

Gender difference and age factor in Loneliness, Depression and Social Network effects of widowhood

Polkampally Bharathi*, Godishala Sridevi** & K.B. Kumar***

* Child and Rehabilitation Psychologist, S.V.S. Medical College and Hospital, Mahabubnagar.

** Research Scholar, Department of Psychology, Osmania University, Hyderabad.

*** Director & Head, Amity Institute of Behavioural Health & Allied Sciences, Noida.

Abstract- Losing a spouse in later life is known to have profound effects on well-being and is an event which provokes important life changes. Widowhood often is accompanied by emotional distress, physical symptoms, compromised health behaviors, potentially disruptive residential relocations and economic strains triggered by both the direct costs of medical care and funeral arrangements at the end of a spouse's life, as well as the loss of the spouse's income. In the scenario of present day India with the advent of modernization; liberalization, competition and technological advancement the problems of widows have increased, which can lead to intense frustration amongst them, resulting in stress, depression and other forms of adaptive behavior if their patterns of reactions to frustration is not appropriate. The lower levels of loneliness are associated with marriage, higher education and higher income; whereas higher levels of loneliness are associated with living alone, infrequent contact with friends and family, physical health symptoms, small social network, lack of a spousal confidant, poor quality social relationships, and divorce and widowhood.

Aim of the study: The aim of the study is to investigate the loneliness, depression and social network of widowhood based on gender and age factors.

Method: For the purpose the study which consists of 30 widows and 30 widowers from rural and urban areas of Hyderabad. The age range of the widows and widowers is 40yrs-70yrs. The tools UCLA Loneliness Scale by Russell, 1996; Lubben Social Network Scale by Lubben, 1988; and Hospital anxiety and depression scale by Zigmond & Snaith, 1983 were used in this study. The sampling was based on purposive sampling method.

Results: The results shows that widowers are experiencing significant loneliness than widows and the other hand widows showing significant depression than widowers but no difference found on social network from both groups. It also suggested that older widows and widowers are experiencing significant loneliness and depression and lesser social network than younger age groups. A positive correlation was found between loneliness and social support and a negative correlation found between depression and social network.

Index Terms- Psychological-wellbeing, Widowhood, Gender and Age.

I. INTRODUCTION

Widowhood refers to the status of a person whose spouse has died and who has not remarried. Women in this situation are referred to as widows and men as widowers. Despite rapid advances in the standard of living of people worldwide, the condition of widows and widowers still remains deplorable. Losing a spouse in later life is known to have profound effects on well-being and is an event which provokes important life changes (Stroebe et al., 2001). Widowhood is the most stressful of all life events and requires more psychological and behavioral adjustment than any other life transition (Barrett & Schneeweis, 1980– 1981; Gallagher, Thompson, & Peterson, 1982– 1983; Holmes & Rahe, 1967; Thompson, Breckenridge, Gallagher, & Peterson, 1984). To date, bereavement studies have focused primarily on the emotional and psychological responses to widowhood (Stroebe, Hansson, Stroebe, & Schut, 2001). Widowhood often is accompanied by emotional distress, physical symptoms, compromised health behaviors, potentially disruptive residential relocations and economic strains triggered by both the direct costs of medical care and funeral arrangements at the end of a spouse's life, as well as the loss of the spouse's income. On the other hand, the bereavement literature has generally agreed that widowed persons who have higher levels of social support also have higher levels of well-being and life satisfaction (Anderson, 1983; Bahr & Harvey, 1980; Bankoff, 1983; Ferraro, 1984; Hershberger & Walsh, 1990; Lowenthal & Haven, 1968; Vachon et al., 1982). In the scenario of present day India with the advent of modernization; liberalization, competition and technological advancement the problems of widows have increased, which can lead to intense frustration amongst them, resulting in stress, depression and other forms of adaptive behavior if their patterns of reactions to frustration is not appropriate (Mehta et al., 2006). Widows of any age have been found to experience adverse health effect (Charlton et al., 2001). One of the biggest problems reported by both widows and widowers is loneliness, which may last well beyond the usual period of mourning. In the oldest age group 65+years, depression may be associated with mortality, hopelessness and dissatisfaction with one's life shows to be associated with loneliness (Holmen et al., 1999; Cohen, 2000; Tilvis et al., 2000; Alpass & Neville, 2003; Adams et al., 2004; Victor et al., 2005; Barg et al., 2006). A study concluded that widowers are experiencing significant loneliness than widows (Bharathi et al., 2015a). The majority of episodes of severe loneliness leading to depression have their onset during the first year of bereavement

