

Widowhood and Trajectories of Depressive Symptoms among Older Adults of Mexican Descent:
Implications of Social Integration, Socioeconomic Resources, and Health Status

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Extended Abstract

The transition to widowhood is one of the most stressful life events in old age and is often associated with decreased psychological well-being (Hatch 2000; Williams 2004). In spite of numerous studies on the association between spousal bereavement and depressive symptomatology among older adults, little is known about age differences in the widowhood experience. Is the adverse effect of widowhood on psychological well-being equally important for individuals with increasing age in later life? Psychological well-being might be less contingent on widowhood at advanced ages because the spousal loss is a more common and normative experience among the oldest old, especially among women (Arber, Davidson, and Ginn 2003; Green and Feld 1989; Nagata, Takatsuka, and Shimizu 2003). Also, limited attention in prior research has been given to the role of such factors known to affect depressive symptoms as social integration, socioeconomic resources, and health status in the trajectories of psychological well-being among widowed individuals in later life.

Research on the effect of widowhood on depressive symptomatology among older adults of Mexican origin in the U.S. has been scarce. There are several reasons why it is important to examine this issue in this population group. Mexican Americans comprise two-thirds of the Hispanics in the U.S., the largest ethnic minority group (16% of the total population; Ennis, Ríos-Vargas, and Albert 2011). Moreover, the highest increase in the U.S. population age 65 and older is predicted among the Hispanic elderly population which is expected to grow from its

current level of 6% to 17% by 2050 (PEW Hispanic Center 2008). In addition, older adults of Mexican descent have relatively high rates of depressive symptoms, in particular among women (Black, Markides, and Miller 1998; Swenson et al. 2000). Also, the implications of social integration, socioeconomic resources, and health status for the association between widowhood and psychological well-being may be particularly important for older Mexican Americans, because of their greater reliance on social networks, especially family ties, for assistance and support as well as because of their lower socioeconomic status and higher rates of chronic conditions and functional limitations (Chiriboga et al. 2002; Lawrence, Bennett, and Markides 1992; Zsembik, Peek, and Peek 2000).

Drawing on six waves of data from the Hispanic Established Population for the Epidemiologic Study of the Elderly (H-EPESE; 1993-2007), this study compares the age trajectories in depressive symptoms of recently and continuously widowed older Mexican Americans (aged 65 to 99 years) to those of their continuously married counterparts. Growth curve models are employed to explore the extent to which marital status differences in the rate of changes in depressive symptoms with increasing age can be explained by such resources available to individuals as social integration, socioeconomic status, and health factors. The analysis is conducted separately for older men (3,157 person-periods) and women (2,856 person-periods) of Mexican descent.

Our findings demonstrate that regardless of marital status, both older men and women experience increases in depressive symptoms with age which is consistent with prior research on older adults' psychological well-being (Barefoot et al. 2001; Fiske, Gatz, and Pedersen 2003; Ried and Planas 2002). Also, the present study indicates that the recently widowed reported higher levels of depressive symptoms across age groups than did the continuously married. In

contrast, there were no considerable differences in age trajectories of psychological well-being between continuously widowed and continuously married individuals. The latter findings are in accord with prior research suggesting that the adverse effect of widowhood on psychological well-being diminishes over time (Jang et al. 2009; Mastekaasa 1994; Strohschein et al. 2005; Umberson et al. 1992).

In addition, this study suggests that social integration, socioeconomic resources, and health status are important for depressive symptomatology among older Mexican Americans and can make a difference in the age trajectory of psychological well-being among the recently widowed. Furthermore, social integration seems to play an important role in changes in depressive symptoms with increasing age among continuously widowed and continuously married older adults of Mexican descent. However, contrary to our expectations, we did not find that older men and women of Mexican origin differ considerably in factors that account for the associations between marital status and age trajectories of depressive symptoms.

