Does Marriage Protect Older People From Distress? The Role of Equity and Recency of Bereavement

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The association between marital status and distress was examined in a largely neglected group, namely older people (65 and older; \(N = 1,649\)). In this 2-wave study, married persons were less distressed than single persons, but perceived equity within the marriage and recency of bereavement qualified these findings. Married persons who felt inequitably treated were more distressed than persons who had always been single. Married persons reported less distress than recently (≤ 2 years ago) widowed persons, but only equitably treated married persons reported less distress than persons widowed for more than 2 years. Increased distress between the 2 waves occurred in recently widowed persons, and there was a decrease in distress in persons who were widowed shortly before the 1st wave. No gender effects were found.

Keywords: gender, aging, single, widowed, crisis theory

There is seemingly overwhelming evidence that, on average, married persons experience less psychological distress and more happiness than single persons—that is, persons who have always been single and persons who are widowed or divorced (e.g., Lee, Seccombe, & Shehan, 1991; Stack & Eshleman, 1998; D. G. Williams, 1988; for reviews, see Coombs, 1991; Haring-Hidore, Seccombe, & Shehan, 1991; Stack & Eshleman, 1998; D. G. Williams, 1988). Although research concerning the association between marital status and well-being is highly developed, some issues have received insufficient attention. First, most studies have relied on general population-based samples to compare different categories of marital status, implicitly making contrasts among young single persons, somewhat older married persons, and much older widowed persons, thus confounding marital status with other important aspects of life circumstances (e.g., Kim & McKenry, 2002; Lee et al., 1991; Lucas, Clark, Georgellis, & Diener, 2003; D. G. Williams, 1988). Simple statistical controls for age may not solve the problem, because the association between marital status and well-being may fluctuate with different life contexts associated with different phases of life, such as the raising of young children and retirement (cf. Diener, Suh, Lucas, & Smith, 1999; Mastekaasa, 1995). Second, in contrast to older widowed people, older people who have always been single largely have been neglected, and only a few studies have explicitly examined marital status and well-being in older people (Chipperfield & Havens, 2001; Goldman, Koreman, & Weinstein, 1995). Third, previous individual studies have rarely taken into account both the quality of the marriage and the time since partner loss in comparing the psychological well-being of married and single people (Coyne & Anderson, 1999; Ren, 1997).

The present study seeks to fill these gaps and examines the association between marital status and distress in older people (65 years and older), taking into account both perceived equity within the marriage and time since partner loss. We focus on married persons, persons who have always been single, and widowed persons. Because divorce and cohabitation are relatively uncommon in cohorts born before the end of World War II, these small groups will be left aside in the present study. The main questions are “Does marriage protect older people from distress?” and “How is the answer to this general question qualified by perceived equity within the marriage among married persons and recency of bereavement among single persons?”

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Explanations for the Association Between Marital Status and Well-Being

A number of nonmutually exclusive explanations for the association between marital status and well-being have been proposed: the marriage protection explanation, the loss explanation, and the marital selection explanation (e.g., Goldman et al., 1995; Hope, Rodgers, & Power, 1999).

The Marriage Protection Explanation

This explanation proposes that environmental (e.g., financial benefits and housing), social (e.g., spousal support and companionship), and psychological factors (e.g., self-esteem and self-efficacy) associated with marriage may make the married state a happier one than the single state. For example, Johnson and Wu’s (2002) finding that divorced people who lived with a partner reported levels of distress similar to those of married people suggests that spousal support and companionship might explain higher levels of well-being in married people (cf. Mastekaasa, 1994; Stack & Eshleman, 1998). However, it remains plausible that marriage is protective only when the marriage is of some minimal quality. Indeed, people in strained marriages may actually be worse off than single people (Carr et al., 2000; Coyne & DeLongis, 1986; Ren, 1997; K. Williams, 2003).

The prevalent notion has been that men benefit more from marriage than women, because women’s traditional roles within marriage (i.e., housekeeper and caretaker) are less satisfying than men’s roles (i.e., provider of financial resources and guardian; e.g., Bernard, 1972; for reviews, see Coombs, 1991; Haring-Hidore et al., 1985). However, empirical findings are not equivocal, which has caused this perspective to be questioned (Simon, 2002; Stack & Eshleman, 1998; K. Williams, 2003). In case men do benefit more from marriage than women, this difference may be smaller when men and women pass the retirement age, because their roles become more alike (Gove, 1972). In line with this notion, a meta-analysis by Jorm (1987) indicated that gender differences in distress were smaller among older adults. However, more recent studies have revealed very inconsistent findings with respect to the effect of age on gender differences in distress (e.g., Barefoot, Mortensen, Helms, Avlund, & Schroll, 2001; Kessler, Foster, Webster, & House, 1992; Mirowsky, 1996).

