Psychological Resilience in the Face of Later-Life Spousal Bereavement

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Abstract This chapter draws on stress and coping perspectives to document the contextual, relational, and personal characteristics associated with psychological resilience following late-life spousal loss. It highlights how social/structural and developmental factors are linked with older bereaved spouses' high levels of resilience relative to their younger counterparts. The chapter synthesizes research on psychological adaptation to late-life spousal loss, highlighting factors that distinguish those who withstand or bounce back emotionally, relative to those who suffer from intense or sustained distress. Potentially modifiable aspects of the death and structural factors linked to resilience are highlighted in an effort to challenge notions that resilience is a trait-like feature of the individual alone. The chapter concludes by identifying avenues for future research.

Keywords Psychological resilience · Older adults · Widowhood · Stress and coping · Adaptation

Stress is an inevitable part of life, including in old age. Early studies posited that stress—defined as any significant change in one's social environment, whether positive (e.g., a new grandchild) or negative (e.g., death of a spouse)—could overwhelm one's coping capacities, and render one vulnerable to poor physical and mental health (Holmes and Rahe 1967; Selye 1956). Bereavement, especially the death of a spouse, is common in later life and is considered among the most stressful and emotionally devastating life events (Holmes and Rahe 1967). Classic theoretical writings, rooted in psychoanalytic and attachment theories, characterized the loss of an intimate personal relationship as uniformly distressing (Middleton et al. 1993). As such, bereaved persons who did not show symptoms of sadness, grief, or depression (i.e., absent grief) or who continued to carry out their daily activities, seemingly unaffected by the loss, were diagnosed as in denial, pathological, "inhibited," or incapable of healthy emotional attachments (Deutsch 1937; Middleton et al. 1993; Parkes 1985).

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In stark contrast, contemporary empirical research challenges the notion that persons who withstand close personal loss seemingly unscathed are "pathological" (e.g., Bonanno 2004; Bonanno et al. 2001, 2002). Prospective studies of bereavement show that resilience is the norm, where resilience broadly encompasses the capacity to "withstand or recover quickly from difficult conditions" (Fletcher and Sarkar 2013). Resilience is a multifaceted construct, without a universally agreed upon definition, measure, or "gold standard" (Windle et al. 2011). It has been operationalized as a set of personal traits that enable one to adapt to adversity, such as perseverance, self-reliance, good humor, and equanimity (King et al. 2019). Resilience also has been characterized as the dynamic process of managing, adapting to, or overcoming adversity, with an emphasis on the specific actions one takes, such as seeking out and activating social (e.g., personal relationships) and nonsocial (e.g., financial) resources (Schafer et al. 2009).

For bereavement researchers, resilience generally refers to a psychological reaction to loss distinguished by few, mild, or short-lived depressive and grief symptoms (Bonanno 2009; Infurna and Luthar 2017). In stark contrast to early theoretical writings that described absent grief as "pathological," contemporary empirical studies generally show that resilience is the norm, especially in the face of later-life spousal loss. Just one-third of older widows and widowers experience symptoms of grief and sadness that persist for up to 18 months (Bonanno 2004; Bonanno et al. 2002), and an even smaller proportion (15 percent) experience complicated or chronic grief (Prigerson et al. 2008; Shear et al. 2011). Whether one is psychologically resilient or vulnerable following loss is shaped, in part, by enduring personal characteristics like perseverance (King et al. 2019) and personality traits like extraversion and conscientiousness (Pai and Carr 2010). Yet contemporary bereavement research has moved beyond individual-level traits to also explore the dyadic (e.g., marital quality) and structural factors (e.g., death context) as well as the material and nonmaterial coping resources that help bereaved older adults to "bounce back" from loss-related psychological distress.

