

BEREAVEMENT STRESS AND COPING AMONG OLDER ADULTS: EXPECTATIONS VERSUS THE ACTUAL EXPERIENCE*

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ABSTRACT

This investigation compared the stress and coping levels of 108 older adults who recently lost their spouse with expectations of stress and coping reported by eighty-five matched nonbereaved controls. While the bereaved reported moderately high stress levels over two years, their stress scores were lower and their coping scores were higher than what the nonbereaved anticipated their levels would be if their spouse died. The findings are consistent with evidence that is beginning to emerge in bereavement literature that demonstrates resiliency on the part of those who have suffered a loss and that the ability to cope with the loss is often underestimated.

While it has been generally acknowledged that spousal bereavement is a significant stressful life event, evidence is beginning to emerge which documents considerable resiliency among those who have suffered a loss [1]. While they did not distinguish the types of loss in their analyses (i.e., loss of child, parent, or spouse), Norris and Murrell did note that while psychological stress following bereavement was high, it tended to diminish over time [2]. Furthermore, no effects on health were noted. Similar results were found by McCrae and Costa, who focused solely on spousal bereavement [3]. Both these studies provide evidence of psychological resilience in which many bereaved demonstrated the ability to cope

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with their losses over time and, for the most part, proceeded to gradually reorganize their lives.

In an important recently published article on coping with loss, Wortman and Silver contended that many people in our culture have preconceptions about loss and bereavement [4]. For instance, they assert that distress levels are often expected to be intensely high, whereas much of the empirical research evidence indicates otherwise. For example, only small proportions (generally less than 20%) of older bereaved samples have shown any indications of clinical depression in reaction to the loss [5-8]. Furthermore, according to Wortman and Silver, the public and many professionals believe that high levels of distress following a loss are in fact necessary, and the failure to experience distress is pathological [4]. Based on data from several studies, Wortman and Silver concluded that it is more accurate to acknowledge that, in fact, there is a wide range of variability in both the amount and duration of distress experienced due to loss [4]. Furthermore, they suggested that low levels of difficulty could just as easily indicate immunity or resilience in the face of distress as opposed to a pathological suppression of feelings and emotions or a "failure" to experience grief.

Evidence of resilience during the bereavement process is found particularly in longitudinal studies conducted on older adults. While comparing bereaved respondents to a nonbereaved comparison group over a two-year period, we found depression levels to be highest during the first few months of bereavement while declining gradually over the two years—though never quite decreasing to those levels reported by the nonbereaved [8]. We reported in earlier works that the bereaved older adults showed gradual improvement on all psychosocial indicators [7], and that only 18 percent of the respondents were experiencing relatively high levels of coping difficulties after two years [9]. Similarly, Thompson, et al. reported that while most indicators of psychological distress were higher for the bereaved than for the nonbereaved early in bereavement, scores were generally in the mild ranges, and after two and one half years there were virtually no perceivable differences between bereaved and nonbereaved samples on these indicators [10].

As Wortman and Silver have indicated, findings from the most recent research investigations imply that some of our societal expectations about how older adults experience conjugal bereavement might be inaccurate [4]. This does not suggest that spousal bereavement is experienced without stress and difficulty, or that it is short-lived. On the contrary, grief-related feelings may continue for many years [11, 12] and in some instances, the bereavement adjustment process may never end [1]. This article examines Wortman and Silver's contention that expectations of bereavement-related stress and coping may be too narrowly defined and overly pessimistic [4] by analyzing data from a longitudinal study of spousal bereavement. We compare expectations of stress and coping with the actual experience. These comparisons will also reveal the degree of stability or consistency in self-reports of stress and coping over time.

While it is ideal that the same sample of persons be studied both before and after the deaths of their spouses, such a design is not often feasible. This type of study would either need to employ a sample of considerable size to allow for a sufficient number of deaths to occur, or make use of a nonrepresentative (community) sample of spouses who were expecting to be or already were at risk for becoming widowed in the near future. The next best alternative is to compare bereaved and nonbereaved samples who are similar in most other characteristics. Observations on the nonbereaved thus act as a proxy for pre-loss measurements of the bereaved. Although comparing bereaved with nonbereaved persons is not without its limitations, it does provide an opportunity to examine expectations of bereavement with the actual experience.