Social support and companionship provided by a spouse may become increasingly important in later life (Levenson, Carstensen, & Gottman, 1993), because the size of people’s social network decreases with age (e.g., Carstensen, 1992; Peek & Lin, 1999).

Thus, we may expect the marriage protection explanation to be at least as plausible for older as for younger persons. However, researchers have also suggested that the difference in distress between married persons and persons who have always been single is more characteristic of younger than of older people (Diener et al., 1999; Mastekaasa, 1995). Older persons who have always been single, particularly women, appear to have invested more in other social relationships that may provide similar benefits (Arber, 2004; DePaulo & Morris, 2005; Seccombe & Ishii-Kuntz, 1994).

The few published studies of older people suggest that the difference in distress between married persons and persons who have always been single is small, especially among women (Mastekaasa, 1995; Osborn et al., 2003; Prince et al., 1999). It is important to note, however, that none of these studies took marital status into account.

The Loss Explanation

This explanation suggests that the difference in well-being between married and single individuals may be due to the reduced well-being associated with losing a significant other (e.g., Mastekaasa, 1994). Gubrium (1974) argued that discontinuity in a social engagement (referred to as “desolation”) rather than isolation affects older individuals’ well-being. The everyday routines and lifestyle developed over time by persons who have always been single, which were not generated with a spouse, continue relatively uninterrupted. In line with this, a number of studies have revealed that not only married individuals but also individuals who have always been single are less distressed than formerly married individuals (e.g., Kim & McKenry, 2002; Ren, 1997). However, there are actually two potentially distinct means by which loss of a significant other can affect well-being. The crisis model, or common grief pattern, posits that observed negative effects are mainly temporary, whereas the role model, or chronic grief pattern, asserts that the widowed and divorced roles are associated with more permanent strains and hardships.

Studies that assessed distress multiple times after bereavement have shown evidence for the crisis model (for reviews, see Bonanno & Kaltman, 1999, 2001). In one of the few studies that included preloss data, however, Bonanno et al. (2002) found a common grief pattern in 10% and a chronic grief pattern in 16% of the older widowed participants. We do note, however, that it might have been difficult to make a distinction between these two grief patterns, because the follow-up period (i.e., 18 months) was rather short. For example, another study that included preloss data showed that, on average, widowed people came closest to complete adaptation (i.e., return to preloss scores) by the 8th year of widowhood (Lucas et al., 2003). Almost 46% of the widowed persons in Bonanno et al.’s (2002) study were found to be resilient (low depression before and after loss). These older adults might have anticipated the death of their spouse, which might have made it easier for them to adapt to their loss. Researchers have suggested that it is more difficult to adapt to “off” time changes (e.g., widowhood at a young age) than to “on” time changes (e.g., widowhood at an advanced age; Haring-Hidore et al., 1985). Bonanno et al. (2002) found the depressed-improved pattern (i.e., high depression before loss, low depression afterward) in about 10% of the participants. This pattern may reflect feelings of relief, because the spouse’s suffering (e.g., illness, pain) has come to an end (cf. Schulz et al., 2003). In line with this, all of the depressed-improved persons had a spouse who was ill prior to his or her death.

Unfortunately, Bonanno et al. (2002) did not include a comparison group of older people who were married or had always been single to distinguish bereavement effects from effects of aging. Although findings concerning the link between age and distress are very inconsistent (for a review, see Jorm, 2000), the majority of the studies among people over 65 years old have reported an increase in the prevalence of depression with age (Snowdon, 2001). This may be explained by age-related stressors, such as accumulating losses, physical disability, cognitive impairment, and comorbidity (Blazer & Hybels, 2005).
The Selection Explanation

The association of marriage and happiness may also be a matter of selection processes: Happier people are more likely to get married, less likely to get divorced, and more likely to remarry after divorce or bereavement. In line with this explanation, Lucas et al. (2003) found that individuals who became and stayed married during a period of 1 to 15 years were already happier at the beginning of the study in comparison with the average respondent (cf. Mastekaasa, 1992). The marital selection explanation, however, is difficult to put to a stringent test because of the requirement that happiness be assessed before the development of the intimate relationship. The current study focuses on the marriage protection and loss explanations.