This chapter draws on stress and coping perspectives to document the contextual, relational, and personal characteristics associated with psychological resilience following late-life spousal loss. First, the core themes of stress and coping models are reviewed, which describe how particular subtypes of stress may undermine psychological well-being, and the coping resources that facilitate resilience. Second, the ways in which both social/structural and developmental factors are linked with older bereaved spouses' high levels of resilience relative to their younger counterparts are examined. Third, research on psychological adaptation to late-life spousal loss is synthesized in order to highlight the principal factors that distinguish those who withstand or bounce back emotionally, relative to those who suffer from intense or sustained distress. Fourth, potentially modifiable aspects of the death or structural factors linked to resilience are identified in an effort to challenge notions that resilience is a trait-like feature of the individual alone. Finally, avenues for future research that can advance our understanding of resilience, stress, and coping in old age are discussed.

Stress and Coping: An Overview

Stress and Its Subtypes

Stress, or a stressor, refers to any environmental, social, biological, or psychological demand that requires a person to adjust their usual patterns of behavior. Early research was conducted on animals, where stress was conceptualized as exposure to noxious environmental stimuli, such as extreme temperature (Selye 1956). Since that time, stress research has evolved to focus on psychosocial stressors affecting humans (Holmes and Rahe 1967; Wheaton 1990). The term "stress" is often used broadly and indiscriminately, yet it encompasses several distinctive subtypes, which are critical to understanding resilience because each differs with respect to their intensity, time course, and duration. The three main subtypes are life events, chronic strains, and daily hassles.

Life events are acute changes that require adjustments within a relatively short time period, such as the death of a spouse. The psychological impact of a stressful life event depends on its magnitude, undesirability, expectedness, and timing, where events that are major, unwanted, unexpected (e.g., sudden death of spouse) or that happen "off-time" (e.g., being widowed prematurely) are particularly distressing (George 1999). While early perspectives characterized all disruptive life events as distressing (Holmes and Rahe 1967), contemporary research finds that the psychological impact of an event is contingent on one's "role history" (Wheaton 1990), or qualitative aspects of the role one is exiting or entering. For instance, death of a spouse following a long period of caregiving and witnessing a partner's suffering may be met with relief and rapid "bouncing back" rather than distress (Keene and Prokos 2008). Conversely, the loss of a particularly salient and satisfying role, such a high-quality marriage may especially compromise well-being (Carr et al. 2000; Schaan 2013). Life events are not monolithic, thus the extent to which a person is psychologically resilient versus vulnerable in their aftermath may be a function of the event's properties (Hu et al. 2015).

Chronic strains are persistent and recurring demands that require adaptation over sustained periods, such as intensive caregiving, managing one's own chronic conditions, or witnessing a spouse's battle with Alzheimer's disease (e.g., Schulz and Martire 2004; Shih and Simon 2008). Given their ongoing nature, chronic strains are generally found to be more powerful predictors of psychological well-being than acute events (Avison and Turner 1988; Turner et al. 1995). Daily hassles are minor events and occurrences that require adjustment throughout the day, such as an argument with a paid caregiver, or an unproductive telephone call with one's health insurer (Hahn et al. 2013; Lazarus and Folkman 1984). Historically, most stress research has focused on life events and chronic stressors, although in recent years the collection of daily diary data as a component of population-based surveys has generated interest in daily strains (Almeida 2005). The emotional effects of daily hassles are generally found to dissipate in a day or two (Bolger et al. 1989). However,

daily hassles that accumulate and recur over long time periods can intensify emotional distress (Bolger et al. 1989).

These three subtypes of stressors often are treated analytically as separate experiences. For instance, studies of psychological resilience following spousal loss historically have focused on a dichotomous indicator of widowhood status without attention to the role history, context, or secondary strains that occur following the death (McCrae and Costa Jr 1988). However, stressors rarely occur in isolation from one another. The extent to which stressors co-occur or accumulate are consequential for one's psychological resilience or vulnerability, and the failure to consider this larger stress context may lead to an over- (or under-) estimation of psychological resilience (or vulnerability). A discrete life event may create subsequent chronic strains (e.g., death of one's spouse may create financial insecurity), or chronic strains may give rise to a stressful life event (e.g., dementia caregiving may precede placing one's spouse in an assisted living facility). These patterns are referred to as stress proliferation, or the "process that places people exposed to a serious adversity at risk for later exposure to additional adversities" (Pearlin et al. 2005, p. 205). Difficulties that occur before, alongside, or following a single stressor may be the hardest to bounce back from, given compelling research showing that cumulative stress undermines one's capacity to cope more than single or isolated stressors, and that ongoing chronic stressors are generally more difficult to withstand than single events (Kendler et al. 1998, 1999; Kessler 1997). However, until recently, most resilience research has focused on adaptation following a discrete event rather than trajectories of chronic, acute, and quotidian adversities (Schetter and Dolbier 2011). Thus, resilience research requires a careful consideration of the nuanced and heterogeneous nature of stressors linked with psychological adaptation.

