

# THEMED REVIEW SERIES

## BEREAVEMENT

### *Sex Differences in Bereavement*

Margaret Stroebe & Henk Schut

*Department of Psychology, University of Utrecht, The Netherlands*

*Progress in Palliative Care 1996;4:85-87*

### **Introduction**

In the first of this series of overviews on bereavement, Tony Walter (1) reviewed traditional approaches of researchers and went on to describe recent revolutionary developments in the area. This paper provided the ground-work for looking further, as we do here, to explore gender differences in reactions to bereavement, and to see how new conceptions can help us to understand the different patterns between males and females in attempting to come to terms with the devastating loss of a loved person.

### **Bereavement reactions: an illustration**

By way of introduction, we ask you to consider two statements documenting reactions to the loss of a loved one following a motor vehicle accident. While doing so, please think about two things: (1) male versus female ways of coping; (2) your personal evaluation of 'good' versus 'poor' recovery.

'There was the feeling of utter devastation at the loss of everything I loved, and this led to periods of deep depression when I wondered what was the point of going on. There was the compulsive need to talk to people about the accident and how it was affecting me. Tears came often in gasping, wrenching sobs'.

'Almost immediately after the accident and while still in hospital I had this powerful and passionate determination to get married again and to have another family. This urge motivated almost every major decision I took for the next five years and drove my social life'.

We shall return to these examples later, but first, let us give you a brief review of the background knowledge that researchers have built up to help us understand male and female reactions to bereavement and how these are related to different ways of coming to terms with loss.

### ***Sex differences in health consequences of bereavement***

Classic studies such as those of Parkes (2) have shown that bereavement is associated with poor health, distress and depression, and even, in extreme cases, with heightened risk of mortality (3) for both men and women. Most research has been undertaken with widowers and widows, but the overall pattern of results also seems to pertain to other close relationships (4). For the sake of clarity, we confine ourselves here to widow(er)hood.

If all are affected, does it make sense to probe for gender differences? What does research show? First, it confirms the impressions of caring professionals, that widows show more depression and that they enter care programmes in greater numbers than widowers. But we know that women in general get more depressed (5), that there are more widows than widowers, and that such factors as these could be the reasons for the excessive numbers of widows, compared with widowers, in these statistics.

In fact, research has shown something important: Despite the impression that one might have from the results described so far, if one compares carefully, controlling for differences in total numbers in the different groups, what researchers have found is that widowers are *relatively* worse off than widows (6). In short, widowers suffer relatively higher rates of depression, greater health consequences, most notably in their death rates, than widows.

So we have a phenomenon that needs explanation: Why should the health consequences of losing a spouse be even worse for a husband than for a wife? Health care professionals typically come up with good suggestions, but the task for researchers is to try to integrate such ideas into a theoretical framework, and to test whether these can be confirmed by scientific research.

### ***Explanations of the sex difference***

Two lines of research help us to understand this pattern:

#### ***Sex roles and relationships***

First, there is a large body of research on sex differences in marital roles and stresses, and in the meaning of the marital relationship for each sex (7,8). Not only is the marital experience different, but men also appear to benefit more from being married. Wives are their main and sometimes only confidants, whereas women are likely to have someone, frequently other women, in addition to their husband in whom they can confide (9-11). This means that losing a spouse may be bleaker and even lonelier for a man than for a woman.

It is paradoxical that women, who focus more on their grief, have lost the very person that they would normally lean on, while men, focusing on control and independence, have lost the one who would encourage outlet of disturbing feelings of grief. But, widows, at least, are relatively more integrated. Studies have shown that men are more socially and emotionally isolated in widow(er)hood than women and there are indications that this may have dire consequences for their health (12,13).

The consequence of these differences is that men and women have very different things to cope with in bereavement, indeed, that the social context within which widows grieve is very different from that of widowers.

### *Coping styles of widows and widowers*

This brings us to the second line of research, namely, the examination of different ways of coping with bereavement among men and women. Much of this research has followed the so-called 'Stress Theory' perspective (14). The stress-coping model interprets the impact of stress (bereavement in this case) in terms of demands of situations and resources of persons in dealing with the event.

Sex differences in coping strategies have been described (9). Most relevant here is the finding that men are more problem- and women more emotion-focused in their coping, meaning that the former are more likely to direct their efforts toward changing stressful problems, while the latter direct their coping toward dealing with their emotional reactions to the stressful problem (15,16). Differences have also been reported in expressiveness of emotions and emotional sharing, with women seeking more social support than men, while the latter rely more on their own resources to cope (17,18). In studies of bereavement, widowers who were highly distressed were less willing to agree to talk about their loss in interviews, to seek social support or to talk to others in general than were widows (19,20).

When the **benefits** (in terms of reducing distress) of expressing or sharing emotions were measured among the widowed as a whole, these expressive strategies did not seem to help (19,20). Of course, these are only **overt** strategies of confronting emotions. It is quite possible to 'do one's grief work' in other ways, often completely alone. Thus, the above results only provide partial information: it still remains to establish whether widows and widowers acknowledge their feelings, whether they focus on their emotions or avoid them, and to establish the impact of employing these different strategies on recovery. Evidence has shown a sex difference in the benefits of working through grief in this broader sense: widowers who avoided grief work were more depressed later in their bereavement than those who confronted their grief. For widows, however, the style adopted seemed to make little difference (21). Furthermore, 'teaching' widowers and widows to cope in the manner usually adopted by the opposite sex (teaching widowers to be emotion focused, widows to be problem focused) was associated with lowering of distress (22).