with most apparent as early as six weeks following the loss of the spouse. Studies revealed that lower levels of loneliness are associated with marriage ([Hawkey et al., 2005](#); [Pinquart & Sorenson, 2003](#)), higher education ([Savikko et al., 2005](#)), and higher income ([Andersson, 1998](#); [Savikko et al., 2005](#)), whereas higher levels of loneliness are associated with living alone ([Routasalo et al., 2006](#)), infrequent contact with friends and family ([Bondevik & Skogstad, 1998](#); [Hawkey et al., 2005](#); [Mullins & Dugan, 1990](#)), dissatisfaction with living circumstances ([Hector-Taylor & Adams, 1996](#)), physical health symptoms ([Hawkey et al., In press](#)), chronic work and/or social stress ([Hawkey et al., In press](#)), small social network ([Hawkey et al., 2005](#); [Mullins & Dugan, 1990](#)), lack of a spousal confidant ([Hawkey et al., In press](#)), marital or family conflict ([Jones, 1992](#); [Segrin, 1999](#)), poor quality social relationships ([Hawkey et al., In press](#); [Mullins & Dugan, 1990](#); [Routasalo et al., 2006](#)), and divorce and widowhood ([Dugan & Kivett, 1994](#); [Dykstra & De Jong Gierveld, 1999](#); [Holmen et al., 1992](#); [Samuelsson et al., 1998](#)). A study revealed that the single elders are having significant depression and suicidal ideation than coupled elders (Sridevi, 2014a).

The elderly are especially vulnerable to depression, partly due to endogenous factors linked to the aging process (Reynolds et al., 1997). Superimposed upon this, though, is the fact that at some time in the older person's life the individual's spouse may die, leaving them spousally bereaved. Spousal bereavement is a very devastating, life-altering event that becomes more likely with advancing age (Harlow et al., 1991; Prigerson et al., 1994). Some women experience the onset of depressive symptoms during a spouse's terminal illness phase with symptoms persisting through the first year following the spouse's death. (Tilvis et al, 2000; Stek et al, 2005; Barg et al, 2006). In some studies, increased risks of psychological morbidity following a loss of spouse are evident up to two years post loss (Zisook et al, 1994). The rates of depression are found to be still high two years after a loss of a spouse (Turvey et al, 1999). A study concluded that the non-institutionalized single elders are showing significant death depression than coupled elders (Sridevi, 2014b). Studies found that Symptomatic Major Depression (SMD) syndromes and Subsyndromal Symptomatic Depression (SSD) were prevalent throughout the first two years of widowhood and are associated with substantial morbidity in widows and widowers during the first 2 years of bereavement (Chaudhry, 2001). In addition the experiencing the loss of a spouse has a negative impact on widows wellbeing up to four years bereavement (Bennet et al., 2005). A study revealed that widows were significantly depressed than widowers and older widows and widowers experienced more depression than younger age groups (Bharathi et al., 2015b).

According to Rowe and Kahn (1997), active and productive engagement in society is a central component of successful aging. Applied to bereavement, sustained social engagement could also be a critical component of successful adaptation or coping. A positive relationship between social activity and well-being is well documented (Lowenthal & Haven, 1968). Higher levels of social participation are associated with reduced levels of suicide (Durkheim, 1897/ 1951), better physical health and reduced mortality (House, Landis, & Umberson, 1988), and higher levels of psychological well-being (Beck & Page, 1988).

On the other hand, studies revealed that the social network and social support are associated with increased loneliness, complicated grief, poorer coping levels, lower levels of quality of life, increased levels of depression, poorer mental health and decreased psychological well-being (Fry, 2001; Lee et al, 2001). Social support among older persons may be especially important because of the secondary consequences of losing a spouse later in life (Stroebe & Schut, 2001). Widowers are more uncomfortable than widows in planning social interactions and seeking help when needed (Balaswamy et al., 2004), and they are vulnerable to loneliness (Dykstra & Gierveld, 1999; Stevens, 1995) and depressive symptoms during bereavement (Lee et al, 2001). One study of widows and widowers married 40-60 years also found that higher levels of perceived support were related to lower scores of depression for both widows and widowers (Kanacki et al, 1996). Although death of a spouse is clearly an important loss, it can be questioned whether it should affect men more severely than women. Stroebe et al., (2001) confirmed a negative relationship between social support and depression levels, especially among widowers in the acute grieving period.

