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Changes in subjective wellbeing during widowhood: Gender differences and the buffering effect of the close social network

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Abstract

Objective: This study investigates how structural and functional aspects of social networks influence the impact of widowhood on subjective well-being among adults aged 50 and older, with a focus on gender differences in adaptation and the buffering role of pre-widowhood social ties.

Background: Prior research links widowhood to declines in subjective well-being, though the degree of impact may vary depending on individuals' social connections. While supportive relationships can buffer distress during major life transitions, their effectiveness is not always supported - some evidence suggests social capital alone may be insufficient to prevent well-being deterioration. Additionally, gender differences in adjustment have been observed, with men often facing greater challenges, although findings remain inconsistent and the underlying mechanisms are still unclear.

Methods: We apply coarsened exact matching to compare widow and non-widow groups and conduct panel fixed-effect regression analyses using longitudinal data from the Survey of Health, Aging, and Retirement in Europe (SHARE) to explore the transition into widowhood and its impact on life satisfaction and depressive symptoms, with a particular focus on how pre-existing social network resources may mitigate these effects.

Results: Widowhood is linked to lower life satisfaction and increased depressive symptoms for both sexes, though women tend to recover better over time in terms of life satisfaction. A more diverse social network - including non-kin and non-friend connections, such as former colleagues or neighbors - provides some support for well-being during this transition. In contrast, a higher perceived quality of pre-existing social relationships appears to amplify the negative effects of widowhood, particularly for women.

Conclusion: This study explores how life satisfaction and depressive symptoms evolve over time in response to widowhood, offering insight into the role of pre-existing social ties in individuals' adjustment. Overall, our results suggest that the partner is often the most central relationship for both men and women, and their loss may not be easily offset by the presence of kins or friends in the social network.

Key words: Partner loss; Life satisfaction; Depression; Longitudinal analysis; Social ties; SHARE data

1. Introduction

Losing a spouse or partner is one of the most significant and stressful life events an individual can experience (Lucas et al., 2003; Ory & Huises, 2015; Anusic & Lucas, 2014; Monserud & Markides, 2017), with far-reaching consequences on physical, emotional, and psychological well-being (Einiö, 2010; Jadhav & Weir, 2018; Siflinger, 2017). The likelihood of entering institutional care or dying increases immediately following widowhood (Einiö, 2010), and the detrimental consequences of losing a spouse can persist over years (Yap et al., 2012; Anusic & Lucas, 2014). The experience of widowhood is often associated with feelings of isolation (Kristiansen et al., 2019a; Ennis & Majid, 2021) as well as significant declines in life satisfaction (Infurna et al., 2017). Moreover, recent systematic reviews (e.g., Kristiansen et al., 2019a) have underscored the notably high prevalence of mental health conditions among widowed individuals, including anxiety and depression (Jadhav & Weir, 2018; Siflinger, 2017). Widowhood exerts a profound impact on subjective well-being, yet individuals exhibit widely varying responses to this life event (Bonanno et al., 2004). While some experience significant emotional distress, others demonstrate remarkable resilience. One potential explanation for these differences lies in the strength and supportiveness of an individual's social network. Extensive research has consistently shown a strong link between social support and both physical and psychological well-being (Lucas & Dyrenforth, 2006; Pinquart & Sörensen, 2000). Larger social networks and frequent contact with friends and family have been associated with greater happiness and enhanced resilience to stress (Cohen & Wills, 1985; Myers, 2000).

Social networks and supportive relationships are particularly important during adverse life events, as they can buffer against psychological distress and facilitate recovery from traumatic experiences (Hewitt et al., 2012; Mancini & Bonanno, 2009; Stroebe et al., 2005; Bisconti et al., 2006). However, the protective role of social networks is not entirely straightforward. For instance, recent findings by Kung (2020) suggest that social capital alone may not always prevent declines in mental health following widowhood, highlighting the potential need for alternative coping mechanisms.

Additionally, research highlights certain gender disparities in adjusting to widowhood (King et al., 2019), with some studies indicating that men may struggle more than women in adapting to this life transition (Streeter, 2020) and may be particularly susceptible to experiencing depression following the death of a spouse (Perrig-Chiello et al., 2016). Nonetheless, it's important to note that not all the studies found that women recover quickly from widowhood (Chou & Chi, 2000; Carr, 2004), and men have difficulties adjusting (e.g., Carr et al., 2018). Researchers have started to identify potential factors that contribute to the variations in individuals' responses to widowhood; however, the specific mechanisms contributing to these differences remain largely unexplored.

Using the Survey of Health, Ageing, and Retirement in Europe (SHARE), this study investigates the roles of pre-existing social network characteristics, both structural and functional aspects, in buffering the changes in subjective well-being in widowhood of individuals aged 50+. More specifically, in this study depressive symptoms and life satisfaction are both analysed as dimensions of wellbeing. Three research questions are posed: (1) *Does widowhood influence depressive symptoms and life satisfaction?* (2) *Do pre-existing social network characteristics (structural and functional aspects) mitigate the effects of widowhood on wellbeing in older adults?* (3) *Are any gender differences?*

To address these research questions, our study makes three key contributions to the existing literature. First, it examines changes in well-being before and after the death of a spouse, while accounting for time-invariant factors. The analysis spans at least two waves prior to spousal death and extends to two or more waves following it, offering a comprehensive view of the temporal dynamics of well-being during this life transition. Second, to understand how individuals navigate widowhood, we examine five key aspects of their existing social resources: network composition, network size, frequency of contact with social network members, social network satisfaction, and emotional closeness with the social ties. Taking a multidimensional approach, we explore how these different facets shape the ability to cope with such a profound life transition. Our data comes from SHARE, one of Europe's largest and most comprehensive longitudinal studies on aging. With its rich detail on social networks—about their structure and quality—SHARE allows for a deeper analysis beyond simple availability. Moreover, its diverse, multi-country sample strengthens the broader relevance of our findings. Finally, given well-documented gender differences in social styles and network structures, our study explores whether men and women adapt to widowhood differently and examines whether social relationships mitigate the effects of spousal loss in distinct ways

based on gender. By integrating these perspectives, our research contributes to a deeper understanding of the interplay between gender, social networks, and resilience during widowhood.

2. Theoretical background

2.1 The role of the social network

Family members and close relationships may play a crucial role in psychological recovery by alleviating the effects of bereavement and fostering a sense of empowerment and control. This sense of connectedness encompasses both interpersonal bonds and broader social inclusion, which together help restore a positive self-identity (Tew et al., 2012; Thoits, 2011). Additionally, social networks assist surviving partners in managing daily life, encouraging them to adjust and embrace a new phase of life (Gumà & Fernández-Carro, 2021).

However, simply having social connections does not automatically improve mental health (Gumà & Fernández-Carro, 2021). The protective effect against depression depends on key characteristics of the social network, such as its composition and the perceived quality of relationships (Turner & Brown, 2010). Researchers often distinguish between structural and functional aspects of social support. Structural aspects refer to objective factors like network size, frequency of contact, and relationship types, whereas functional support includes emotional and instrumental aid, as well as the perceived quality of that support (Milardo, 1988; Powers, Bisconti & Bergeman, 2014).

