptoms such as feeling blue, sad, or depressed. Response categories range from 0 to 7 days. Responses are averaged to create an index; higher scores correspond to more frequent depressive symptoms. The scale is standardized for ease of interpretation and comparability of findings; thus, the mean equals 0 and a standard deviation is equal to 1.

*Alcohol consumption* was assessed with a series of questions that were administered to a randomly selected 80% subsample; topical modules were given to subsamples of the WLS in order to reduce the overall length of the interview. Therefore, our analysis of alcohol use is based on 4,437 respondents, including 2,132 men and 2,305 women. We focus on the total number of drinks consumed in the last month. The scale was standardized for ease of interpretation. Prior to standardization, the measure was top-coded at the 99th percentile to reduce skewness.

#### *Independent Variables*

*Marital status.* The key independent variable of our analysis is the respondent's marital status at the time of the 2004 interview. First, respondents – who were *all married in 1993* – were categorized into one of

**Table 1.** Distribution of Men and Women across Marital Status Categories.

Marital Status Categories	Depressive Symptoms		Alcohol Use (80% Random Sample)	
	Men	Women	Men	Women
Married continuously between 1993 and 2004	2,614	2,645	1,983	1,983
<i>Divorced from the 1993 marriage</i>				
Divorced/separated and remarried	35	12	24	10
Divorced/separated 48 or fewer months	27	30	25	28
Divorced/separated over 48 months	32	34	21	24
<i>Widowed from the 1993 marriage</i>				
Widowed and remarried	28	20	18	15
Widowed 24 or fewer months	30	107	23	82
Widowed over 24 months	48	211	38	163

the three mutually exclusive groups that represent their legal marital status in 2004: still in the 1993 marriage, divorced from the 1993 marriage, and widowed from the 1993 marriage. Second, individuals who *divorced or became widowed* since 1993 were stratified further based on whether they have remarried as of the 2004 interview. Finally, divorced and widowed persons who *have not remarried* were subdivided into two groups according to the time that has passed since marital disruption. The marital status categories used in our analysis are shown in Table 1.

In all regression analyses, the reference category includes persons who were married continuously from 1993 through 2004. We have used the two-year duration of widowhood as a cut-off point because most studies of late-life spousal bereavement concur that loss-related distress symptoms are most acute during the first 24 months following loss (e.g., Bonanno et al., 2002). However, we could not use the same two-year threshold for divorced persons because only 10 men and 8 women in our sample had divorced within two years prior to 2004, thus we expand the threshold to four years.

*Coping styles.* We consider four coping styles: problem-focused coping, “positive” emotion-focused coping, “avoidant” negative emotion-focused coping, and “ruminative” negative emotion-focused coping. Specific items measuring problem-focused and emotion-focused coping are drawn from the Brief COPE (Carver, 1997). The Brief COPE is a shortened version of the COPE Inventory (Carver, Scheier, & Weintraub, 1989), a measure

derived from aspects of the Lazarus and Folkman (1984) model of coping, and the Carver and Scheier (1990) model of behavioural self-regulation.

All the coping styles mentioned earlier are evaluated by asking study participants to indicate how often they use a given coping tactic when faced with a difficult or stressful event. Exact item wordings are presented in Table 2. Response categories are: (1) “I usually do not do this at all”; (2) “I usually do this a little bit”; (3) “I usually do this a medium amount”; and (4) “I usually do this a lot.”

Individual coping items were subdivided into four scales based on theoretical considerations (e.g., Nolen-Hoeksema, Parker, & Larson, 1994; Lazarus & Folkman, 1984) and empirical factor analysis. As indicated in Table 2, the overall psychometric properties of the *problem-focused* scale are strong (Cronbach’s alpha = .82). Factor analysis confirms that each item loads highly on one dimension; one factor was retained with an eigenvalue of 2.02 (see also Carver, 1997). Items in each of the three *emotion-focused* scales also load on a single respective factor (eigenvalues are 1.82 for the “positive” coping factor, 1.12 for the “avoidant” coping factor, and 1.09 for the “ruminative” coping factor). Reliability Cronbach’s alpha coefficients of .683, .638, and .615 suggest that each emotion-focused coping scale has adequate internal consistency – although lower than that of the problem-focused scale. The factor loadings and Cronbach’s alpha coefficients for the male and female subsamples are nearly identical to one another and to the overall sample. All four coping style subscales are standardized for ease of interpretation, with a mean of zero and a standard deviation of 1.

*Personality* is assessed using the BFI-54, a relatively short instrument that assesses the Five-Factor model of personality dimensions (John, 1990), or the “Big Five.” Sample members are asked to indicate their level of agreement or disagreement with 29 self-descriptive statements tapping the dimensions of agreeableness (Cronbach’s alpha = .69), extraversion (Cronbach’s alpha = .76); conscientiousness (Cronbach’s alpha = .64); neuroticism (Cronbach’s alpha = .78); and openness to experience (Cronbach’s alpha = .62). The WLS assessed six items per factor, except neuroticism, for which there are five items.

*Selection characteristics.* Both one’s marital status and psychological health in 2004 may reflect enduring psychological symptoms. To address this possibility, we control for baseline (1993) indicators of *depressive symptoms* (Cronbach’s alpha = .87) and *alcohol consumption*; both constructs were measured the same way in 1993 and 2004.

*Socioeconomic characteristics.* *Education* reflects the number of years of schooling one has completed; categories include 12 years (a high school

Table 2. Psychometric Properties of Coping Styles Scales.

