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ARTICLE

The gendered experience of social resources in the transition to late-life widowhood

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Abstract
Social resources – close relationships, support exchange and social engagement – can play an important role in successful adjustment to widowhood in later life. However, it is not clear whether access to, and the utilisation of, social resources are different for men and women during late-life widowhood. This study provides a qualitative exploration of the experience of social resources in the lives of older widowed men and women across the transition to widowhood (from pre-widowhood to later widowhood). Using a life course theory lens, in-depth interviews were conducted with 20 men and women who had been widowed in later life. The interview data were analysed using the framework approach. Four phases in the transition to widowhood were identified: 'Illness and caring', 'Relocation and separation', 'Early bereavement' and 'Life goes on'. Widowhood brings great change to the accessibility and utilisation of social resources, and each of these transitional phases was associated with differential usage of these resources. Gender differences were observed in the availability of social resources across the transition to widowhood, with widowed men typically found to have smaller friendship networks, receive less support and be at increased risk of social isolation. Particular attention is required to ensure that all older widowed men and women have access to sufficient social support and contact following bereavement.

Keywords: widowhood; social support; social contact; social participation; gender; life course theory

Introduction

Spousal bereavement constitutes a dynamic process of continued change and reconstruction, and this process of adjustment may occur over several years (Carr *et al.*, 2006). Although the impact of widowhood appears to differ for older men and women, the majority of previous qualitative research examining widowhood in later life has focused solely on the experiences of women, with only very limited research conducted with both genders (*see e.g.* Bennett *et al.*, 2003; Isherwood *et al.*, 2017). However, as the proportion of older widowed men in many nations is increasing (Australian Institute of Health and Welfare, 2007),

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it is important to understand the experience of late-life widowhood from the perspective of both genders and identity how these may differ.

Widowhood creates gender-specific strains for widowed men and women. This is particularly true for the current cohort of older widowed males and females who have tended to fulfil more traditionally gendered roles over their lifetimes (Utz *et al.*, 2011). Widowed men typically experience poorer psychological wellbeing, higher levels of loneliness, and greater risk to mortality and physical health (Lee and DeMaris, 2007; King *et al.*, 2019; Liu *et al.*, 2020; Štípková, 2021; Yu *et al.*, 2021). This detrimental impact of widowhood is, for men, associated with smaller social networks, the previous gendered demarcation of household activities and limited preparedness for widowhood (Carr and Utz, 2001; Bennett *et al.*, 2003; Isherwood *et al.*, 2017). In contrast, the challenges commonly faced by widowed older women include reduced income and associated financial strain, lack of transportation and difficulties with undertaking certain tasks (*e.g.* home maintenance and managing financial and legal affairs) (Utz, 2006).

Social resources – close relationships, support exchange and opportunities for social engagement (*i.e.* social contact and participation) – can play an important role in both addressing the strains associated with being widowed and enabling successful adjustment to widowhood (Brown *et al.*, 2006; Janke *et al.*, 2008; Collins, 2018; Gyasi and Phillips, 2020). Despite this recognition, only a small number of studies have previously been conducted exploring the social resources of older men and women across the full transition to widowhood (from pre-widowhood to later widowhood). Using quantitative methodologies, these studies have examined social contact (Guiaux *et al.*, 2007; Isherwood *et al.*, 2012), support exchange (Guiaux *et al.*, 2007; Isherwood, *et al.*, 2016) and social participation (Bennett, 2005; Isherwood *et al.*, 2012).

As these prior studies have focused on particular discrete aspects of social resources, the interdependent nature of social networks, support and engagement has not previously been examined. However, opportunities for informal support and also social engagement are often dependent on the availability and functions of the social network (Scott *et al.*, 2007; Isherwood *et al.*, 2017; Lee *et al.*, 2018). Also, given their quantitative methodologies, these studies are unable to explain why changes in social resources occur or provide understanding of the role that social resources play in the lives of widowed older adults. This study sought to address these gaps in the current widowhood literature by providing a qualitative exploration of the experience of social networks, support and engagement in the lives of older widowed men and women.

