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Perceived Self-Competency Among the Recently Bereaved

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Abstract

This study identified personal resources, features of the marital relationship, and death circumstances that affected perceived self-competency among recently bereaved older adults. Data come from 328 widowed persons who participated in the “Living After Loss” project. Results suggested that those who had more personal resources - namely, income and good health – were the most competent in daily life tasks. Surprisingly, neither death forewarning nor marital quality improved competency after widowhood. Higher competency was associated with more positive mental health outcomes, suggesting that grief is complicated by the need to enhance and/or restore daily life activities as well as the need to deal with the sadness associated with the loss.

Introduction

A division of labor between husband and wife can be an efficient arrangement, as it allows each member of the union to contribute to the daily functioning of the couple, while not duplicating any member’s individual efforts or skills (Becker, 1965, 1991; Parsons, 1954). However, such a division of labor, especially one that has been deeply entrenched in a long marriage, may make the adjustment to widowhood particularly difficult since the surviving spouse may lack the needed skills or training, particularly for those tasks that the deceased used to perform (Lund, Caserta, Dimond, & Shaffer, 1989; Thompson & Walker, 1989; Utz, 2006; Utz, Reidy, Carr, Nesse, & Wortman, 2004). The vast majority of bereavement-related literature has focused on the psychological or emotional outcomes associated with the loss (Stroebe, Stroebe, & Hansson, 1993), not how the bereaved manage and restore the routine tasks and activities after the loss of their spouse (Carr, 2006; Utz, 2006). The current analysis fills this gap by analyzing data on the daily life activities of 328 recently bereaved spouses/partners from the “Living After Loss” study. Specifically, it offers insight to the following three research questions:

R1: To what extent did recently bereaved persons report self-competency in routine activities, and what factors were associated with higher and lower perceptions of competency?

R2: Did perceived competency levels differ among widowers (males) and widows (females)?

R3: Was perceived self-competency associated with higher or lower bereavement-related outcomes such as grief, loneliness, and depression?

Predictors of Self-Competency

Following widowhood, the surviving spouse must rebuild a life in which the tasks of daily living can no longer be shared with a spouse or partner. In widowhood, all of those daily living tasks become the sole responsibility of the widow(er). In confronting this reality, newly bereaved persons may feel less than confident or even completely incapable of meeting the demands of daily life. One's perceptions of personal skills and abilities will differ depending on the circumstances surrounding the loss and one's prior abilities, experiences, or personal resources of the bereaved. In particular, we hypothesized that an individual's perceived self-competency after widowhood may vary across three factors: 1) resources he/she had available, 2) the type of marriage he/she had prior to the death of the spouse, and 3) whether the death was expected.

First, the resource hypothesis assumes that the more personal resources at one's disposal, the more likely he/she is to feel competent in performing routine tasks. For example, education may improve problem-solving skills thus providing higher competency when assuming new tasks (Bastian, Burns, & Nettelbeck, 2005). Income may allow one to purchase services or training to more effectively accomplish that task (Bergstrom & Heymann, 2005; Caserta, Lund, & Obray, 2004; Treas & de Ruijter, 2008). Better physical health may provide the surviving spouse with more energy, agility, or strength to actually carry out the task (Huber & Spitze, 1983; Szinovacz, 2000; Szinovacz & Harpster, 1994). Other characteristics such as race may affect competency levels through different cultural preferences or norms in the performance of certain self-care tasks (South & Spitze, 1994). Of course, employment status and living arrangements may also structure one's time to perform or the need to do certain household tasks (Cunningham, 2007; de Ruijter, Treas, & Cohen, 2005; Evertsson & Nermo, 2007; Stickney & Konrad, 2007; Sun, 2008). In addition to these reasons, a large body of bereavement literature has also utilized "personal resources" as control variables or correlates for the psychological, emotional, and social outcomes associated with widowhood (Carr, Nesse, & Wortman, 2006; Carr & Utz, 2001; Ha, Carr, Utz, & Nesse, 2005; Utz, Carr, Nesse, & Wortman, 2002). Together, this research suggests that the ability to perform routine self-care and household tasks following widowhood will be affected by one's personal resources or characteristics such as race, education, financial circumstances, health status, living arrangements, or employment status. In general, we hypothesized that those with fewer resources (e.g., low education or income, poor health) will report lower levels of perceived self-competence.

Second, the death forewarning hypothesis assumes that if the death were expected, the surviving spouse could use the forewarning period as a preparatory phase to actively learn and/or receive training to take on the roles that the dying spouse assumed during the marriage (Carr, House, Wortman, Nesse, & Kessler, 2001; Lindemann, 1944; Moore & Stratton, 2003; O'Bryant, 1990; Roach & Kitson, 1989). Accordingly, widowed persons who expected their spouse's death may report higher levels of perceived competency after widowhood. Alternatively, those who expected the death were also commonly the primary caregiver for a spouse suffering from a long-term illness (Zivin & Christakis, 2007). These individuals might have been so enmeshed in caregiving responsibilities and so highly distressed by that situation that it interfered with learning those skills needed to master new household tasks (Prokos & Keene, 2003, 2005; Wells & Kendig, 1997). Previous research has suggested that even though a death may be anticipated, there is often little time or energy to plan for the changes, some of which are unforeseen prior to the loss (Chentsova-Dutton et al., 2000; Lee & Carr, 2007). Thus, given the conflicting evidence regarding the

utility of the forewarning period, it is difficult to predict whether death forewarning will increase or decrease one's self-competence.

Third, the marital quality hypothesis assumes that aspects of the marital relationship will also affect one's adjustment to widowhood. Research has found that marital quality is associated with one's adjustment to bereavement, though there is not consensus on how: some argue that those in conflicted marriages experience the most severe grief (Freud, 1917; Parkes & Weiss, 1983), whereas others suggest that those in close marriages have more complicated bereavement experiences (Fraley & Shaver, 1999; Jacobs et al., 1987). Those who had been married for longer durations may report lower perceived self-competency given the deeply entrenched and long standing dependency between spouses (Carr & Boerner, 2009; Romo & Zettel-Watson, 2009; Van Doorn, Kasl, Beery, Jacobs, & Priegeron, 1998). Couples in very close or happy marriages are also likely to have a well-developed and efficient division of labor, leaving the surviving spouse little knowledge or skills to perform the tasks typically assigned to his/her spouse (Carr et al., 2000). Thus, we hypothesized that as marital quality increases, perceived competency after widowhood will decrease.