Smaller, less diverse social networks are typically more homogeneous, involve infrequent interactions, and consist of fewer connections (Kersten, Mund & Neyer, 2024 ; Djundeva, Dykstra & Fokkema, 2019; Litwin, Levinsky & Schwartz, 2020). In contrast, broader and more varied networks provide frequent social contact and encompass a wider range of social roles, including family, friends, colleagues, and neighbours (Kersten, Mund & Neyer, 2024; Gumà & Fernández-Carro, 2021). A diverse network enhances opportunities for social interaction, participation, and emotional support, all of which contribute to well-being (Ali et al., 2018; Litwin & Shiovitz-Ezra, 2010). Cross-sectional studies consistently show that individuals with diverse networks experience higher life satisfaction, reduced loneliness, and fewer depressive symptoms (Litwin & Shiovitz-Ezra, 2010). Longitudinal research further highlights that greater social diversity is linked to significant improvements in health and well-being over time (Ali et al., 2023; Dembo et al., 2023; Lin & Lachman, 2023).

The buffering model of psychological stress suggests that both structural and functional support mitigate the negative effects of stress by fulfilling emotional and practical needs (Wills & Isasi, 2007). For widowed individuals, structural support provides frequent interactions and broad networks, while functional support—such as high-quality emotional support—helps address grief and loneliness. These distinctions help explain why individuals embedded in diverse and supportive networks tend to experience better well-being, whereas those with limited or lower-quality networks may struggle with prolonged grief or emotional distress (Thoits, 2011; Fernandez-Carro, 2013). The main-effects model complements this by suggesting that social networks and support directly enhance well-being by fulfilling essential needs like belonging and connection (Anusic & Lucas, 2014).

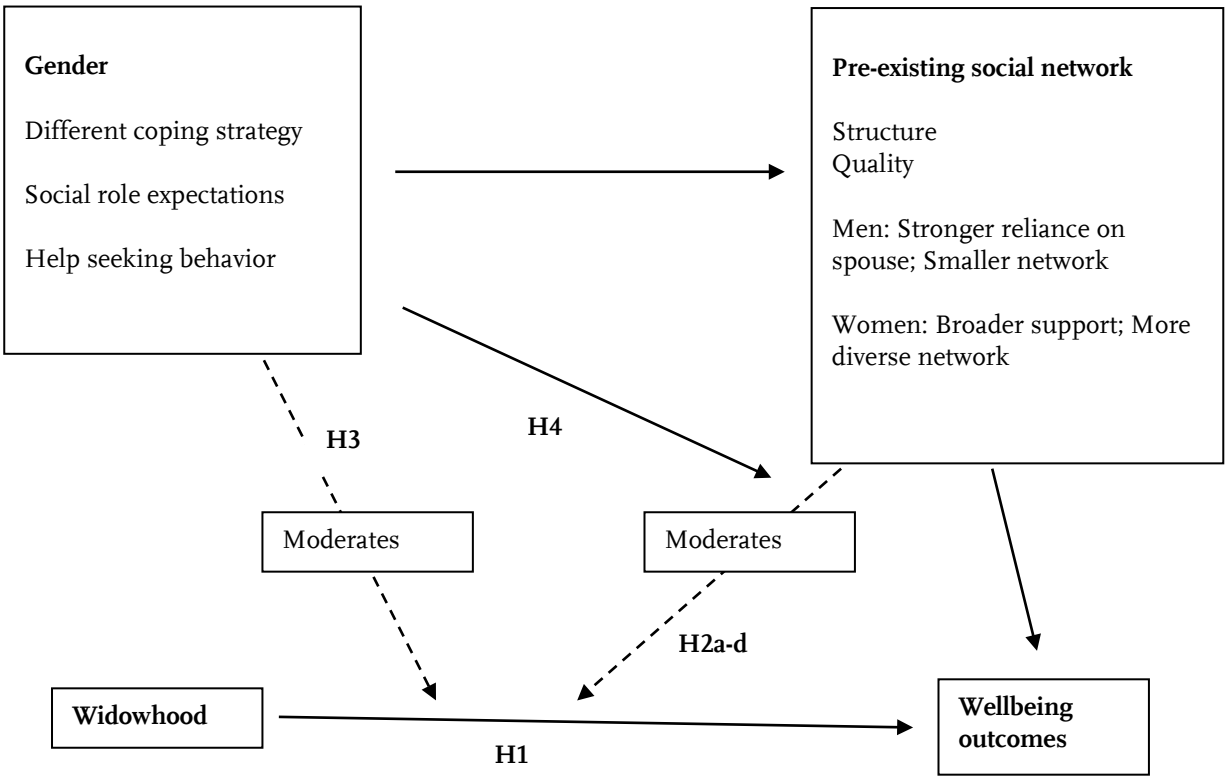
Empirical findings on social networks' role in mitigating bereavement's impact remain mixed, partly due to methodological limitations, such as small sample sizes and a lack of longitudinal studies (Stroebe et al., 2005). For instance, Li et al. (2011) found that among widowed Chinese individuals, support from children—but not friends—helped buffer against depressive symptoms. In contrast, a Dutch study observed that while supportive relationships reduced emotional loneliness, close friendships paradoxically increased emotional and social loneliness over time (van Baarsen, 2002). Similarly, Ha (2010) reported that widowed individuals receiving positive support from children had fewer depressive symptoms, whereas negative support exacerbated depression and anxiety. However, longitudinal studies by Anusic & Lucas (2014) and Stroebe et al. (2005) found inconsistent evidence for the buffering role of social support, highlighting the complexity of adjusting to widowhood. More recently, Monserud and Markides (2017) found that while social support generally benefits mental health, higher levels of perceived support among older adults were linked to increased depressive symptoms during the transition to widowhood. This suggests that excessive support may undermine a sense of independence, potentially worsening feelings of depression.

2.2 Gender, social resources, and widowhood

Research consistently underscores gender differences in responses to widowhood, with men often displaying greater vulnerability (King et al., 2019; Liu et al., 2020; Yu et al., 2021). Widowed men are more likely than women to experience depression (van Grootheest et al., 1999; Umberson et al., 1992; Forster et al., 2019; Perrig-Chiello et al., 2016), and the adverse effects of living alone, such as increased mortality, tend to be more pronounced in men (Honjo et al., 2018). Longitudinal studies further highlight gendered recovery patterns. Streeter (2020), for example, found that while women's emotional well-being often returns to baseline within two years, men are more likely to experience prolonged declines.

Several factors contribute to men's heightened vulnerability. Traditional gender roles shape coping strategies, leaving older men particularly susceptible to isolation after losing their primary source of social connection and support (King, Carr & Taylor, 2019; Antonucci, Ajrouch & Birditt, 2014; Utz & Beukeboom, 2011). Many older men also have limited experience with household tasks, making daily responsibilities overwhelming (Isherwood, 2023; Umberson et al., 1992). Additionally, men are more likely to engage in maladaptive coping mechanisms, such as smoking and excessive alcohol consumption, following spousal loss (Bird & Rieker, 2008; King, Carr & Taylor, 2019). In contrast, widowed women more commonly face financial insecurity due to reduced income (Isherwood, 2023).

Figure 1: Conceptual diagram depicting how gender and social networks moderate wellbeing outcomes in widowhood



Note: Author's own elaboration

However, some longitudinal studies challenge the assumption that men consistently fare worse. Lee and DeMaris (2007), using U.S. national survey data, found no significant gender differences in the effects of widowhood on depressive symptoms over six years. More recently, Sasson and Umberson (2014) also reported no significant gender disparities in widowhood-related depression, regardless of duration. These mixed findings suggest that the emotional impact of widowhood varies depending on contextual and individual factors.

While some studies indicate that the influence of social relationships on psychological well-being is similar for both genders (Chopik, 2017; Stoliker & Lafreniere, 2015), social support may be a key factor in

buffering the negative effects of spousal loss (de Vries et al., 2014; Sullivan & Infurna, 2019). Women typically maintain larger and more diverse social networks than men (Haines & Hurlbert, 1992) but are also more sensitive to disruptions within these networks (Antonucci et al., 1998; Schuster et al., 1990). In contrast, men's social interactions often revolve around their spouses, with broader connections typically mediated through them (Klaus, 2021; Hank, 2007; Schmid et al., 2012). Men also tend to form social ties in workplace settings, whereas women develop connections across multiple social domains. Consequently, after retirement, men often rely heavily on their wives for emotional and instrumental support (Cornwell, 2011; Umberson et al., 1992).