Widowhood affects millions of men, and a greater number of women, around the world every year. There has been considerable controversy as to whether widowhood is a more difficult experience psychologically for men or for women. Widowhood is generally a greater problem financially for women than men, and economic difficulties can lead to lower psychological well-being. Several studies have indeed found that widowhood has a greater adverse impact on the psychological well-being of women (Schuster and Butler, 1989; Thompson et al., 1989). Other studies, however have reported stronger effects on men (Lee et al., 1998, 2001; Umberson et al., 1992). The weight of the evidence at this point seems to favour the argument that widowhood is more difficult for men. A study revealed that the institutionalized elders are having significant death depression, geriatric depression and suicidal ideation than non-institutionalized elders and there is no significant difference in death anxiety and death depression among institutionalized elders based on gender but non-institutionalized male elders are having significant death anxiety than female elders (Sridevi & Swathi, 2014). A similar study revealed that there is no difference found on social network and widowhood based on gender (Bharathi et al., 2015a). Adjustment can take months or even years and is subject to substantial variation between individuals and across cultures. For a few people mental and physical ill-health is extreme and persistent and for this reason, bereavement is a concern not only for preventive care but also for clinical practice (Stroebe et al., 2007). Cultural and religious organizations help to become socially integrated into the larger society in which they live and as a result, these ties control or regulate older men's help-seeking, health habits (Balaswamy et al., 2004) and coping (Lund & Caserta, 2001) thus mediating the negative effects of widowhood. The present study has been carried out to understand the relationship between loneliness and depression among widows and widowers belonging to different age groups and to explore how social network mitigates loneliness and depression.

II. METHODOLOGY

Aim:

Aim of the study is to examine the loneliness, depression and social network among widows and widowers.

Objectives:

1. To assess loneliness among widows and widower.
2. To assess depression among widows and widower.
3. To assess social network among widows and widower.
4. To assess loneliness, depression and social network among widows and widower based on age range of the widows and widowers.

Hypothesis:

1. There would be significant difference in loneliness among widows and widowers.
2. There would be significant difference in depression among widows and widowers.
3. There would be significant difference in social network among widows and widowers.
4. There would be significant difference in loneliness, depression, and social network among widows and widowers based on age range.

Method:

For the purpose of the study 30 widows and 30 widowers were examined. The age range of the widows and widowers is 40yrs-70yrs. The data was collected from both rural and urban areas of Hyderabad city through personal contact by visiting their residing places. The sampling was based on purposive sampling method. In inclusion criteria the widows and widower's age range is from 40-70yrs, bereavement period ranging from 6 to 24 months, who are able to read and write and those who are ready to participate in the study were included. In exclusion criteria the widows and widowers, who had current or past history of mental illness and having chronic physical illness other than those related to old age were excluded from the study. The tools, Demographic data sheet designed for the purpose of this study, UCLA Loneliness Scale (Third version) (Russell, 1996) to describe the subjective feelings of loneliness; Lubben Social Network Scale (Lubben, 1988) to determine nature of social network relationships that a person has; Hospital anxiety and depression scale (Zigmond & Snaith, 1983) to detect adverse depressive states were used in this study. The sample was collected from urban and rural areas of Hyderabad city. Through personal contacts, the families of bereaved persons (widows and widowers) were selected those who meet the inclusion/exclusion criteria for the purpose of the study. Informed consent was taken from those who are willing participate in this study. The participants were administered using UCLA Loneliness scale, Lubben's social network scale, and HADS-Depression scale individually. In statistical analysis, keeping in view the aims of the study data was analyzed using SPSS software, the means and standard deviations for scores on different variables were calculated for the two groups separately. Further 't' test was used to find out the significance of difference between the loneliness, depression and social network of the widows and widowers for various variables selected for the study. Pearson's correlation was carried to determine the nature of relationship among the variables.

III. RESULTS AND DISCUSSION

Figure-1: Gives gender of the participants

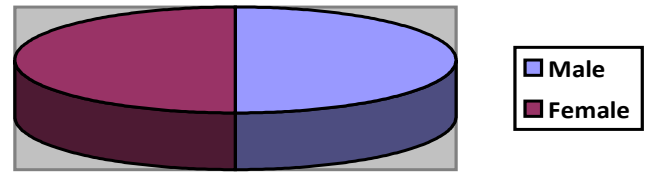


Figure 1: Gender of the Participants

Figure-1 shows demographic data of the participants based on the gender. The sample consists of 30 (50%) widows and 30(50%) widowers. This sample consist equal number of widows and widowers.

