

The Consequences of Loss How Grieving Affects People's Health and Wellbeing

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Losing one's spouse or partner is one of the most devastating events in human life. The diverse consequences it can have for the surviving partner may range from individual grieving to health-related, economic, and social problems. Scientific studies consistently confirm a strong negative association between the loss of a partner and people's mental and physical health, and even mortality.

Why do we see this negative effect? The potential explanations are a combination of different aspects.

First of all, there is grief. Negative emotions can be very powerful. Depending on a survivor's personal situation and culture, the period of grief may be longer or shorter. Mourning is intensive stress, and the link between stress and health has long been confirmed. Another factor is the need to adapt to a new situation, one in which all of a sudden one's partner is no longer around. Since we always exist in a social context, we need to redefine ourselves when that context changes, and that takes time.

For many people losing their partner also involves changes in their disposable income and wealth. The deceased partner's income is no longer available; it may be replaced in part by applicable public and private benefits, and parts of the deceased partner's wealth may be given to their heirs. Furthermore, surviving partners lose certain opportunities for saving time and money that exist when living in a shared households, for instance with regard to eating, heating, or use of space.

Other benefits of living with a partner might also no longer apply. For example, surviving partners may no longer have someone at their side to remind them of maintaining a healthy lifestyle or making an appointment with their doctor. Likewise, they may lack quick support in case of an accident or a sudden illness.

In a number of cases, the partner's death is preceded by a long illness. Caring for a sick partner for a prolonged period of time may already lead the caregiver to neglect their own needs, become exhausted, and suffer from mental stress. Alternatively, the caregiver may muster all their strength to accomplish this task and experience even greater exhaustion after a partner's death. In case of a serious illness, the premonition of loss may already have a negative impact on the caregiver's mental and possibly physical health even before their partner dies.

In a current project, co-authored by Michał Myck and Monika Oczkowska (both from the Centre for Economic Analysis, Szczecin, Poland), we investigate the consequences of losing one's partner with respect to the health, wellbeing, and material situation of people aged 50 and over in various European countries. Our work is based on a representative panel survey, the "Survey of Health, Ageing and Retirement in Europe" (SHARE). The survey has been repeated roughly every two years since 2006. At this time, data from five survey waves are available; a sixth wave is to follow shortly. In our analysis, we only included persons who participated in at least two waves. Of this subsample, we used two points of observation under the condition that the persons shared a household with a partner in the earlier wave and, in the later wave, either continue to live with the same partner or in the meantime have lost their partner. Information about

Summary: Which health-related, social and material consequences follow from the loss of a partner? The panel data for the current study is based on the "Survey of Health, Ageing and Retirement in Europe." Those who lose their partner more frequently show symptoms of depression and a decrease in life quality. In particular, women see a reduction in their material wellbeing.

the partner's death (time, cause, health, nursing care during the last year, etc.) was collected in a separate interview with a family member of the deceased or a different person who was close to them.

We were able to identify more than 2,500 couples who experienced the loss of a partner and for whom sufficient information is available in SHARE data. They come from 15 European countries (Switzerland and the Netherlands, Sweden, Denmark, Germany, Slovenia, Austria, Belgium, Czech Republic, France, Italy, Poland, Greece, Spain, Estonia) and Israel. As losing one's partner does not come as an unexpected shock in many cases, and hence no clear timeframe exists with regard to its effects, studying the consequences is a complex endeavor. That is why we also include the time preceding the death in our analysis. For the purpose of our study, we pursue the following strategy: For each person who lost their partner between two survey waves, we try to identify a "statistical twin" among those who lived in the same household with the same partner at both points of observation. Each "pair of statistical twins" is exactly alike with respect to the characteristics age group, sex, country, and level of education, and as similar as possible with respect to other characteristics including the time of the interview.

Differences between the group of widowed persons and the control group have often not been sufficiently taken into account by previous studies. If the outcome variables under examination between the groups are only compared during the post-period, the differences are very likely to be overestimated because of unobserved characteristics. Comparing before and after, by contrast, may lead us to underestimate the consequences of losing one's partner in cases where the already mentioned anticipation of the loss or post-caregiving exhaustion play a role. The SHARE data enable us, on the one hand, to include a wide range of relevant information, including social networks, the history of the relationship, and health aspects dating back to childhood. As a result, we can account for a plethora of factors that are relevant to later health. On the other hand, we maintain a special focus on the consequences evolving over time. We analyze the consequences of losing one's partner primarily with regard to mental health, quality of life, and material wellbeing.