These gendered differences in social network structures have important implications for widowhood. For men, losing a spouse often means losing their primary confidant and main source of emotional support, increasing the risk of social isolation. In contrast, women are generally better positioned to maintain or expand their social networks after bereavement, sustaining relationships with family, friends, and neighbours. Given these dynamics, having a robust and high-quality social network before widowhood may be particularly critical for men in mitigating its negative effects. Figure 1 illustrates the conceptual framework of our study.

3. Aim of the study and hypothesis

Despite acknowledging the importance of social resources, few studies have extensively explored gender differences in how older individuals utilize these resources throughout the widowhood process (Guiaux et al., 2007; Isherwood et al., 2012; Bennett et al., 2005). Previous research has mainly concentrated on examining changes in social contact, support exchange, and engagement within social activities after widowhood, overlooking to some extent the beneficial impacts of preexisting social networks (Isherwood, 2021). This study examines the potential buffering role of social networks prior to widowhood—specifically their structural and functional characteristics—on subjective wellbeing during widowhood. The following hypotheses are proposed:

Effect of Widowhood (General Impact on Mental Well-being)

H1: Widowhood is associated with a decrease in life satisfaction and an increase in depressive symptoms.

Pre-widowhood network characteristics as a Moderators

H2a: A more diverse social network, involving different types of relationships (e.g., family, friends, ex-colleagues, etc.), moderates the negative effects of widowhood on life satisfaction and depressive symptoms, such that individuals with a more diverse network experience less psychological distress following widowhood.

H2b: Larger social network size buffers the negative mental health effects of widowhood. Individuals with smaller networks will experience more pronounced declines in life satisfaction and increased depressive symptoms post-widowhood compared to those with larger networks.

H2c: Higher frequency of interactions with social network members (e.g., weekly contact) moderates the negative mental health effects of widowhood. Individuals with more contact will experience less pronounced declines in wellbeing post-widowhood.

H2d: Greater emotional closeness and satisfaction in social relationships help buffer the impact of widowhood on mental health. Individuals with emotionally close and more satisfying networks tend to experience better mental health outcomes after widowhood compared to those with lower perceived closeness and support.

Gender differences

H3: Men who experience widowhood will show a stronger increase in depressive symptoms and a greater decline in life satisfaction compared to women.

H4: The buffering effect of larger, more diverse, and high-quality emotionally supportive networks on depressive symptoms and life satisfaction is expected to be stronger for men than for women, as men are more vulnerable to the effects of widowhood.

4. Methods

4.1 Data

This study uses data from the Survey of Health, Ageing and Retirement in Europe (SHARE). SHARE is a longitudinal study that examines the health, socioeconomic conditions, and social and familial relationships of individuals aged 50 and older (Börsch-Supan et al., 2013). The survey spans nine waves of data collection, conducted biennially from 2004 to 2022, across 28 countries (beginning with 12 countries in 2004). For this analysis, data from waves 1 to 8 were used[1],. Waves 4, 6, and 8 of SHARE included the "social networks" modules (Litwin et al., 2013), where participants provided detailed information about their confidants.

Table 1: Summary statistics ate the baseline for non-weighted and weigheted sample, by gender and relationship status

	Female			**Male**		
	1 Widowed	**2 Non-widowed**	**3 Non-widowed (weighted)**	**1 Widowed**	**2 Non-widowed**	**3 Non-widowed (weighted)**
Age categories						
<=60	24.6	56.0**	27.8	17.9	42.4**	18.3
61-69	31.6	27.5	30.3	25.4	31.5	29.5
70-79	34.7	14.0	32.9	37.3	20.6	37.6
>=80	9.1	2.5	8.9	19.4	5.5	14.6
Education						
ISCED 0 & 1	33.5	21.6**	35.4	30.4	20.4**	30.2
ISCED 2	19.6	18.6	20.1	16.1	15.5	17.3
ISCED 3 & 4	33.5	39.0	32.2	37.1	40.5	36.5
ISCED 5 & 6	13.4	20.7	12.3	16.4	23.6	16.0
Retired						
No	41.2	64.0**	49.4	21.5	45.2**	23.8
Yes	58.8	36.0	50.6	78.5	54.8	76.2
Wealth quartile						
Lowest quartile	46.2	27.8**	43.6	35.5	27.3**	42.9
Second quartile	25.6	26.9	26.3	25.6	26.3	25.1
Third quartile	14.7	20.3	15.9	19.8	20.0	16.3
Highest quartile	13.5	25.0	14.3	19.0	26.3	15.6
Self-perceived health						
Very good/excellent	18.2	30.7**	21.4	22.5	30.7**	23.0
Less than very good	81.8	69.3	78.6	77.5	69.3	77.0
Depression (Euro-D)	3.15	2.59**	2.86**	2.20	1.86**	2.07*
	(2.48)	(2.27)	(2.40)	(2.07)	(1.94)	(2.06)
Life satisfaction	7.28	7.73**	7.55**	7.51	7.76**	7.62*
	(1.94)	(1.73)	(1.86)	(1.86)	(1.70)	(1.80)
N	3,281	33,242	31,467	1,238	33,823	35,469

Note: Note: Values are means with standard deviations in parentheses for continuous variables and percentages for categorical variables. The weights are calculated using the coarsened exact matching process.

***p < .001, , **p < .01, *p < .05

1 Wave 9 was included as a robustness check, as it includes widows who experienced spousal loss during the COVID-19 pandemic. Recent studies (e.g., Wang et al., 2022; Van Winkle & Konechni, 2022) suggest that this group of widows may differ fundamentally from those in earlier cohorts. Nevertheless, in our case, the inclusion of Wave 9 did not significantly alter the results.

The initial sample consisted of individuals who were not widowed at the time of their first SHARE interview (N = 71,514). We omitted those observed only once (N=60,876) and, to examine the protective effect of prior-to-widowhood social networks, we selected individuals who lost their spouse starting from wave 5 (after the 4th wave, which is the wave of the first social network module). This selection criterion ensures that participants were not widowed during waves 1-4, allowing us to capture their social resources before the onset of widowhood (N=1,676). Additionally, exclusions were made for individuals lacking information on the well-being indicators. For this reason, the working sample is restricted to widowed individuals ≥50; and for comparison, married or cohabitating individuals who, by the end of the observation period, did not experience spousal loss. These comprised 71,584 respondents with 262,714 individual-year observations. We observed 4,519 widowhood transitions (experiencing widowhood between waves 4-8).

The baseline characteristics for the widowed and non-widowed groups, observed in Columns 1 and 2 of Table 1, show that widowed individuals tend to be older and have lower socioeconomic status. These differences can lead to selection bias when estimating health outcomes, potentially exaggerating the association between widowhood and health. To reduce this bias, it is crucial to ensure that the two groups are balanced on key covariates, making it more likely that any observed health differences are attributable to widowhood rather than external factors. To achieve this, we employed a coarsened exact matching procedure, a method widely used and validated in previous studies (Kung, 2020; Freak-Poli et al., 2022). The matching process uses these covariates: baseline education (ISCED-97), retirement status, age groups (≤60, 61–69, 70–79, 80+), and wealth quartiles. This results in a sample of 66,936 non-widowed and 4,519 widowed individuals. Columns 3 of Table 1 displays the variables distribution for the weighted (matched) non-widowed group. After applying matching weights, the differences between the widowed and non-widowed groups are no longer statistically significant.