What do these results, suggest? They indicate that the demands of the bereavement situation are different for widows and widowers, and that the sexes have different resources, in the sense that widows can access their emotions

and express them more easily, widowers find it easier to avoid confrontation of feelings, turning instead to distracting activities, dealing with problems (there are many of these, arising from the upheavals of daily life following bereavement). So each sex goes about coping in their own way, but each neglects certain aspects of the situation that need to be dealt with.

### *Implications for theory*

Widowers are, then, relatively worse off than widows, first, because of the nature of losing a wife and second, because their coping style is less overt, less expressive of their emotions, and thus less conducive to adjustment.

These research results confirm the shortcomings of the traditional model of bereavement, as identified by Walter (1). This model argued the need for 'grief work' - a process taking much effort that must be gone through, entailing the confrontation of the reality of loss and gradual acceptance of the world without the loved one (7). As Walter (1) explained, this view has been challenged by a number of researchers. It is not enough simply to confront loss, which widows seem better at, fundamental though this is in coming to terms with loss. Other problems need to be attended to. Widowers are more inclined to confront these, perhaps to the detriment of their emotional processing of loss. What seems essential is a healthy mix of both male and female ways of coping, a confrontation and avoidance of both emotions and problems, an oscillation in attention to these dimensions. This reasoning has been built into a recent reformulation, the Dual Process Model of Coping with Loss (23).

### *Conclusions*

So we can return to our introductory examples of coping. We asked about sex differences, and we asked about 'healthy' coping styles as displayed in the two statements. These statements were, in fact, made by one and the same person, Richard Todd, who movingly documented his reactions to the loss of his wife and two children (24). We think his statements illustrate the coping process and predicted benefits of both confronting and avoiding grief, identified above, and the need for the new model of bereavement. After what was evidently an anguished period of both looking forward and looking back, this is what he wrote about his subsequent adjustment:

'It is now 29 years since the accident. I remarried in 1970 and now have two daughters of 18 and 20 and we are, I think, a very happy family'.

### *References*

1. Walter T. Bereavement models. *Progress Palliat Care* 1996;4:9-11.
2. Parkes CM. Bereavement: studies of grief in adult life. Harmondsworth: Penguin, 1986.
3. Parkes CM, Benjamin B, Fitzgerald RG. Broken heart: a statistical study of increased mortality among widowers. *BMJ* 1969;1 740-3.

4. Stroebe M, Stroebe W. The mortality of bereavement: a review. In M Stroebe, W Stroebe, RO Hansson, editors. *Handbook of bereavement: theory, research, and intervention*. New York: Cambridge University Press, 1993.
5. Nolen-Hoeksema, S. Sex differences in unipolar depression: evidence and theory. *Psychol Bull* 1987;101:259-82.
6. Stroebe M, Stroebe W. Who suffers more? Sex differences in health risks of the widowed. *Psychol Bull* 1983;93:279-301.
7. Eagly A. Sex differences in social behavior: a social role interpretation. Hillsdale, NJ: Erlbaum, 1987.
8. Umberson D, House JS. Sex differences in social relationships. Paper presented at the Annual Meeting of the American Sociological Association. Atlanta, GA. 1988.
9. Belle D. Gender differences in the social moderators of stress. In RC Barrett, L Biener, G Baruch, editors. *Gender and stress*. New York: Free Press, 1987.
10. Lin N, Westcott J. Marital engagement/disengagement, social networks, and mental health. In: J Eckenrode, editor. *The social context of coping*. New York: Plenum, 1991.
11. Umberson D, Wortman C, Kessler RC. Widowhood and depression: explaining long-term gender differences in vulnerability. *J Health Soc Behav* 1992;33:10-24.
12. Ferraro KF, Mutran E, Barresi CM. Widowhood, health, and friendship support in later life. *J Health Soc Behav* 1984;25:245-59.
13. Gallagher-Thompson D, Futterman A, Farberow N, Thompson L, Peterson J. The impact of spousal bereavement on older widows and widowers. In: M Stroebe, W Stroebe, RO Hansson, editors. *Handbook of bereavement: theory, research and intervention*. New York: Cambridge University Press, 1993, pp. 227-39
14. Lazarus R, Folkman S. *Stress, appraisal, and coping*. New York: Springer, 1984.
15. Billings AG, Moos RH. The role of coping responses and social resources in attenuating the stress of life events. *J Behav Med* 1981;4:139-57.
16. Endler NS, Parker JDA. Multidimensional assessment of coping: a critical evaluation. *J Pers Soc Psychol* 1990;58:844-54.
17. Defares PB, Brandjes M, Nass C, van der Ploeg J. Coping styles, social support and sex differences. In: I Sarason, BR Sarason, editors. *Social support: theory, research and applications*. Dordrecht: Martinus Nijhoff, 1990, pp. 173-86.
18. Rosario M, Shinn M, Morch H, Huckabee CB. Gender differences in coping and social supports: testing socialization and role constraint theories. *J Commun Psychol* 1988;16:55-69.
19. Stroebe M, Stroebe W. Who participates in bereavement research? A review and empirical study. *Omega* 1989;20:1-29.
20. Stroebe W, Stroebe M, Schut H. Working through loss: does it help? Paper presented at the Annual Conference of the Society of Experimental Social Psychology, Santa Barbara, CA, USA, 1993.
21. Stroebe M, Stroebe W. Does 'grief work' work? *J Consult Clin Psychol* 1991;59:479-82.
22. Schut H, Stroebe M, van den Bout J, de Keijser J. Gender differences in the efficacy of grief counselling. *Br J Clin Psychol*. (in press).
23. Stroebe M, Schut H. The dual process model of coping with bereavement. Paper presented at the International Conference on Grief and Bereavement in Contemporary Society. Stockholm, Sweden, 1994.
24. Todd R. An accident and its aftermath. *Bereave Care* 1995;14:8-10.