Coping Resources

A second integral component of research on psychological resilience is an understanding of coping strategies and resources. Coping strategies encompass "cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person" (Lazarus and Folkman 1984, p. 141). Researchers have identified two broad strategies for coping with stress: problem-focused coping (PFC) seeks to alter or eliminate the stressful situation, whereas emotion-focus coping (EFC) is aimed at adjusting one's emotional or cognitive response to the stressor. PFC may promote psychological resilience by improving the conditions that are a source of distress (Folkman and Moskowitz 2004). However, in situations that cannot be altered, managing one's emotional reactions may be a more viable and protective pathway to resilience; no amount of PFC will bring back a deceased spouse. EFC encompasses avoidant strategies like denial and substance use, and approach strategies like seeking emotional support, cognitive reframing (i.e., thinking positive thoughts), or turning to a higher power (Nielsen and Knardhal 2014). Avoidant EFC strategies like blocking out

troubling thoughts generally undermine psychological resilience (Folkman and Moskowitz 2004; Taylor and Stanton 2007).

The extent to which one is resilient or vulnerable to stress also varies on the basis of one's coping resources, or the material, psychological, and interpersonal resources one can draw on in difficult times (Bisconti et al. 2006; Pearlin et al. 2005). Social support, or the instrumental, emotional, and informational assistance upon which one relies when faced with stress, is essential to psychological resilience, a theme revisited later in this chapter (Ozbay et al. 2007; Thoits 2010). However, both coping style and resources are not solely an attribute of the individual, and instead reflect structural factors. For example, women, ethnic and racial minorities, and persons with lower levels of education may be less likely to use problem-focused coping, both because they have a lower sense of perceived mastery and because they tend to have fewer economic resources necessary for making situational changes (Thoits 1995; Turner and Roszell 1994). Conversely, women typically report more social and emotional support from friends and children than do men, and blacks report more support from their religious community relative to whites (Antonucci 1990; Shorter-Gooden 2004). Thus, understanding resilience among bereaved older spouses requires attention both to structural and personal factors that enable some to bounce back psychologically, whereas others succumb to longer-term mental health decrements.

Psychological Resilience Among Older Widowers

Psychological resilience is now regarded as the norm rather than the exception among older bereaved spouses in the contemporary United States (Bonanno et al. 2002; McCrae and Costa Jr 1988; Ong et al. 2006; Sasson and Umberson 2014). For example, Bonanno et al. (2002) tracked a sample of married persons ages 65+ through the widowhood transition, and documented their symptoms of depression and grief from up to 3 years pre-loss through follow-ups six and 18 months post-loss. They documented five distinctive trajectories of psychological symptoms, as shown in Fig. 1. The most common trajectory was resilient, accounting for 46 percent of the sample. This profile included persons with very few or no symptoms of depression both pre- and post-loss, where depressive symptoms were measured with the Center for Epidemiological Studies depressive symptoms scale (CESD; Radloff 1977). Persons in the resilient category appeared to withstand both spousal death and the period prior to the loss without psychological symptoms. By contrast, persons in the common-grief category (12 percent) evidenced trajectories consistent with definitions of resilience that encompass "bouncing back" from a stressor; these men and women experienced a sizeable increase in depressive symptoms in the first six-months post-loss, but then returned to pre-loss levels one year later. These two categories, which exemplify the two main subtypes of resilience ("withstanding," and "bouncing back") accounted for well over half of the sample. Parallel studies in Europe yielded similar results, with a prospective study of older bereaved spouses