Figure-2: Gives age range of the widows and widowers.

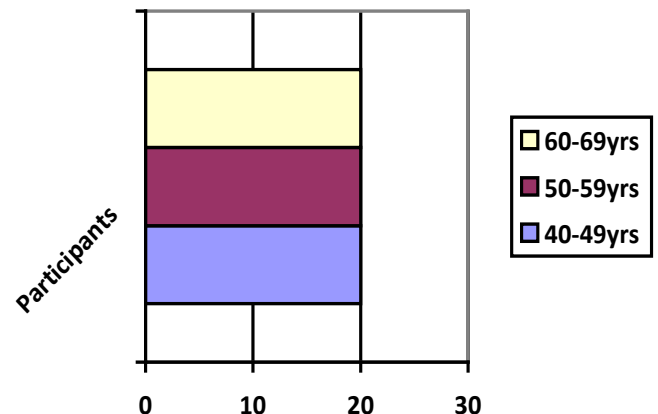


Figure 2: Age range of the participants

Figure-2 shows the age range of the widows and widowers. It gives 40-49yrs age range widows and widowers are 20 (33.3%), 50-59yrs age range widows and widowers are 20 (33.3%) and 60-69yrs are 20 (33.3%). In this sample all three age groups are having same number of widows and widowers.

Figure-3: Gives the domicile of widows and widowers

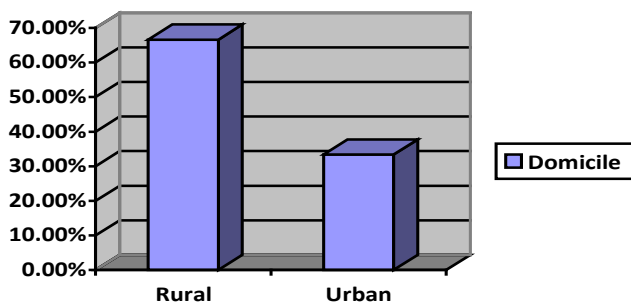


Figure 3: Domicile of the participants

Figure-3 shows the domicile of the widows and widowers. It gives that widows and widowers from rural background are 40 (66.6%) and from urban background are 20 (33.3%). In this sample most of the widows and widowers belongs to rural background.

Figure-4: Gives educational background of the widows and widowers.

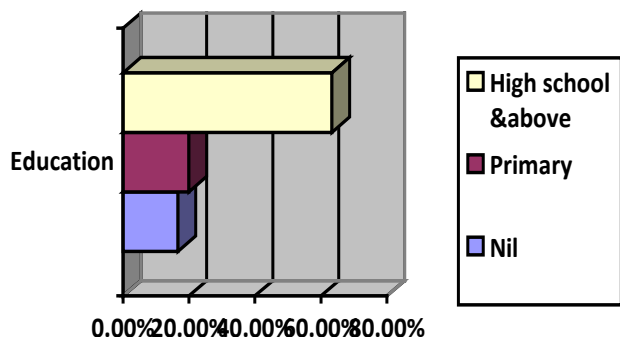


Figure 4: Educational background of the participants

Figure-4 shows the educational background of the widows and widowers. It gives that the widows and widowers educational background uneducated are 10 (16.6%), up to primary education are 12(20%) and high school and above are 38 (63.33%). In this sample most of the widows and widowers are educated up to high school and above.

Figure-5: Gives socio economic status of widows and widowers

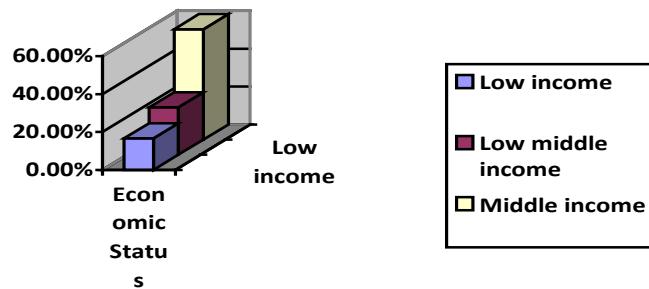


Figure 5: Socio economic status of the participants

Figure-5 shows the socio economic background of the widows and widowers. The widows and widowers from low income are 10 (16.6%), low middle income are 15(25%) and middle income are 35 (58.33%). In this sample middle income widows and widowers are more than low middle and low income widows and widowers.