Equity Within the Marriage

Most past studies have treated all marriages as equivalent, although—as we have explained—the quality of the marriage may be an important factor. We examine this factor in terms of perceived equity within the relationship. According to equity theory, a relationship is out of balance when the ratio of contributions to rewards for one partner differs from that for the other partner (e.g., Van Yperen & Buunk, 1990; Walster, Berscheid, & Walster, 1973). Partners who receive relatively few rewards are considered to feel underbenefited, whereas partners who receive relatively many rewards are expected to feel overbenefited. Overbenefit and, in particular, underbenefit are theorized and have been found to be associated with dissatisfaction with the relationship and psychological distress in both men and women (e.g., Longmore, Demaris, Traupmann, & Hatfield, 1997; Reynolds, Remer, & Johnson, 1995; Traupmann, Hatfield, & Wexler, 1983; Van Yperen & Buunk, 1990; for an overview, see Van Yperen & Buunk, 1994). As equity theorists have emphasized, equity exists only in the eye of the beholder (e.g., Walster et al., 1973). For example, individuals who actually provide more than they receive but who do not perceive this to be the case will feel equitably treated.

It is important to note that the few studies among older people suggest that equity considerations within close relationships matter throughout the life span. In a study by Traupmann and Hatfield (1983), older women (50 years and older) estimated in retrospect how equitable their marriage had been over its course. The curvilinear association between equity and satisfaction was found across all ages. Reynolds et al. (1995) found similar results in a sample of 135 older people (60 years and older), regardless of gender.

The Present Study

In the present study, we investigate the plausibility of the marriage protection and the loss explanations for a difference in distress between older married and single persons. In keeping with the idea that a good marriage is protective but a poor marriage may even be harmful, we hypothesize that persons who have always been single are more distressed than persons with a satisfying, equitable marriage but less distressed than married persons who feel either underbenefited or overbenefited in their marriage (Hypothesis 1).

The crisis model or common grief pattern will be supported if widowed people are more distressed than married people, especially those who became bereaved more recently (Hypothesis 2). However, even though widowed people may adapt to the loss of their spouse, they do not have the advantages of a good marriage. Thus, integrating the marriage protection explanation and the crisis model, Hypothesis 3 states that long-term widowed people should be more distressed only relative to individuals with an equitable marital relationship. Note that people who became bereaved more recently are expected to be more distressed than married people, regardless of equity within the relationship (see Hypothesis 2).

We further examine patterns of change in distress in older widowed people and compare these with patterns of change in married people and people who have always been single. The pattern is based on two assessments with an interval of 8 years. In line with the crisis model, we hypothesize that, in comparison with married people and people who have always been single, a relatively high percentage of widowed individuals who lost their partner shortly (i.e., 2 years at most) before the second measurement will show a grief pattern and that a relatively low percentage will show a resilient pattern (Hypothesis 4A). In comparison with married persons and persons who have always been single, a relatively high percentage of widowed individuals who lost their partner shortly before the first assessment will show a distressed–improved pattern, and a relatively low percentage will show a resilient pattern (Hypothesis 4B). We do not expect to find differences in patterns of change in distress among married persons, persons who have always been single, and widowed persons who lost their partner 8 years or more before the first assessment. We explore the change patterns in persons who became bereaved 2 to 8 years before either the first or the second assessment to gain more insight into the time needed to adapt to partner loss.

Method

Participants and Procedure

Data were obtained from the population-based prospective Groningen Longitudinal Aging Study (GLAS; e.g., Arnold et al., 2004; Kempen, Jelicic, & Ormel, 1997; Ormel et al., 1998). The source population of GLAS consisted of late-middle-aged and older persons living independently or in adapted housing for older people in the north of the Netherlands. The study population of GLAS comprised the 8,723 persons aged 57 and older on January 1, 1993, who were in the patient panels of the 27 general practitioners (GP’s) participating in the Morbidity Registration Network Groningen. In the Netherlands, approximately 99% of the non-institutionalized older adults are on a GP’s panel. By letter, GP’s asked eligible participants for permission to provide their name and address to the GLAS research team. A total of 1,937 refused (22.2%). Of the remaining 6,786, 1,277 declined cooperation when contacted by the research team, and 152 had died or left the practice by the time contact was tried. Another 78 participants were excluded because of severe cognitive impairments at baseline. Useful baseline (Time 1 [T1]) data are available for 5,279 participants, or 62% [5,279 / (8,723 − 152)]. In 2001, 8 years after the baseline assessment, a follow-up assessment (T2) was obtained of 54% (n = 2,132) of the baseline respondents who were alive in 2001 [2,132 / (5,279 − 1,320)].

