

Health and widowhood: Meanings and experience of elderly women in Chile

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ABSTRACT

Aging and widowhood signal a real and symbolic landmark of change toward new vital experiences of elderly people. In the aging experience of women, there are three social age markers that participate directly in the construction of their identity as women during old age: menopause, work and widowhood. The present paper reports the results of a research on widowhood in old age and the experience of aging in elderly women in Chile. Through a qualitative methodological strategy, in depth biographic interviews were held with elderly people who were widowed after reaching 60 years of age, centering the analysis on its meanings on the body, health and death in old age, highlighting sociocultural aspects of the aging and widowhood processes. Approaching widowhood in old age shows us not only a person who has lost a husband, but also what it means to be an elderly woman in a life experience continuum that also brings about key changes to understand the aging process of people, because marital relations can get to be determining factors for the construction of the identity of women and their experience of the aging process.

Keywords: Meanings of Health; Widowhood; Elderly Women; Aging; Chile

1. INTRODUCTION

The main transformations—demographic, social and economic—that have taken place in Chile over the last decades have affected the daily experience and the course of life of the people. Aging has not been an exception: it arrives later and keeps lasting longer. In this context of changes, elderly women have started becoming the main

characters in longer, preventive and healthy aging, different from the aging of their mothers or grandmothers, because they belong to a generation with greater life expectancy and with the possibility of aging under better health conditions.

As we approach aging from the identity construction of women, we become aware that age and gender are two extremely important levels of analysis in the study of aging. Gender relations during aging represent a research field that has started developing in the social sciences [1]. The inequality relations between men and women and the construction of identity from them continue during old age and acquire their own characteristics, besides the fact that the world of aging is and will continue to be mainly feminine. The feminization of aging is also seen in the fact that care during life and especially during aging devolves on women, and within the family structure they are the main caregivers. This is an important piece of background information for understanding widowhood and its meanings in old age, because here gender relations cross in the care given before the death of the spouse.

As to health, the death of the spouse may produce an emotional shock that embrittles widowed persons because they would lose the “protective effect” of marriage, because they must adopt a new role, and finally because having shared a common lifestyle and environment during their whole life implies that both spouses have similar death risks. The fact that in particular men die more frequently after they become widowers can in turn be explained because they are more affected by the loss of social and material support caused by widowhood, are more dependent on the wife to keep social links, do house chores and receive care, and must adapt to their new role, and finally this inability would make them adopt risk behaviors more frequently [2]. The way in which widowed men and women face and are affected differently by the death of their spouse has been studied

extensively by quantitative methods through scales such as the Affect Balance Scale used by Balaswamy & Richardson (2001). However, the results of these studies vary depending on the variables that are considered, the composition and size of the sample, and the type of design used (transverse or longitudinal). In a study made in the Netherlands, lower levels of well-being were found among widowers compared to widows, but only in the first stages of mourning, because two years after the death of the spouse the gender differences seem to vanish [3]. Other authors [4] point out that widowhood would actually have stronger depressive effects in men, partly because of the intervening health effects and the time that has gone by after widowhood. However, a large part of the gender differences remain unexplained.

As to the causes of death attributed by widows older than 55 years, they were studied by Bennett [5], who distinguishes between medical causes, causes linked to the life style, causes linked to stress, and magic causes. Among the former, a coherent medical account is made in which physicians make some kind of error or negligence; in the second, smoking and overweight appear as death causing factors; in the third, it is current work or some other work done, with long term consequences, which would be a key factor to understand the death of the husband; and in the last the medical causes are complemented with rather intuitive explanations that attribute it to past events (specific events, affective relations, etc.). However, these attributions and the fact of making them would not be related to long-term consequences of the death of the spouse, nor would they be specific to the widows nor to elder widowed people in general. In a previous study [6], the authors reviewed the narratives constructed by the widows of the events that led to the death of their husbands, identifying three processes that were involved: 1) responsibility toward past events and memories, 2) the continuous link with death, and 3) the continuous presentation of the widows in public. It has been suggested that the role of the narratives is multifaceted—it can contribute to the development of a widow identity, can make the process more comfortable, and can contribute to give sense to an event that does not have any. Furthermore, this research suggests that there are differences between private and public narratives by the widows [6].