Figure-6: Gives living arrangements of the widows and widowers

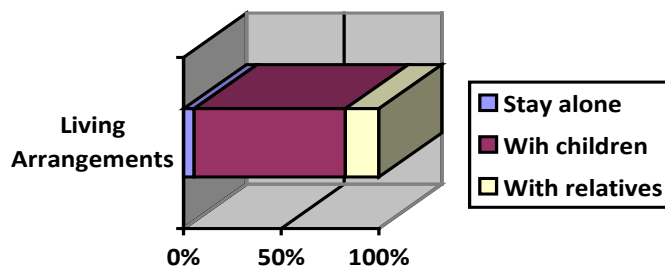


Figure 6: Living arrangements of the participants

Figure-6 shows the living arrangements of the widows and widowers. The widows and widowers staying alone are 5 (5.33%), living with their children are 45 (75%) and living with their relatives are 10 (16.6%). In this sample most of the widows and widowers are living with their children.

Figure-7: Gives bereavement period of widows and widowers

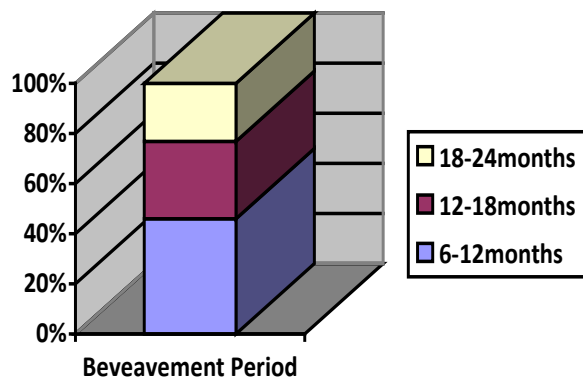


Figure 7: Bereavement period of participants

Figure-7 shows the bereavement period of widows and widowers. It gives the widows and widowers bereavement period such as 6-12months are 25 (49.6%), 12-18months are 20 (33.3%) and 18-24 months are 15 (25%).

Table-1: Mean (±SD) score on loneliness, depression and social network based on gender

Variable	Men	Women	t	sign (p)
Loneliness	49.9(±12.2)	44.23(±8.08)	2.12	0.03*
Depression	8.76(±2.34)	10.23(±1.73)	-2.7	0.000**
Social network	25.5(±7.95)	23.46(±7.91)	0.99	0.32

***= p< 0.001 level and *= p< 0.05 level

Table-1 gives the Means, SD and significance on loneliness, depression and social network based on gender. It shows that there is a significant difference in widows and widowers with respect to loneliness (p<0.05). The Mean(±SD) scores of loneliness in men is 49.9(±12.2) and in women is 44.23(±8.08). It suggests that the widowers are experiencing significant loneliness than widows. There is also significant difference in widows and widowers with respect to depression (p<0.001). The

Mean(±SD) scores of depression in men is 8.76(±2.34) and in women is 10.23(±1.73). It shows that widows reported significant depression than widowers. There is no significant difference found on social network in widows and widowers. It suggest that widowers are experiencing significant loneliness than widows and in other hand widows are showing significant depression than widowers but no difference found on social network from both groups.

Table-2: shows Mean, Standard deviation and significance on loneliness, social network and depression based on age range of the widows and widowers.

Variables	40-49yrs	50-59yrs	60-69yrs	f	Sig(p)
Loneliness	42.05(±7.95)	42.45(±6.8)	56.7(±9.7)	20.32	0.01*
Depression	8.6(±1.78)	9.1(±2.44)	10.8(±1.6)	6.71	0.01*
Social network	25.05(±7.71)	21.15(±6.8)	27.25(±8.33)	3.26	0.04*

*= p< 0.05 level

Table-2 gives the Means, SD and significance on loneliness, depression and social network based on age range of the widows and widowers. It shows that there is a significant difference in widows and widowers with respect to loneliness (p<0.05) based on age range. The Mean(±SD) scores of loneliness of widows and widowers in the age groups of 40-49yrs is 42.05(±7.95) and in the age group of 50-59yrs is 42.45(±6.8) and for the age group

of 60-69yrs is 56.7(±9.7). The age group of 60-69yrs widows and widowers are experiencing more loneliness than the age group of 50-59yrs and 40-49yrs.

There is a significant difference in widows and widowers with respect to depression (p<0.001) based on age ranges. The Mean(±SD) scores of depression of widows and widowers in the age group of 40-49yrs, 50-59yrs and 60-69yrs are 8.6(±1.78), 9.1(±2.44) and 10.8(±1.6) respectively. It shows that widows and

widowers with the age group of 60-69yrs had reported more intensive depression than 50-59yrs and 40-49yrs age group widows and widowers.