Life course theory

Life course theory underpins this study and provides a valuable theoretical perspective from which to understand late-life widowhood better (Martin-Matthews, 2011). The concept of transitions is a central theme in life course theory (MacMillan, 2005). Transitions occur frequently throughout the individual life course whenever a change in a role or state is experienced (Elder and Shanahan, 2006); with the transition to widowhood, the role of being a married spouse ends and the status of being a widow or widower commences. The sequencing and timing of transitions

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typically follow expected social norms (MacMillan, 2005) and, as such, in later life the transition to widowhood is considered a normative life event (McCallum, 1986). Life course theory acknowledges that transitions are impacted upon by earlier, as well as concurrent, events and processes within an individual's lifetime (Martin-Matthews, 2011). Furthermore, our lives are 'linked' to, or interdependent with others, leading to patterns of contact and support that are established across time (Hutchinson, 2007). Thus, the ability to access and utilise social resources during widowhood is largely dependent on the social ties developed earlier in life.

Guided by life course theory, this study explored the gendered experience of social resources across the full transition to widowhood (from pre-widowhood to later widowhood). Specifically, four research questions were addressed:

(1) How is access to, and the utilisation of, social resources experienced across the transition to widowhood during later life?
(2) In relation to these changes in social resources, are there distinct phases in the transition to widowhood which can be identified?
(3) What role do social resources play in assisting in successful adjustment to spousal loss?
(4) What are the similarities and differences in the experience of these factors for older men and women?

Methods

Qualitative interviews were conducted with 20 widowed participants from the Australian Longitudinal Study of Ageing (ALSA). The ALSA is a multi-wave longitudinal study which aims to enhance understanding of the bio-psycho-social factors associated with the health and wellbeing of older adults (Isherwood *et al.*, 2016). To maintain confidentiality, pseudonyms were adopted for all participants.

To be eligible for this study, potential participants had to have been widowed for six months or longer and have sound cognitive functioning. Participants were selected using a stratified purposeful sampling methodology (Patton, 2002). To facilitate the exploration of potential gender differences in the experience of social resources in late-life widowhood, two primary strata were constructed comprising equal numbers of male and female participants. Participants were also selected for maximal variation within these strata in terms of length of, and age at, widowhood. A letter of invitation and information sheet were sent to eligible ALSA participants and a follow-up telephone call was made to ascertain interest in participation.

In-depth semi-structured interviews were then conducted with participants, with a duration of 45 minutes to two hours. Informed by life course theory and acknowledging the development and interdependency of our social ties across time, participants were asked about their social resources during the transition to widowhood. This included perceptions of any changes that may have occurred in their social networks, support exchange and social engagement from before to after widowhood. The reasons for these changes were also discussed, as were the participants' feelings towards, and satisfaction with, their social resources. Finally, the role that relationships with friends and family, the exchange of social support, and

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opportunities for social contact and participation had played in helping with adjustment to widowhood were explored.

The interviews were audio-recorded and the transcribed data were entered into NVivo 11 to assist in the management of the qualitative data. The analysis of the interview data was conducted following the five key stages of the framework analysis approach – familiarisation with the data, identification of a thematic framework, indexing, thematic charting, and mapping and interpretation of the data (Ritchie *et al.*, 2003). Using this methodology, the experiences and responses of male and female respondents were compared and key themes established.

Results

As shown in Table 1, the 20 men and women interviewed for the study were aged between 85 and 96 years, and length of widowhood ranged from 9 months to 16 years. The female participants were slightly younger on average than the male participants (88.2 *versus* 91.1 years) and had been widowed for a similar length of time (7.5 *versus* 6.8 years). Three of the female participants had been widowed previously in mid-life; the focus of these interviews, however, was on their most recent experience of widowhood. A majority of participants lived alone in private residences in the community. All participants, except one, had at least one living child.