Participants (i.e., married, always single, and widowed persons at baseline) who remained in the study were younger; had received a higher education; and reported fewer chronic conditions, better physical functioning, and less distress than those who died or were lost to follow-up for other
reasons (see Table 1). Furthermore, men were more likely to be lost to follow-up because of death (30% vs. 21% for women), whereas women were more likely to lose follow-up for other reasons (40% vs. 28% for men), \(\chi^2(2, N = 4,887) = 93.24, p < .001\). A relatively high percentage (i.e., 35% widowed vs. 21% married and 26% always single) of the participants who were widowed at baseline died between T1 and T2, \(\chi^2(4, N = 4,887) = 116.23, p < .001\).

**Measures**

**Descriptive variables.** These variables included demographics such as gender, age, education, and health variables, including the number of chronic medical conditions and physical functioning. Education was measured on a Likert scale ranging from 1 (elementary education not completed) to 6 (university degree). The number of chronic medical conditions was assessed by means of a checklist of 19 chronic conditions (Ormel et al., 1992). To reduce potential reporting bias by patients, we included only “active” medical conditions—that is, conditions for which, in the 12 months prior to the baseline assessment, the participant had consulted a GP or specialist or used medicines. Physical functioning was measured with a higher score indicating more psychological distress (Cronbach’s \(\alpha = .82\)).

**Independent variables.** At both T1 and T2, respondents indicated their marital status as (a) married; (b) cohabiting; (c) partner, not cohabiting; (d) always single; (e) widowed; or (f) divorced. Furthermore, respondents indicated whether they lived (a) alone, (b) with a partner, (c) with a partner and other people, or (d) with other people but not with a partner. Participants who were married at T2 indicated the duration of their marriage, and participants who were widowed or divorced indicated the date of partner loss, which was recoded into time since partner loss.

At T2, perceived equity within the marriage was measured with a question based on the widely used Hatfield Global Measure (Buunk & Van Yperen, 1991; Hatfield, Traupmann-Pillemer, & O’Brien, 1990; Van Yperen & Buunk, 1990). The question was introduced as follows:

“The next question is about the give and take that goes on in the marriage. Each partner contributes to the marriage and receives rewards from the marriage. Contributions include doing things for your partner, listening to your partner, and showing your partner affection. Examples of rewards are affection or assistance that you receive from your partner or a feeling of security that you derive from your marriage.”

Then we asked, “When you consider your marriage from the viewpoint of give and take, how would you describe your marriage?” Seven possible answers were presented, varying from “I am getting a much better deal than my partner” (3) through “We are both getting an equally good or bad deal” (0) to “My partner is getting a much better deal” (−3). Respondents who died at T2 were considered to be underbenefited, respondents with scores of −1, −2, or −3 were considered to be underbenefited, and a score of 0 defined the equitably treated individuals.

**Selective Loss to Follow-Up Among the Married, Always Single, and Widowed Participants**

<table>
<thead>
<tr>
<th>T1 variable</th>
<th>Participating at T1 and T2</th>
<th>Deceased between T1 and T2</th>
<th>Lost to follow-up</th>
<th>F</th>
<th>df</th>
<th>(\eta^2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>M  66.6, SD 6.3</td>
<td>M  75.2, SD 8.2</td>
<td>M  69.6, SD 7.7</td>
<td>535.8</td>
<td>2</td>
<td>.180</td>
</tr>
<tr>
<td>Education</td>
<td>M  3.4, SD 1.1</td>
<td>M  2.9, SD 1.1</td>
<td>M  2.9, SD 1.1</td>
<td>98.0</td>
<td>2</td>
<td>.039</td>
</tr>
<tr>
<td>Chronic conditions</td>
<td>M  1.0, SD 1.1</td>
<td>M  1.5, SD 1.3</td>
<td>M  1.2, SD 1.2</td>
<td>65.2</td>
<td>2</td>
<td>.026</td>
</tr>
<tr>
<td>Physical functioning</td>
<td>M  75.1, SD 25.5</td>
<td>M  54.2, SD 32.6</td>
<td>M  68.8, SD 28.5</td>
<td>205.0</td>
<td>2</td>
<td>.078</td>
</tr>
<tr>
<td>Distress</td>
<td>M  9.5, SD 4.3</td>
<td>M 10.9, SD 5.5</td>
<td>M  10.4, SD 4.9</td>
<td>31.47</td>
<td>2</td>
<td>.13</td>
</tr>
</tbody>
</table>

Note. All differences among those who died, those who were lost to follow-up for other reasons, and those who participated at both T1 and T2 were significant (\(p < .001\), with the exception of the difference in education between those who died and those who were lost to follow-up for other reasons). T1 = Time 1; T2 = Time 2.