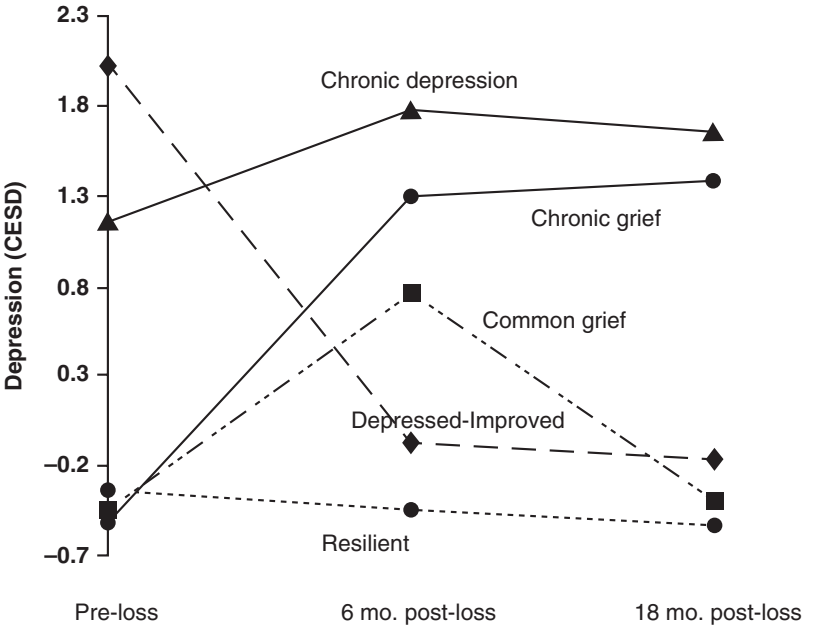

Fig. 1 Patterns of depression (Center for Epidemiologic Studies Depression [CES-D] scores) from pre-loss to 18-months post-loss ($N = 185$)
Source: Bonanno, G.A., Wortman, C.B., Lehman, D.R., Tweed, R.G., Haring, M., Sonnega, et al. (2002). Resilience to loss and chronic grief: A prospective study from pre-loss to 18-months post-loss. *Journal of Personality and Social Psychology, 83(5)*, 1150–1164

in Switzerland classifying 54 percent of respondents as "resilient" (Spahni et al. 2015).

Trajectories of intense or persistent symptoms are far less common. Bonanno et al. (2002) identified two such categories among US elders, accounting for one-quarter of their sample, whereas Spahni et al. (2015) found that vulnerable persons accounted for just 7 percent of their Swiss sample. Bonanno and colleagues found that bereaved persons in the chronic grief (16 percent) and chronic depressed (8 percent) categories evidenced symptom trajectories consistent with classic conceptualizations of bereavement, where survivors experience intense symptoms of sadness and distress which persist over considerable periods of time (Middleton et al. 1993). They also identified a depressed-improved trajectory (10 percent), a small yet important category that underscores the importance of considering role histories when studying resilience among bereaved spouses (Wheaton 1990). These persons reported very high levels of depressive symptoms prior to loss, but then experienced a dramatic drop in symptoms after the death, at which time their psychological profile resembled that of "resilient" persons. A study that used data points from the post-loss periods only would have generated a portrait of older adults, who were seemingly untouched emotionally by the loss. However, the use of multiple data waves reveals that, for some bereaved spouses, what appears to be "resilience" is

actually a response to an improvement in one's situation, such that the distress associated with spousal caregiving and witnessing an ill spouse's suffering has come to an end (Bonanno 2004; Bonanno et al. 2002; Carr et al. 2001; Galatzer-Levy and Bonanno 2012).

Understanding the factors linked to psychological resilience (versus vulnerability) following spousal loss is an important goal, as it informs the development of interventions and practices to improve and sustain older widowed persons' well-being. Next, I highlight exemplar individual-level, dyadic, and contextual factors that are linked with bereaved elders' psychological resilience. A full review of risk and resilience factors is beyond the scope of this chapter (for a review, see Carr and Mooney 2021); rather, I have selected a subset of influences, to show how resilience is powerfully shaped by attributes of the stressor, including its timing, role history, and related strains that have either given rise to or emanate from the primary stressor of widowhood.