The transition to widowhood for the participants in this study was typically found to be comprised of three or four distinct phases, each associated with different patterns of support, contact and participation with the social network. The first two of these phases – 'Illness and caring' and 'Relocation and separation' – occurred prior to bereavement and were related to changing social resources during spousal illness and (for many participants) the admission of a spouse into an aged care facility. A further two phases were found to occur after spousal loss and were associated, respectively, with immediate and later widowhood: 'Early bereavement' and 'Life goes on'. The experience of these four phases often differed for the male and female participants in the study. These experiences are described below with a summary (of each phase and associated gender differences) presented in Table 2.

Phase 1: Illness and caring

The first phase in the transition to widowhood, 'Illness and caring', describes an important period of change arising from the final illness of a spouse. Most participants' spouses had been ill for a protracted period of time prior to their death and consequently, to differing degrees, changes in many spheres of life had already occurred prior to widowhood. Participants reported playing a considerable role in caring for their spouse during this time; often describing almost constant caring duties as their illness progressed.

Traditional gender-related roles and tasks were common in the marriages of participants; females reported primary responsibility for household chores and males with maintenance tasks and household finances. However, as their spouse became increasingly unwell and unable to continue with their usual tasks, this traditional demarcation typically blurred. For some of the male participants, it was the first

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Table 1. Characteristics of the participants (by gender)

	Men	Women
N	10	10
Age (years):		
Mean	91.1	88.2
Range	89–96	85–90
Number of marriages:		
One	10	7
Two	0	3
Length of most recent marriage (years):		
Mean	54.3	47.1
Range	28–67	7–65
Length of widowhood (years):		
Mean	6.8	7.5
Range	0.75–12	2–16
Housing arrangements:		
Private residence	8	6
Public housing	0	1
Retirement village	1	3
Aged care facility	1	0
Living arrangements:		
Lives alone	9	9
Lives with child	0	1
Aged care facility	1	0
Number of children:		
Mean	1.8	2.4
Range	0–4	1–4

time that they had had to cook or clean during their marriage – this was acknowledged as providing important skills for widowhood:

> For 20 years I did my own cooking, even when my wife was here. She wasn't very fit, she was a semi-invalid, and I used to do all the cooking. When she passed away I was independent and I used to cook. (Keith, widowed 11 years)

Most participants received both informal and formal support during this first stage of the transition to widowhood. Access to support, however, was typically very limited; indeed several male participants described receiving no assistance at all during this time. Alan (widowed 12 years), for example, said: '*I had to do the damn lot,*

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Table 2. Summary of transitional phases, changes to social resources by gender

Transitional phase	Typical changes to social resources	Gender differences
Illness and caring	1. Increased provision of support to spouse	1. No gender differences
	2. Limited receipt of practical support (formal support to assist with spouse's care needs; informal support from adult children)	2. No gender differences
	3. Social contact with friends reduced	3. Women still valued contact with/emotional support from friends
	4. Changes in levels of social contact with children	4. Contact often increased for women/stayed the same for men
Relocation and separation	1. Reduced provision of social support to spouse and receipt of support from children	1. No gender differences
	2. Increased time for social contact and participation	2. Men less likely to resume social contact and participation
Early bereavement	1. Increased receipt of social support (especially from children)	1a. Men received lower levels of support 1b. Type of support recevied varied by gender
	2. More social contact with children (and later friends and neighbours)	2a. Women more likely to resume previous patterns of contact 2b. Some men had no contact with friends at all
Life goes on	1. Receipt of support reduced – returned to more reciprocal exchange	1. Women provided more support to social networks than men
	2. Increased social contact with friends/reduced contact with children	2. Men had smaller friendship networks and less frequent contact
	3. Resumption of social activities (mainly same activities but some new interests followed)	3. Men had earlier resumption of social activities but some were socially isolated

cook, clean.' Formal support was received for assistance with their spouse's needs and included health and personal care tasks, cleaning, respite and day care. However, this support was often limited to weekly or twice-weekly input from community aged care services:

> I did eventually ring the carer people … because I really hit the wall because I couldn't get out to even pay the accounts because I couldn't leave him. They used to send a lady; she was a lovely lady and she used to come and stay with him for two hours once a week or a fortnight so that allowed me to go out. (Eva, widowed 9 years)