Regardless of gender, social support and church attendance were predictive of psychological well-being among older Mexican Americans which is consistent with prior research on this population group (e.g., Aranda et al. 2001; Ellison et al. 2009). Yet, coresidence with adult children was beneficial only for men. The latter finding is concordant with previous studies across countries and racial/ethnic groups indicating that living alone can be especially detrimental for health outcomes among older men (e.g., Hughes and Waite 2002; Jeon et al. 2007). In particular, Russell and Taylor (2009) found that among Hispanics in the U.S., living alone was significantly more distressing for men than for women. Coresidence with adult children may facilitate access for men, in particular single men, to various types of social support as well as strengthen their interpersonal relationships which can have a protective effect on their

psychological well-being. In contrast, women, regardless of their marital status, tend to have more extended social support networks outside the family. Moreover, some studies suggest that living alone can be beneficial for women, whereas intergenerational coresidence may be disadvantageous for their health due to their greater caregiving responsibilities in these households (Hughes and Waite 2002; Ikeda et al. 2009; Michael et al. 2001).

In spite of its general positive implications for individuals' psychological well-being, social integration was related to a greater rise in depressive symptomatology with increasing age, regardless of marital status. These results are in accord with some prior research indicating that informal support and interaction with adult children can be beneficial as well as detrimental for older adults' depressive symptomatology (e.g., Tiedt 2010; Markides and Krause 1985) and their psychological adjustment to widowhood (for review of literature, see Miller, Smerglia, and Bouchet 2004). A possible explanation for these findings is that individuals in need such as those with lower psychological well-being are more likely to receive social support. In addition, informal assistance may have negative consequences for individuals' psychological well-being. For example, research on older adults, including Mexican Americans, demonstrates that those who receive intergenerational support may feel that they are becoming a burden on their adult children (Johnson et al. 1997; Silverstein, Chen, and Heller 1996; Talbott 1990).

Consistent with prior research in this area (e.g., Chiriboga et al. 2002; Cairney and Krause 2005), socioeconomic resources were predictive of psychological well-being among older Mexican Americans. Regardless of gender, lower financial strain was associated with fewer depressive symptoms among older adults, whereas higher levels of education were beneficial for psychological well-being only among men. For both men and women, the inclusion of socioeconomic resources did not change considerably the age trajectory of

depressive symptoms across marital status groups. There was only a slightly lower increase in depressive symptoms among the recently widowed with age. Some prior research also found that socioeconomic resources do not play an important role in the association between widowhood and health outcomes (e.g., Lindström 2009; van Grootheest et al. 1999). In contrast, other studies suggest that SES can be one of the primary mechanisms explaining this association (Krochalk, Li, and Chi 2008; Umberson et al. 1992). It should be noted that the present study used a time-invariant measure of income because information on income was not available at all waves of the H-EPESE: changes in income after the death of a spouse might be better predictors of the association between widowhood and psychological well-being.

In line with prior research (e.g. Black et al. 1998; Chiriboga et al. 2002; Schnittker 2005), depressive symptomatology among older adults of Mexican origin was contingent on the presence of chronic conditions and ADL limitations. However, the present study expands upon previous studies in this area by demonstrating that recent spousal bereavement is less distressing with age when older adults have no chronic conditions and ADL limitations. In particular, when health status is taken into account, older age is associated with much lower increases, and even decreases, in depressive symptoms among the recently widowed. One possible explanation for these findings is that the oldest old tend to experience more health declines than younger older adults and their physical health becomes more important for their psychological well-being than other factors in their lives such as anticipated widowhood (Baltes and Smith 2003).

These findings also indicate that it is important to take into account the timing of widowhood among older adults. Namely, the marital status differences in the trajectories of depressive symptoms can dissipate or even reverse at advanced ages. That is, marriage can be less protective for individuals' psychological well-being in the oldest age group. These findings

are consistent with several prior studies demonstrating that marital status differences in health outcomes become less pronounced with increasing age (e.g., Ikeda et al. 2007; Jang et al. 2009; Markides and Farrell 1985; Martikainen and Valkonen 1996; Smith and Zick 1996).

The main contribution of this study is that it examines the age patterns in depressive symptomatology among older adults. In particular, the findings indicate that compared to a cross-sectional study, a longitudinal analysis provides a much more complex depiction of marital status differences in trajectories of individuals' psychological well-being over time. Namely, the findings underscore the importance of considering the age differences in depressive symptoms after recent widowhood. Among recently bereaved individuals, health becomes a more important predictor of psychological well-being in advanced old age while marital status becomes gradually less important. When health status is taken into account, differences between recently widowed and continuously married older adults can be attenuated or even reversed in older age groups. These insights into heterogeneity among the recently widowed suggest that effective interventions after spousal loss should include programs focusing on physical health among older adults.