In general, it was hypothesized that perceived competence after widowhood is a function of one's experiences and resources prior to widowhood. More specifically, we hypothesized that personal resources, whether the death was expected, and what type of relationship the couple had during marriage are all factors that will affect one's ability to transition. Competence after widowhood is likely to differ by gender as well, since the daily tasks typically done by husbands and wives during marriage often vary by gender (Gupta, 1999; South & Spitz, 1994).

Gender Differences in Competency

From very early in life, boys and girls are socialized to perform or refrain from certain household activities that are commonly associated with being "male" or "female" (Cunningham, 2001). At risk of oversimplification, females are socialized to be nurturing and committed to the routine functions of family and household, whereas males are socialized to be more aggressive and to fulfill the breadwinner role for the family (Becker, 1965, 1991; Parsons, 1954). Within many marriages, these gender role expectations often translate into a traditional division of labor in which husbands and wives perform different types of activities that contribute to the overall functioning of the household, most commonly, husbands take responsible for major household repairs, automobile maintenance, and financial planning, while wives are responsible for routine tasks of laundry, cooking, and cleaning, as well as social coordination for the family (Coltrane, 1996; Herzog, Kahn, Morgan, Jackson, & Antonucci, 1989; Orbuch & Eyster, 1997; Robinson, Werner, & Godbey, 1997). Although not all couples adopt this strict gender-based allocation of household tasks and although gender role expectations have loosened somewhat in the post-Women's Liberation Movement of the 1970s (Wilkie, 1993), it is very likely that men and women will face different types of deficiencies upon widowhood when the surviving spouse must perform all of the activities of daily life, including those that were previously managed by the deceased partner (Stroebe, Stroebe, & Schut, 2001; Stroebe & Stroebe, 1983; Umberson, Wortman, & Kessler, 1992; Utz, et al., 2004). Thus, for research questions #2, we hypothesized that although both men and women will be challenged by the performance and management of routine tasks after widowhood, their perceived difficulties will be different, based on the lifetime exposure to gender role expectations and household division of labor across spouses.

Competency & Mental Health

The third and final research question pertains to whether one's deficiencies or strengths in managing daily life activities after widowhood might exacerbate or mask the psychological and emotional outcomes commonly associated with bereavement: According to the Dual Process Model of Coping (Stroebe & Schut, 1999), spousal bereavement includes considerable social adjustments, as well as intense emotional reactions that stem from the disruptions or losses that occur as a result of the death. The first process is termed restoration-oriented (RO) coping, and the second process referred to as loss-oriented coping (LO). The model presumes that one must oscillate between the two processes of coping, sometimes intentionally avoiding loss- or restoration-oriented activities in favor of ones that are less challenging or demanding. By intentionally and inadvertently oscillating between the dual coping styles, the bereaved can eventually come to terms with the loss and rebuild a life that is reflective of his/her new status as a widowed person. Daily life tasks such as cooking, medication management, and communicating with service providers are typically not tasks that can be avoided just because they are too difficult to manage or cope with at that moment. In other words, those who are deficient or perceive less competency in performing particular types of daily life tasks must still accomplish such tasks for day to day functioning, and are thus, we hypothesized, will likely experience even greater levels of distress upon widowhood (Carr, et al., 2000; Caserta & Lund, 2007; Caserta, et al., 2004; Lund, Caserta, & Dimond, 1993; Rosenbloom & Whittington, 1993; Wells & Kendig, 1997).

In summary, this study identified personal resources, features of the marital relationship, and death circumstances that may be associated with perceived self-competency after widowhood. (It then explored whether males and females had different perceptions of competency after widowhood, and finally whether their level of perceived self-competency was associated with better or worse mental health outcomes. The motivation for these three analyses was based on the premise that bereavement is more than just grief, or psychological reaction to the loss. We favored a more comprehensive view of bereavement as a complex, multifaceted, and individualized reaction, in which the bereaved must cope with both the psychological reaction to the loss, as well as adjust to the disruptions in social roles, identities, and daily-life activities that occurred as a result of the loss. The results provide an important reminder to both bereavement researchers and service providers that spousal loss requires adaptation in even the most mundane of daily life activities, and that these adjustments may compound or exacerbate the psychological reactions and stress commonly attributed to grief.

Method

Data come from "Living After Loss" (LAL), a study designed to test the effectiveness of an intervention derived from the Dual Process Model of Coping (Stroebe & Schut, 1999). Participants were randomly assigned to either an intervention that combined restoration- and loss-oriented coping activities or to a comparison group focused solely on loss-oriented coping (Lund, Caserta, de Vries, & Wright, 2004). Both groups met for 14 weekly meetings and all participants, regardless of study condition, completed a series of four questionnaires prior to and after the intervention to assess their adjustment to widowhood. For these analyses, data were used from the baseline questionnaires only; thus capturing the widowed persons' experiences prior to the intervention and at the earliest stages of bereavement (two to six months post-loss). Therefore, the analyses presented here do not report on any treatment effects associated with the LAL experimental design or the LAL-designed intervention.

Sample

Eligibility for the LAL project was restricted to persons who had recently lost their spouse or partner (within the last 2–6 months), were over the age of 50, English speaking, and could attend a 14-week group meeting held in either of the two study sites, Salt Lake City or San Francisco. Potential participants were recruited for the study after being identified through a random selection of death records maintained by county health departments. A dual-site design was employed to generate a sufficiently large and more diverse sample of participants. The current analyses were based on the responses from 328 persons who completed the baseline survey between February 2005 and April 2008. Additional details on sampling and recruitment procedures used in the LAL study can be found elsewhere (Caserta, Utz, Lund, & deVries, 2010).