The baseline characteristics for the widowed and non-widowed groups, observed in Columns 1 and 2 of Finally, when social resources are included in the analysis to examine the buffering effect, the sample size varies slightly between models, depending on the specific social network characteristic being studied.

4.2 Dependent variables

This analysis focuses on subjective well-being as the dependent variable, assessed through life satisfaction and depressive symptoms. Research has highlighted depressive symptoms as a key link between marital status and mental health outcomes (e.g., Jadhav & Weir, 2018). In contrast, the dual-factor model of mental health provides a more comprehensive framework, considering mental well-being as a balance of both positive and negative mental states (e.g., Tang, Mair & Hu, 2023; Wang, Zhang, & Wang, 2011). Within this framework, depressive symptoms and life satisfaction are among the most commonly analysed variables (Iasiello & Van Agteren, 2020; Tang, Mair & Hu, 2023). Depressive symptoms are specifically measured using the EURO-D scale, which comprises 12 items covering diverse aspects of depression (e.g., pessimism, suicidal ideation, guilt, sleep disturbances, loss of interest, irritability, etc.). The scale yields scores ranging from 0 to 12, with higher scores reflecting greater severity of depressive symptoms. Each item assesses the self-reported presence of a particular symptom.

Life satisfaction is assessed on a scale from 0 to 10, using the question: "On a scale from 0 to 10, where 0 means completely dissatisfied and 10 means completely satisfied, how satisfied are you with your life?". It reflects the respondent's overall evaluation of their life at the time of the interview. Shin and Johnson (1978) define life satisfaction as a global evaluation of a person's quality of life based on personal criteria. For instance, while health, income, and social networks may be desirable, individuals assign varying levels of importance to these factors. Therefore, the life satisfaction scale generally asks for an overall evaluation of one's life rather than summing up satisfaction across specific areas (Diener et al., 1985)[2].

4.3 Independent variables

The main independent variables examined in this study is time to widowhood. Respondents are asked to describe their current relationship status from the options: "married," "registered partnership," "never married," "divorced or separated," and "widowed." Respondents are classified as widowed if they select this

2 The distribution of life satisfaction scale and depressive symptoms (Eurod), it is shown in the Appendix (Fig.A1 and A2).

option. It is important to note that only non-widowed individuals were selected in waves 1-4 because SHARE began providing information about social networks starting in wave 4. Since the study aims to investigate the protective effect of social networks existing before widowhood, we selected individuals who experienced the loss of a spouse starting from wave 5 (i.e., those who were not widowed in waves 1-4). With this information, a variable has been constructed in order to measure the time to widowhood, i.e., considering time before and after the year of partner's death. The literature investigating major life events emphasizes the importance of examining anticipation and adaptation to them (Frijters et al., 2011; van den Berg et al., 2017; Kung, 2020). Therefore, time to widowhood was measured through five dummy variables: two or more waves before widowhood t>=2; one wave before widowhood t=-1; shortly after widowhood t=0; the wave after widowhood t=1; and two or more waves after widowhood t>=2.

4.4 Moderators

Pre-widowhood social Network (SN) characteristics are the variables used as moderators. This study examines both structural and functional aspects of social networks, as these features hold theoretical importance (e.g., Cohen & Wills, 1985; Jackson & Antonucci, 1992) and have been empirically linked to health and well-being outcomes (e.g., Seeman & Syme, 1987).

Structural components include network composition, size, and frequency of interactions with network members. The composition specifically highlights the types of ties individuals have within their networks, such relatives, or friends. The SHARE social network module employs an "ego-centered" approach, asking respondents to list up to seven individuals with whom they frequently discussed important matters in the past 12 months. This method captures the respondent's key social connections, categorized into spouse/partner, parents, in-laws, siblings, children, extended relatives, and non-relatives like friends, neighbours, or ex-colleagues. Based on this information, respondents' social ties were categorized into four network types: "Only Relatives," consisting solely of family members other than the spouse; "Only Friends," composed exclusively of friends; "Mixed Composition," including at least one relative and one friend, but not the spouse; and "Only Others," comprising non-kin and non-friends, such as neighbours or former colleagues.

The variable "size" represents the respondent's social network size, ranging from 0 to 7. The variable "frequency of contact" measures how many network members the respondent contacts weekly, and also it ranges from 0 to 7. If the spouse/partner was included in the network before widowhood, one unit was subtracted from both values. Finally, both variables were converted into dichotomous ones, using the median as the cut-off (see Table 3).

Functional components address perceived social support, including the quality of the network and emotional closeness among members. This dimension reflects the depth and significance of social ties, such as the strength of emotional bonds within the network (Antonucci et al., 2001). Satisfaction with the social network is measured using the question: "Overall, on a scale from 0 to 10, where 0 means completely dissatisfied and 10 means completely satisfied, how satisfied are you with the relationship you have with the person/relationships you have with all the people we just discussed?" Based on graphical analysis (as done in previous studies, e.g., Gumà & Fernández-Carro, 2021), we classified individuals as either satisfied or not satisfied. This analysis revealed a threshold, with scores of 8 to 10 indicating high or complete satisfaction with the social network, while lower scores fell into the not satisfied category (see Appendix Figure 3A).

Finally, emotional closeness is assessed using the question: "How close do you feel to the person/relationships you have with all the people we just discussed?" The response options are as follows: 1) Not very close, 2) Somewhat close, 3) Very close, and 4) Extremely close. Based on the responses provided for each person mentioned, an average closeness variable was constructed, ranging from 1 (not very close) to 4 (extremely close).

All the social network variables were assessed before the death of the spouse, specifically in waves 4, or 6 and they are set up to two waves before spousal death or, where not possible one wave before. See table 3 for the distribution of the variables at the baseline.

4.5 Covariates

Socio-demographic factors were controlled for in the data analysis, including age (in years), annual income (measured in quartiles), employment status (not retired/retired), participation in social or community activities, and overall health status. The distribution of these variables at the sample baseline is shown in Table 1 (above).

Overall health status was rated on a four-point scale (1 = very good, 2 = good, 3 = fair, 4 = poor) and was dichotomized as very good vs. less than very good. Annual income was measured as the total income received by all household members in an average month during the year and categorized into quartiles. Participation in social or community activities was based on the SHARE question: "Which of the activities listed on this card—if any—have you done in the last twelve months?". Respondents were considered socially active if they reported engaging in at least one of the following activities: voluntary or charity work, attending an educational or training course, going to a sport, social, or other club, or taking part in a political or community-related organization.

4.6 Analytic strategy

We began by employing nonparametric kernel-weighted local polynomial plots to illustrate the continuous trajectories of well-being outcomes from three years before to three years after spousal death (Hypothesis 1). These plots provide a descriptive overview of well-being trajectories in the years around spousal death. By illustrating temporal patterns without assuming a specific parametric form, these plots offer an intuitive visualization of how well-being evolves before and after widowhood for both widowed individuals and their matched non-widowed counterparts. By comparing these trajectories, the plots help clarify whether observed changes in well-being are primarily related to the timing of widowhood or reflect broader trends that also affect non-widowed individuals, thus offering insight into the potential influence of time versus other covariates.

For widowed individuals, the plots are centered around the wave corresponding to the spousal death, whereas for non-widowed individuals, they are aligned with the average age at which spousal death occurred within the matching strata of the widowed group (see Kung, 2020).