METHODS

This data utilized in this investigation were part of a longitudinal descriptive study of bereavement among older adults completed between 1980-84 in the Salt Lake City metropolitan area (the University of Utah study). Other findings have been published from this study, but this is the first report that systematically examines the levels of perceived stress and coping ability over time between the bereaved and nonbereaved samples.

Procedure

While the methodological procedures of this study have been outlined elsewhere [7, 8], the key features will be presented below. Recently bereaved spouses, aged fifty and over, were identified through the use of local newspaper obituaries in order to complete the first interview or questionnaire as early as three weeks following the spouse's death. All potential bereaved participants were randomly assigned to either a home interview group ($N = 104$) or mailed questionnaire group ($N = 88$) in order to test for an interview effect. No interviewer effect was observed [13], so the two samples were combined into one sample for further statistical analyses. A total of 192 bereaved people participated.

Due to the early assessment and the longitudinal design, 61 percent of the potential bereaved respondents refused to participate. The most common reasons for refusal were being extremely busy or upset, having poor health, and receiving advice from adult children not to participate. A one-year follow-up telephone interview with a random sample of those who had refused to be in the study ($N = 111$) indicated that their self-reported health was slightly lower than that of those who had participated. Non-participants did not differ, however, in age, gender, socioeconomic status, perceived coping, perceived stress, or rate of remarriage. This does not necessarily suggest that the participants and refusers were experiencing the bereavement process in the same way, but that they were similar with respect to several important considerations.

Nonbereaved older adults (currently married) were identified through the use of public voter registry data, and were selected on the basis of sex, age, and socioeconomic area of residence so that they matched persons in the bereaved interview sample. The refusal rate for this sample was 50 percent, and the major reasons for refusal were being too busy and lacking interest. The first two questionnaires for each of the nonbereaved participants were delivered by a research assistant according to the same procedures as those used for the mailed questionnaire group of bereaved participants.

All of the 192 bereaved persons were asked to complete questionnaires (through personal interview or mail) at six times during the first two years of bereavement: three to four weeks (T1), two months (T2), six months (T3), one year (T4), eighteen months (T5), and two years (T6) after the death. With the exception of the demographic variables, all six questionnaires were essentially the same. The 104 nonbereaved controls completed similar questionnaires according to the same time intervals, however, their questionnaires did not include the items pertaining to specific aspects of bereavement other than the expectations of stress and coping which are reported in this article.

Samples Utilized for Statistical Analyses

Because of theoretical and methodological considerations, only the respondents who completed all six questionnaires were utilized in the statistical analyses. In order to truly address changes in perceived stress and coping over the course of two years, it is more consistent to compare the scores of the same set of people rather than the scores of the unique set of people who happened to complete a questionnaire at a specific assessment period. Also, the statistical comparisons are more accurate because the variation in sample size from one time period to another is reduced. Therefore, the samples consisted of the 108 bereaved and eighty-five nonbereaved older adults who completed questionnaires at all six measurement periods.

The characteristics of these reduced samples were similar in composition to the total bereaved and nonbereaved samples from which they were derived. The bereaved sample was 78.9 percent female and 96.3 percent Caucasian. The mean age of the bereaved group at the beginning of the study was 67.6 years ($SD = 8.2$), and 80.7 percent of this group had finished high school. Similarly, the nonbereaved group was also primarily white (98.8%) and female (77.4%), with a mean age of 66.3 years ($SD = 7.8$) and 80.5 percent having completed high school. The bereaved respondents were married an average of thirty-nine years ($SD = 13.8$), and the nonbereaved were married an average of 38.2 years ($SD = 12.6$). Respondents in both samples were equally representative of the upper, middle, and lower socioeconomic districts within the larger metropolitan area according to the available census data. Approximately 72 percent of the bereaved and nonbereaved were Mormons. While the prevalence of Mormons in the sample is of

concern regarding the generalizability of the findings, we have found that very few differences exist between the bereavement experiences of Mormons and non-Mormons, including their self-reports of stress and coping abilities [14]. Also, no statistical differences between the bereaved and nonbereaved groups were found with respect to sociodemographic characteristics or religious affiliation.