Measures

To assess how well one was managing the tasks of daily life, we used a modification of the “Perceived Self-Care and Daily Living Competencies Scale” (Caserta, et al., 2004). This scale included 24 items comprising separate and unique dimensions of activities that encompass the major tasks of self-care and daily life (Caserta, et al., 2004; Lund, et al., 1989). For each activity, the respondent self-reported how much competency they had in performing a particular task: 1=not at all, 2 = somewhat, 3 = a lot. Subscales were created by summing the responses from the activities associated with four distinct domains of daily life: Active Coping, Health Care Participation, Meeting Physical Demands, and Management of Household Affairs. Table 1 describes the specific activities that comprised each domain or subscale. For comparability across the four subscales and to adjust for a slight positive skewness in the frequency distribution (i.e., respondents were, on average, more likely to report high competence), each subscale was standardized to a z-distribution, thus had a mean of 0 and a standard deviation of 1. Each subscale had high internal consistency, as evidenced by a Cronbach alpha of .74 and above.

The specific factors hypothesized to influence one’s perceived ability to function after widowhood were measured with three conceptual variables: 1) Personal Resources, 2) Marital Quality, and 3) Death Forewarning. Personal resources were operationalized as the bereaved persons’ *age* (in years), *race* (black, white, other), *gender* (male, female), *educational attainment* (college degree or more, some college, high school grad), *employment status* (full time, part-time, not working), *financial well-being* (more than adequate, comfortable, not very good), *general health* (1 to 7 scale with 7 excellent and 1 poor), and *living arrangement* (live alone, live with others). *Death Forewarning* was measured by a respondent’s report of whether the death was expected or unexpected. Marital Quality was measured by the *duration of the marriage* (in years) and a single-item measure of *marital closeness* that asked respondents whether they regularly shared their personal thoughts & feelings with their spouse (always or most of the time vs. never, rarely, or only sometimes). All variables were measured two to six months post loss, as perceived by the widow(er) at that time.

To assess gender differences in self-competency, we categorized the ten daily activities related to “Management of Household Affairs” into those that are traditionally performed by males and those traditionally performed by females. As identified by a principle components factor analysis (varimax solution), two distinct factors emerged among sex-stratified samples. The first factor identified traditionally *Female-Typed Tasks* and included: keeping the house organized and clean, reading and understanding food labels, planning and preparing nutritious meals. The second factor identified traditionally *Male-Typed Tasks* and included: scheduling routine car maintenance, handling minor household repairs, recognizing and remedying potential hazards in the home, managing household finances and

budgets, filing forms. Neither the remaining two items in the *Household Affairs* subscale (being an aware consumer, balancing checkbook), nor the activities associated with the other three subscales (Active Coping, Health Care, Physical Demands) produced meaningful or consistent patterns by gender, thus were not classified into male-typed or female-types activities.

Finally, we assessed whether an individual's perceived self-competency was correlated with commonly assessed bereavement outcomes such as *Grief*, *Depression*, and *Loneliness*. We used the Texas Revised Inventory of Grief (Faschingbauer, Zisook, & DeVaul, 1987), the Geriatric Depression Scale (Sheikh & Yesavage, 1986), and the UCLA Loneliness Scale (Russell, 1996) to measure these concepts. All of these scales are commonly used measures in bereavement research with documented sound psychometric properties (Stroebe, et al., 1993). Higher scores indicate greater difficulty.

Analytic Plan

Corresponding to the three research questions outlined above, we first used OLS regression to predict the effect of personal, situational, and relationship factors on each of the four subscales measuring one's level of perceived self-competency in daily life activities. Next, we repeated the analyses using a gender-stratified sample ($n=200$ females, 128 males) to assess how widows and widowers differed in their perceptions, as well as their ability to perform specific male- and female-typed activities. These gender-stratified analyses identified significant interaction effects, whereby the effect of specific independent variables differed by gender. Finally, bivariate correlation analysis was conducted to examine the relationship between perceived self-competency and mental health outcomes commonly used in bereavement research (e.g., grief, depression, loneliness).

All analyses were done using SPSS 16. The analytic sample was determined by listwise deletion. The number of missing cases was low, less than 4% for any variable considered in the analysis, likely attributable to the fact that LAL researchers followed-up via telephone with all respondents who had missing data. Sensitivity analyses, in which demographic profiles of cases with and without missing data were compared, showed that data were missing at random, and thus listwise deletion did not substantively alter the results and data imputation was not necessary. Finally, the LAL study utilized a sophisticated data-entry system that mimicked the layout of the survey document; this resulted in virtually zero data-entry mistakes as verified by a 5% sample of double-entered surveys.

Results

Demographic Profile of Sample

The average participant completed the baseline questionnaire approximately 4 months (15.6 weeks) after the spouse's death, with some as early as 5 weeks post-loss and some as late as 24 weeks post-loss. The sample included 61% women ($n = 200$) and 39% men ($n = 128$). The average age of participants was 69.6 years ($SD = 10.6$), with a range of 50 to 93 years. Participants had been married or partnered for an average of 39.8 years ($SD = 16.9$). The majority were Caucasian (85%), with 5% African American and 10% other races including Asian, Latino, Native American, and Multi-Racial.

Predictors of Self-Competency

In general, perceived self-competency was fairly high among the recently bereaved. At least 40% of all widows (females) and widowers (males) reported "a lot" of ability across each of the 24 activities, resulting in mean scores of 2.4 and above for each activity (on a scale of 1= no ability to 3= a lot of ability). As shown in Table 1, perceived self-competency was

highest for health care related matters, followed by household chores. A correlation matrix of the subscales (not shown, but available upon request) shows that each activity domain was strongly and consistently correlated with the other three activity domains ($r=.35$ to $.69$, $p<.001$). For example, if an individual reported high competence in health care matters, they also reported high competence in the other domains as well.

The regression analyses presented in Table 2 isolated the effects of personal resources, marital quality, and death forewarning on each of the four domains of self-competency. Surprisingly, neither marital quality indicators nor the presence of a forewarning period were associated with one's perceived self-competency following widowhood; with one exception, those widowed persons in longer marriages reported higher levels of Active Coping ($b=0.01$, $p < .05$). The average length of marriage in our sample was 39.8 years ($SD = 17.0$), with a range of 1 to 70 years.