Next, we used individual fixed-effects regression models to estimate how wellbeing changes with widowhood status and duration (e.g., Kung, 2020; Freak-Poli et al., 2022). Fixed-effect models were chosen for their suitability with longitudinal data, allowing control for time-invariant variables that might confound the relationship between social resources and subjective well-being. As anticipated, the main explanatory variable was a categorical indicator of the time before and since widowhood in four categories: 1) married and at least two waves prior to widowhood reference, 2) married and one wave prior to widowhood, 3) the wave of widowhood or shortly after, 4) one wave after widowhood, 5) two or more wave after widowhood. Individuals in intact marriages serve as the control group. Including them, rather than focusing solely on the widowed, provides a key advantage: they may experience changes in well-being even without undergoing widowhood. Excluding these individuals could lead to an overestimation of widowhood's impact on well-being (Bayaz-Ozturk et al., 2018; Streeter , 2020) .

For each well-being outcome, we first estimated a baseline model (Model 1) for the full sample (Hypothesis 1), including all predictors. This was followed by a two-way interaction model (Model 2) examining the interaction between widowhood and gender (Hypothesis 3). At this stage, social network variables were not included in the models; however, other control variables were added. The sample is unbalanced, as individuals have varying numbers of repeated measurements. Nevertheless, all participants were observed at least twice—once during the wave before and once shortly after they became widowed.

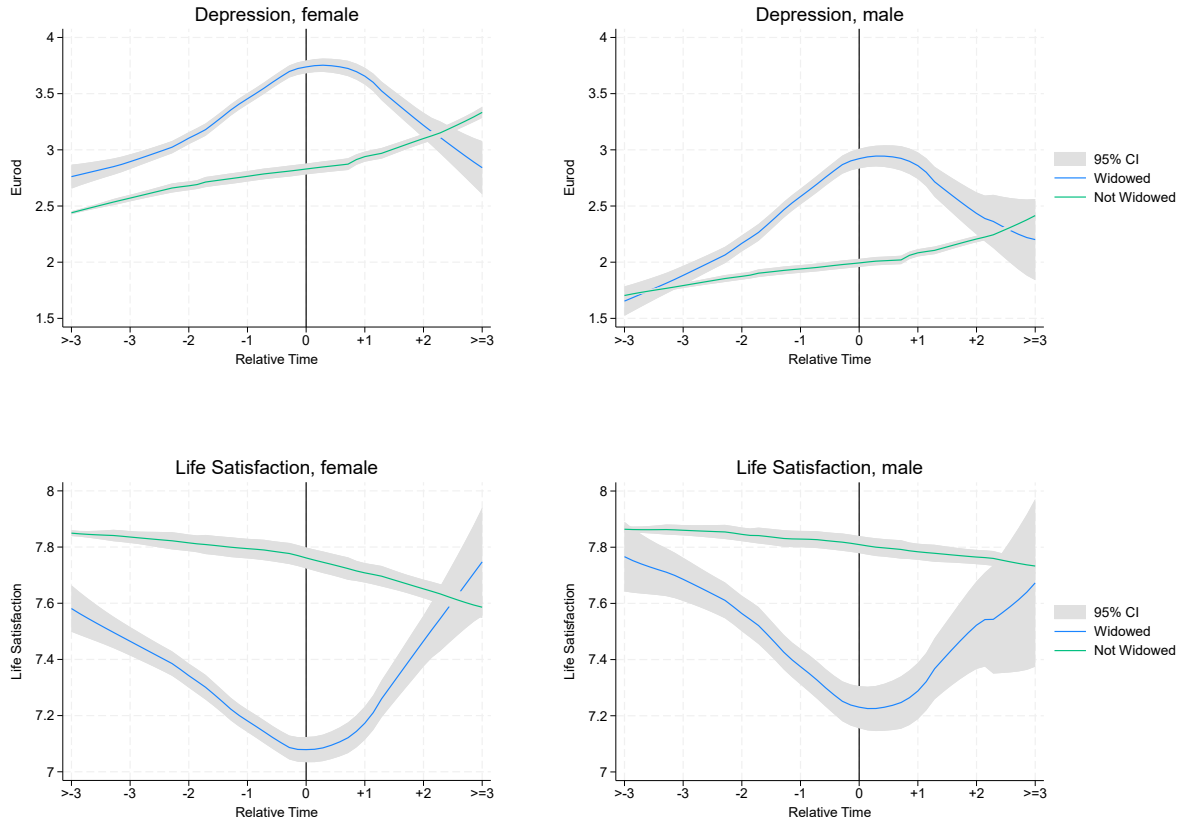
In the third step, separate regression analyses were conducted for each social network aspect and gender, resulting in 16 distinct regression models (Hypothesis 2a-d and 4). To assess the buffering effects of social networks, well-being after the event at t=0, t=1, and t>=2 was compared to levels recorded two or more years before the event the reference category when available. If data from two waves prior to widowhood were unavailable, well-being one wave before or shortly before the event was used as the reference. The interaction coefficient between a given resource and the waves after widowhood indicates the buffering effect.

5. Results

5.1 Well-being in widowhood

Fig. 2 illustrates subjective wellbeing transitions across the waves since widowhood, separately for the widowed and matched non-widowed samples, using nonparametric polynomial smoothed plots and stratified by gender. It is shown that widowers experience a significant increase in depressive symptoms beginning before spousal death, peaking shortly afterward, and gradually declining back to baseline levels. In contrast, non-widowed men exhibit relatively stable levels of depression (Hypothesis 1). Widowed women exhibit generally higher levels of depression and a substantial rise in depressive symptoms around the time of spousal death (Hypothesis 1), followed by a decline. However, the peak in symptoms is slightly less pronounced than in men. For life satisfaction, widowed men show a sharp decline starting prior to spousal death, reaching the lowest point shortly after (Hypothesis 1), and then steadily recovering toward baseline. Non-widowed men, by comparison, maintain consistently stable levels of life satisfaction. Widowed women display a comparable trend, with a decline in life satisfaction before spousal death, hitting a low shortly afterward, and then recovering (Hypothesis 1). However, their recovery appears more pronounced than that of men (Hypothesis 3).

Figure 2: Trajectories of life satisfaction and depression before and after spousal death, comparing widowed and non-widowed individuals by gender (95 C.I).



Note: The blue curve is a local polynomial smoothed plot of average wellbeing outcomes in the widowed sample by waves since spousal death, with the vertical line representing the wave of spousal death. The green curve plots average health in the non-widowed sample, with the vertical line representing the average age at spousal death among widowed individuals in their respective matching strata

The table 2 presents results from models examining the association between widowhood timing and depressive symptoms and life satisfaction. Model 1 includes baseline covariates, while Model 2 introduces interaction terms between widowhood timing and gender. Shortly after widowhood, there is a strong increase in depressive symptoms and a significant decline in life satisfaction. These effects persist one wave

after widowhood, although the magnitude diminishes slightly for depressive symptoms (Hypothesis 1). No significant changes are observed 2+ waves after widowhood for both depressive symptoms and life satisfaction (Models 1).

The interaction terms in Model 2 suggest some gender differences, with women exhibiting fewer depressive symptoms and greater life satisfaction throughout the entire time period. However, most coefficients are not statistically significant. A notable exception occurs one year after widowhood, where women appear to experience a significant increase in life satisfaction compared to men (Hypothesis 3).