Grief might also come with symptoms that resemble those typical of depression. During the first weeks and months following the loss, this experience is normal for bereaved partners. But sometimes the grieving process takes longer and becomes very dominant. The transition between grief and depression varies by culture, personal situation, death circumstances, and medical definition. For the purpose of our study, we use a binary measure of depression based on the so-called EURO-D scale. This measure is formed from the responses to twelve items including sleeping problems, lack of appetite, fatigue, lack of concentration, and feelings of guilt. A person is classified as depressed if four or more symptoms apply.

Compared to the time before the loss, the number of persons who experience four or more symptoms of depression during the first year of grieving increases sharply. It is important to point out, however, that these symptoms are part of the grieving process and should not be equated with illness right away. Depending on the surviving partner's culture and personal situation, the grieving period may be longer or shorter. Nevertheless, symptoms of depression are still more frequently found among those who participated in the repeat survey in the period between one and five years after the loss of their partners than among the same persons in the last survey before the loss.

The time trend, relative to the control group, shows a somewhat higher likelihood of depression even shortly before the loss, followed by a sharp increase after the loss, and a slow return to the level of the control group over a period of approximately five years.

How does losing one's partner impact the quality of life? The short version of the CASP-19 scale captures four areas of human need that are particularly relevant in later life—control, autonomy, self-realization, and pleasure—and are



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often used as indicators of quality of life. Compared to the control group, the time trend indicates a clear deterioration in quality of life starting as early as three years before the loss and lasting for the three years after the loss.

As the average employment rates and earnings of women are below those of men, women frequently receive lower pension benefits. But because women have a higher life expectancy and are often the younger partner in a relationship, they are about three times more likely than men to experience the loss of their partner. This is why losing the partner's income can lead to a deterioration in women's material situation unless the financial loss is compensated for by an adequate widow's pension or other payments. Whereas we observed a slightly positive trend in subjective material wellbeing among the control group who did not suffer the loss of their partner, a substantial decline was reported by the women who lost their spouse. This effect could not be observed among men, however. On average, men report being better off financially compared to their statement prior to losing their partner.

Michał Myck and I already analyzed the links between poverty and health in a 2013 article in *Social Science & Medicine*. Also working with the SHARE data, we demonstrated that there is a close link between poverty and poor health among people aged 50+. Health deterioration is especially likely in the group of those who reported having difficulties making ends meet four years earlier. In the present study, we see a massive increase in the subjective poverty of women after losing their partner. In our earlier study, we demonstrated that the relative position in the wealth distribution is highly relevant for changes in the health status of individuals aged 50+. On the other hand, people's current income is less relevant for those changes. One possible explanation is that financial needs in later life vary widely and depend on factors such as home ownership, chronic illnesses, regional differences in price levels, family support, and the like. The indirect path from losing one's partner to experiencing a decline in one's financial situation all the way to seeing one's health deteriorate may also be a possible explanation of the often long-term consequences of losing one's partner.

Furthermore, we demonstrated in our earlier study that healthy individuals with financial difficulties are more likely to die earlier than those without financial difficulties.

It seems as if some couples are inseparable even after death. The increase in mortality of surviving partners following the death of a loved one has been confirmed in many studies. In a 2006 publication based on official US Medicare data, Felix Elwert and Nicholas A. Christakis estimated a higher probability of death for people who experienced the loss of their partner. According to the authors, that probability is 17 percent higher for widowers and 15 percent higher for widows. They also find large differences depending on the couple's ethnicity: Caucasian are more strongly affected than African-Americans.

Losing one's partner impacts many areas of life and may bring massive negative consequences: increased symptoms of depression, reduction in quality of life, and a worsening of one's financial situation. After some time, many people return to the "normal" level. The time they need to do so, however, is significantly longer than the recovery period the American Psychiatric Association has been granting mourners since 2013 before their symptoms are defined as pathological. Mourners can be diagnosed with a mental illness even after two weeks of experiencing symptoms such as low spirits, loss of appetite, weight loss, lethargy, withdrawal from social life, and sleeping disorders. In the 1980s, that period was still set at one year; since 2000, it has been shortened to two months. The exact development over time seems to depend on how individuals experience the loss. Unexpected deaths are experienced differently than cases in which death was preceded by long illness and nursing care. Mourning customs and the social environment also play an important role.

References

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