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While participants described receiving emotional support during this time from both family and friends, practical support was provided almost exclusively by their adult children and was limited in its scope and frequency. Daughters were typically the primary givers of this support, with sons (or sons-in-law) assisting if the participant had no daughters or the tasks involved household maintenance issues. The type of support provided to participants by their children differed from that given by formal services. Family members did not provide hands-on care but instead ran errands, provided transportation or visited their sick parent to give respite to participants. Where a lack of informal support was reported by male participants, this was due either to a restricted social network or an expressed desire to remain independent. It should be noted that this support was not always one-way and reciprocal support exchange with social networks continued for a minority of participants while their spouse was ill. For female participants, this involved ongoing family responsibilities such as looking after grandchildren or a sick adult child. For others (and especially males), support commitments continued to members of their wider social networks or through voluntary work.

Social contact and activities with friends reduced considerably for many participants during this phase due to increased caring responsibilities. Despite this, female participants stressed the importance of continued contact with friends (and also the emotional support received from these friendships) during their husbands' illness. As a consequence, they were more proactive than males in maintaining their friendships prior to widowhood through face-to-face visits or by telephone. Sylvia, however, perceived the continued contact with friends as a double-edged sword:

> Friends from the church would come and visit and sit and chat and so on … and it would be cups of tea so I'd have to make sure there was cake and – so I'd have to bake in between. I was exhausted at the end. (Sylvia, widowed 3 years)

A small number of male participants reported having no contact with friends as their wife's illness progressed. Alan (widowed 12 years) described a time of isolation during the three years of severe mental illness his wife experienced prior to her death: '*Mental illness is just a shocking thing and that's it. No, your friends disappear. Even her family didn't see much of her. Mental illness scares people away.*' Many participants reported the cessation of social activities away from the home when care responsibilities became all-consuming. Acceptance of this change was expressed by all, however, and was perceived as being a necessary consequence of their spouse's illness and a natural part of a long marriage:

> While she was able she always went with me on those [veteran luncheons] but once she couldn't go with me, well then I'd curtail my visits then because I wouldn't leave her for an afternoon … That didn't worry me. We were quite happy. (Maurice, widowed 4 years)

As opportunities for spending time with friends stalled, social contact with children began to take greater prominence. For some participants (mostly women), contact with their children increased during spousal illness, while many males reported that their level of contact continued as previously. Indeed, while all the female

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participants reported regular contact with their children at this time, several men (such as Colin) did not have any, or only irregular, contact:

> I never saw him [step-son] at the time when she was ill all the time. Yes, I was on my own … he was no help at all, I was completely alone. (Colin, widowed 6 years)

Phase 2: Relocation and separation

A second phase in the transition to widowhood, 'Relocation and separation', occurred for over half of the study participants with the admission of their spouse into an aged care facility. The relocation of a spouse to residential aged care entailed an enforced period of separation, often for several years, prior to widowhood. The time apart following their spouse's entry into residential care was a further pivotal moment in preparation for widowhood and for many participants this was the first time in their lives that they had lived alone. The often intensive support that participants had previously provided to their spouse reduced at this time, along with the informal support offered by family members. Changes were also noted by participants in levels of engagement with members of their social networks.

Although visits to the spouse in their residential facility were described as being frequent – often daily – participants reported having increased free time with the cessation of direct caring duties. An opportunity to again pursue friendships and social activities was described, particularly by the female participants. For other participants (mainly males), their spouse's aged care facility became the focus of their lives. Fred's depiction of his daily routine following his wife's admission to a residential care facility was typical of most of the men interviewed:

> I'd get up in the morning, have my shower and then come down here and have breakfast. I've always got a few things to do, a few bills to pay and go and get my groceries and that sort of thing. Every afternoon I used to get down there [to the residential care facility] about 2 o'clock. I'd get home here by five, get my evening meal and that was pretty much what it was. (Fred, widowed 9 months)

For the minority of men who resumed social activities following their wives' admission to residential care, this was often in the form of voluntary work and educational courses rather than the renewal or pursuit of new friendships. Colin, for example, used his spare time to undertake some adult education courses:

> When she went in there I had the house to look after and the garden to look after – apart from that I thought 'well I've got to do something' so I went on a computing course … Then I did a course on Roman history. (Colin, widowed 6 years)

Phase 3: Early bereavement

The third phase of widowhood, 'Early bereavement', typically entailed a period of sudden change with patterns of support exchange and social engagement adapting in response to spousal loss. The death of their spouse was experienced as a time of great shock by many of the participants and the aftermath of bereavement typically saw a mobilisation of their social networks. Ida described her experience of bereavement:

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> However much you know somebody's going to die that initial bit when they die is the time, you know? … It's still that initial shock you get … You can have everything prepared but not be prepared just for that time. (Ida, widowed 2 years)

Adult children were the primary providers of both emotional and instrumental support in early widowhood. Although friends were also perceived as a source of emotional support during this time, they and other members of the wider social network did not typically give practical assistance. Children provided a wide range of support to their bereaved parents, including assistance with housework, paperwork and funeral arrangements. Some participants reported that their children 'took over' their lives during this initial stage of bereavement and this involvement was welcomed:

> Well they [my daughters] were marvellous. For at least about a fortnight they downed tools. Even the beds didn't get made at home and they looked after me because I was really shattered with shock. (Constance, widowed 16 years)

However, gender differences were apparent in both the level and type of support received during early widowhood. Male participants reported receiving more help with housework and the provision of meals, while females were more likely to obtain practical support with paperwork and funeral arrangements, as well as receiving offers to stay with close family members. The mutual exchange of emotional support with family members was also noted by female participants. In contrast, male participants, while acknowledging their deep grief following their wife's death, were less likely to report the need to share these feelings with others:

> It happened and I couldn't do anything about it sort of thing; hell's bells. I had to be realistic. I was upset but I kept my grief to myself, I didn't go weeping on people's shoulders, that's not my make-up. (Alan, widowed for 12 years)

The receipt of additional support from children during early bereavement, however, was not universal. Indeed, only half of the male participants acknowledged receiving any informal support compared to almost all the females. Of those participants who had not received any social support during this time, three (two males and one female) reported that they had actively chosen to cope alone during early widowhood through confidence in their own capabilities and a desire to maintain independence. Although Shirley's husband had died suddenly, she was immediately determined that she should cope alone and (unlike the other female participants) refused offers of support from her children:

> I decided then and there that I was on my own. The kids said when we were coming home [from the hospital] 'we'll stay' and I said 'I don't want you to. If this is what I've got, this is what I'm going to have to have' so I just came home … I just think you've got to get on with things. (Shirley, widowed 15 years)

While most participants reported having contact with both family and friends during the early weeks and months following bereavement, initial contact primarily focused

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on their adult children. Contact with children typically increased during this time, continuing at least in the short term. For example, the death of his wife brought reconciliation in Colin's previously estranged relationship with his step-son and the initiation of weekly visits had then continued throughout his six years of widowhood: '*Strangely enough I've seen more of him since she died than I ever did when she was alive … Perhaps he's got a guilty conscience for not coming before.*'

After the immediate period of shock following bereavement had ended, friends and neighbours also provided an important source of companionship for many participants. While female participants typically resumed their pre-loss patterns of social contact with friends, men were more likely to report initially receiving special social invitations from friends and neighbours. For Maurice (widowed 4 years), a weekly dinner invitation from friends helped him through the early stages of bereavement: '*For the first year after she died, my friend's wife said "you're coming over here every Monday night for a meal" and that did get me out of the house … it was great.*' However, not all participants reported social contact with their broader social network. Indeed, over a third of participants (mainly men) had no contact with friends during early widowhood.