\(n\) varied from 1,956 to 1,984. \(n\) varied from 1,138 to 1,222. \(n\) varied from 1,593 to 1,681.

Marital Status Groups

Figure 1 presents a flowchart with respect to the distinction of the marital groups under study. First, we selected participants who had been continuously married for at least 16 years (i.e., no marital status transition from 8 years before T1 until T2) and who shared a household with their spouse. This group was subdivided into three categories: those who felt (a) underbenefited, (b) equitably treated, and (c) overbenefited within their marriage at T2. Second, we selected the always single individuals, as indicated at both T1 and T2. Third, we selected participants who were widowed at T2 and married or widowed at T1. These widowed participants were further divided into three groups on the basis of time since partner loss: (a) 2 years or less before T2 (i.e., short-term widowed), (b) between 2 and 8 years before T2 (i.e., medium-term widowed), and (c) 8 years or more before T2 (i.e., long-term widowed). For the longitudinal analyses (i.e., Hypotheses 4A and 4B), the long-term widowed individuals were
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1.1); and had fewer chronic conditions, marital status group differed considerably, .004 (F(6, 1639) = 22.16, p < .001, η² = .075. Persons who had always been single had no children, whereas the average number of children in the other groups was 2.8 (SD = 1.8), F(5, 1558) = 0.76, p = .58, η² < .002. Single persons reported lower physical functioning than married persons, F(6, 1566) = 12.65, p < .001, η² = .046.2

Patterns of Change in Distress

To establish patterns of change in distress between the two assessments, we followed the same procedure as described in Bonanno et al. (2002). First, we converted each participant’s distress scores at T1 and T2 into a standardized z score on the basis of the distribution of distress in the entire sample at T1 (N = 5,279). We adopted the 80th percentile as a cutoff for high depression at T1. We also explored other cutoff points; although different points resulted in a slightly different distribution of participants into the change patterns, the basic findings remained the same. Of the current sample, 15% were categorized as having high baseline distress (M = 1.5, SD = 0.9), and 85% were categorized as having low baseline distress (M = –0.4, SD = 0.4).

Next, change scores (T2 z score – T1 z score) were calculated and categorized. The decreased functioning category was assigned when distress increased relative to T1 by one standard deviation or greater. No change was assigned when distress scores remained constant or changed by less than one standard deviation. Improved functioning was assigned when distress decreased by more than one standard deviation. As Bonanno et al. (2002) suggested, to address problems of regression to the mean, we applied two further rules. First, we defined change separately for the high and low T1 distress groups, using the standard deviation of each group (SD = 0.9 in the high T1 distress group, and SD = 0.4 in the low T1 distress group). Second, a change was assigned only when distress increased to greater than or decreased to smaller than the 50th percentile for the entire sample at T1 (N = 5,279; z = –0.23).

Data Analysis

Three ANOVAs were performed to replicate the gender difference in distress between married and single persons and to test Hypotheses 1 to 3. The first analysis compared married with single persons; the second compared five groups (i.e., married; always single; and short-term, medium-term, and long-term widowed persons); and in the third analysis, the married group was broken down in those who felt underbenefited, equitably treated, and overbenefited. We included gender as a second independent variable, and we controlled for age, education, number of children, and physical functioning at T2. Furthermore, we calculated least significant differences for all combinations of the two groups, controlling for differences in descriptive variables between groups.

With respect to Hypotheses 4A and 4B, we performed nonparametrical tests and calculated Pearson chi-squares to examine differences among marital status groups with respect to patterns of change in distress. Because

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1 We present effect sizes in the form of eta-squared; .01 = small effect, .06 = moderate effect, and .14 = large effect (Cohen, 1988).