	Factor Loadings	
	Men ( <i>n</i> = 2,814)	Women ( <i>n</i> = 3,059)
<p>“We are interested in how people respond when they face difficult or stressful events in their lives. The following questions ask you to indicate what you generally do and feel when you experience stressful events. Please answer every item. There are no ‘right’ or ‘wrong’ answers, so circle the most accurate answer for you – not what you think ‘most people’ would say or do. Generally, when I experience a difficult or stressful event...”</p>		
<p><b>Problem-focused coping</b></p>		
a. I concentrate my efforts on doing something about the situation I’m in.	0.680	0.681
b. I take action to try to make the situation better.	0.701	0.691
c. I try to come up with a strategy about what to do.	0.757	0.758
d. I think hard about which steps to take.	0.703	0.702
<i>Cronbach’s alphas</i>	0.820	0.818
<p>“Positive” emotion-focused coping</p>		
e. I try to see it in a different light, to make it seem more positive.	0.546	0.561
f. I look for something good in what is happening.	0.608	0.610
g. I accept the reality of the fact that it happened.	0.578	0.596
h. I learn to live with it.	0.558	0.538
<i>Cronbach’s alphas</i>	0.683	0.674
<p>“Negative” emotion-focused coping</p>		
<p>“Avoidant” emotion-focused coping</p>		
i. I say to myself “this isn’t real.”	0.515	0.529
j. I refuse to believe that it has happened.	0.587	0.573
k. I give up trying to deal with it.	0.528	0.548
l. I give up the attempt to cope.	0.482	0.509
<i>Cronbach’s alphas</i>	0.638	0.652
<p>“Ruminative” emotion-focused coping</p>		
m. I say things to let my unpleasant feelings escape.	0.478	0.495
n. I express my negative feelings.	0.470	0.515
o. I criticize myself.	0.576	0.582
p. I blame myself for things that happened.	0.555	0.577
<i>Cronbach’s alphas</i>	0.615	0.647

Note: Response categories for the coping items are: (1) “I usually do not do this at all”; (2) “I usually do this a little bit”; (3) “I usually do this a medium amount”; (4) “I usually do this a lot.”

diploma), 13–15 years, 16 years (a college degree), and 17 or more years of education. The reference category includes persons with 12 years of education. *Net worth* refers to the respondent's total asset net worth in 2004. To reduce the positive skew, we took the natural log of net worth. In addition, we created a missing data flag, set equal to 1 for persons who refused to report or did not know their net worth. We use net worth rather than income as a measure of economic standing because over 70% of respondents considered themselves either fully or partially retired at the time of the 2004 interview.

*Other family and social characteristics.* In addition to marital status, two family characteristics are considered: the *number of siblings* and the *number of children*. To assess interpersonal intimacy, respondents were asked: "Is there a person *in your family* with whom you can really share your very private feelings and concerns?" and "Is there a friend *outside your family* with whom you can really share your very private feelings and concerns?" We created a dummy variable for *having a confidante* coded 1 if a respondent answered positively to either question. *Social support* is evaluated with four questions about one's friends and relatives *other than spouse and children*: (a) how much do they make you feel loved and cared for; (b) how much do they make too many demands on you (reverse coded); (c) how much are they willing to listen to you when you need to talk about your worries or problems; and (d) how much are they critical of what you do? (reverse coded). The response categories are "not at all," "a little," "some," "quite a bit," and "a lot." The items are averaged to create a scale (Cronbach's alpha = .55), where higher scores reflect greater levels of social support.

*Additional stressors.* Self-rated health was assessed with an item asking respondents: "How would you rate your health at the present time?" Response categories are "very poor," "poor", "fair," "good," and "excellent." We created a dummy variable reflecting *poor health*, which is coded 1 for respondents who said their health was either poor or very poor. *Perceived economic hardship* is a single-item measure asking respondents: "How difficult is it for you (and your family) to meet the monthly payments on your bills? Is it extremely difficult, very difficult, somewhat difficult, slightly difficult, or not at all difficult?" Higher scores indicate greater financial strain. Finally, we include indicators of other deaths that have occurred to family members or friends between 1993 and 2004. A dichotomous variable is used to indicate any *deaths to close friends and family (other than the spouse)*. Descriptive statistics for all variables are presented in Table 3.

**Table 3.** Descriptive Statistics for the Study Variables.

Variables	Total Sample ( <i>N</i> = 5,873)	Men ( <i>n</i> = 2,814)	Women ( <i>n</i> = 3,059)
<i>Psychological outcomes</i>			
Depressive symptoms, 2004 (standardized)	.00 (1.00)	-.17*** (.95)	.154 (1.02)
Depressive symptoms, 1993 (standardized)	.00 (1.00)	-.17*** (.99)	.153 (.98)
Alcohol use, 2004 (standardized)	.00 (1.00)	.29*** (1.19)	-.26 (.68)
Alcohol use, 1993 (standardized)	.00 (1.00)	.27*** (1.17)	-.25 (.72)
<i>Coping styles and resources</i>			
Problem-focused coping (standardized)	.00 (1.00)	.03* (1.01)	-.03 (.98)
“Positive” emotion-focused coping (standardized)	.00 (1.00)	-.13*** (.99)	.12 (.99)
“Avoidant” emotion-focused coping (standardized)	.00 (1.00)	-.05*** (.97)	.05 (1.02)
“Ruminative” emotion-focused coping (standardized)	.00 (1.00)	-.03* (1.00)	.02 (.99)
<i>“Big Five” personality traits</i>			
Extraversion (standardized)	.00 (1.00)	-.04*** (.95)	.03 (1.03)
Agreeableness (standardized)	.00 (1.00)	-.22*** (.99)	.20 (.95)
Conscientiousness (standardized)	.00 (1.00)	-.02*** (.96)	.02 (1.02)
Neuroticism (standardized)	.00 (1.00)	-.12*** (.95)	.10 (1.02)
Openness (standardized)	.00 (1.00)	.02*** (.96)	-.02 (1.03)
<i>Marital status</i>			
Married continuously, 1993–2004	.89	.93***	.86
<i>Divorced from the 1993 marriage, including</i>	.03	.03*	.02
Divorced after 1993 and remarried	.009	.014***	.004
Divorced/separated 48 or fewer months	.007	.008	.006
Divorced/separated over 48 months	.014	.013	.015

**Table 3.** (Continued)

Variables	Total Sample (N = 5,873)	Men (n = 2,814)	Women (n = 3,059)
<i>Widowed from the 1993 marriage, including</i>	.076	.038***	.110
Widowed after 1993 and remarried	.008	.010	.007
Widowed 24 or fewer months	.023	.011***	.035
Widowed over 24 months	.043	.017***	.067
<i>Socioeconomic characteristics</i>			
12 years of education	.58	.50***	.64
13–15 years of education	.16	.16	.16
16 years of education	.13	.14**	.12
17+ years of education	.14	.19***	.08
Net worth (USD)	722,035 (1,746,897)	893,639*** (2,053,113)	564,068 (1,389,042)
Net worth (natural log)	11.72 (4.35)	12.16*** (3.95)	11.31 (4.66)
Employment status (Employed = 1)	.44	.51***	.38
<i>Other family and social characteristics</i>			
Number of siblings	2.59 (2.07)	2.54 (2.03)	2.63 (2.12)
Number of children	3.19 (1.63)	3.06*** (1.55)	3.32 (1.68)
Having a confidant (Yes = 1)	.825	.795***	.853
Social support (standardized)	.00 (1.00)	-.31*** (.97)	.28 (.94)
<i>Other acute and chronic stressors</i>			
Economic hardship	1.46 (.84)	1.45 (.83)	1.46 (.85)
Poor health (Yes = 1)	.027	.028	.028
Any death to friends/family (other than the spouse) between 1993 and 2004	.852	.859	.846

*Note:* Means (or proportions) and standard deviations in parentheses are presented here. Asterisks denote significant gender differences, where \* $p < .05$ ; \*\* $p < .01$ ; \*\*\* $p < .001$ .