Specifically regarding widows, two stereotypes of widowhood appear: affliction widowhood and liberation widowhood. From the latter, there would be a positive way of living the disappearance of the spouse. They would feel that they changed, that they became more independent and competent, with a sense of calm or relief. This liberation may be due to no longer having to put up with the conjugal tie, because they had husbands with a given personality that kept them belittled, or also

by being able to become involved in activities that they could not carry out earlier because she had to take care of the sick spouse for a long time [7]. In fact, in another study it was pointed out that although initially widowhood affected women negatively, as time went by most women entered a new positive phase of their lives [8]. Elderly widows would adopt a stoic tone in their “survivors’ discourse” to assume the husband’s death and to justify the fact of keeping on living after the death of the spouse [9].

The consequences of widowhood on physical and mental health are an issue that has been dealt with extensively in the literature, especially from the psychological standpoint, but no consensus has been reached. Some authors will say that widowhood does not affect the reported health condition, but rather the real health and only for a short time after the husband’s death. In general, the studies that compare recent widows with married women confirm that there is only a very slight effect of the husband’s death on physical symptoms. For example, they increase the consumption of medicines but not the fact of following a medical treatment [10].

The findings of a study of the early 1980s [11], which is centered on the comparison of longitudinal and transverse studies on the effect of the loss of the spouse on people’s health, show that: 1) widowhood has a greater effect on perceived health than on more objective measurements of the health condition: the symptoms of chronic diseases become harder to bear as a widow, but one spends less time in bed because there is no one to take care of you or do some things for you; 2) there are differences between short-term and long-term effects after the death of the beloved person; 3) hospitalizing is a long-term effect for widowers and widows; 4) marrying again does not necessarily cause a worsening or improvement of perceived health; and 5) those who do not marry have a better perception of health, which can be explained because, at least for elderly people, the undesired change from married to widowed, more than the status of single or not married by itself, is what leads to a decline in perceived health [11].

Widowing is a more usual component of women’s life, and comparatively it would seem that in general women are more depressed than men within wedlock, that marriage is psychologically more beneficial for men than for women, that it is more difficult for widowers to face home tasks, and that for men it is more unexpected to see their wives die. For these reasons, it is interesting to observe the meanings that elderly women construct on their body and health from the biographic landmark of the husband’s death.

2. MATERIALS AND METHODS

This research is of the descriptive and explicative type,

and it falls within the framework of a qualitative approach. The qualitative technique used was that of in-depth biographic interviews. Open-ended questions were made that allowed those interviewed to structure the dynamics and the construction of their discourse, and provided wider access to the knowledge of the way in which the narrators interpret the individual, family and social changes that widowhood brings about in the elderly. The work with biographic material for the social study of aging and old age is important for three reasons: a) it contributes to a better knowledge of adulthood and the aging process and to the statement of a theory of the development of the vital cycle; b) it allows to visualize the development of people's life from the individual as well as from the public and community standpoint, and c) it allows strengthening better living conditions during aging and determining different quality of life forms during aging [12].

The research followed the orientations of a theoretical and intentional sampling, allowing to know, discover and describe in depth the studied phenomenon. The theoretical sample was based on the selection of subjects from their structural characteristics, which shaped the sample selection criteria on the basis of the definition of variables according to the objectives of the research. At the time of defining the sample, the quality criteria of the information, and therefore its convenience and relevance, were also considered. The sample was composed of elderly people who were widowed after 60 years of age, lived in the Metropolitan Area (Santiago, Chile), who had been widowed for at least one year, and who had not married again.

The corpus of information obtained was systematized with the Atlas-ti 6.2[®] software for the analysis of qualitative data, and this was followed by the interpretation of the data. For the initial analysis, the text was segmented into citations according to the construction of previously defined codes and by means of coding emerging from the empirical information. This process allowed a greater systematization and exhaustiveness of the analysis. Qualitative content analysis and inductive discourse analysis were performed.