In contrast, greater personal resources were associated with higher levels of perceived competence. For example, general health was a significant predictor of competence: The better the health, the higher one rated their ability to actively cope with life's responsibilities ($b=0.17$, $p<.001$), manage health care related matters ($b=0.14$, $p<.01$), meet the physical demands of life ($b=0.33$, $p<.001$), or complete the household chores ($b=0.20$, $p<.001$). Similarly, those whose financial circumstances were more than adequate to meet their needs (compared to those with less than adequate financial resources) had higher levels of active coping ($b=0.62$, $p<.01$), health care participation ($b=0.48$, $p<.05$), meeting physical demands ($b=0.62$, $p<.001$), and managing household activities ($b=0.57$, $p<.05$). Those with college degrees also reported higher levels of active coping ($b=0.28$, $p<.05$) and ability to meet the physical demands of life ($b=.29$, $p<.01$).

Gender Differences in Competency

In general, men and women reported similar levels of self-competency after widowhood, with a few exceptions: Men reported higher self-competency in coping with failures and setbacks and male-typed household tasks (e.g., scheduling car maintenance or handling minor household repairs), whereas women reported higher self-competency in appropriate medication usage, as well as female-typed household tasks (e.g., preparing food and reading food labels). Other than those expected differences, men and women largely reported similar levels of perceived competency, as shown earlier in Table 1.

We further explored gender differences using sex-stratified samples ($n=128$ males; 200 females) and with two additional subscales measuring the perceived competence of performing traditionally male-typed and female-typed household chores. Figure 1 shows the stark gender differences in the perceived competency levels of performing gender-typed household tasks. As expected, males had significantly higher levels of competency in doing male-typed tasks, while females had significantly lower levels in these tasks ($t=4.33$, $p<.001$). Females, alternatively, were more competent in doing the female-typed tasks, whereas males were less competent in these activities ($t=3.49$, $p<.001$).

Table 3 presents the full set of regression coefficients for each of the six subscales, as well as identifies any significant interaction effects by gender. The findings regarding personal resources were largely the same for the sex-stratified samples as they were for the full sample: those with greater financial resources and better health had higher levels of competence. However, significant gender interactions (i.e., gender * financial circumstances) suggested that the positive effect of financial resources was even stronger for females' perceived self-competency than for males'. Similarly, the effect of education was moderated by gender, meaning that highly educated males had significantly higher levels of household related competence than males without college degrees or females.

Death forewarning largely remained an insignificant predictor of competences among widows and widowers, with one interesting exception: widowers who expected their spouse's death had significantly higher levels of competency in female-typed tasks ($b=0.39$, $p<.05$). Additional gender interactions emerged when looking at the effect of marital quality on perceived self-competency. For example, the length of marriage increased females' ability to actively cope ($b=0.01$, $p<.05$), but decreased their ability to perform male-typed tasks ($b=-0.01$, $p<.05$). Marital closeness was associated with lower perceived competency in all six domains for the men ($b_{\text{active coping}} = -0.20$, $b_{\text{physical demands}} = -0.39$, $b_{\text{health care}} = -0.20$, $b_{\text{household}} = -0.30$, $b_{\text{male-typed}} = -0.29$, $b_{\text{female-typed}} = -0.26$, all $p<.05$), but none of the domains for the women.

Competence and Mental Health

Table 4 presents the correlation among competency subscales and outcome measures commonly used to assess bereavement (i.e., grief, depression, loneliness). Higher levels of perceived competence were strongly and consistently correlated with lower levels of grief, depression, and loneliness among the recently bereaved sample. Correlations ranged from a low of -0.13 (Grief & Household Management) to a high of -0.50 (Depression & Active Coping), with p -values ranging from 0.03 to 0.001.

Discussion

Bereavement is much more than just an emotional reaction to the death of a spouse. To illustrate this perspective, we explored perceived self-competency among recently widowed persons (2–6 months post loss). Specifically, we looked at whether 328 older widows and widowers possessed the ability to manage household affairs, participate in health care matters, actively cope with personal responsibilities, and meet the physical demands required of daily activities. This analysis is important in that previous research, like this work, has found a strong association between competencies in daily life activities and more favorable adjustments to the psycho-emotional aspects of grief. Those who lack the confidence, skill, or experience to accomplish particular daily life activities may not have the energy to also deal with the emotional void caused by the loss, whereas those who more effectively engaged in self-care could conceivably be in a better position to cope with the negative emotional effects of the loss (Lund, et al., 1989).

Perceived Competency After Widowhood

In general, we found that perceived self-competency was fairly high among recently bereaved persons. At least 40% of all widows and widowers reported “a lot” of ability across each of the 24 assessed activities. This suggested that the disruption in daily life activities was not completely insurmountable, and that the majority of older widows and widowers had fairly high confidence in their ability to meet the challenges required by daily life activities. According to our analyses, the strongest correlates of perceived self-competency were the personal resources of the widowed person, such as income, education, and general health. As hypothesized, the better health, the more income, and the higher level of education, the more likely one was to report high levels of competence, regardless of the activity domain considered. Thus, intervention might be most effective if targeted to those with fewer resources to draw upon during this difficult transition (Schut, Stroebe, Van Den Bout, & Terheggen, 2001). This is especially relevant advice for practitioners working with diverse populations, as it might target an intervention to those most at risk for poor outcomes.

Contrary to our hypotheses, perceived self-competency was not consistently associated with death forewarning. The forewarning period was useful in only one particular situation:

widowed men who expected the death reported significantly higher levels of competency in female-typed housework. It is possible that these men were fulfilling a caregiving role prior to their wife's death, whereby they had to adopt the traditionally female-typed tasks of cooking and cleaning prior to the loss (Allen & Webster, 2001; Brighthouse & Wright, 2008; Essex & Hong, 2005; Michelson & Tepperman, 2003). Besides this circumstance, the forewarning period was neither associated with men's increased self-competence, nor for women's perceived competence after widowhood. Thus, it seems, from these results, that the forewarning period was only important for males who expected the death and only in improving their competence in the most mundane and most routine activities (i.e., cooking & cleaning).