### *Analytic Plan*

Our primary aim is to evaluate the extent to which marital disruption affects depressive symptoms and alcohol consumption, and to explore whether one's coping styles and personality buffer against – or exacerbate – the potentially adverse effects of widowhood and divorce (i.e., moderation analyses). We estimated ordinary least squares (OLS) regression models separately for men and women because preliminary analyses revealed statistically significant gender differences in the pathways linking marital status changes to psychological health (all models available from first author). Models predicting depressive symptoms for women and men are presented in Table 4. Models predicting alcohol consumption for women and men are shown in Table 5. Figs. 1 through 6 display the significant interaction effects of specific coping or personality attributes and marital status on mental health.

## RESULTS

### *Bivariate Analysis*

Consistent with prior studies of marital transitions in mid- and later life, we find that women are significantly more likely than men to be currently widowed, and men are far more likely than women to be continuously married – reflecting the fact that women typically marry men older than themselves, and men's greater likelihood of remarrying following marital dissolution. As shown in Table 3, 3.5% of women versus 1.1% of men have been widowed for two or fewer years at the time of the 2004 interview, and 6.7% of women versus 1.7% of men have been widowed for more than four years since the 1993 interview. Whereas roughly equivalent proportions of men and women have divorced since 1993, men are more likely to have remarried subsequently. Likewise, men are more likely than women to have been continuously married (93% versus 87%,  $p < .001$ ). The average age at which these recent marital disruptions occurred was 58 for divorces, and 60 for spousal death (not shown in tables).

Consistent with a large literature on gender and mental health, we find that women have significantly more depressive symptoms than men at both the 1993 and 2004 interviews, whereas men report significantly higher levels of alcohol consumption at both waves. Compared to women, men report higher levels of problem-focused coping, whereas women report higher levels of emotion-focused coping. With respect to the “Big Five” personality factors,



**Table 4.** Depressive Symptoms (2004) Regressed on Marital Status, Coping Styles, Personality, Baseline Depressive Symptoms, and Control Variables among Men ( $n = 2,814$ ) and Women ( $n = 3,059$ ).

Variable	1		2		3	
	Men	Women	Men	Women	Men	Women
<i>Marital status</i>						
Married continuously, 1993–2004 <sup>a</sup>						
<i>Divorced from the 1993 marriage</i>						
Divorced after 1993 and remarried	.077 (.160)	–.073 (.252)	.001 (.159)	–.033 (.251)	.097 (.148)	.079 (.233)
Divorced/separated 48 or fewer months	.155 (.202)	–.027 (.206)	.127 (.199)	–.063 (.205)	.123 (.185)	–.239 (.190)
Divorced/separated over 48 months	–.066 (.160)	–.115 (.130)	–.105 (.154)	–.128 (.129)	–.097 (.143)	–.049 (.120)
<i>Widowed from the 1993 marriage</i>						
Widowed after 1993 and remarried	.100 (.179)	.178 (.196)	.152 (.178)	.195 (.196)	.241 (.165)	.167 (.181)
Widowed 24 or fewer months	.350* (.170)	.457*** (.086)	.354* (.172)	.437*** (.086)	.450** (.160)	.438*** (.079)
Widowed over 24 months	.342* (.137)	.202*** (.062)	.298* (.135)	.159** (.062)	.280* (.126)	.145** (.058)
<i>Baseline depressive symptoms</i>						
Depressive symptoms, 1993	.387*** (.017)	.435*** (.016)	.376*** (.017)	.412*** (.016)	.255*** (.017)	.280*** (.016)
<i>Sociodemographic characteristics</i>						
13–15 years of education <sup>b</sup>			–.012 (.048)	–.005 (.042)	.021 (.048)	.050 (.042)
16 years of education <sup>b</sup>			.009 (.052)	–.016 (.048)	.085 (.052)	.040 (.048)
17+ years of education <sup>b</sup>			–.017 (.048)	–.147* (.058)	.086 (.048)	–.085 (.058)
Net worth (ln)			–.011* (.004)	.001 (.003)	–.011* (.004)	.005 (.003)
Employment status (Employed = 1)			.024 (.034)	–.022 (.032)	.058 (.034)	.002 (.032)
<i>Other family and social characteristics</i>						
Number of siblings			.006 (.008)	–.004 (.007)	.005 (.008)	–.005 (.007)
Number of children			.005 (.011)	–.010 (.009)	.001 (.011)	–.003 (.009)
Having a confidant (Yes = 1)			–.170*** (.044)	–.067 (.045)	–.078* (.040)	–.001 (.045)
Social support			–.124*** (.018)	–.130*** (.017)	–.127*** (.018)	–.131*** (.017)
<i>Other acute and chronic stressors</i>						
Economic hardship			.095*** (.021)	.101*** (.018)	.055** (.021)	.063*** (.018)
Poor health (Yes = 1)			.550*** (.114)	.364*** (.095)	.470*** (.106)	.309*** (.088)

*Table 4. (Continued)*

Variable	1		2		3	
	Men	Women	Men	Women	Men	Women
Any death to friends/family (other than the spouse) between 1993 and 2004			-.126 (.051)	-.033 (.042)	-.055 (.047)	-.001 (.042)
<i>Coping styles and resources</i>						
Problem-focused style					-.032 (.021)	-.048* (.019)
Divorced 0–48 months × Problem- focused coping						-.505*** (.100)
“Positive” emotion-focused style					-.073*** (.021)	-.049** (.019)
“Ruminative” emotion-focused style					.045** (.018)	.066*** (.016)
“Avoidant” emotion-focused style					.077*** (.019)	.086*** (.016)
<i>“Big Five” personality traits</i>						
Extraversion					-.031 (.019)	-.058*** (.015)
Agreeableness					-.012 (.018)	-.027 (.018)
Conscientiousness					-.066*** (.018)	-.039* (.016)
Neuroticism					.205*** (.021)	.162*** (.016)
Openness					.002 (.019)	.040* (.016)
Divorced 0–48 months × Openness						-.336*** (.079)
Constant	-.073	.025	.116	.012	-.029	-.082
Adjusted $R^2$	.152	.195	.173	.207	.288	.322

Notes: Unstandardized regression coefficients with standard errors in parentheses; \* $p < .05$ ; \*\* $p < .01$ ; \*\*\* $p < .001$  (two-tailed tests).