Phase 4: Life goes on

A final phase, 'Life goes on', examines the drive to move on with life after the initial stage of bereavement has passed, and how, with the utilisation of social resources, this was actualised by the widowed participants. After the immediate period of shock and extreme grief had passed, participants described coming to a time when they recognised that their lives needed to move on. This time was associated with acknowledging their newfound status as a single person, the taking on of more responsibilities within the home and personal domains, and a resumption of an active social life. Eva described her personal experience of this phase:

> I remember thinking 'no, I'm still here, I'm still living. I've got a life to live. I'm okay so I've got to mix' … It wasn't that long, I think it was probably after two or three months. (Eva, widowed 9 years)

Participants also recognised that they no longer needed such intense support from, and contact with, their family. Thus, the high levels of instrumental and emotional support provided by children during the early period of bereavement tended to decline towards pre-loss levels during this final transitional phase. Many participants were both ready and willing to start doing more for themselves. Indeed, being independent and doing tasks for oneself was seen as an important indicator of successful adjustment to widowhood by some male participants, such as William (widowed one year): '*I don't need a nursemaid. You've got to get used to it sometime or other and I knew that.*'

A more reciprocal exchange of support was typically re-established by participants in later widowhood. Hence the giving of support to the family, such as providing meals and caring for grandchildren, resumed for some women. Cooking for her son each day provided Patricia with both companionship and impetus following spousal loss:

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> At that stage [my son] didn't have a family, he'd been divorced for years. He used to pop in in the mornings and sometimes – well he'd come here for an evening meal so I had to really keep going. (Patricia, widowed 9 years)

Fewer male participants reported providing support to others during later widowhood, and the recipient was often a member of the extended social network rather than their immediate family. In these instances, support was given to siblings, neighbours or acquaintances and, for some participants, this role provided important occupation and distraction from their grief:

> Every Friday I used to go up and take a chap from the church there – he had his wife in a nursing home and for a start I was driving him up there … I used to go up there with him and of course I used to go and see all the old people. I used to go right round the room. They were all sitting in a big room and I used to go around and talk to them all and they'd expect me. (Arthur, widowed 8 years)

Decreased social contact with adult children also commonly occurred during this phase of widowhood. This was described as being a mutual decision with both parties recognising that participants were adjusting to their loss, had become busier once more with their social activities and hence no longer required such extensive levels of contact:

> I don't think it was anybody's choice, I think it's just … 'oh well, mum's managing fine'. And I'm still in contact with them so it's not as if I've lost contact or anything like that. It's not quite as much but I know if I was in strife at all I've only got to ring [my son] and he'd be here in half an hour. (Sylvia, widowed 3 years)

In contrast, social contact with friends increased again for many participants in this later phase of widowhood. The importance of friendships during this time was stressed by almost all the female participants; friends provided encouragement to go out, fulfilled a desire to be with others and gave much needed emotional support. In contrast, male participants typically reported having far smaller friendship networks in later widowhood; their frequency of contact with friends was therefore considerably less and, as a consequence, they were at greater risk of social isolation than the female respondents.

Differences were also noted in the desire to establish new intimate relationships following spousal loss. All the female participants described being disinclined to pursue new romantic partnerships; this reluctance was centred upon the irreplaceability of their spouse or a desire not to give up the freedoms of single life (including having to care for a spouse during illness). In contrast, two of the male participants had met new partners early in widowhood. For them, these relationships provided an important source of contact and intimacy:

> I've got a lady partner I see a couple of times a week; we have a dinner a couple of times a week in a pub somewhere. Oh it gives me something to do, to occupy your mind. If you go out somewhere it's nice to have someone that you can rely on to talk to. (George, widowed 6 years)

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Keeping busy was seen, at least initially, as an important way of coping with the loss of a spouse and their associated feelings of grief. Men were more likely to report an earlier resumption of social activities, perhaps reflecting a greater discomfort with being alone in the home environment. While visiting his wife in the nursing home where she lived prior to her death, Eric had begun to assist the other residents and described a desire to quickly resume these activities once widowed:

> Of course when she passed away they all wanted me to stop, the staff wanted me to stop and the residents down in the bigger room, the therapy room, they all wanted me to stop too … I just stopped home for a couple of weeks and I decided I'd come back and give them a hand with jobs they were doing. I came back seven days a week more or less. (Eric, widowed 11 years)

Most participants, like Shirley, continued with the same routines and activities they had enjoyed prior to widowhood:

> I just did everything much the same as before. I still went away, I still bushwalked, I did all of those things … I guess it really didn't alter things a great deal. (Shirley, widowed 15 years)

However for over a third of participants, establishing life as a widowed person involved a break from the past and the pursuance of new social interests and activities. The most popular social pastimes pursued during later widowhood were going out with friends, voluntary work and church activities. Attending clubs and groups in the community was also particularly popular with female participants.