At first glance, marital quality had very little to do with one's perceived self-competency. However, the longer the marriages (particularly for females), the higher perceived ability to actively cope with daily life. It is unknown whether the length of marriage or the age of the respondent was responsible for the higher reported competency in active coping, since age and marital duration were so highly correlated ($r=.74$) and thus were not included in the same multivariate model due to multicollinearity issues. It is possible that there were generational differences in active coping skills (cohort effect), that active coping skills increased with age and maturation (age effect), or that persons developed more successful active coping skills through practice and life experience over the duration of marriage (marital duration effect). Furthermore, those in longer marriages were older at the time of widowhood, thus experiencing a more normative developmental transition than younger persons who must cope with the non-normative experience of losing a spouse.

These results suggested that there was a high correlation across the different domains of activities assessed. That is, if someone reported high competence in the tasks associated with routine household maintenance, then they also reported high competence in activities associated with health care participation, meeting the physical challenges of daily life, and actively coping with personal responsibilities. Thus, in future research, competence could be assessed as a global construct measuring one's ability to function or cope with the self-care activities required in daily life, rather than as domain-stratified sets of activities.

For purposes of this analysis, however, each of the domains was reported separately, as they illustrated specific challenges faced by newly widowed persons. And more importantly, the domain-specific analyses attested to specific aspects of daily life that might benefit from interventions targeted to improve skills in those areas. For example, both widows and widowers perceived the greatest deficiency in tasks associated with "Active Coping," which could be addressed by interventions designed to improve goal setting and time management techniques, as well as group-based support program where the newly bereaved could meet other potential confidants in similar situations. Overall, widowed persons would benefit from basic skills-training, information, or assistance with the types of activities they did not routinely perform prior to the loss. Receiving information about household repairs and car maintenance may be the most needed form of assistance for women, whereas men may benefit from some basic training in cooking and nutrition related activities.

Gender Differences in Competency

Upon closer inspection of the gender differences among recently bereaved persons, marital quality may have played a defining role in men's and women's competence after widowhood. Marital quality, in terms of whether the spouses regularly shared personal information with one another, was associated with men's lower levels of perceived competency across all domains of activity. One explanation might be that men who were highly dependent on their wives for emotional and social support may feel overwhelmed to take on all of the tasks by themselves without guidance or approval from their partners. As a

result, they may be particularly susceptible to the stressors associated with the restoration-oriented tasks of bereavement. On the other hand, marital quality, as measured by marital length, was associated with lower levels of male-typed housework among the female widows. This suggested that women in very long marriages (or those women from the oldest generations who were concomitantly more likely to have had long marriages) may have been more likely to adopt a traditional gender-based allocation of household tasks, where the women tended to the routine household chores like cooking and cleaning and men were responsible for major household repairs and automotive maintenance. As a result, older generations of women were unprepared and/or less confident in performing tasks that are typically performed by males. It is possible that this gender-based deficiency may be minimized in future generations of widows, in which household tasks may be less clearly delineated across gender lines.

Competency and Mental Health

Finally, as expected, each of the four dimensions of self-competency was inversely correlated with more commonly assessed measures of bereavement such as grief, depression, and loneliness. This strong and consistent finding provided compelling evidence that bereavement is indeed a complicated reaction that includes the need to restore one's daily life activities as well as the need to deal with the sadness associated with the death (Caserta & Lund, 2007; Stroebe & Schut, 1999, 2008). It is possible that the increased stress associated with less-than-adequate competency may have exacerbated one's distress following widowhood, or vice versa, one's decreased mental or psychological capacity after widowhood may have decreased self-confidence or energy to perform the routine tasks of daily life. While the direction of causality cannot be discerned from this cross-sectional analysis, future research and analyses using the LAL sample will explore the longitudinal adjustment of both mental health and perceived self-competency among widowed persons. These proposed analyses could provide an empirical test of the Dual Process Model of Coping by allowing us to see how the two dimensions of coping (loss-oriented & restoration-oriented) interact and influence one another over the course of bereavement.

Practice Implications

Given these findings, it is critical that practitioners working with bereaved clients try to understand how perceived competence in even the smallest, most mundane tasks of daily life may threaten one's personal identity and overall wellbeing. For example,

- Widowhood can threaten independence and mobility, especially for those who had relied on a spouse to fill up the car's gas tank or to drive after dark.
- Widowhood can threaten nutritional health, especially for those who relied on a spouse to grocery shop and prepare meals.
- Paying bills may become an insurmountable task, especially if the other spouse had solely maintained and managed all of the financial accounts and passwords for the household.

Although these analyses found a few discernible patterns of deficiency (e.g., by gender or by marital quality), an individual's perceived self-competency was most affected by the routines and practices adopted by the couple throughout their union. Therefore, clinicians and social service providers need to keep in mind that each person's bereavement is unique, defined by their prior circumstances and experiences, rather than assuming that certain persons require particular types of assistance, or that all persons require the same types of assistance following widowhood.

Accordingly, practitioners ought to be aware of community resources that provide advice, support, or training in the management or performance of everyday activities. Creating lists of trusted and reputable community referrals (e.g., plumbers, contractors, financial advisors, maids) is an easy and cost effective way that professionals could assist the bereaved cope with the daily life disruptions left in the wake of widowhood. Particularly desirable would be forms of assistance that “teach” the widowed person how to complete the tasks him/herself, as this would limit the financial costs of such services while at the same time enhance the widowed person’s self-esteem from learning/mastering new skills. “Widow-to-Widow” support in which widowed persons serves as peer-counselors or mentors to other widowed persons have been found to be particularly effective in providing advocacy and practical information (Lieberman & Videka-Sherman, 1986). These types of mutual-help programs are often offered locally through the American Association for Retired Persons “Widowed Persons Service” (refer to: www.aarp.org/family/lifeafterloss/). As well, Area Agencies on Aging often contract with local providers who offer assistance with instrumental activities of daily living such as home repair, grocery shopping, visiting the doctor, house cleaning, and writing bills.