There is also a significant difference found on social network in widows and widowers based on age ranges. The Mean(\pm SD) scores of social network of widows and widowers in the age groups of 40-49yrs is 20.05(\pm 7.71) and in the age group of 50-59yrs is 21.15(\pm 6.8) and for the age group of 60-69yrs is

27.25(\pm 8.33). It shows that widows and widowers with the age group of 60-69yrs had lesser social network than 50-59yrs and 40-49yrs age group widows and widowers. It suggests that older widows and widowers are experiencing significant loneliness and depression than younger widows and widowers. Similarly, the older widows and widowers had lesser social network than the younger age group.

Table 3: Correlation among loneliness, depression and social network

Variable	Loneliness	Depression	Social network
Loneliness	1	0.366**	0.264*
Depression	0.366**	1	-0.18
Social network	0.264*	-0.18	1

** Correlation is significant at the 0.01 level.

* Correlation is significant at the 0.05 level.

Table-3 gives the correlation of loneliness, depression and social network of widows and widowers. It shows that depression and loneliness are correlated at 0.01 level and there is a correlation between loneliness and social network and it correlated at 0.05 level. Depression and social network are negatively correlated though not significant. It shows that higher the loneliness greater the depression and lesser the social network.

IV. DISCUSSION

The purpose of the current study was to understand relationship between loneliness & depression in widows and widowers with bereavement period of 6-24 months. An attempt was also made to determine the social network among bereaved and its relation with loneliness and depression. The results indicated that widowers are experiencing significant loneliness than widows and in other hand widows showing significant depression than widowers but no difference found on social network from both groups. The similar finding suggested by Lee et al (2001) who found that widowed men were less depressed compared to widowed women though widowers score higher on loneliness scale compared to widows. The following authors also carried out with similar findings: [Dugan & Kivett, 1994](#); [Dykstra & De Jong Gierveld, 1999](#); [Holmen et al., 1992](#); [Samuelsson et al., 1998](#) that higher levels of loneliness are associated with diverse and widowhood and small social network by [Hawkley et al., 2005](#); [Mullins & Dugan, 1990](#) and infrequent contact with friends and family by [Bondevik & Skogstad, 1998](#); [Hawkley et al., 2005](#); [Mullins & Dugan, 1990](#). Utz et al, 2002 concluded that the decreased loneliness in widows has been attributed to enhanced formal social participation and involvement in personal networks that has been theorized as a principal means for coping with the negative effects of widowhood.

It also suggested that older widows and widowers are experiencing significant loneliness and depression and lesser social network than younger age groups. These findings are in agreement with a previous study by Zisook et al, 1994 which reported an increased risk of psychological morbidity following a loss of partner up to two years and physical health symptoms by

[Hawkley et al., in press](#). Dykstra et al., 2005; Jylha, 2004 suggested that older adults generally become lonelier as time passes and run risk of developing depression. Loss of the partner and incapacity to maintain social contacts due to physical and cognitive limitations have been further attributed to the cause of depression.

The current study evidenced a significant positive correlation between loneliness and depression. The findings support the studies of Rokach, 2000; Havens & Halls, 2001; Cacioppo et al, 2006, who found depression and loneliness are significantly associated with each other. A positive correlation was found between loneliness and social support. This is contrary to the often held belief and research supports that low levels of social network are associated with increased loneliness by Fry, 2001, Lee et al, 2001. A negative correlation, though not significant was found between depression and social network. This supports the earlier studies by Hays & George, 2002 that investigated the associations between various types and sources of social network and depression among old adults and reported consistently that presence of social network decreases depressive symptoms.

V. CONCLUSION

1. Loneliness and depression are statistically significant for widows as well as for widowers but widows are more depressed compared to widowers.
2. There is no significance difference found between widows and widowers with regard to social network and lesser the social network higher the loneliness and depression was revealed.
3. The older widows and widowers were found significantly suffer with loneliness and depression and low social network compared to the younger widows and widowers.
4. There is a correlation between loneliness and depression that higher levels of loneliness are associated with elevated levels of depressive symptoms.

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AUTHORS

First Author – Polkampally Bharathi, Child and Rehabilitation Psychologist, S.V.S. Medical College and Hospital, Mahabubnagar.
Second Author – Godishala Sridevi, Research Scholar, Department of Psychology, Osmania University, Hyderabad
Third Author – K.B. Kumar, Director & Head, Amity Institute of Behavioural Health & Allied Sciences, Noida