2 The three categories of long-term widowed participants did not differ on demographic variables except for gender, χ²(2, N = 300) = 7.66, p = .022, and age, F(2, 297) = 5.38, p < .001, η² = .035 (not shown in Table 2). The differences, however, were very minor (the percentage of female participants ranged from 83% to 97%; the mean age ranged from 77.1 to 79.8).
### Table 2
**Sample Characteristics for the Seven Groups Under Study at Time 2**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Married</th>
<th>Single</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Underbenefited (n = 78)</td>
<td>Equitably treated (n = 902)</td>
</tr>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td>Female</td>
<td>62.8</td>
<td>43.6</td>
</tr>
<tr>
<td>Age</td>
<td>72.5 a</td>
<td>5.9</td>
</tr>
<tr>
<td>Education</td>
<td>3.6 a</td>
<td>1.1</td>
</tr>
<tr>
<td>No. of children</td>
<td>2.9 a,c</td>
<td>1.8</td>
</tr>
<tr>
<td>Relationship duration</td>
<td>46.2 a</td>
<td>6.5</td>
</tr>
<tr>
<td>Time since partner loss</td>
<td>1.3 ab</td>
<td>1.5</td>
</tr>
<tr>
<td>Physical functioning</td>
<td>56.5 a,b</td>
<td>33.5</td>
</tr>
</tbody>
</table>

Note. Means that do not share a common subscript differ significantly from each other.

### Table 3
**Mean Time 2 Psychological Distress Scores for the Seven Groups Under Study**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Married</th>
<th>Single</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Adjusted M</td>
<td>SD</td>
</tr>
<tr>
<td>shorts-term widowed</td>
<td>10.2</td>
<td>7.5</td>
</tr>
<tr>
<td>Medium-term widowed</td>
<td>11.2</td>
<td>8.6</td>
</tr>
<tr>
<td>Long-term widowed</td>
<td>12.1</td>
<td>9.6</td>
</tr>
</tbody>
</table>

### Results

All three ANOVAs revealed a significant main effect of marital status but none of the analyses showed a significant interaction between marital status and gender or a significant interaction between marital status and recency of bereavement. The second analysis showed that the difference in distress between married and single persons (M = 11.6, SD = 6.4, F(1, 1635) = 17.71, p < .001, η² = .012) was consistent with the marriage protection explanation. The third analysis also revealed that these differences among marital status groups were further qualified by the number of chronic conditions (M = 10.2, SD = 5.8) and recovery of bereavement (F(1, 1635) = 17.71, p < .001, η² = .012). In keeping with the crisis model (Hypothesis 2), only the group of participants with low recovery of bereavement (M = 8.6, SD = 4.0) and low levels of distress (M = 14.4, SD = 5.9) was significantly different from the other groups (M = 12.3, SD = 6.3).
Chi-squares reflect the comparison of a specific group of widowed persons with the married and always single participants (never-married participants were compared with the married participants). A Sample sizes differ from Figure 1 because of occasional missing values on T1 distress.

For each marital status group, Table 4 presents the percentages of participants who showed a particular pattern of change. The distribution of participants into the different patterns did not significantly differ between married persons and persons who had always been single. About 62% of the participants in these groups showed a resilient pattern, and about 20% of the participants with low distress at T1 showed an increase in distress (grief pattern). In separate analyses, we tested whether the distribution of patterns within each group of widowed people was significantly different from the distribution in the married and always single groups. All analyses showed a significant difference (see Table 4).

In comparison with married persons and persons who had always been single, a relatively low percentage (35.4%) of participants who had lost their spouse shortly (≤ 2 years) before T2 showed a resilient pattern, and a relatively high percentage (50.5%) showed a grief pattern, which is in line with Hypothesis 4A. A relatively high percentage of participants who lost their partner between 2 and 8 years before T2 scored high on distress at T1, which may be the consequence of the poor health condition of the spouse, who died shortly thereafter. Therefore, we omitted the group of participants who lost their spouse within the 1st year after T1 and reran the analysis. The results of this analysis revealed a nonsignificant difference between the distribution of patterns in those who lost their partner between 2 and 7 years before T2 and the distributions within the married and always single groups. Furthermore, a relatively low percentage of participants who had lost their spouse shortly (≤ 2 years) before T1 showed a resilient pattern (17.2%), and a relatively high percentage showed a distressed-improved (27.6%) or a distressed–distressed (31.0%) pattern, which is in line with Hypothesis 4B. We found a similar distribution for the participants who lost their partner between 2 and 8 years before T1. It is important to mention that, over time, distress also decreased in the distressed–distressed group; however, the decrease was insufficient to be indicated as a relevant decrease (see Patterns of Change in Distress section). Although we also found a significant difference with respect to the participants who lost their partner 8 years or more before T1, the distribution within this group showed only small differences in comparison with the distributions within the married and the always single groups.

To explore the effect of gender, we reran our analyses for men (i.e., including only married persons, persons who had always been single, and widowed persons who lost their spouse shortly before T2, because the number of men in the other groups was too small) and women separately. Although the percentages changed slightly, the basic findings remained the same.