Clinicians offering individual counseling to the bereaved might benefit from William Worden’s model of grief counseling (1982; 1991; 2002), that describes the process of bereavement in terms of four tasks: 1) to accept the reality of the loss, 2) to process the pain of grief, 3) to adjust to a world without the deceased, and 4) to find an enduring connection with the deceased in the midst of embarking on a new life (p. 50). This counseling perspective explicitly acknowledges the individualized need to actively rearrange one’s daily activities and routines, as well as the emotional distress associated with that process of rearrangement. Worden’s perspective is preferable to the longstanding clinical traditions derived from the “Phase Models” of bereavement (e.g., Bowlby), which describe coping in terms of discrete emotional phases (shock, yearning, despair, restitution) that the bereaved passively experience in their adaptation to the loss. Coping with loss is an active process, which is often manifest in the performance (or inability to perform) the routine, mundane, yet essential tasks of daily life.

In summary, this study explored perceived self-competency among recently bereaved persons in the types of activities that must be performed on a routine basis. Based on our findings, both researchers and clinicians are encouraged to adopt a broader conceptualization of bereavement as a multifaceted, individualized process of readjustment, rather than viewing it simply as a psychological outcome. In doing so, the challenges that widowed persons face when trying to restore daily life activities, while coping with the psychological and emotional aspects of the loss can be validated.

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References

- Allen S, Webster P. When wives get sick - Gender role attitudes, marital happiness, and husbands’ contribution to household labor. *Gender & Society*. 2001; 15(6):898–916.
- Bastian V, Burns N, Nettelbeck T. Emotional intelligence predicts life skills, but not as well as personality and cognitive abilities. *Personality & Individual Differences*. 2005; 39(6):1135–1145.
- Becker G. A theory of the allocation of time. *Economic Journal*. 1965; 75:493–517.
- Becker, G. A treatise on the family. Cambridge: Harvard University Press; 1991.
- Bergstrom C, Heymann S. Impact of gender disparities in family carework on women’s life chances in Chiapas, Mexico. *Journal of Comparative Family Studies*. 2005; 36(2):267.

- Brighouse H, Wright E. Strong gender egalitarianism. *Politics & Society*. 2008; 36(3):360–372.
- Carr, D. Methodological Issues in Studying Late Life Bereavement. In: Carr, D.; Nesse, R.; Wortman, C., editors. *Spousal Bereavement in Late Life*. New York: Springer; 2006. p. 19-48.
- Carr D, Boerner K. Do Spousal Discrepancies in Marital Quality Assessments Affect Psychological Adjustment to Widowhood? *Journal of Marriage and Family*. 2009; 71(3):495–509.
- Carr D, House J, Kessler R, Nesse R, Sonnega J, Wortman C. Marital quality and psychological adjustment to widowhood among older adults: A longitudinal analysis. *Journal of Gerontology: Social Sciences*. 2000; 55B(4):S197–S207.
- Carr D, House J, Wortman C, Nesse R, Kessler R. Psychological adjustment to sudden and anticipated spousal loss among older widowed persons. *Journal of Gerontology: Social Sciences*. 2001; 56(4):S237–S248.
- Carr, D.; Nesse, R.; Wortman, C., editors. *Spousal Bereavement in Late Life*. New York: Springer Publishing Company; 2006.
- Carr D, Utz R. Late-Life Widowhood in the United States: New Directions in Research and Theory. *Ageing International*. 2001; 27(1):65.
- Caserta MS, Lund DA. Toward the Development of an Inventory of Daily Widowed Life (IDWL): Guided by the Dual Process Model of Coping with Bereavement. *Death Studies*. 2007; 31(6):505–535. [10.1080/07481180701356761](https://doi.org/10.1080/07481180701356761) [PubMed: 17726825]
- Caserta MS, Lund DA, O'Bray SJ. Promoting self-care and daily living skills among older widows and widowers: Evidence from the Pathfinders demonstration project. *Omega: Journal of Death & Dying*. 2004; 49(3):217–236.
- Caserta M, Utz R, Lund D, deVries B. Sampling, Recruitment, and Retention in a Bereavement Intervention Study: Experiences From the Living After Loss Project. *OMEGA*. 2010; 61(3):181–203. [PubMed: 20873532]
- Chentsova-Dutton Y, Shuchter S, Hutchin S, Strause L, Burns K, Zisook S. The psychological and physical health of hospice caregivers. *Annals of Clinical Psychiatry*. 2000; 12(1):19–27. [PubMed: 10798822]
- Coltrane, S. *Fatherhood, housework, and gender equity*. New York: Oxford University Press; 1996.
- Cunningham M. Parental influences on the gendered division of housework. *American Sociological Review*. 2001; 66(2):184–203.
- Cunningham M. Influences of women's employment on the gendered division of household labor over the life course. *Journal of Family Issues*. 2007; 28(3):422–444. [PubMed: 18458763]
- de Ruijter E, Treas J, Cohen P. Outsourcing the gender factory: Living arrangements and service expenditures on female and male tasks. *Social Forces*. 2005; 84(1):305–322.
- Essex E, Hong L. Older caregiving parents: Division of household labor, marital satisfaction, and caregiver burden. *Family Relations*. 2005; 54(3):448–460.
- Evertsson M, Nermo M. Changing resources and the division of housework: A longitudinal study of Swedish couples. *European Sociological Review*. 2007; 23(4):455–470.
- Faschingbauer, T.; Zisook, S.; DeVaul, R. Biopsychosocial aspects of bereavement. In: Zisook, S., editor. *The Texas revised inventory of grief*. Washington, DC: American Psychiatric Press; 1987. p. 111
- Fraley, RC.; Shaver, PR. Loss and bereavement: attachment theory and recent controversies concerning 'grief work' and the nature of detachment. In: Cassidy, J.; Shaver, PR., editors. *Handbook of attachment: theory, research and clinical approaches*. New York: Guilford; 1999.
- Freud, S. Mourning and melancholia. In: Strachey, J., editor. *Standard edition of complete psychological works of Sigmund Freud*. Vol. 14. London: Hogarth Press and Institute of Psychoanalysis; 1917. p. 152
- Gupta S. the effects of transitions in marital status on men's performance of housework. *Journal of Marriage and the Family*. 1999; 61:700.
- Ha, Jh; Carr, D.; Utz, R.; Nesse, R. Older Adults' Perceptions of Intergenerational Support after Widowhood: How do men and women differ? *Journal of Family Issues*. 2005
- Herzog AR, Kahn RL, Morgan JN, Jackson JS, Antonucci TC. age differences in productive activities. *Journal of gerontology*. 1989; 44(4):S129. [PubMed: 2738316]