Measures

The perceived stress and coping items were each measured on 7-point scales where 1 = "not stressful" or "not at all" (on coping) and 7 = "very stressful" or "very well" (on coping). Because one group had already lost spouses and was asked to appraise their current situations, while the nonbereaved group was asked to anticipate how they would react if they lost their spouses, the questions were worded differently for each group. For the bereaved group the question read: "How stressful has the death of your spouse been for you?" The nonbereaved were asked: "How stressful do you feel that the death of your spouse would be for you?" Similarly, the coping question for the bereaved read: "How well do you feel that you have coped with this situation?" while the nonbereaved were asked: "How well do you feel you would cope with the death of your spouse?" After the T1 period, the wording of stress and coping items for the bereaved persons changed to include a time reference so that their assessment described their feelings since the previous questionnaire. Finally, the bereaved respondents were asked a one-time question (at six months following the death): "Was the death of your spouse the most stressful thing that has ever happened to you (yes or no)?" If they responded "no," they were asked to name the most stressful thing that had happened to them.

In the USC Bereavement Study, which was commenced earlier than the University of Utah Study, single-item indicators were successfully used as self-ratings of both physical and mental health status [15, 16]. We, therefore, incorporated a similar 1 to 7 scale in this study so that our findings can be compared with those in Southern California.

Although single-item measures have limitations and should be used with caution, many investigators have found them to be both useful and predictive in health and social science research [17-20]. Furthermore, a previous report from this study utilizing the stress and coping indicators demonstrated both construct and face validity [21]. Additional analyses using the bereaved sample also revealed that at all six data points, both the stress and coping items correlated significantly ($p < .01$) and in the expected direction and magnitude with depression as measured by the Zung Self-Rating Depression Scale [22]. Correlations between depression and perceived stress averaged .39, ranging from .34 to .45. Similarly, correlations between depression and perceived coping ability averaged -.51 and ranged from -.47 to -.57. Depression is a commonly used outcome measure in bereavement research, and therefore is an appropriate criterion by

which to further assess the validity of these indicators. Although it would have been preferable to use more standardized scales to measure stress and coping, we believe that enough evidence exists to allow us to use the single-item indicators in this study with a reasonable degree of confidence.

RESULTS

Analyses of variance with repeated measures were conducted on both perceived stress and coping ability in order to determine if bereaved and nonbereaved samples differed significantly on these indicators, and if these differences persisted over time. The mean scores over two years on the perceived stress measure for both bereaved and nonbereaved samples are plotted in Figure 1. At three to four weeks following their spouse's death, the bereaved sample reported a moderately high level of stress ($M = 5.4$ on the scale from 1-7). The nonbereaved sample, however, when asked at the same time how stressful they thought the death of their spouse would be for them, reported a higher level of stress ($M = 6.0$) than the bereaved. The difference between the samples was statistically significant ($F(1, 183) = 13.02, p < .001$). Over the two-year period, the stress scores for the combined samples decreased, as evidenced by a statistically significant time effect ($F(5, 179) = 2.93, p < .01$). While stress for the sample as a whole decreased over time, the decrease was very slight for the nonbereaved (never fluctuating more than a 0.2 point from one time period to the next), while the bereaved sample showed a general decrease over the two years to a mean score equal to 4.9, which was one full point lower than the nonbereaved score at the final data point.

Although the bereaved sample showed more change over time than the nonbereaved sample, the bereavement status (bereaved versus nonbereaved) \times time interaction effect was not statistically significant. This is probably because the magnitude of the difference between the scores of the two samples remained fairly consistent over the two years, staying between 0.5 points (at 6 months) and one point (at 2 years).

The high degree of stability in the stress ratings of the nonbereaved actually reflects an assessment of reliability of the measure over time, because the question was identical (without a reference to the amount of time after a death event) at each of the six time periods. The reader should be reminded that the bereaved sample's assessments were referenced to where they were in the course of the bereavement process.

It must be noted and emphasized that although the actual stress scores for the bereaved were consistently lower than the expected stress levels of those who were nonbereaved, 68.3 percent of the bereaved replied "yes" when asked if the death of their spouse had been the most stressful thing to happen to them. The majority of those who replied "no" to that question reported another death event (usually of a child or grandchild) as the most stressful thing to happen to them. This point is of critical importance because it reveals the considerable amount of