Age and Bereaved Spouses' Resilience

The extent to which one is psychologically resilient following spousal loss varies on the basis of age, with most research concluding that older adults are more likely than their younger counterparts to "bounce back" or show only modest symptoms of distress. Yet this evidence reveals that it is not chronological age per se that is linked with resilience, but rather the context of loss and proliferation of post-loss challenges that typically befall older versus younger bereaved persons. As such, failure to consider these contextual factors may yield a misleading portrait of widowed persons' psychological resilience.

Researchers have pinpointed several reasons for older widow(er)s' resilience relative to their younger counterparts. First, older adults are more likely than midlife or younger adults to have experienced other familial deaths, including deaths of parents, siblings, and adult children (Umberson et al. 2017). Experiences of loss that accumulate over the life course contribute to the development of wisdom (Bluck and Glück 2004; Linley 2003). Wisdom has been described as "expert knowledge in the domain fundamental pragmatics of life" that is acquired by those who are "willing… to learn from life's lessons and to be transformed in the process" (Ardelt 2004). This hard-earned knowledge, in turn, may help older adults respond to adversity with equanimity, acceptance, a sense of meaning, and resilience (Ardelt and Jeste 2018; Carnelley et al. 1999).

Second, at older ages, spousal loss is recognized as a "normal" transition that happens at the end of a long and (ideally) fulling life together (Hansson and Stroebe 2007). This is consistent with research on stressful life events, more generally, which shows that transitions that occur "on time" are less distressing than those that happen prematurely or out of sync with one's peers (George 1999). For older women, in particular, widowhood is a normative transition. In the United States, in 2016, 34 percent of women ages 65+ and fully 72 percent of women ages 85+ were

currently widowed, compared to 13 and 35 percent of men, respectively (U.S. Census Bureau 2016). Older women may anticipate and prepare for this transition as they observe their peers experiencing widowhood (Fooken 1985; Neugarten and Hagestad 1976), and may seek emotional and informational support from their widowed peers (Silverman 2004). For these reasons, persons widowed prematurely experience more intense and more persistent symptoms of distress than those widowed later in life (Sasson and Umberson 2014). Some intriguing new research suggests that persons married to a considerably older spouse fare worse emotionally than their counterparts in age-homogamous unions upon spousal loss, in part because they are making the widowhood transition prematurely (Choi and Vasunilashorn 2014).

Third, most later-life deaths occur at the end of a long-term chronic illness, with most older adults suffering from multiple comorbidities that have compromised their daily well-being (Nunes et al. 2016). Consequently, for most older adults, a spouse's death is not only anticipated but might come as a relief from witnessing their dying partner's suffering over a protracted time period (Carr et al. 2001). Nine of the ten leading causes of death among persons ages 65+ in the United States in 2017 were chronic illnesses, including heart disease, cancer, lung disease, and Alzheimer's disease; chronic illnesses are typically associated with discomfort, difficulty breathing, complex medication regimens, and a need for personal care. In contrast, unanticipated and violent deaths including illness/injury, homicide, and suicide are far more common in young and middle adulthood. While cancer and heart disease are the two leading causes of death among midlife adults ages 45–64, unintentional injury was the third most common cause of death in that age group, and was the first most common cause of death in all younger age groups (Centers for Disease Control and Prevention 2019). Given that accidental and violent deaths are linked with particularly severe and long-term psychological symptoms, including anger, post-traumatic stress disorder (PTSD), and complicated grief, the late spouse's health conditions are an important mechanism contributing to age differences in bereaved spouses' psychological resilience (Kaltman and Bonanno 2003; Krychiw et al. 2018; Tal et al. 2017). This research is consistent with stress and coping theories which underscore that the psychological impact of a stressful transition is conditional upon one's role history (Wheaton 1990).