- Huber, J.; Spitze, G. Sex stratification: children, housework, and jobs. New York: Academic Press; 1983.
- Jacobs S, Kosten T, Kasl S, Ostfeld A, Berkman L, Charpentier P. Attachment theory and multiple dimensions of grief. *Omega*. 1987; 88:41.
- Lee MA, Carr D. Does the context of spousal loss affect the physical functioning of older widowed persons? *Research on Aging*. 2007; 29(5):457–487.
- Lieberman MA, Videka-Sherman L. The impact of self-help groups on the mental health of widows and widowers. *American Journal of Orthopsychiatry*. 1986; 56:435. [PubMed: 3740226]
- Lindemann E. Symptomatology and management of acute grief. *American Journal of Psychiatry*. 1944; 151:155. [PubMed: 8192191]
- Lund DA, Caserta M, de Vries B, Wright S. Restoration during bereavement. *Generations Review*. 2004; 14:9.
- Lund, DA.; Caserta, MS.; Dimond, MF. The course of spousal bereavement in later life. In: Stroebe, MS.; Stroebe, W.; Hansson, RO., editors. *Handbook of bereavement: Theory, research and intervention*. London: Cambridge University Press; 1993. p. 240
- Lund, DA.; Caserta, MS.; Dimond, MF.; Shaffer, SK. Competencies: Tasks of daily living and adjustments to spousal bereavement in later life. In: Lund, DA., editor. *Older bereaved spouses: Research with practical applications*. Washington, DC: Taylor-Francis/Hemisphere Press; 1989. p. 135
- Michelson W, Tepperman L. Focus on home: What time-use data can tell about caregiving to adults. *Journal of Social Issues*. 2003; 59(3):591–610.
- Moore A, Stratton D. Preparing men for caregiving & widowhood. *Gerontologist*. 2003; 43:242. [PubMed: 12677081]
- O'Bryant SL. Forewarning of husband's death: does it make a difference? *Omega*. 1990; 22(3):227.
- Orbuch TL, Eyster SL. Division of household labor among black couples and white couples. *Social Forces*. 1997; 76(1):301.
- Parkes, CM.; Weiss, RS. *Recovery from bereavement*. New York: Basic Books; 1983.
- Parsons, T. *Essays in Sociological Theory*. New York: Free Press; 1954.
- Prokos A, Keene J. The long-term effects of spousal caregiving on survivors' well-being in widowhood. *Gerontologist*. 2003; 43:201–201.
- Prokos A, Keene J. The long-term effects of spousal care giving on survivors' well-being in widowhood. *Social Science Quarterly*. 2005; 86(3):664–682.
- Roach, MJ.; Kitson, C. Impact of forewarning on adjustment to widowhood and divorce. In: Lund, DA., editor. *Older Bereaved Spouses: Research with Practical Applications*. New York: Hemisphere Publishing; 1989. p. 185
- Robinson JP, Werner P, Godbey G. Freeing up the golden years. *American Demographics*. 1997; 19(10):20.
- Romo D, Zettel-Watson L. Marital Quality, Attitudes toward Death, and Adjustment to Widowhood. *Journal of the American Geriatrics Society*. 2009; 57:S194–S194.
- Rosenbloom CA, Whittington FJ. The effects of bereavement on eating behaviors and nutrient intakes in elderly widowed persons. *Journal of Gerontology: Social Sciences*. 1993; 48:S223.
- Russell DW. UCLA Loneliness Scale (Version 3): Reliability, validity, and factor structure. *Journal of Personality Assessment*. 1996; 66:20. [PubMed: 8576833]
- Schut, H.; Stroebe, MS.; Van Den Bout, J.; Terheggen, M. The efficacy of bereavement interventions: Determining who benefits. In: Stroebe, MS.; Hansson, RO.; Stroebe, W.; Schut, H., editors. *Handbook of bereavement research: Consequences, coping, and care*. Washington, DC: American Psychological Association; 2001. p. 705
- Sheikh, JI.; Yesavage, JA. Geriatric Depression Scale (GDS): Recent evidence and development of a shorter version. In: Brink, TL., editor. *Clinical Gerontology: A guide to assessment and intervention*. New York, NY: Haworth Press; 1986. p. 165
- South SJ, Spitze G. Housework in marital and nonmarital households. *American Sociological Review*. 1994; 59:327.