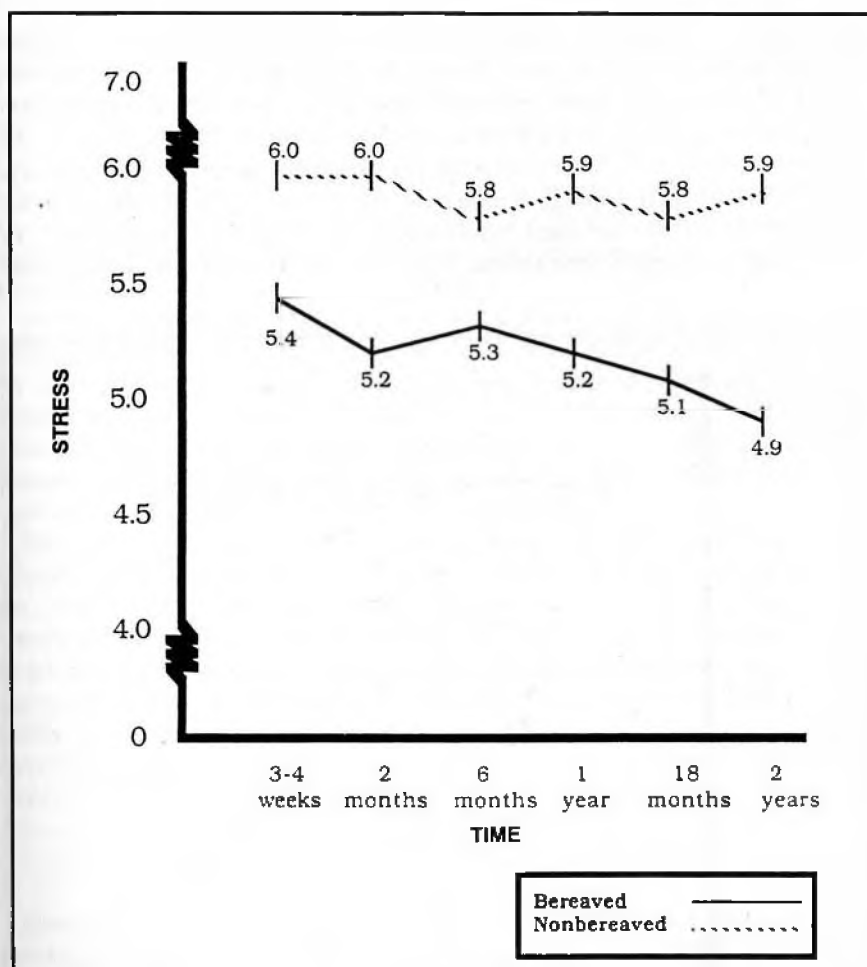


Figure 1. Perceived stressfulness scores for bereaved and nonbereaved over two years.

stress that most of the bereaved persons experienced. This is further underscored by the fact that, with the exception of the last data period, only 7 percent to 8 percent of the bereaved reported a score of 1 or 2 (low) on the perceived stress scale. While this proportion increased to almost 14 percent at two years, it is apparent that the stressfulness of the death was still acknowledged by many of the bereaved respondents.

When the bereaved persons' responses regarding how well they were coping with their spouses' deaths were compared to the way the nonbereaved believed they would cope with the deaths of their spouses, the difference was even more

noticeable. While the bereaved reported moderately high levels of coping ability as early as three to four weeks following the death ($M = 5.8$), the nonbereaved sample's appraisal of their expected coping ability in a similar bereavement situation was significantly lower ($M = 4.5$) ($F(1, 182) = 69.01, p < .001$). On the coping scale of 1 to 7, 63 percent to 68 percent of the bereaved reported scores equal to 6 or 7 (high coping) at each data period. Only 19 to 25 percent of the nonbereaved, on the other hand, reported that they would cope as well (scores of 6 to 7) with the death of their spouse. Figure 2 shows that there was considerable