Discussion

The present study provides several distinctive contributions to the existing literature on the association between marital status and well-being. First, we compared married and single persons in the same phase of life. Second, we focused on older people, with explicit attention to an often neglected marital status group—that is, older people who have always been single. Third, to test the marriage protection and the loss explanations for differences in distress among marital status groups, we took into account relationship quality in terms of equity as well as recency of bereavement. Finally, the longitudinal part of our study provides more insight into the loss explanations for marital status differences in distress through the examination of patterns of change in distress over time within different marital status groups, which enables a distinction between bereavement effects and effects of aging and age-related stressors.

Table 4

<table>
<thead>
<tr>
<th>Change in distress patterns</th>
<th>Married (n = 1,063)</th>
<th>Always single (n = 84)</th>
<th>Widowed ≤ 2 years at T2 (n = 99)</th>
<th>Widowed 2–8 years at T2 (n = 88)</th>
<th>Widowed ≤ 2 years at T1 (n = 29)</th>
<th>Widowed 2–8 years at T1 (n = 104)</th>
<th>Widowed ≥ 8 years at T1 (n = 162)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distressed–worsened</td>
<td>1.6</td>
<td>1.2</td>
<td>5.1</td>
<td>5.7</td>
<td>3.4</td>
<td>1.9</td>
<td>6.8</td>
</tr>
<tr>
<td>Distressed–distressed</td>
<td>8.6</td>
<td>4.8</td>
<td>5.1</td>
<td>13.6</td>
<td>31.0</td>
<td>17.3</td>
<td>9.9</td>
</tr>
<tr>
<td>Distressed–improved</td>
<td>1.7</td>
<td>1.2</td>
<td>1.0</td>
<td>9.1</td>
<td>27.6</td>
<td>6.7</td>
<td>0.6</td>
</tr>
<tr>
<td>Grief reaction</td>
<td>18.3</td>
<td>22.6</td>
<td>50.5</td>
<td>25.0</td>
<td>10.3</td>
<td>23.1</td>
<td>20.4</td>
</tr>
<tr>
<td>Resilient</td>
<td>61.8</td>
<td>60.7</td>
<td>35.4</td>
<td>43.2</td>
<td>17.2</td>
<td>43.3</td>
<td>56.2</td>
</tr>
<tr>
<td>Not distressed–improved</td>
<td>8.1</td>
<td>9.5</td>
<td>3.0</td>
<td>3.4</td>
<td>10.3</td>
<td>7.7</td>
<td>6.2</td>
</tr>
<tr>
<td>( \chi^2 )</td>
<td>2.56</td>
<td>67.71 **</td>
<td>42.06 ***</td>
<td>112.89 ***</td>
<td>29.35 ***</td>
<td>23.11 **</td>
<td></td>
</tr>
</tbody>
</table>

Note. Chi-squares reflect the comparison of a specific group of widowed persons with the married and always single participants (df = 10); the never-married participants were compared with the married participants (df = 5). T2 = Time 2; T1 = Time 1.

Sample sizes differ from Figure 1 because of occasional missing values on T1 distress.

\* Sample sizes differ from Figure 1 because of occasional missing values on T1 distress.

\* \( \chi^2 \) ** p \( \leq .01 \).  \* \* \( \chi^2 \) *** p \( \leq .001 \).
In line with previous research, married persons were found to be less distressed than single persons. As expected, however, equity within the marriage and recency of bereavement qualified these findings. Equitably married people reported levels of distress similar to those of people who had always been single, whereas underbenefited and overbenefited married people were even worse off in terms of distress than people who had always been single. This finding is in line with the few studies that have made a distinction between happy and unhappy marriages in general population-based samples (Ren, 1997; K. Williams, 2003). Moreover, it suggests that the difference in distress between married persons and persons who have always been single that was found in earlier research may be more characteristic of younger people (cf. Marks, 1996; Masteekaasa, 1995). Because the most rigorous test of the protection explanation consists of the comparison between married persons and persons who have always been single, our results provide little support for this explanation.

Only short-term (no more than 2 years) widowed people were worse off than married people in general, whereas medium-term and long-term widowed people were worse off only in comparison with equitably married people. In other words, widowed people appear to be able to adapt well to their new single role and reach a level of well-being that exceeds the well-being of people in an inequitable marital relationship, which indicates no support for the role model. Previous findings that suggest that married people are less distressed than widowed people appear to apply only when the former are in a happy marriage and the latter were bereaved recently. An additional factor that may be important to take into account when one is comparing married with widowed people is the quality of the marriage before partner loss. For example, Carr et al. (2000) found that adjustment to widowhood was most difficult for those who experienced the highest levels of emotional warmth and instrumental dependence in their marriage (cf. K. Williams, 2003).