Engaging fully in widowed life and the resumption of friendships and activities were not without their challenges, however. Despite spending time with others, loneliness was still experienced and discomfort was also noted in some group situations. In addition, changes were described by some participants within their friendship networks during later widowhood. For example, a minority of female participants reported that their social contact became increasingly focused on friendships with other single women due to discomfort experienced when socialising with couple friends previously shared with their spouse:

> I think the only uncomfortable time I had – I really felt devastated, if you know what I mean, I wanted to curl up and die or go home or something – was the two or three times when I was invited to mix with things I'd done with [my husband] and then it really didn't work out. I didn't feel very welcome really with a lot of people. I think I have enough other interests that I've realised well that's just a closed book. (Constance, widowed 16 years)

Also, while most participants were involved in activities away from the home, not all were able or wished to be socially active. In particular, four of the male participants spent the majority of their time at home alone. Widowed life, for men such as Keith (widowed 11 years), revolved around the routines of the household: '*After the wife passed away I didn't go out that much, not with the garden to water and different things I used to do around the house*.' The reasons for this social isolation

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varied: for some it was involuntary (due to small friendship networks and a lack of opportunity for social contact), while others had a life-long disinterest in social activities and exhibited a continuing preference for solitude.

Discussion

This study provided a novel examination of the differential experience of the social resources of men and women across the transition to widowhood in later life. Widowhood was experienced as a pivotal transitional event in later life by the participants in this study, which brought great change to the accessibility and utilisation of social resources, often over a period of several years.

Life course theory proposes that transitional events are comprised of a series of 'mini-transitions' (Elder and Shanahan, 2006). This study concurs with this viewpoint and found that the journey to widowhood could not be considered to occur across one simple overarching transition. Instead, the transition to widowhood was shown typically to be composed of three or four different transitional phases covering a period from pre-widowhood to later widowhood. As a reflection of the changing needs of the bereaved spouse, each of these transitional phases was found to involve the differential usage of social resources – with changing patterns highlighted in the exchange of support and opportunities for social engagement. While overall, most participants followed a similar transition to widowhood, some differences were observed. For example, a small number of participants had either experienced the unexpected loss of a spouse or had cared for their partner at home until their death and therefore did not experience any, or all, of the changes noted during the first two phases of the transition to widowhood. Also, as will be discussed below, gender differences in the experiences of social resources across the transition to widowhood during each of the transitional phases were commonly found.

Continuity theory (Atchley, 1989) suggests that older adults seek to maintain the roles, relationships and behaviour patterns established earlier in the life course. The current study provides support for the notion that a predisposition for continuity in social resources persists in late-life widowhood and highlights the importance of viewing the transition to widowhood as an integral part of the overall life course. Although higher levels of social resources were utilised at times of particular need and a minority of participants sought change in these resources (*e.g.* to friendship networks and/or social activities), most exhibited a drive to re-establish the patterns of support exchange and social engagement developed prior to spousal loss. In later widowhood, these norms of behaviour were only transgressed when necessitated by poorer health, associated functional decline, and losses to the social network.

While sharing the same general path in the phases of widowhood, the specific experience of these for many of the older widowed men and women in this study was different. Life course theory acknowledges the important role of place and time in shaping the life course (Elder and Johnson, 2003). The gender roles and norms experienced by the current cohort of older widowed adults during their lifetimes (Giele and Elder, 1998; Carr, 2006) considerably impacted upon their respective experiences of the transition to widowhood. Consequently, the transition to widowhood was found to be gendered, with older male and female

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participants typically exhibiting differences in the accessibility and utilisation of their social resources.