<sup>a</sup>“Married continuously” is the reference group.

<sup>b</sup>“12 years of education” is the reference group.

women report higher levels of extraversion, agreeableness, conscientiousness, and neuroticism, whereas men are more open than women to new experiences.

### *Multivariate Analyses*

*Depressive symptoms.* The baseline model evaluates the effect of marital status only, while model 2 adjusts for controls and possible confounds, and

**Table 5.** Alcohol Use (2004) Regressed on Marital Status, Coping Styles, Personality, Baseline Alcohol Use, and Control Variables among Men ( $n = 2,132$ ) and Women ( $n = 2,305$ ).

Variable	1		2		3	
	Men	Women	Men	Women	Men	Women
<i>Marital status</i>						
Married continuously, 1993–2004 <sup>a</sup>						
<i>Divorced from the 1993 marriage</i>						
Divorced after 1993 and remarried	-.107 (.189)	.196 (.168)	-.074 (.189)	.161 (.168)	-.081 (.189)	.164 (.168)
Divorced/separated 48 or fewer months	.855*** (.211)	.305* (.142)	.879*** (.211)	.296* (.142)	.830*** (.211)	.269 (.142)
Divorced/separated over 48 months	-.113 (.177)	.074 (.087)	-.104 (.177)	.101 (.087)	-.143 (.177)	.096 (.087)
<i>Widowed from the 1993 marriage</i>						
Widowed after 1993 and remarried	-.071 (.217)	.303* (.138)	-.060 (.217)	.310* (.138)	-.026 (.217)	.324* (.138)
Widowed 24 or fewer months	-.138 (.191)	-.122* (.059)	-.172 (.196)	-.124* (.059)	-.187 (.193)	-.109 (.059)
Widowed over 24 months	.102 (.150)	-.093* (.043)	.155 (.150)	-.061 (.043)	.149 (.149)	-.058 (.043)
<i>Baseline alcohol use</i>						
Alcohol use, 1993	.659*** (.017)	.577*** (.015)	.655*** (.017)	.577*** (.015)	.643*** (.017)	.572*** (.015)
<i>Sociodemographic characteristics</i>						
13–15 years of education <sup>b</sup>			.090 (.058)	.058 (.032)	.076 (.058)	.049 (.032)
16 years of education <sup>b</sup>			.091 (.061)	.142*** (.035)	.080 (.061)	.132*** (.035)
17+ years of education <sup>b</sup>			.124* (.054)	.078* (.040)	.087 (.057)	.055 (.040)
Net worth (ln)			.013* (.006)	.010*** (.002)	.011 (.006)	.010*** (.002)
Employment status (Employed = 1)			-.058 (.040)	-.027 (.023)	-.061 (.040)	-.027 (.023)
<i>Other family and social characteristics</i>						
Number of siblings			-.005 (.100)	-.012* (.005)	-.009 (.100)	-.010* (.005)
Number of children			-.001 (.011)	-.001 (.009)	.004 (.013)	.001 (.007)
Having a confidant (Yes = 1)			.044 (.050)	.014 (.033)	.026 (.051)	.017 (.034)
Social support			.043* (.022)	-.008 (.012)	.044* (.022)	-.007 (.012)
<i>Other acute and chronic stressors</i>						
Economic hardship			-.029 (.024)	-.023 (.018)	-.019 (.024)	-.024 (.013)
Poor health (Yes = 1)			-.252 (.144)	-.036 (.074)	-.265 (.144)	-.056 (.074)

*Table 5. (Continued)*

Variable	1		2		3	
	Men	Women	Men	Women	Men	Women
Any death to friends/family (other than the spouse) between 1993 and 2004			-.036 (.058)	.026 (.031)	-.025 (.058)	.024 (.031)
<i>Coping styles and resources</i>						
Problem-focused style					.032 (.026)	.030* (.015)
“Positive” emotion-focused style					-.017 (.025)	-.012 (.014)
Divorced 0–48 months × Positive emotion-focused coping						-.530*** (.104)
“Ruminative” emotion-focused style					.017 (.022)	.003 (.012)
“Avoidant” emotion-focused style					-.004 (.023)	-.009 (.011)
<i>“Big Five” personality traits</i>						
Extraversion					.025 (.023)	.029** (.012)
Divorced 0–48 months × Extraversion						-.398** (.131)
Agreeableness					-.038 (.023)	.033* (.014)
Conscientiousness					.057* (.024)	-.030* (.013)
Neuroticism					.008 (.025)	.023 (.012)
Divorced 0–48 months × Neuroticism						.570*** (.138)
Openness					.005 (.023)	.004 (.013)
Divorced 0–48 months × Openness						-.395*** (.088)
Constant	.086	-.094	-.043	-.197	-.051	-.196
Adjusted $R^2$	.423	.396	.426	.408	.432	.413

Notes: Unstandardized regression coefficients with standard errors in parentheses; \* $p < .05$ ; \*\* $p < .01$ ; \*\*\* $p < .001$  (two-tailed tests).

<sup>a</sup>“Married continuously” is the reference group.

<sup>b</sup>“12 years of education” is the reference group.

model 3 adjusts for personality, coping styles, and significant interaction terms between these attributes and marital status. The baseline model (in Table 4) shows that divorced women and men do not differ from their married counterparts in terms of changes in depressive symptoms. In

contrast, recently bereaved women (i.e., widowed for two or fewer years) report an increase in depressive symptoms that is .46 standard deviations higher than continuously married women, and this difference is significant net of pre-loss depressive symptoms. Because we used different categories to assess time elapsed since marital disruption (24 months for widowhood and 48 months for divorce), we could not directly compare the effects of recent widowhood and recent divorce. It is possible that if we used the two-year cut-off point for recent divorce, this effect would have been comparable to that of recent spousal bereavement. To partially assess this possibility, we conducted bivariate analysis of depressive symptoms among men and women who had been divorced for 24 or fewer months (not shown), and did not find any significant differences from the continuously married. This analysis provides suggestive evidence that even very recent divorce is not associated with an increase in depressive symptoms, although the lack of statistical significance may reflect the small number of persons who divorced within two years prior to the interview.