3. RESULTS

Age appears as an important category in the discourses and meanings that the widows make of health. It is understood as a natural condition and as a social condition, like that cultural construction which throughout the course of life—particularly through the biographic landmark of widowhood—acquires different meanings based on chronology and the passage of time. The passage of time and chronological age also position widowed people from interpretations and construction of expectations

regarding death. There are deaths that are linked to complex and long deterioration of health. Although death is an event on which one can have greater awareness on aging, with widowhood it becomes more evident, and in general one's own death is seen in relation to that of the spouse and his/her actual absence. Widows think of their own death from its naturalization, but having as point of reference the death of the husband, either differentiating from the way he experienced it or visualizing it as desirable.

“With my death I would not like to trouble anyone. For example, having to be bedridden as my husband was. Because I know what that is. Then the only thing I am asking God when I die is not to make anyone suffer” (78 years old woman, widowed 8 years ago).

Chronological age appears quite strongly in the interpretations made of the course of life, of one's own life and of our condition as mortal human beings, so some health conditions also tend to be naturalized by the sole fact of being elders.

“When he was told that he had cancer, we never talked about death, his death. We faced the situation very clearly, and since he was 12 years older, well, he sensed that he was going to leave before me [...], and neither could he have blindfolded himself without knowing that one day he was going to die” (87 years old woman, widowed 13 years ago).

The meanings of health from the standpoint of age and its linkage with death also carries us to the concepts of good and bad death. In the accounts of widows, a number of more traditional elements were seen, as well as other modern contemporary ones related to dying, that allowed understanding and identifying on the one hand, highly ritualized deaths with important religious preparations and celebrations, with a high community component, and on the other hand, more intimate private deaths, private crusades through the hospital, biomedical scenario, and the family, domestic scenario.

“What I think of death is that one is released from a prison which is the body, but I don't want to be incinerated. One has to think this over and tell the children what one wants to be done when one dies” (83 years old woman, widowed 4 years ago).

The aging process and the transformations of the body throughout life also allow to understand the meanings that widows give to health. When referring to the health condition of the husband, it is associated and naturalized from his condition as an elder, and many times with an unquestionably medicalizing sense, understanding the person from its bodily function or disfunction as a result of his old age. The physical and symbolic marks on the body of people (gray hair, wrinkles, slow gait, among others), makes them be looked upon as older or younger, less sick or sicker, healthier or more deteriorated.

“My husband died at age 79; he had an upright bearing, was jovial, did not look like an old man, did not have a wrinkled complexion, but his hair had turned gray when he was very young, so with my daughter we dyed his hair, because he had a young face, but his hair...” (75 years old woman, widowed 8 years ago).

“I think that I am aging well, because there are others who are doing better and have more pains. But I know that I am already old, because two or three years ago I started feeling the burden of old age” (78 years old woman, widowed 8 years ago).

“The changes came little by little, they were not sudden, and not even now, well, a bit now, because I feel the discomfort of old age; there are young people who are ill, young children, who have the illnesses that one has; so one has to be happy because anyway, I’m already old!” (64 years old woman, widowed 4 years ago).

The meaning of age from subjectivity, or what is understood by felt age [13], is also present in the accounts of widows. This is interesting because it generates a meaning of oneself and of one’s health, not only chronologically or by the linear passage of time. In this way, the meanings of elder women manifest a heterogeneous and discontinuous vital experience where chronological age is relativized, and the beginning or the end of a stage like being old is marked by significant events and feelings of a subjective character. When we analyze the accounts of the life trajectories of elderly widows, we find out that age does not appear only as an indicator of a given psychological or physiological development, but it also tells us about a biographic moment and of a deeper socio-individual content.

“I began feeling old, old, after my 80 years. Aging makes itself get noticed, at 85 it advances at a faster pace, and this year I notice that the deterioration occurs day by day. Now my mood, when I am feeling well, is good, it’s not that I want to die, but on the other hand I’d very gladly accept death” (87 years old woman, widowed 13 years ago).

This configuration of age from feelings is strongly linked with the meanings of health crossed with widowhood, and with the identification of oneself, not only from aging, but also from being a widow. In other words, the death of the spouse marks not only a before and after in the life of women, but also in their self-perception of health, their aging process, and everyday life.

