

Gendered Pathways of Life Satisfaction Around Spousal Loss: The Role of Care.

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Introduction

Spousal bereavement, or widowhood, is the marital condition in which a marriage ends because one of the two spouses has died, and it is one of the most disruptive events individuals could experience in their life course. In contemporary ageing societies, the prevalence of the phenomenon has steadily increased, with the United Nations estimating widows to represent 258 million people globally.

A rich literature documents that bereavement is associated with decrements in physical and mental health and increased risk of mortality (Ennis and Majid, 2021; Shor et al., 2012; Van Winkle and Konechni, 2025). The impact of bereavement, however, differs by sociodemographic groups. Most prior research finds greater mortality risk for bereaved men than women (Lillard and Waite, 1995; Mineau et al., 2002). Men’s greater vulnerability relate to their fewer social relationships, their lower health literacy and greater difficulties in taking care of themselves after their spouse’s death. In addition, due to men’s greater likelihood of remarrying, observed widowed men, especially later after widowhood are negatively selected, which may explain part of the greater bereavement effect on men (Lee et al., 2001; Stroebe and Stroebe, 1987). Beside gender differences, another crucial point to consider when studying the process of bereavement, is that it is not a dichotomous sudden change of status. Widowhood is better represented by a long-term process that often starts before bereavement itself, with the health deterioration of the later deceased spouse; it culminates with the spouse’s death but also represents an event that triggers long-term

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changes in the health trajectory of the surviving spouse (Liu, 2012; Sasson and Umberson, 2014). The effects of widowhood, in fact, vary over time around the loss of the spouse. They are strongest early after the loss, pointing to a short-term, grief-related mechanism linking spousal death to health deterioration. Yet, widowhood extends throughout the subsequent life course of the involved individuals, until they possibly change status again by remarrying. Several studies point to the presence of substantial long-term health effects of widowhood (Boyle et al., 2011).

Recent work by Comolli et al. (2024) suggests a different temporal pattern for some groups: among women with lower educational attainment, the adverse effects of widowhood on health may be delayed because these women do not exhibit an immediate post-bereavement decline but show deteriorations at later stages. The authors interpret this pattern as possibly reflecting a temporary relief from intensive caregiving responsibilities in contexts with limited external support.

The aim of our study is to investigate the effects of widowhood on the health and wellbeing of the surviving spouse around the time of the loss, with a focus on how gendered patterns of care and support may shape these outcomes.

Data and Method

This study uses data from the Survey of Health, Ageing and Retirement in Europe (SHARE), a longitudinal, cross-national survey that collects information on the health, socioeconomic status, and social and family networks of individuals aged 50 and older in Europe (Börsch-Supan et al., 2013).

The analytical sample includes 68,744 individuals who participated in at least two waves of SHARE, from Wave 1 (2004–05) to Wave 8 (2019–20), excluding Wave 3, which provides only life histories. Among them, 5,548 experienced spousal loss without subsequent remarriage, while 63,196 remained stably married throughout the observation window and serve as the control group.

For widowed individuals, the partner’s identification code is used to determine the date of death and construct a time index in semesters relative to the loss: negative values indicate semesters before death, positive values those after. The analysis covers a symmetric six-year window around the event. For married individuals, following Ludwig and Brüderl (2021), the index is fixed at the first semester of observation, which serves as the reference category.

Life satisfaction, the main outcome, is measured on a 0–10 scale and standardized into z-scores for comparability across waves (available from Wave 2). Caregiving is coded as a binary indicator of whether respondents provided any form of help (personal care, household help, assistance with paperwork...) to their spouse in the past twelve months.

Trends before and after widowhood are analyzed using mixed-effects linear models estimated separately for men and women. The models include fixed effects for the time