Previous quantitative research examining support exchange in parent–child relationships in later life (Ha *et al.*, 2006; Isherwood *et al.*, 2016) has proved inconclusive as to whether widowed men or women receive more informal support during the transition to widowhood. The current study found, however, that females receive much more overall support than males (including emotional support to deal with the grief of bereavement). This may be due to several reasons. Norms of socialisation encourage men to control their emotions (Doka and Martin, 2001; Yueh-Ping and Lin, 2020) and appear to contribute to the reluctance of older males to openly acknowledge the difficulties experienced in the transition to widowhood. Furthermore, older men may be unwilling to request support as doing so threatens prevalent masculine ideals of strength and capability (Bennett *et al.*, 2003). A desire to remain independent and thus not compromise masculine values was, however, not the only factor inhibiting levels of support both prior to, and after, widowhood for the male participants in the current study. Additional informal support was often desired but the restrictive social networks of the older male participants prohibited access to this support. Hence although older men – like women – may need and be willing to accept support during the transition to widowhood, their smaller social networks may prevent the availability of this support (Lang, 2001). Societal norms and values which perceive males as being competent and self-sufficient may also act to restrict the offering of assistance to widowed men by others in the social network (Silverstein *et al.*, 2006).

Likewise, partly due to the comparatively larger size of their friendship networks, the widowed women in this study generally experienced higher levels of social contact across the transition to widowhood than males. The social lives of older men tend to be principally organised by their wives and are often centred on their spouse and couple friends (van den Hoonaard, 2010). As a result, while friends provided an important source of social contact and companionship for the females in this study, male participants were less likely to have individual friendships which could be readily resumed in widowhood. Some of the male participants also reported a preference for lower levels of social activity prior to widowhood and this pattern continued following bereavement. New partnerships may be formed following spousal loss, but as identified in previous research (Bennett *et al.*, 2003; Ayuso, 2019), females were less likely than males to consider the possibility of establishing a new intimate relationship. However, it should be noted that only a minority of the male participants had actually repartnered, perhaps reflecting a tendency for older widowed men to be more reluctant than their younger counterparts – due to age and health concerns – to form intimate ties or marry again (Isherwood *et al.*, 2017).

Gender differences in participation in social activities in the transition to widowhood were also observed. Male participants were found to favour an earlier resumption of social activity following bereavement, perhaps reflecting a greater need than females to be away from the home environment. Stroebe and Schut (2010) have suggested that men and women typically have different styles of coping with spousal bereavement. While women prefer, at least initially, to acknowledge and work through their feelings of loss and grief, widowed men choose to engage actively

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with the practical consequences of spousal loss. The earlier resumption of social activities by older widowed men in the current study is reflective of a preference by males for a more 'restoration-orientation' approach to bereavement. Despite this drive for greater social activity, the male participants were found to be at a considerable disadvantage with regard to opportunities for social activity following spousal loss, with almost half spending the vast majority of their time at home alone during later widowhood. Small social networks, a lack of opportunity for contact with others and a continuance of life-long patterns of non-participation in social activities were found to contribute to the social isolation experienced by male participants in later widowhood. Given the important role that social engagement contributes to successful adjustment in late-life widowhood and in active ageing in general (Brown *et al.*, 2006), community-based programmes which promote continued social involvement following spousal loss should be funded and developed. This includes specific programmes addressing the different needs and interests of older widowed males and females.

Some caution should be used when extrapolating the results of this study to the general population. The widowed older adults interviewed for this study have, due to better health and functioning, participated in the ALSA throughout its 20-year history. It is possible, therefore, that these individuals may exhibit greater traits of resiliency and independence in late-life widowhood than the wider population. Additionally, the qualitative interviews reported here were conducted with English-speaking people from Australian and European backgrounds. The findings described in this paper may not necessarily be reflective of the experience of older adults from culturally and linguistically diverse communities. Nonetheless this study provided a unique and important examination of the use of social resources during the transition to late-life widowhood and identified key differences in this experience for widowed men and women.

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