“I have noticed changes in my health after the death of my husband; it no longer was the same. I started going down, down, I started deteriorating. It was no longer the same; I stopped going shopping, none of that; I began staying behind, that’s what was worse for me” (92 year old woman, widowed 10 years ago).

“After I became a widow, the hardest blow came when I got Parkinson’s. My daughter took me to the hospital to

see a neurologist, because she thought that it could be some nervous disorder, and the neurologist made me walk and she said: your mother has Parkinson’s” (75 years old woman, widowed 11 years ago).

“I felt I was aging after I widowed” (75 years old woman, widowed 8 years ago).

The discourses on aging or beginning to feel older in women is also linked with the meaning of age from the social aspect. On the one hand, the fact that it is the body that gets older and they are cognitively well, which they relate with a continuity in their social interactions, and on the other hand the social fact of the experience of life and of having gone through the stages that the social norm of the age [14] expects from her generation. In other words, they have raised a family, have worked, have a home, have widowed. In the analysis of age and its meanings from the accounts of the widows, why they did not marry again arises strongly. In them there is no projection of a new affective conjugal post-widowing relation because of the ingrained age norms: marrying and raising a family is defined socially as a process for young people, not for elders.

“After my husband died, I would tell my children: I was invited out, but I refused. Because to start meeting another person at this time, no. Lose the freedom that was so hard to get. Now I feel free, at least I rest” (78 years old woman, widowed 8 years ago).

Social age and generational identification are also seen in how they got together as a couple, for example, which is marked by the sociohistorical context and is part of the customs and generational socialization. Therefore, the social meaning of old age corresponds to the moment in the course of life in which a number of changes take place that directly affect the dynamics of everyday life of those interviewed. At this stage one is a widow, is retired, lives with a family or alone, previous activities are taken up again, new links are established. In the latter, for elderly widows social age is a field of changes in the meanings of the social and family roles and definitions that are related to their perceptions of themselves and their health as women who are living through aging.

4. CONCLUSIONS

From the analytical reading of the meanings of health, age and aging from the discourses of widows, we realize that widowhood actually appears as a significant event in the women’s life. This happens because conjugal relations can be determining in the construction of the identity of the women and of their living through the aging process. In Chile, many women live widowhood as a true release that marks a significant change in the construction of their lives as elders, as they begin or restart, for example, their labor life in old age and after they have

widowed. From this standpoint, widowing becomes a landmark in their life that signals a before and after in their vital experience. In individual terms, the death of a beloved person is in itself a significant biographic event; the death of the husband at an advanced age is particularly so, because after that event the widow never see herself and her relation with others in the same way again. The marriage relation and the role as a wife that she assumes throughout her life start opening in her certain biographic crossroads that signify making decisions and vital changes that mark her aging process, decisions on her own death, her body and its care.

Widowhood may mean an important loss, and in some cases, associated with depressive states, it can be an important predictor of bad health [15]. It can also trigger or mean new losses, such as social links or relations, degrees of autonomy, or it can generate earnings like greater independence and freedom for making decisions. Widowhood is an important biographic event in the life of the women, not because of its impact on the different spheres of their everyday life, but also in the interpretation that the widows make of their health as elderly women. The constructions and meanings around it have two settings as starting points: on the one hand, age in its three significance levels, chronological, social, and feelings, and on the other hand, the body, in its linkage with the cares and changes it undergoes, and death.

As we approach the meanings of health, given the condition of women as caregivers, an *anticipatory socialization* [16] as widows is seen more clearly in them, that is, that the construction of themselves after widowing occurs much before the death of the spouse. It is with the long illness of the husband that they begin thinking of themselves and they start constructing their identity as *widows*.

When it is looked upon from an anthropological perspective, aging appears as a social event whose experience is individual and subjective, but its meaning in the biographic stream has deep cultural foundations. Widowing in old age, in spite of the sadness that it can cause, is a probable and expected event. The analysis from a biographic review allows us to learn the particular life experience of women as widows. They configure from themselves, from a self-determined standpoint, subjective and from their daily experience, their perceptions and meanings on health, age and aging.

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