In line with previous work (for reviews, see Bonanno & Kaltman, 1999; 2001), not only our cross-sectional results but also our longitudinal findings provide support for the crisis model. Relative to the married participants and those who had always been single, an increase in distress (grief pattern) was found more often only in persons who lost their partner shortly before the second assessment. Decreased distress (distressed–improved pattern) was found relatively often in persons who lost their spouse shortly before the first assessment. Although we cannot determine whether widowed persons who show a grief reaction return to their preloss levels of distress, overall, our results suggest that adaptation to widowhood takes place within the first 2 years after bereavement. The fact that an increase in distress was observed in about 20% of the married persons and persons who had always been single indicates that not all grief reactions in widowed persons are caused by partner loss. In other words, for the interpretation of findings with respect to reactions to bereavement, it is important to include comparison groups. A considerable number of longitudinal studies on bereavement did not include married comparison groups, and always-single comparison groups were neglected completely (Bonanno & Kaltman, 1999).

In line with some (Kim & McKenny, 2002; Simon, 2002; Stack & Eshleman, 1998; D. G. Williams, 1988; K. Williams, 2003) but not other studies (for reviews, see Coombs, 1991; Haring-Hidore et al., 1985), we did not find any gender differences in the association between marital status and distress. However, the number of men, especially in the long-term widowed groups, was small.

Another noteworthy finding of the present study concerns perceptions of equity within the marital relationship. The percentage of older people in our study who felt equitably treated in their marriage is very much in line with the results of Schafer and Keith (1981) with respect to older couples and much higher than the percentages presented for younger couples (Buunk & Van Yperen, 1991; Van Yperen & Buunk, 1990; 1994). Also in line with previous studies, married men were more inclined to report overbenefit, whereas married women were more likely to report underbenefit (cf. Van Yperen & Buunk, 1990). Some theorists have argued that equity matters only in the beginning of an intimate relationship (Murstein, Cerreto, & MacDonald, 1977). However, our study has shown that, although a low percentage of older people perceive their marriage to be inequitable, the perception of equity within the marriage does matter to older people. In line with the propositions of equity theory and previous empirical work, older people who felt equitably treated in their marriage perceived the lowest levels of distress, followed by those who felt overbenefited and, finally, those who felt underbenefited (cf. Van Yperen & Buunk, 1990).

At least four potential limitations of the present study should be noted. First, the sample size was large, but there was a considerable loss to follow-up. Although selective mortality complicates our understanding of how distress changes over time, it is an inherent feature of longitudinal research with older people. However, loss to follow-up for other reasons might have induced some bias, causing the levels of distress to have been somewhat underestimated. It is important to note that this was the case for all marital status groups and that, thus, such bias cannot account for the differences found among marital status groups. A second, related issue is that the study contended with a considerable loss of cases (10%) because of missing data on key variables, including marital status, equity, time since partner loss, and psychological distress. Although this is not unusual for large-scale studies (cf. Ren, 1997), it might have introduced some bias. For example, those who did not fill out the equity measure were somewhat older and less educated. Fortunately, there was no selective reticence with respect to equity on the basis of psychological distress. A third limitation is that the cross-sectional associations between quality of the relationship (i.e., equity) and psychological distress may reflect reporting bias in that some married people might be predisposed to pessimistic evaluations of both their marriage and their psychological well-being. In other words, we cannot provide conclusive evidence that it is better to be single than to be in a strained marriage, because we cannot exclude this third-variable explanation. However, such a pessimistic predisposition is not very likely to explain the relatively high levels of distress in overbenefited married people. Fourth, our measure of equity does not provide insight into specific domains in which inequity exists. Such information may be helpful to understand which aspects of marriage are protective against distress.

Overall, marriage does not appear to protect older people from psychological distress, and widowed people appear to be able to adapt well to their new single role. Although marriage undoubtedly provides benefits (e.g., spousal support, companionship, and self-esteem), especially if the marriage is a happy one, these benefits do
not appear to explain the higher levels of distress in single persons. Singles also have positive, enduring, and important interpersonal relationships in which they may obtain these benefits (DePaulo & Morris, 2005). Even the financial benefits of being married may be compensated for by a higher investment in education among those who have always been single. On the basis of a comparison between married people and people who have always been single or who have been bereaved for a long time, we also cautiously conclude that marriage may be harmful if people feel underbenefited and dissatisfied in their marriage.

References


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