The adverse effect of spousal death on depressive symptoms persists among women who have been bereaved for more than two years, yet this effect is considerably smaller in magnitude than that found among the recently widowed ( $b = .202$ ,  $SE = .062$ ). The increase in depressive symptoms reported by recently and long-bereaved men is roughly one-third standard deviations higher than that of the continuously married. Finally, both women and men who have divorced or widowed and who have remarried since the end of their previous marriage do not differ significantly from the continuously married in terms of depressive symptoms. These effects attenuated only slightly, and statistical significance levels persisted even when sociodemographic, family, and social characteristics were controlled in model 2.

Our next objective is to evaluate whether the effects of marital dissolution described above vary based on one's personality or coping style. In prior analyses, we assessed two-way interaction terms between each of the six marital status categories, and the nine potential moderator variables (i.e., four coping styles and five personality attributes). Because of the large number of interaction terms we tested, multiple comparison corrections were performed by Bonferroni's method assuming 54 independent comparisons (6 marital status groups by 9 coping styles and personality traits). Taking into account the number of comparisons, we considered only interaction terms significant at least at the .001 level ( $.05/54 = .0009$ ). Only two were statistically significant after Bonferroni's correction, suggesting that the effects of marital dissolution at midlife on depressive symptoms are

quite similar across individuals. The effects of being newly divorced vary across two personal attributes only: use of problem-focused coping and openness to new experience. By two personal attributes these patterns emerge among women only, as indicated by three-way marital status  $\times$  coping/personality  $\times$  gender interactions terms significant at the .05 level (not shown).

Results from the moderation analyses are plotted in Figs. 1 and 2. We find that recently divorced women who use problem-focused coping frequently or are open to new experiences report significantly fewer depressive symptoms compared both to married women and to divorced women with low levels of problem-focused coping and openness. We also find that problem-focused coping is inversely related to depressive symptoms among men and women, although this association is statistically significant for women only.

Consistent with prior studies, we find that “positive” emotion-focused coping is related negatively to distress, whereas “avoidant” and “ruminative” emotion-focused styles are associated positively with depressive symptoms. With respect to personality, significant predictors of depressive symptoms among men are conscientiousness and neuroticism, whereas

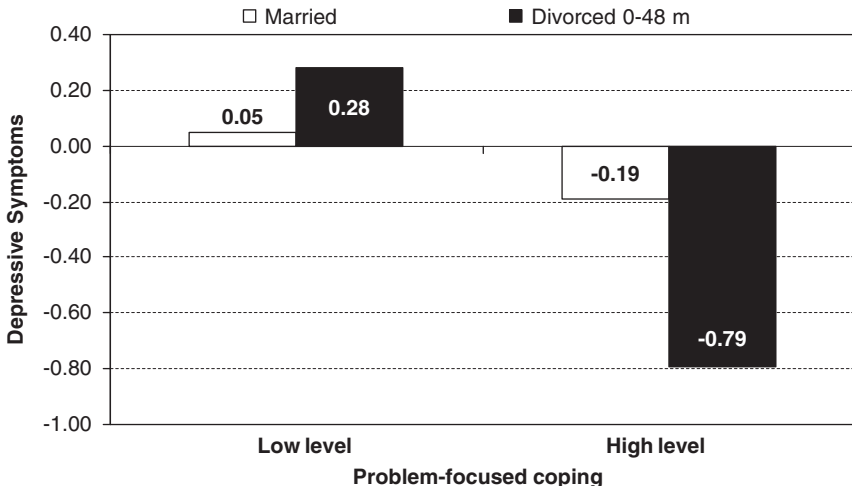


Fig. 1. The Association between Marital Status and Depressive Symptoms across the Levels of Problem-Focused Coping among Women.

Note: Depressive symptoms are plotted based on the full model adjusting for all coping styles and control variables. “Low level” is represented by the 25th percentile of the problem-focused distribution for the entire sample. “High level” is represented by the 75th percentile of the problem-focused distribution for the entire sample.

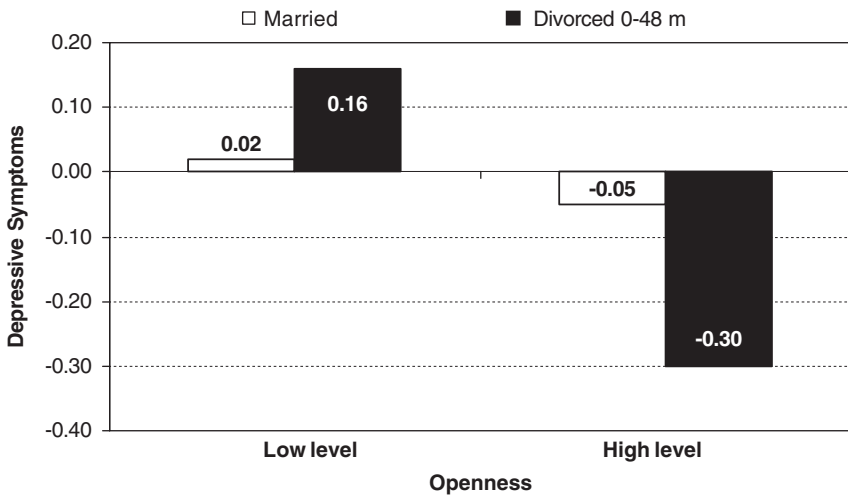


Fig. 2. The Association between Marital Status and Depressive Symptoms across the Levels of Openness among Women.

Note: Depressive symptoms are plotted based on the full model adjusting for all coping styles and control variables. “Low level” is represented by the 25th percentile of the openness distribution for the entire sample. “High level” is represented by the 75th percentile of the openness distribution for the entire sample.

extraversion, conscientiousness, neuroticism, and openness are significantly related to depressive symptoms among women.