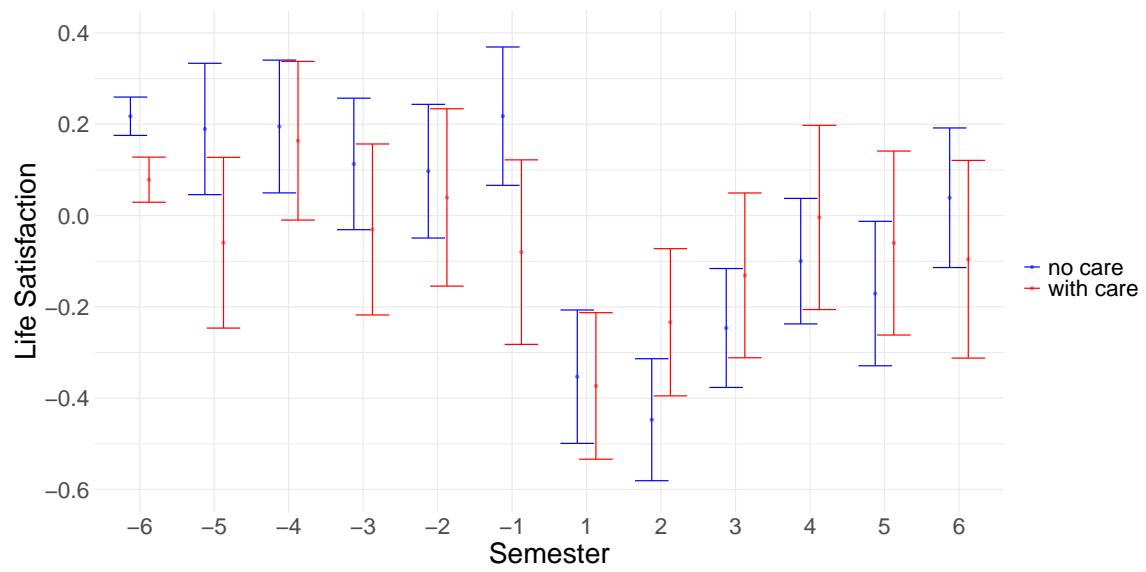
index, caregiving status, age, education, and country, with a random intercept at the individual level to capture unobserved heterogeneity.

Results and Preliminary Conclusions

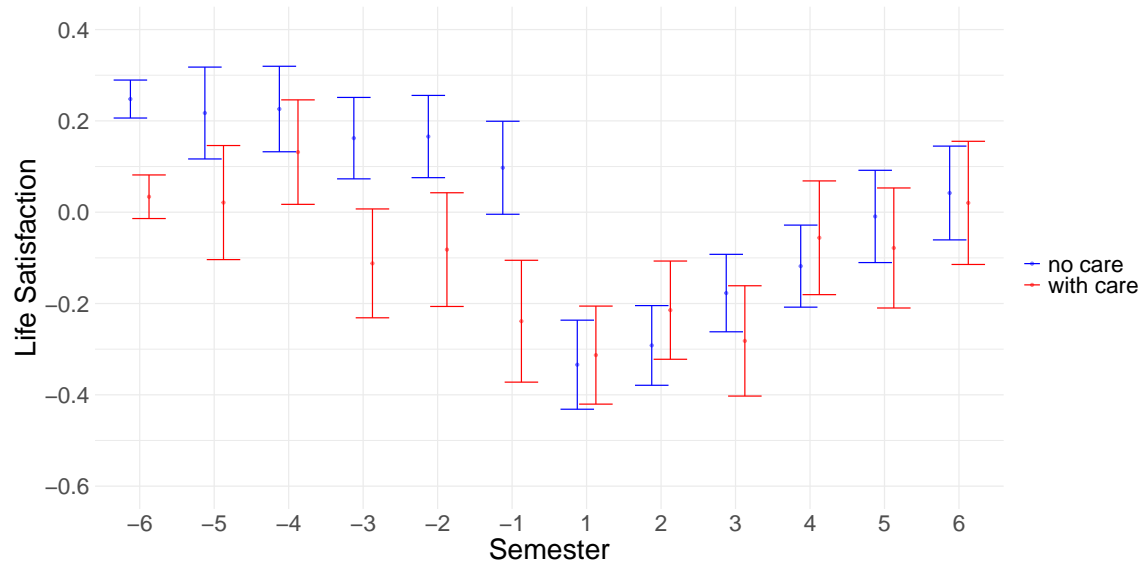
In both men and women, life satisfaction declines immediately after the death of a spouse compared with the reference period 36–30 months before the loss. This finding is consistent with previous research, including the recent study by Adena et al. (2023), and confirms the impact of bereavement on subjective well-being. Although the decline remains statistically significant over time, its magnitude gradually diminishes.

At the same time, our analysis extends prior evidence by explicitly considering the role of caregiving. An anticipatory decline in life satisfaction emerges among those who reported providing care, particularly pronounced for women across the three semesters preceding widowhood and visible among men in the semester before the loss. These patterns suggest that the emotional and physical strain of caregiving weighs more heavily in the pre-loss phase than in the bereavement period itself, when differences between caregivers and non-caregivers largely disappear.

Overall, the findings contribute to the literature by tracing life satisfaction trajectories across both the pre- and post-widowhood phases, revealing distinct temporal dynamics. They also highlight how gendered caregiving responsibilities shape these trajectories, with women experiencing sharper anticipatory declines linked to the burden of care. The results suggest that caregiving may exert its strongest influence before rather than after spousal death, integrating into our understanding about the relationship between bereavement, gender, and care in later life.



(a) MALE



(b) FEMALE

Figure 1: Model-based adjusted predictions of life satisfaction from three years before to three years after spousal loss, by sex and caregiving status.

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