Table 2: Association between time to widowhood and depressive symptoms and life satisfaction within the total sample (Models 1) and interaction terms between time to widowhood and gender (Models 2)

	Depressive symptoms		**Life satisfaction**	
	Model 1	**Model 2**	**Model 1**	**Model 2**
Age	.01***	.01***	.02***	.02***
Participation in social activities (ref. No)	-.05**	-.05**	.09***	.08***
Health less than very good (ref. Very good)	.31***	.31***	-.24***	-.24***
Retired (ref. No)	-.14***	-.14***	.10***	.10***
Wealth quartile (ref. Lowest one)				
Second quartile	-.08*	-.08*	.17***	.17***
Third quartile	-.04	-.04	.22***	.22***
Highest quartile	-.02	-.02	.19***	.19***
Time to widow (ref. 2+ waves before)				
1 wave before widowhood	.18***	.15	-.12**	-.12
Shortly after	.88***	.97***	-.54***	-.59***
1 wave after widowhood	.25**	.42**	-.19**	-.39**
2+ waves after widowhood	.05	.16	-.08	-.27*
Gender × time to widow				
Female × 1 year before widowhood		.04		-.00
Female × Shortly after		-.12		.08
Female × 1 year after widowhood		-.24		.27*
Female × 2+ years after widowhood		-.14		.26

Note: The reference category for the interaction 2+ waves before widowhood

*** p<0.001, ** p<0.01, * p<0.05

5.2 Buffering role of the social resources

Next, we investigate whether pre-existing social network resources enhance resilience in the transition to widowhood by moderating the negative impact of becoming a widow on life satisfaction. The table 3 presents a comparative analysis of social network (SN) characteristics and related metrics for females and males. The results reveal some gender differences. Females consistently report larger networks, and higher frequencies of weekly interactions. Despite these differences, satisfaction with social networks and perceived emotional closeness are comparable between genders. Regarding the composition, a higher percentage of women report having networks composed of relatives compared to males. Networks with "Mixed Composition" (i.e., including at least on relative different from the spouse and one friend) are more common among females than males, suggesting women maintain a more diverse social network structure. Finelly, both genders have a relatively small proportion of networks categorized as "Only Friends", highlighting that friendships may play a smaller role in these social networks compared to familial and spousal connections.

Table 3: Pre-existing social networks SN resources mesured before widowhood, in wave 4 or 6

	Female					Male				
	M	**SD**	**p50**	**Min**	**Max**	**M**	**SD**	**p50**	**Min**	**Max**
Network composition										
Only relatives	53.2					46.4				
Only friends	4.3					4.1				
Mixed composition	20.2					13.3				
Only “others”	1.7					2.0				
None	20.6					34.2				
Members w/ weekly contact	1.61	1.36	1		7	1.18	1.27	1	0	7
SN satisfaction	8.99	1.30	9	0	10	8.90	1.37	9	0	10
Emotional closeness	3.35	0.59	3	1	4	3.34	0.61	3	1	4
N	34,748					36,707				

Note: Values are percentages for categories of Network composition. For all other variables, values represent means, with standard deviations, medians, minimum, and maximum values

Next, we compared life satisfaction at different time points after the event at time t=0, t=1, and t≥2 with the levels observed two or more years before the transition to widowhood used as the reference category. Table 4 presents the life satisfaction regression estimates for the interactions of time since widowhood with pre-existing social resources. The interaction coefficient between a particular social network characteristic and the waves following widowhood indicates the buffering effect of that characteristic. This coefficient aids in understanding how the decrease in life satisfaction varies between individuals with higher and lower social network resources: a positive coefficient suggests a buffering effect of the studied characteristic, indicating that individuals with that pre-existing resources experience a smaller decline in life satisfaction compared to those without that pre-existing resources. Conversely, a negative coefficient implies that the considered characteristic does not mitigate the negative effects of the event but rather intensifies the decline in life satisfaction.

For women, most social network compositions did not provide significant buffering effects on life satisfaction during widowhood. However, having only "others" in the social network reduced the decline in life satisfaction by 1.42 points ($p < 0.05$) one wave after losing a partner, and by 1.32 points ($p < 0.001$) two or more waves later. This suggests that this specific network composition may help mitigate the negative impact of widowhood on well-being (supporting Hypothesis 2a). Other social network types, such as only relatives, only friends, or mixed compositions, did not show clear protective effects. Likewise, interactions involving other structural social network variables, including weekly contact with network members and overall network size, were not significantly associated with changes in life satisfaction following widowhood (providing no support for Hypotheses 2b and 2c).

Social network satisfaction has a significant worsening effect on life satisfaction among widowed women. Specifically, those with higher pre-widowhood social network satisfaction experienced a greater decline in life satisfaction compared to those with lower network satisfaction, with reductions of 0.82 points ($p < 0.001$) shortly after losing their partner, 0.84 points ($p < 0.001$) after one wave, and 1.35 points ($p < 0.001$) after two or more waves (providing no support for Hypotheses 2d). Similarly, emotional closeness appears to exacerbate the decline in life satisfaction following widowhood. Women who had higher levels of emotional closeness before losing their spouse experienced a significantly steeper decline in life satisfaction both immediately and in the following wave compared to those with lower levels of emotional closeness, providing no support for Hypothesis 2d.

For men, the buffering effects of social networks on life satisfaction during widowhood were even less evident (no support for Hypothesis 4). No interactions with network type were consistently significant. However, having only relatives in the network marginally reduced the decline in life satisfaction one wave after widowhood ($b = 0.42$, $p < 0.10$), though this effect did not persist in later waves. Other network types showed no significant interactions, providing no support for Hypothesis 2a. Additionally, a larger social network size was marginally associated with a greater decline in life satisfaction one wave after widowhood ($b = -0.42$, $p < 0.10$), suggesting that maintaining a larger network does not necessarily buffer against the negative effects of widowhood for men, offering no support for Hypothesis 2b or Hypothesis 4. Finally,

men's social network satisfaction and emotional closeness did not show significant buffering effects at any stage of widowhood, providing no support for Hypothesis 2d or Hypothesis 4.

Table 4: Buffering role of social network charateristics for life satisfaction during widowhood. The lines represent interaction effects from separate regressions for different social network characteristics. Unstandardize coefficients, 95 C.I.

	Women			
	-1 Wave	**Shortly After**	**1+ Waves**	**2+ Waves**
Structural component				
No spouse – only relatives (ref.no)	0.12	0.01	-0.05	0.22
Only friends (ref.no)	-0.08	-0.23	0.15	-0.07
Mixed composition (ref.no)	-0.15	-0.06	-0.17	-0.22
Only others (ref.no)	0.33	0.31	1.42*	1.32***
No spouse – weekly contact (ref. 0)	-0.05	0.04	0.07	-0.08
No Spouse – network size (ref. 0)	-0.13	-0.08	0.08	-0.19
Functional component				
Social network satisfaction (ref. below 8)	0.02	-0.82***	-0.84***	-1.35***
Emotional closeness (ref. 0)	-0.02	-0.21*	-0.34*	-0.16
	Men			
	-1 Wave	**Shortly After**	**1+ Waves**	**2+ Waves**
Structural component				
No spouse – only relatives (ref.no)	0.14	0.26	0.42+	0.33
Only friends (ref.no)	0.20	-0.43	0.20	-0.27
Mixed composition (ref.no)	-0.03	-0.09	-0.22	-0.36
Only others (ref.no)	0.24	0.10	0.57	0.07
No spouse – weekly contact (ref. 0)	0.06	0.15	-0.20	-0.23
No Spouse – network size (ref. 0)	-0.02	0.08	-0.42†	-0.32
Functional component				
Social network satisfaction (ref. below 8)	-0.37	-0.23	-0.02	-0.59
Emotional closeness (ref. 0)	-0.07	-0.06	0.09	-0.29

Note: Regressions include age, self-perceived health variable, participation in social activities, employment status, wealth quartile. The reference category for the interaction 2+ waves before widowhood. Observations (M): 63,910 (except for last model: 62,003)
$^{***}p < .001$, , $^{**}p < .01$, $^{*}p < .05$, $^{\dagger}p < 0.1$

The findings presented in table 5 provide valuable insights into the role of social networks in moderating depressive symptoms during widowhood. In this case, a negative interactions coefficient suggests a buffering effect of the studied characteristic, indicating that individuals with that specific pre-existing resources experience a smaller increase in depressive syntomps compared to those without it. Conversely, a positive coefficient implies that the considered characteristic intensifies depression.