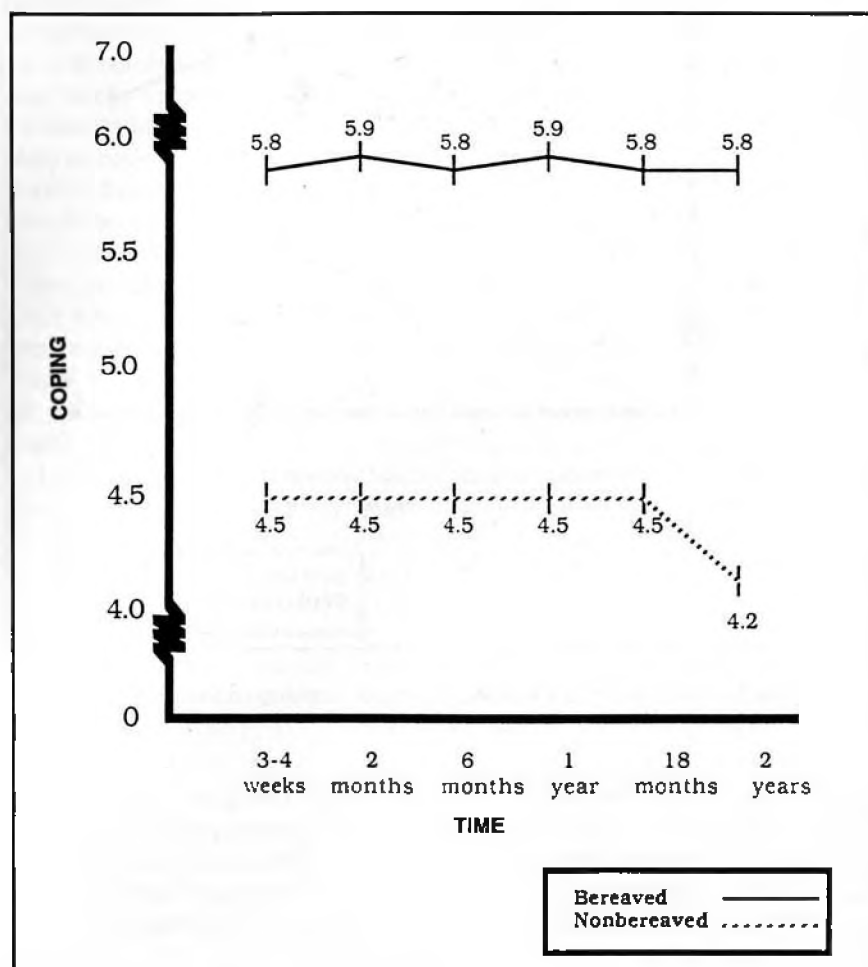


Figure 2. Perceived coping scores for bereaved and nonbereaved over two years.

stability over time in the perceived coping ability of the bereaved and the expected coping ability of the nonbereaved. Again, the consistency of the nonbereaved ratings of anticipated coping ability also reflects the reliability of the measure over time, because the question did not place a bereavement time frame on the assessment. No statistically significant changes over time emerged for either sample. At every time period, the magnitude of the difference between the coping ability of the bereaved versus the nonbereaved remained virtually unchanged, with the exception of the two-year measurement where the difference slightly increased to a magnitude of 1.6 points on the 7-point scale.

In order to rule out possible confounding effects due to gender, age, and years married, additional repeated measures analyses were conducted while controlling for these factors. In every case, the effects observed when these controls were applied were the same as before. For the perceived stress measure, significant group effects (bereaved versus nonbereaved) were observed ($p < .01$) in which the bereaved had lower scores than the nonbereaved; significant changes over time were also observed ($p < .05$) for both samples combined.

Similarly, while controlling for gender, age, and years married on perceived coping ability, significant baseline effects (T1) were observed where the bereaved had consistently higher scores ($p < .01$), but no effects were associated with time as a within-subject factor. Also, similar to what was found in the original analyses, there were no group (bereavement status) \times time interaction effects observed for either stress or coping. No significant effects on coping ability or stress could be attributed to age or years married when treated as covariates. Likewise, no significant bereavement status by gender interactions were observed.

DISCUSSION

Our findings support the growing amount of research evidence that spousal bereavement is a significant source of stress for older adults. At the same time, expectations of distress on the part of the nonbereaved are higher than what is experienced by those who have actually lost their spouse. While the differences between the two groups were statistically significant, however, the magnitude of the difference was not exceedingly large. Some change over time was observed, but the difference between the stress levels of the two samples remained fairly consistent. The largest discrepancy was observed between the two samples on perceived coping ability. Whereas the nonbereaved respondents estimated their coping ability in the event of their spouse's death as moderate at best, the bereaved respondents' coping appraisal was significantly greater in their response to the loss. These appraisals also remained stable over time.