Fourth, spousal deaths trigger different secondary stressors or "stress proliferation" for older versus younger adults. The death of a working-age spouse (especially if that spouse was the family's primary breadwinner) may threaten one's financial security and stability, which can further undermine one's psychological well-being (Hurd and Wise 1989; Siflinger 2017). For married couples with minor children living in the home, spousal death brings the additional stress of single parenthood (Gass-Sternas 1994) and the adjustments required upon remarriage or forming a new cohabiting union (Bishop and Cain 2003). Older widow(er)s, by contrast, are less prone to decrements to their economic standard of living upon loss, because most were married to a retired person and rely on pensions rather than work-related income as their primary source of income (Center on Budget and Policy Priorities 2019). In the United States, Social Security is the main source of income security

for older adults; widowed persons are entitled to 100 percent of their late spouse's benefits if they are greater than the benefits one would have received from their own worker benefits. Older widowed persons, especially women, have very low rates of remarriage and tend to have grown children who live on their own, and thus are less likely than younger widowed persons to experience stressors related to childcare and forming new families (Livingston 2014).

Fifth, some research suggests that the boundaries demarcating "his" and "her" roles in heterosexual marriage become blurred as husbands and wives age, retire, and face health declines. As such, the secondary strains of taking on new and unfamiliar household tasks post-loss may be mitigated for older adults, helping the surviving spouse to withstand the loss with modest or only short-lived symptoms of anxiety or sadness. Although older married couples abide by a gender-typed division of household labor just as younger couples do, this division changes upon retirement, as spouses take on more gender-equitable roles (Leopold and Skopek 2015). Household roles also shift and converge as older adults experience health declines and functional limitations. Physical health problems may render older adults less able to perform the homemaking or home maintenance tasks they did earlier in life. For instance, if a wife's physical limitations prevent her from preparing meals, her husband may take over those duties. Likewise, a husband's cognitive decline may result in a wife's increased involvement in financial decisions that previously were managed by the husband. Older adults may gradually take on their ailing spouses' tasks prior to widowhood, and thus they may be better prepared for the death (Carr 2004a; Roberto et al. 2013). Managing the practical tasks of everyday life that were once managed by their late spouse is a key component of coping, and can contribute to the emotional resilience of recently bereaved older adults (Stroebe and Schut 2016).

Taken together, this research demonstrates that the capacity to survive spousal loss with few or short-lived symptoms is influenced by contextual factors and secondary stressors linked with later-life deaths and bereavements. However, age-related cognitive and emotional factors also have been implicated in older widowed persons' psychological resilience, including age-related declines in emotional reactivity (Charles and Carstensen 2007). Compared to younger adults, older adults have a greater capacity to manage or "regulate" their emotional states (see Ong and Löckenhoff 2016 for review). As such, they report less extreme levels of both positive and negative affect, and less variability in their emotional responses to stress—a key attribute of resilience (Gaitz and Scott 1972; Mroczek and Kolarz 1998; Stacey and Gatz 1991). Consequently, their grief reactions are less intense and shorter lived compared to younger bereaved spouses (Nolen-Hoeksema and Ahrens 2002; Sanders 1993; Sherbourne et al. 1992). Emotional reactivity declines in later life because of several factors, including a biological decrease in autonomic arousal; the greater habituation of older adults to stressful life events; and shifts in the relative salience of emotion versus cognition in late life (Carstensen and Turk-Charles 1994; Diener et al. 1985).

Role History: The Quality of the Late Marriage

Although older adults generally show fewer and shorter-lived symptoms of depression and grief following spousal loss, relative to younger persons, research still documents stark variation in the psychological symptoms experienced by older adults. One important influence is the nature of the relationship they have lost; as stress theories posit, the loss of a relationship that was close-knit and loving may be more difficult to bounce back from than the loss of a relationship that was distant or conflictual (Wheaton 1990).

Early theoretical writings suggested two distinct and competing hypotheses regarding the link between relationship quality and bereaved spouses' resilience. Psychoanalytic models suggested that bereaved persons with the most troubled marriages would experience intense and prolonged grief (Parkes 1985). This perspective held that persons who had conflicted marriages would find it hard to let go of their spouses, yet also feel angry at the deceased for abandoning them. However, empirical studies have found little support for this hypothesis, instead confirming a core theme of attachment theories: that the most close-knit relationships are mourned most strongly (Bowlby 1980). Longitudinal studies that track married persons over time through the widowhood transition have been especially effective in documenting the ways that marital quality affects psychological reactions to loss. These studies have found that older persons whose marriages were marked by high levels of warmth and dependence, and low levels of conflict, experience elevated grief symptoms within the first 6 months post-loss (Bonanno et al. 2002; Carr et al. 2000; see also Futterman et al. 1990).