Separate regression models for women and men reveal some gender differences in the extent to which social network characteristics buffer depressive symptoms, alongside the temporal dynamics of these effects. For women, the buffering role of social network characteristics showed mixed results across different network compositions. The increase in depressive symptoms shortly after widowhood was exacerbated by having only relatives in the social network (b = 0.32*, p < 0.10). This effect diminished over time, with no significant interaction after one or more waves. In contrast, having a mixed composition of family and friends reduced the increase in depressive symptoms compared to not having it, particularly in the longer term (b = -0.44+, p < 0.10 after 2+ waves). This suggests that a more balanced social network may provide some buffering effect, supporting Hypothesis 2a.

The marginally significant negative effect of the interaction between time to widowhood and weekly contact shortly after widowhood (b = -0.22+, p < 0.10) suggests that frequent contact may be helpful initially but becomes less relevant over time, providing partial support for Hypothesis 2c.

Finally, higher social network satisfaction consistently showed strong positive interaction effects, particularly after one or more waves (b = 1.01**, p < 0.05), indicating that satisfaction with one's pre-existing social network plays a significant role in worsening depression after widowhood, providing no support for Hypothesis 2d. A similar pattern was observed with emotional closeness: women with higher levels of emotional closeness before widowhood experienced a significant increase in depression both

shortly after and one wave after the event, compared to those with lower levels of emotional closeness, offering no support for Hypothesis 2d.

Table 5: Buffering role of social network charateristics for depressive symptoms during widowhood. The lines represent interaction effects from separate regressions for different social network characteristics. Unstandardize coefficients, 95 C.I.

	Women			
	-1 Wave	**Shortly After**	**1+ Waves**	**2+ Waves**
Structural component				
No spouse – only relatives (ref.no)	0.17	0.32*	0.14	-0.10
Only friends (ref.no)	-0.25	-0.50	-0.82	-0.73
Mixed composition (ref.no)	-0.10	-0.13	-0.36†	-0.44†
Only others (ref.no)	-0.09	-0.34	-0.29	-1.78
No spouse – weekly contact (ref. 0)	0.05	-0.22†	0.07	0.01
No Spouse – network size (ref. 0)	0.03	-0.24†	-0.00	-0.04
Functional component				
Social network satisfaction (ref. below 8)	0.23	0.42†	1.01**	0.73†
Emotional closeness (ref. 0)	0.19†	0.36**	0.41*	0.24
	Men			
	-1 Wave	**Shortly After**	**1+ Waves**	**2+ Waves**
Structural component				
No spouse – only relatives (ref.no)	0.13	0.17	0.52*	0.38
Only friends (ref.no)	-0.53†	-0.06	-0.49	-0.08
Mixed composition (ref.no)	-0.07	-0.14	-0.12	0.04
Only others (ref.no)	-0.18	-0.75	-2.37***	-0.66
No spouse – weekly contact (ref. 0)	0.28	0.20	0.24	0.57†
No Spouse – network size (ref. 0)	0.34*	0.23	0.40†	0.58†
Functional component				
Social network satisfaction (ref. below 8)	-0.17	0.19	1.29**	0.32
Emotional closeness (ref. 0)	0.12	0.22	0.24	-0.24

Note: Regressions include age, self-perceived health variable, participation in social activities, employment status, wealth quartile. The reference category for the interaction is 2+ waves before widowhood. Observations (M): 64,581 (except for last model: 62,542)
$^{***}p < .001$, , $^{**}p < .01$, $^{*}p < .05$, $^{\dagger}p < 0.1$

For men, the increase in depressive symptoms one wave after widowhood was amplified by having only relatives in the social network (b = 0.52*, p < 0.05) (no support for Hypothesis 4). In contrast, having only friends in the network showed a weak negative interaction effect shortly after widowhood (b = -0.53+, p < 0.10), but this effect was not significant in subsequent waves, suggesting that the buffering role of friends may not persist in the long term. The "Mixed Composition" network type did not show a significant interaction effect at any stage, indicating that this network type does not provide a clear buffering effect for men, offering no support for Hypothesis 2a. Conversely, the increase in depressive symptoms two or more waves after widowhood was reduced by having only "others" in the network (b = -2.37***, p < 0.01), suggesting that the presence of individuals such as ex-colleagues or neighbours may play a crucial role in alleviating depressive symptoms in the longer term, supporting Hypothesis 2a and 4. Meanwhile, more frequent weekly contact with network members and a larger network size showed marginally significant positive interactions with time to widowhood, suggesting that maintaining a larger network may not be beneficial in buffering depressive symptoms for men, providing no support for Hypotheses 2b and 2c. Finally, higher social network satisfaction consistently showed strong positive interaction effects, particularly after one or more waves (b = 1.29**, p < 0.05), suggesting that men with higher satisfaction with their pre-existing social network experienced a stronger increase in depression after widowhood compared to those with lower social network satisfaction, offering no support for Hypothesis 2d.

6. Discussion

This study contributes to the understanding of how widowhood affects subjective well-being, emphasizing the roles of gender and pre-existing social networks. Using longitudinal data from the SHARE survey, we

explored how life satisfaction and depressive symptoms evolve from before to after the loss of a spouse, investigating the buffering effects of both structural and functional social network characteristics.

Our findings indicate that widowhood significantly impacts subjective well-being, with marked declines in life satisfaction and increased depressive symptoms, consistent with previous research (e.g., Lee & DeMaris, 2007; Sasson & Umberson, 2014). Importantly, this decline begins up to two years before the spousal death, underlining the anticipatory grief process. The lack of a full return to baseline levels after two or more waves suggests that the negative impact of widowhood on well-being persists over time.

Gender differences play a crucial role in the adjustment process. While both men and women experience declines in well-being after widowhood, their recovery trajectories differ. Women show a gradual improvement in life satisfaction over time, consistent with research suggesting they adapt more effectively, whereas men tend to be more vulnerable (King et al., 2019; Liu et al., 2020; Yu et al., 2021; Streeter, 2020).

Our analysis of life satisfaction trajectories following widowhood reveals a nuanced and, at times, counterintuitive role of social networks in buffering the effect on well-being. For women, most social network compositions offered little protection against the decline in life satisfaction, yet networks composed solely of non-kin and non-friends were linked to higher post-widowhood satisfaction. This finding underscores the potential significance of broader social connections beyond family and close friendships. Interestingly, emotional closeness and satisfaction with one's social network did not act as buffers; in fact, they appeared to exacerbate the negative effects of widowhood. Women who were more satisfied with their networks before losing a spouse experienced sharper declines in life satisfaction, while those with stronger emotional bonds also reported greater distress. This suggests that possible unmet expectations of support may intensify the challenges of adjusting to widowhood.

For men, social network characteristics played an even smaller role in shaping life satisfaction after widowhood. No network composition consistently protected against declines, though having only relatives provided a slight boost in well-being one wave post-widowhood. In contrast, larger networks were associated with lower life satisfaction, indicating that men may not derive the same benefits from expansive social circles as women do.

A similar gender divide emerged in the context of depressive symptoms. While women experienced mixed effects depending on network composition, a mix of relatives and friends appeared to offer some long-term emotional resilience. However, as with life satisfaction, greater pre-widowhood social network satisfaction and emotional closeness were linked to increased depressive symptoms. For men, social networks offered even weaker protective effects. Having only relatives was marginally associated with higher depressive symptoms, while having only friends was linked to a temporary reduction in distress. Notably, networks composed of individuals beyond family and friends, emerged as the most beneficial, predicting significantly lower depressive symptoms after widowhood.