*Alcohol consumption.* Our findings suggest that marital transitions have distinctive consequences for depressive symptoms and alcohol use. Although widowhood is associated with an increase in depressive symptoms among women, we also found that spousal death is related to a decline in alcohol use among both recently and long-bereaved women, relative to their continuously married counterparts. Conversely, women who remarried after spousal death exhibit an increase in alcohol use that is .3 SD higher than the continuously married. Among men, widowhood is unrelated to alcohol use.

Both women and men who have been divorced for four or fewer years report an increase in alcohol consumption compared to the continuously married, although the effect of recent divorce is much stronger among men than among women ( $b = .855$  versus  $.305$ , respectively; the two-way marital status  $\times$  gender interaction term significant at the .01 level). Yet, this effect declines with the passage of time, and long-divorced men and women do not show an increase in drinking levels. Men who have remarried after

widowhood or divorce do not exhibit increased alcohol use compared to the continuously married. Each of these effects persists when background factors are controlled (in model 2), with the exception of long-term bereavement. The coefficient for long-term widowhood among women is reduced by 34% (from  $-.093$  to  $-.061$ ) and becomes nonsignificant. This reduction is primarily explained by education: the long-bereaved women are likely to have lower levels of education than their married peers, and education is positively associated with alcohol use.

Our moderation analyses reveal that the effects of marital transitions are conditional upon personality and coping style in just a few situations, as indicated by only four interaction terms that were significant after Bonferroni's correction for multiple comparisons. The effects of recent divorce on alcohol use among women are conditioned by problem-focused coping, extraversion, neuroticism, and openness to experience. Specifically, Figs. 3 through 6 reveal that high levels of "positive" emotion-focused coping, extraversion, and openness as well as low levels of neuroticism protect

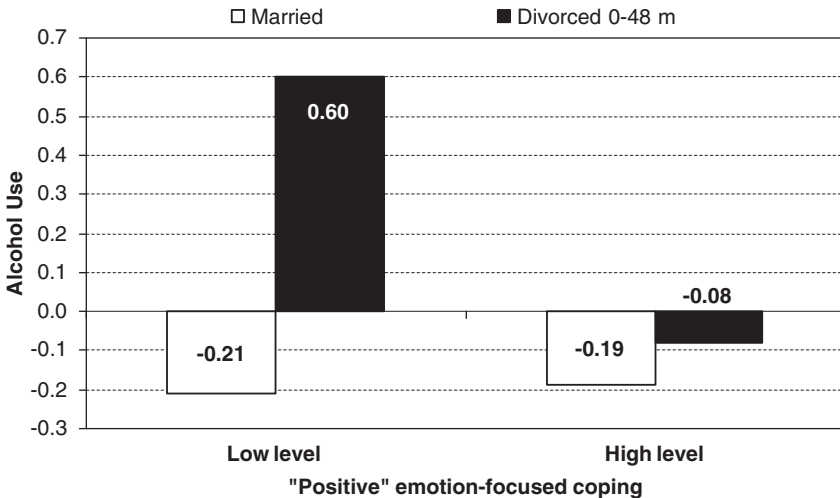


Fig. 3. The Association between Marital Status and Alcohol Use across the Levels of Positive Emotion-Focused Coping among Women.

*Note:* Alcohol use is plotted based on the full model adjusting for all coping styles and control variables. "Low level" is represented by the 25th percentile of the positive emotion-focused coping distribution for the entire sample. "High level" is represented by the 75th percentile of the positive emotion-focused coping distribution for the entire sample.



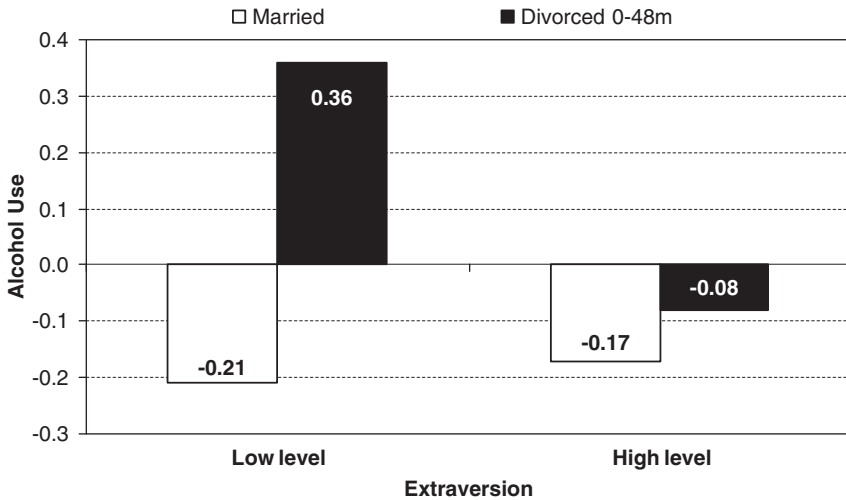


Fig. 4. The Association between Marital Status and Alcohol Use across the Levels of Extraversion among Women.

Note: Alcohol use is plotted based on the full model adjusting for all coping styles and control variables. “Low level” is represented by the 25th percentile of the extraversion distribution for the entire sample. “High level” is represented by the 75th percentile of the extraversion distribution for the entire sample.

recently divorced women against elevated alcohol use. In contrast, problem-focused coping and personality traits do not moderate the effect of recent divorce among men; three-way marital status × coping/personality × gender interactions were significant at the .05 level (not shown).

Although personality and coping style were powerful predictors of depressive symptoms, we find fewer relationships between these attributes and alcohol use. Model 3 reveals that problem-focused coping is associated positively and significantly with alcohol use among women only. Other coping styles are unrelated to alcohol use. With respect to personality factors, conscientiousness is related positively to alcohol use among men, whereas women’s alcohol consumption is associated positively with extraversion and agreeableness and negatively with conscientiousness.