However, when a longer-term view is adopted, researchers have found that close ties with one's late spouse are a source of psychological resilience, as widow(er)s draw strength from continuing bonds with their late spouse. Early work on grief suggested that bereaved persons needed to dissolve or relinquish their emotional ties to the deceased and get on with their lives (e.g., Freud 1917/1957), yet current research on "continuing bonds" suggests that maintaining an emotional tie to the deceased is an integral part of healthy adaptation. Although some aspects of continuing bonds may inhibit resilience in the early stages of loss (e.g., not engaging with new relationships and activities), maintaining ties can be helpful, uplifting, and a source of recovery, especially as time elapses since the loss (Field 2008). Widow(er)s may ponder what their late spouse might do when faced with a difficult decision, or may keep their spouse's memory and legacy alive by recognizing their continuing positive influence on one's current life. The warmth and closeness of the relationship may thus provide an emotional boost and affirmation in the longer-term after the death (Klass and Steffen 2017).

Coping Resources: Emotional and Instrumental Support

Stress and coping perspectives underscore the importance of social support as an essential resource for adapting to spousal loss. The emotional support, practical assistance, and useful information provided by family and friends is critical to older bereaved spouse's psychological resilience, while the lack of these resources—most notably, social isolation—undermines one's emotional recovery from loss. Close relationships with family and friends are the main source of practical and emotional support for widow(er)s, and are a key reason for why older widows tend to be more emotionally resilient than widowers, and black bereaved spouses fare better than white widow(er)s (Carr 2004a, b; Lee and DeMaris 2007). Women maintain closer relationships with family and friends over the life course than their male counterparts; as such they receive more practical and emotional support from their children and friends post-loss than do widowers (Carr and Moorman 2011). Women also have larger and more varied friendship networks than men, and these friendships are an important source of emotional uplift as widows cope with spousal loss (Ha 2008). African American bereaved spouses report more support from their children and members of their religious communities relative to whites, which accounts in part for their more modest and shorter-lived symptoms of distress and despair post-loss (Carr 2004a, b).

The specific types of support received also are consequential for bereaved spouses' psychological resilience, with some studies suggesting that emotional support is more critical than instrumental support (Bankoff 1983; Bisconti et al. 2006). These results are consistent with the core themes of problem—and emotion—focused coping research, which suggest that the latter may be a more effective path to resilience when the stress context cannot be altered. In the case of spousal loss, where the adversity is permanent and irreversible, the receipt of practical support may do little to lessen the pain. Rather, bereaved spouses may be better assisted through the receipt of informal emotional support that soothes their negative emotions (Powers et al. 2014). More intensive support, including professional help, does not boost resilience and is not required by most bereaved persons, other than a small fraction for whom prolonged grief symptoms are a byproduct of longstanding and underlying depression (e.g., Bonanno et al. 2002).

Stress Proliferation: The Context of the Death

When, where, and under what conditions one's spouse dies shapes the bereavement experiences of the surviving spouse. Anticipated deaths tend to be less distressing than sudden or unanticipated ones; one prospective study found that spouses who experienced sudden bereavement had elevated symptoms of depression six months after the death, whereas those who anticipated the death revealed greater psychological resilience (Burton et al. 2007; see also Sasson and Umberson 2014). The

knowledge that one's partner is going to die in the imminent future provides the couple time to address unresolved emotional, financial, and practical issues before the death. This preparation for death enables a smoother transition to widowhood, and a greater capacity to bounce back quickly from the stress of the loss. However, anticipated deaths are not uniformly 'easier' for older persons; their impact is contingent on other co-occurring stressors, consistent with stress and coping models. For example, anticipated deaths often are accompanied by a spouse's long-term illness, pain and suffering, intensive caregiving, and neglect of one's own health concerns, thus taking a toll on one's health (Carr et al. 2001) and leaving one socially isolated (Burton et al. 2007). Decrements in one's own physical health and social isolation are risk factors for psychological vulnerability post-loss (Burton et al. 2007; Utz et al. 2012).