Overall, we do not observe a clear buffering effect of pre-widowhood network characteristics, apart from networks including "others" beyond family and friends. This suggests that, despite the presence of social ties, the spouse may be the central and most meaningful relationship for many men and women, and their loss is not easily mitigated by the broader network. In this context, the absence of a protective effect from kin and friends reinforces the idea that widowhood represents a unique disruption that alters the very foundation of one's social and emotional world.

Despite its contributions, this study has limitations. First, it is important to note that individuals residing in different countries have been shown to systematically differ in their health assessments, particularly concerning indicators such as self-rated well-being or general health (Jürges, 2007). While it is not within the scope of this study to empirically examine country-specific reporting behaviours, our analysis does not consider these potential country differences. Due to the limited number of widowed individuals, we were unfortunately unable to conduct multi-level analyses that could incorporate macro-level indicators accounting for regional variations in the well-being repercussions of widowhood; yet no larger longitudinal data set is available from Europe. Future studies could address these limitations by implementing larger sample sizes and conducting multi-level analyses to better understand the country-specific and regional dynamics impacting the consequences of widowhood on well-being. Second, the uneven participation of countries across SHARE waves, with more consistent data collection occurring in wealthier Western European countries, while several Eastern European countries participated less regularly (see in the Appendix table A1). This imbalance may affect the generalizability of our findings, particularly given that cultural, social, and institutional contexts might influence both the structure of social networks and individual responses to widowhood. Third, women's well-being during widowhood may be influenced by a

reduction in the caregiving responsibilities they previously had for their spouse. Unfortunately, we were unable to account for this factor due to the limited size of our sample, which lacked sufficient information on caregiving responsibilities before the spouse's passing. Further research is needed to confirm the validity of our initial findings. Forth, a key methodological consideration in this study is the potential limitations of the two-way fixed effects approach. While fixed effects models effectively control for unobserved heterogeneity, they may introduce bias when treatment effects are heterogeneous and when treatments occur at different times, as highlighted by recent research (e.g., de Chaisemartin & D'Haultfœuille, 2020; Goodman-Bacon, 2021; Sun & Abraham, 2021). Given these concerns, future research would benefit from employing alternative approaches, such as Difference-in-Differences estimators that better account for treatment effect heterogeneity (Roth, 2024). Finally, further research should focus on examining how social resources or networks change due to widowhood and how this, in turn, affects well-being. This could include investigating the various dimensions of social networks, such as the frequency and quality of interactions with friends and family, participation in community activities, and the availability of emotional and practical support. Understanding these changes can provide insights into the coping mechanisms employed by widows and widowers, highlighting potential areas for intervention to enhance their social support systems. Furthermore, longitudinal studies could shed light on the long-term impacts of these changes, offering a comprehensive view of how social dynamics evolve over time post-widowhood and their correlation with mental, emotional, or physical health outcomes.

Despite these limitations, this study offers several advances in terms of new research results and methods. First, by using data from eight waves of the SHARE survey, this study had a longitudinal design, allowing for the examination of changes in life satisfaction and depression over time in response to widowhood. This longitudinal approach enhances the robustness of the findings and provides a nuanced understanding of the long-term effects of spousal bereavement. Second, the study comprehensively investigates the role of social networks in moderating the impact of widowhood on well-being. By examining various aspects of social networks—measured before widowhood— we offer a comprehensive and more nuanced understanding of how different types of social connections influence individuals' adjustment to widowhood.

In conclusion, our findings underscore the complex and gendered nature of social networks as protective factors during widowhood. While certain network compositions, appear beneficial for both men and women, other social ties—such as relatives and frequent social contact—do not consistently buffer against the negative effects of widowhood. Moreover, the unexpected associations between social network satisfaction, emotional closeness, and post-widowhood well-being suggest that widowed individuals with strong pre-existing social ties may experience greater distress when these networks fail to fully replace the emotional and practical support provided by a spouse.

Policies on healthy and active aging need to become more aware of the negative consequences of widowhood and could promote initiatives that foster social connections among widowed individuals. This could involve facilitating access to community-based support groups, encouraging participation in social activities, and providing resources to strengthen existing social networks. Programs that encourage diverse social connections may be particularly beneficial.

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Data availability statement

The data underlying this article are available at https://shareeric.eu/data/data-access.

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Information in German

Deutscher Titel

Veränderungen des subjektiven Wohlbefindens im Verlauf der Verwitwung: Geschlechtsspezifische Unterschiede und die Pufferwirkung des engen sozialen Netzwerks

Zusammenfassung

Fragestellung: Diese Studie untersucht, wie strukturelle und funktionale Aspekte sozialer Netzwerke den Einfluss der Verwitwung auf das subjektive Wohlbefinden bei Erwachsenen ab 50 Jahren beeinflussen. Der Fokus liegt auf geschlechtsspezifischen Unterschieden in der Anpassung sowie auf der Pufferwirkung sozialer Beziehungen vor dem Verlust des Partners oder der Partnerin.

Hintergrund: Frühere Studien zeigen, dass Verwitwung mit Einbußen im subjektiven Wohlbefinden einhergeht, wobei das Ausmaß dieses Effekts von den sozialen Beziehungen der betroffenen Personen abhängen kann. Unterstützende Beziehungen können zwar Belastungen in Lebenskrisen abfedern, ihre Wirksamkeit ist jedoch nicht eindeutig belegt – einige Befunde legen nahe, dass soziales Kapital allein den Rückgang des Wohlbefindens nicht unbedingt verhindern kann. Zudem wurden geschlechtsspezifische Unterschiede in der Anpassung beobachtet, wobei Männer häufig größere Schwierigkeiten zeigen; die Befundlage ist jedoch uneinheitlich und die zugrunde liegenden Mechanismen sind noch weitgehend unklar.

Methode: Mithilfe von Paneldaten und Fixed-Effects-Regressionen analysieren wir Längsschnittdaten aus der „Survey of Health, Ageing and Retirement in Europe“ (SHARE). Wir untersuchen die Übergangsphase in die Verwitwung und deren Auswirkungen auf das subjektive Wohlbefinden, mit besonderem Augenmerk auf die Pufferwirkung bereits bestehender sozialer Netzwerke.

Ergebnisse: Verwitwung geht bei beiden Geschlechtern mit einem Rückgang der Lebenszufriedenheit und einem Anstieg depressiver Symptome einher, wobei Frauen sich im Zeitverlauf tendenziell besser erholen. Ein vielfältigeres soziales Netzwerk – einschließlich schwächerer Bindungen wie ehemalige Kolleg:innen oder Nachbar:innen – kann während dieses Übergangs eine unterstützende Rolle spielen. Dagegen scheint eine hohe wahrgenommene Qualität sozialer Beziehungen vor dem Verlust die negativen Effekte der Verwitwung zu verstärken, insbesondere bei Frauen.

Schlussfolgerung: Die Studie beleuchtet, wie sich Lebenszufriedenheit und depressive Symptome im Zeitverlauf nach dem Verlust des Partners oder der Partnerin verändern, und bietet Einblicke in die Rolle bestehender sozialer Bindungen bei der Anpassung an diesen Verlust. Insgesamt deuten die Ergebnisse darauf hin, dass die Partnerschaft für Männer und Frauen eine zentrale Beziehung darstellt, deren Verlust nicht leicht durch andere soziale Kontakte ausgeglichen werden kann.

Schlagwörter: Partnerverlust; Lebenszufriedenheit; Depression; Längsschnittanalyse; soziale Beziehungen; SHARE-Daten

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