## DISCUSSION

We have explored the extent to which marital transitions affect depressive symptoms and alcohol consumption among a sample of young-old men and

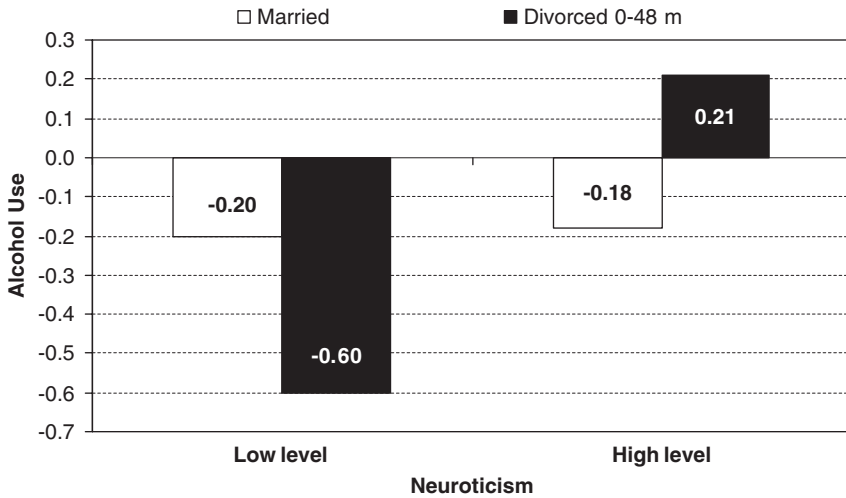


Fig. 5. The Association between Marital Status and Alcohol Use across the Levels of Neuroticism among Women.

*Note:* Alcohol use is plotted based on the full model adjusting for all coping styles and control variables. “*Low level*” is represented by the 25th percentile of the neuroticism distribution for the entire sample. “*High level*” is represented by the 75th percentile of the neuroticism distribution for the entire sample.

women. Our study has documented the ways that coping styles and personality traits may buffer or elevate distress among widowed and divorced individuals in late midlife and early old age.

Widowed (but not divorced) men and women report elevated depressive symptoms, and this effect is not explained away by potential control or confounding variables in the full model. Recently divorced women and, especially, men report elevated levels of alcohol use; these patterns persist after adjustment for coping, personality, and control variables. Moreover, not one coping style mediates and very few coping styles moderate the effect of marital disruption on mental health. Thus, it appears that one’s psychological attributes and coping tendencies do not systematically protect against divorce or widowhood-related distress at this stage in the life course. However, a behavioural strategy – remarriage – appears at least somewhat effective: Widowed and divorced persons who have since remarried do not differ from their continuously married counterparts in terms of depressive symptoms.

The strength and persistence of the effect of spousal death on depressive symptoms may reflect the fact that we are focusing on a sample of relatively

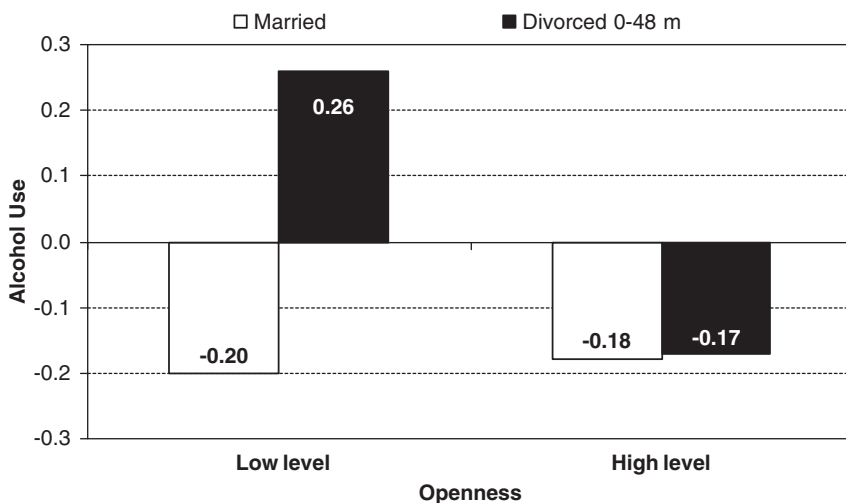


Fig. 6. The Association between Marital Status and Alcohol Use across the Levels of Openness among Women.

Note: Alcohol use is plotted based on the full model adjusting for all coping styles and control variables. “Low level” is represented by the 25th percentile of the openness distribution for the entire sample. “High level” is represented by the 75th percentile of the openness distribution for the entire sample.

young-old persons for whom spousal death came earlier than expected. “Off-time” events can be particularly distressing (Vicary & Corneal, 2001). Persons who become widowed in their 50s or early 60s may have few peers who share their experiences, and may lack interpersonal and institutional supports to help them cope with marital loss. Additionally, these marital disruptions occurred after very long marriages; roughly 30 years on average. Thus, while most research and practice focuses on the distinctive concerns of elderly bereaved persons or of suddenly bereaved young spouses (especially parents), our findings suggest that programs also should be developed to assist young-old widowed persons. Prior studies of bereaved persons ages 65 and older generally show that most older adults experience short-term increases in depressive symptoms within the first six months after loss, but that most return to pre-loss levels of functioning within 18 months (e.g., Bonanno et al., 2002). We suspect that the persistent effects documented for our sample of younger-old adults may reflect the fact that these deaths were premature and, as such, might have been unanticipated. Sudden deaths generally are not preceded by intensive caregiving, thus bereaved spouses

are not experiencing a release from stressful caregiving duties (Carr, 2003). To the contrary, they may be making an unexpected, involuntary, and undesirable transition that carries relatively long-term psychological consequences (Thoits, 1983).

As noted earlier, our results also indicate that the distress associated with widowhood may be assuaged via remarriage. This pattern is consistent with the “crisis” perspective on life events, which suggests that psychological distress associated with marital disruption reflects short-term secondary stressors, such as economic difficulties, the loss of a help mate, or the acute pain of the loss (Booth & Amato, 1991; Williams & Umberson, 2004). Although widowed men and women reveal elevated depression symptoms even after two years post-loss, those who remarry do not differ significantly from their peers who remained continuously married. Similarly, persons who divorce and remarry do not differ significantly from the continuously married in terms of their alcohol consumption. Taken together, our results reveal the psychological resilience of young-old adults; most widowed or divorced adults fare no worse than their married peers, after forming new romantic bonds.