The quality of medical care one's late spouse received at the end of life and their place of death also affect the widow(er)'s psychological adaptation. Those who believe that their spouse was in pain or received problematic medical care at the end of life report greater anxiety and anger post-loss than persons whose loved one had a "good death" (Carr 2003). Conversely, the use of hospice or palliative care services is associated with greater psychological resilience and fewer depressive symptoms (Ornstein et al. 2015). These studies reveal the importance of moving beyond examinations of resilience following a single or isolated stressor. Studies that fail to consider the multiple pathways into and secondary stressors following spousal loss may draw misleading conclusions about psychological resilience post-loss, and may attribute individual-level differences to traits, such as optimism, positive affect, or locus of control (Rossi et al. 2007). While understanding the psychological traits linked with resilience is an important goal, researchers also should identify aspects of the stress context that enable or inhibit resilience, as the first step toward developing interventions to improve the context of death, dying, and end-of-life care.

Conclusion and Future Directions

In this chapter, I have shown that resilience is a common emotional reaction to spousal loss in later life, with most older widows and widowers showing no, modest, or short-lived symptoms of distress (Bonanno 2004; Bonanno et al. 2002). Drawing on conceptual models of stress and coping, I argued that the extent to which one is resilient or vulnerable in the face of a major stressful event, most notably spousal bereavement, is a function of the larger social context, including the role history, the availability of social support, and the nature of the loss, including its timing and expectedness. While research on resilience historically has focused on personal traits that enhance one's capacity to positively reinterpret, withstand, or bounce back from stress—like optimism, self-determination, and grit (see Resnick, this volume, for review), it is equally important to consider the situational factors that make some stressors easier to "bounce back" from than others. From a policy and practice standpoint, interventions such as providing caregiving supports for

older spouses, household assistance to older bereaved spouses, and high-quality end of life care to their dying partners may be just as effective in helping older adults adapt bereavement as are interventions targeting personal traits like optimism and control.

The research synthesized in this chapter also underscores that few stressors occur independently or in isolation of one another, and the impact of any particular stressor on psychological resilience is conditioned by the stressors that occur prior, alongside, or following it. For instance, financial strains and difficulties with household chores following spousal loss heighten one's psychological vulnerability, while financial stability and an enhanced sense of confidence in managing chores bolsters resilience (Carr 2004a; Lee et al. 2001). Yet researchers have only begun to scratch the surface in exploring psychological resilience in the face of multiple overlapping or accumulating stressors. This is a critical avenue for future research, as studies that focus exclusively on single discrete stressors do not adequately capture the actual lived experiences of stress.

Researchers know relatively little about psychological resilience among persons (and bereaved persons, in particular) growing old under conditions of extreme adversity. Most bereavement research relies on large sample survey data sets or help-seeking samples; both of these populations are over-representative of those who are socially engaged, capable cognitively and emotionally of participating in a survey, or who are seeking help—characteristics which are linked with psychological resilience (Richardson 2002). Consequently, those growing old under highly adverse circumstances, including homebound, homeless, imprisoned, detained, displaced, or impoverished older adults often are systematically excluded from such studies. Over the past five years, social scientists have paid increasing attention to the vast social and economic disparities evident among older adults (e.g., Abramson 2015; Carr 2019), as well as those displaced due to natural disasters (Merdjanoff et al. 2019) or political upheavals (Madi et al. 2019). A core theme of stress process models is that the accumulation of chronic and acute stress is most harmful, yet few studies explore how bereavement affects the psychological resilience of older adults living with concurrent strains, such as food and housing insecurity, imprisonment, or the loss of long-standing social supports due to political or disaster-related displacement (Schafer et al. 2009). Understanding the sources of resilience (and vulnerability) among highly disadvantaged older adults typically absent from population-based research will be critical for challenging, refining, and advancing our knowledge about the limits and potentials of psychological resilience.

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