It is important to emphasize that our data were consistent with the contention put forth by Wortman and Silver that when the loss of a spouse is experienced, actual stress levels, while still significant, were a bit lower than what might have

been anticipated [4]. Furthermore, similar to what was suggested by McCrae and Costa, the bereaved consistently demonstrated substantial coping ability over time [3]. Although the length of time in the present study was shorter than that reported by McCrae and Costa, we had the advantage of using six measurement periods rather than just a beginning and an end point. The use of multiple time periods enables us to look more closely at the process.

Perhaps our most interesting finding is that while the bereaved reported relatively high levels of stress, they simultaneously recognized and reported that they were coping quite well, even as early as the first three to four weeks following the death. This finding is also somewhat similar to another finding that we reported in an earlier publication [7] that both positive and negative feelings (e.g., anger, sadness, pride, and confidence) are often experienced simultaneously. This diversity of feelings and abilities within individuals may be one of the reasons it is difficult to identify stages of adjustment with identifiable markers associated with each stage.

One possible reason expectations of coping were lower than the coping actually exhibited in the face of a loss is that the opportunity for resilience may not emerge until one is confronted with a threat. In other words, while it may be tempting to conceptualize resilience as a "trait" phenomenon, it may more likely be a situational construct. This is very much in line with Rutter's view of resilience as a process that is situationally induced by a significant life transition [23], as is the case with conjugal bereavement. According to this view, some disorganization occurs, as evidenced by the fact that stress levels among the bereaved were at least moderately high. But in the face of that disorganization, however, may come the opportunity to discover new found strength which allows one to successfully deal with the loss.

This is also somewhat consistent with the coping model postulated by Lazarus and Folkman, who maintain that part of the appraisal process in the face of a stressor involves an assessment of resources that are available to aid in one's coping [24]. It may be that the utility of these resources may not be apparent until one is confronted with a threat. Therefore, once confronted with the loss of a spouse, the bereaved older adult may cope better than he or she would have expected, because resources (both internal and external) that otherwise would not have been acknowledged were utilized. Previous reports from this study, for instance, found some evidence of the helpfulness of a social support network [25] as well as a high self-esteem [9] in fostering more positive adjustments. Gass also found evidence demonstrating the beneficial effects of internal coping resources, such as feelings of control and social support [26]. It is also likely that bereaved persons' assessments of their coping abilities not only reflect how well they feel they are doing, but compared with how poorly they believed they would cope, allow them to feel better about their abilities. In other words, many older adults might be underestimating their abilities to deal with such a major loss. This finding should not be all that surprising if we consider the fact that after fifty to

ninety years of life, people gain considerable experience in managing, adjusting, coping with, and surviving many kinds of losses.

Of course, another reason discrepancies were found between bereaved and nonbereaved respondents on the stress and coping indicators might be the influence of social desirability. The nonbereaved responses could be a reflection of a current marital relationship that is loving and caring, and respondents therefore would feel "obligated" to report higher anticipated stress and poorer anticipated coping if their spouses were to die. Also, the bereaved respondents could feel that they are expected to "recover" quickly from the loss, and therefore may not endorse responses that indicate prolonged distress. Although there have been concerns that indicators of well-being may be influenced by social desirability, McCrae found no evidence supporting such an influence when assessed against an external criterion [27]. While McCrae reported on several measures of well-being, it is not entirely clear if his findings can be extended to the stress and coping indicators used in our study. While it is possible that social desirability could serve as an alternative explanation for our findings, we believe that a more likely explanation is that the bereaved respondents were quite resilient in managing the difficulties of an extremely stressful event.

It is important that clinicians and service providers be aware of the resourcefulness, resilience, and hardiness of many potential older clients, and find ways of helping bereaved older clients by identifying examples of their positive coping abilities and making them aware of their adjustment successes and accomplishments. It is quite possible that many of these bereaved persons are unaware of their resiliency and would benefit from this recognition. Increased motivation to manage their lives even more successfully and with a greater sense of accomplishment might result. This awareness could be used to enhance self-esteem and personal competencies which, in turn, may facilitate coping processes and outcomes [28].

Equally important is that these study findings be used to counter stereotypes of older persons as being dependent, helpless, and depressed. It is obvious that not all older adults are equally prepared and able to cope with the stressfulness of the deaths of their spouses. Some will, therefore, require considerable help from both the informal and formal service network. Many of those in the older age cohorts, however, should take pride in their abilities to cope with major losses. Also, we need to find creative ways to use the considerable number of good copers as resources in various therapies and interventions to help those who experience more difficulty.

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