We were surprised to find that divorce did not predict depressive symptoms levels in either men or women. This finding is in stark contrast with prior studies revealing significantly elevated levels of psychological distress among the recently divorced (Hope, Rodgers, & Power, 1999; Horwitz & White, 1991; Horwitz, White, & Howell-White, 1996; Kim & McKenry, 2002; Marks & Lambert, 1998; Menaghan & Lieberman, 1986; Simon, 2002). We suspect that our findings reflect the distinctive life course stage of young-old adults in our sample. Most prior studies focus either on samples of younger adults (e.g., Horwitz and White, 1991, Horwitz et al., 1996; Marks & Lambert, 1998) or rely on population-based samples that control for age, yet do not evaluate directly whether the effects of divorce differ significantly by life course stage (Kim & McKenry, 2002; Strohschein, McDonough, Monette, & Shao, 2005). As such, these studies may be conflating the *effect of divorce*, with the *effect of early-life divorce*, given that the vast majority of divorces occur relatively early in marriage, typically to persons in their 20s and 30s (Kreider, 2005). Marital dissolution among younger persons raises difficult strains for both men and women, including financial costs associated with legal fees and the loss of the partner’s income upon dissolution, and both the financial and emotional strains involved with negotiating child custody arrangements (e.g., Amato, 2000). Most adults who divorce in their 50s and 60s, by contrast, do not have minor children and do not need to manage difficult custody arrangements. Further, many

may be exiting long-term marriages that were unrewarding, and may feel a sense of relief – particularly if they exited their marriages voluntarily (Sweeney & Horwitz, 2001). In preliminary analyses, we found that persons who were married in 1993 but who ultimately divorced had significantly higher depressive symptoms in 1993 than their counterparts who remained married (.21 versus  $-.08$ ,  $p < .01$ ), suggesting that divorce may offer some solace to those in troubled marriages.

As noted earlier, the depression levels of men and women responded similarly to marital dissolution; widowhood increased, whereas divorce had no significant effect on the short- and long-term depressive symptom levels of both genders. By contrast, alcohol use responds very differently to marital dissolution for men versus women. Recent divorce is associated with elevated drinking among both men and women, yet this effect is dramatically stronger among recently divorced men. Women decrease their alcohol consumption after widowhood and increase it upon remarriage. Men's and women's responses to distressing life transitions appear to be shaped by culturally prescribed, gender-typed norms for emotional display (see also Simon, 2002). Drinking is more socially acceptable among men, whereas the low levels of alcohol consumption among widowed women may reflect cultural prohibitions against women "drinking alone" (Bucholz & Robins, 1989). Women typically drink with their spouses; when a spouse dies, women may be less likely than their married peers to drink and may not engage in drinking with female friends and confidantes. Moreover, men may use alcohol as a coping strategy (i.e., "self-medication"), whereas women may rely on social support or rumination (Carver et al., 1989).

Further, our results suggest that the short-term effects of divorce for women are moderated by personal resources. However, neither the longer-term effects of divorce nor the effects of spousal death are moderated by personality or coping style. Recently divorced women who have high levels of problem-focused coping, positive emotion-focused coping, extraversion, and openness, and low levels of neuroticism fare well after marital disruption in terms of mental health. It appears that extraverted and open-minded women who are pro-active copers are particularly well prepared for dealing with midlife divorce. This is consistent with recent media depictions of high-achieving women who carve out personally rewarding new lives when they leave (or are left by) their husbands at midlife (e.g., Gibbs, 2005). For young-old women, divorce may bring release from a stifling marriage, and freedom from caregiving responsibilities (Shellenbarger, 2005). Moreover, women are more likely than men to initiate divorce, suggesting that women may benefit from voluntarily leaving

an unsatisfying marriage (Sweeney, 2002). Although the WLS does not obtain information on which partner initiated the divorce, future studies of marital dissolution and well-being should consider this potentially important influence.

### *Limitations and Future Directions*

Our study has several important limitations. First, we focused on white, high-school educated adults only. Future studies should explore whether the patterns documented here also characterize the experiences of less educated Americans, or of ethnic minorities. The ways that race and class shape marital relations over the life course may have important implications for understanding subgroup differences in responses to marital dissolution. Further, our measure of coping strategies taps one's general or typical reaction when one experiences "a difficult or stressful event." We considered only a narrow range of individual-level coping mechanisms, and did not assess the role of social- or community-oriented coping resources, such as social support, or reliance on one's religious community. Future studies should assess the broad range of strategies adopted in the short- and long-term following marital disruption, and evaluate the effectiveness of these strategies for psychological adjustment.

Our sample included relatively few divorced and widowed persons, and these small subpopulations were reduced even further when we stratified them by remarriage status and time elapsed since dissolution. Because very few men and women in our sample divorced within 2 years prior to the interview, we used different cut-off points to assess recent widowhood and recent divorce – 24 months and 48 months, respectively. As a result, we could not directly compare the effects of duration in the widowed versus divorced status. Moreover, we were unable to consider other potentially important sources of heterogeneity within the divorced and widowed categories. For instance, the psychological consequences of divorce may be contingent upon whether one made the decision to end the marriage, or whether infidelity played a role in the marriage's demise (e.g., Sweeney & Horwitz, 2001). Psychological adjustment to spousal loss is conditioned by characteristics of the late marriage (Carr et al., 2000), the cause, context, and timing of the death (Aneshensel, Botticello, & Yamamoto-Mitani, 2004; Carr, House, Wortman, Nesse, & Kessler, 2001; Carr, 2003), and the bereaved person's personality traits and social roles (Van Doorn, Kasl, Beery, Jacobs, & Prigerson, 1998). Future studies should explore the ways

that one's "[marital] role histories" (Wheaton, 1990) affect experiences of marital dissolution, and the extent to which role histories moderate the effects of both time passed since dissolution and remarriage following dissolution.

Finally, although we evaluated whether the effects of marital dissolution persisted net of important selection characteristics, such as pre-dissolution mental health levels, we could not address other potentially important sources of selection. For instance, the WLS obtained measures of coping style in the 2003–04 interview only. As such, we could not assess whether distinctive coping styles give rise to late-life divorce. (We found no significant differences in the coping styles used by divorced, widowed, and continuously married persons in 2003–04). Although the risk of widowhood is not likely conditional upon pre-existing coping styles, we can certainly envision a scenario where pro-active problem-focused persons seek out divorce as a strategy for coping with an unsatisfying marriage. In the future, researchers may benefit from exploring whether midlife adults are "selected" into divorce (and subsequent remarriage) on the basis of a particular personality trait or coping style.

Despite these limitations, our study has documented the psychological implications of widowhood and divorce among young-old men and women, and the role of coping strategies and personality in psychological adjustment to the stress of marital disruption. We have found that no one strategy is uniformly effective for all persons. Social services and interventions for the near-old bereaved and divorced should be tailored to meet their specific needs and vulnerabilities, with the recognition that these needs may change as time elapses since the loss.

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