- Stickney L, Konrad A. Gender-role attitudes and earnings: A multinational study of married women and men. *SEX ROLES*. 2007; 57(11–12):801–811.
- Stroebe M, Schut H. The dual process model of coping with bereavement: Rationale and description. *Death Studies*. 1999; 23:197. [PubMed: 10848151]
- Stroebe M, Schut H. The Dual Process Model of Coping with Bereavement: Overview and update. *Grief Matters: The Australian Journal of Grief and Bereavement*. 2008; 11:1–4.
- Stroebe M, Stroebe W, Schut H. Gender differences in adjustment to bereavement: an empirical and theoretical review. *Review of General Psychology*. 2001; 5(1):62.
- Stroebe MS, Stroebe W. Who suffers more? sex differences in health risks of the widowed. *Psychological bulletin*. 1983; 93(2):279. [PubMed: 6844474]
- Stroebe, MS.; Stroebe, W.; Hansson, RO. *Handbook of bereavement: Theory, research, and intervention*. New York, NY: Cambridge University Press; 1993.
- Sun S. Housework and gender in nuclear versus extended family households: Experiences of Taiwanese immigrants in Canada. *Journal of Comparative Family Studies*. 2008; 39(1):1.
- Szinovacz ME. Changes in housework after retirement. *Journal of Marriage and Family*. 2000; 62:78.
- Szinovacz ME, Harpster P. couple's employment/retirement status and the division of household tasks. *Journal of Gerontology: Social Sciences*. 1994; 49:S125.
- Thompson LW, Walker AJ. gender in families: women and men in marriage, work, and parenthood. *Journal of Marriage and the Family*. 1989; 51:845.
- Treas J, de Ruijter E. Earnings and expenditures on household services in married and cohabiting unions. *Journal of Marriage and Family*. 2008; 70(3):796–805.
- Umberson D, Wortman CB, Kessler RC. Widowhood and depression: explaining long-term gender differences in vulnerability. *Journal of health and social behavior*. 1992; 33(1):10. [PubMed: 1619255]
- Utz, RL. The Economic and Practical Adjustments to Late Life Spousal Loss. In: Carr, D.; Nesse, R.; Wortman, C., editors. *Spousal Bereavement in Late Life*. New York: Springer; 2006. p. 167-194.
- Utz RL, Carr D, Nesse R, Wortman C. Effect of widowhood on social participation: An evaluation of activity, disengagement, and continuity theories. *The Gerontologist*. 2002; 42(4):522. [PubMed: 12145380]
- Utz RL, Reidy EB, Carr D, Nesse R, Wortman C. The daily consequences of widowhood: The role of gender and intergenerational transfers on subsequent housework performance. *Journal of Family Issues*. 2004; 25(5):683–712.
- Van Doorn C, Kasl S, Beery L, Jacobs S, Priegeron H. The influence of marital quality and attachment styles on traumatic grief and depressive symptoms. *Journal of Nervous and Mental Disease*. 1998; 186:566. [PubMed: 9741563]
- Wells YD, Kendig HL. Health and well-being of spouse caregivers and the widowed. *The Gerontologist*. 1997; 37:666. [PubMed: 9343917]
- Wilkie J. changes in U.S. men's attitudes toward family provider role, 1972–1989. *Gender and Society*. 1993; 7:261.
- Worden, JW. *Grief counseling and grief therapy: a handbook for the mental health practitioner*. New York: Springer Publishing Company; 1982/1991/2002.
- Zivin K, Christakis N. The emotional toll of spousal morbidity and mortality. *American Journal of Geriatric Psychiatry*. 2007; 15(9):772–779. [PubMed: 17804830]

Figure 1. Gender Differences in the Perceived Competency of Male- and Female-Typed Household Tasks

Male-typed tasks included: schedule routine car maintenance, handle minor household repairs, recognize and remedy potential hazards in home, manage household finances and budgets, and file forms. Female-typed tasks included: keep house organized and clean, read and understand food labels, and plan and prepare nutritious meals. Mean differences were assessed using independent samples t-test. For male-typed tasks: $t=4.33$, $p<.001$. For female-typed tasks, $t=-3.49$, $p<.001$.

Table 1
Perceived Self-Competency Among Recently Widowed Persons

	Mean ^a	Std Dev	% Reporting “A lot” of Ability ^a	
To what extent do you possess the ability to			Men	Women
<u>Actively Coping with Personal Tasks</u> (<i>alpha</i> = .85)				
1. Organize your time	2.4	0.6	45%	46%
2. Adapt to changing conditions	2.4	0.6	45%	40%
3. Cope with failure and setbacks	2.4	0.6	50%	35% *
4. Plan things in advance	2.6	0.5	63%	62%
5. Meet and get to know new people	2.4	0.6	43%	42%
6. Understand and meet personal leisure needs	2.5	0.6	56%	51%
7. Organize and utilize sources of help	2.6	0.5	54%	58%
<u>Health Care Participation</u> (<i>alpha</i> = .79)				
8. Know when to schedule medical exams	2.8	0.5	73%	79%
9. Know when/where to get immunizations	2.7	0.6	70%	77%
10. Understand appropriate use of OTC medications	2.9	0.4	81%	88% *
11. Use prescription medications correctly	2.9	0.4	88%	92% +
12. Communicate with health care providers	2.7	0.5	73%	66%
13. Identify community resources to meet your needs	2.6	0.6	61%	63%
<u>Meeting Physical Demands</u> (<i>alpha</i> = .74)				
14. Engage in regular exercise	2.4	0.6	48%	50%
15. Perform required physical tasks of daily living	2.6	0.5	64%	59%
<u>Managing Household Affairs</u> (<i>alpha</i> = .85)				
16. Schedule routine car maintenance	2.6	0.6	83%	50% **
17. Handle minor household repairs	2.5	0.6	70%	49% **
18. Recognize and remedy potential hazards in home	2.7	0.5	80%	65% *
19. Manage household finances and budget	2.7	0.5	79%	66% *
20. File forms (insurance, tax, Medicare)	2.5	0.6	61%	52% +
21. Balance checkbook and manage bank accounts	2.7	0.5	77%	73%
22. Be an aware consumer / Avoid fraud	2.7	0.5	74%	71%
22. Keep house organized and clean	2.6	0.6	60%	66% +
23. Read and understand food labels	2.7	0.5	69%	80% *
24. Plan and prepare nutritious meals	2.5	0.7	45%	70% **
Male Typed Tasks: Schedule routine care maintenance, Handle minor household repairs, Recognize and remedy potential hazards in home, Manage household finances and budgets, File forms				
Female Typed Tasks: Keep house organized & clean, Read & understand food labels, Plan & prepare nutritious meals				

Notes:

^a Individual items were assessed with a three-point likert response: 1=not at all, 2 = somewhat, 3 = a lot. Significant gender differences were assessed using independent samples t-tests,

+ p<.10,

*
p<.05,

**
p<.001.

Table 2

Sample Description & OLS Regression Coefficients Predicting the Effect of Personal and Situational Factors On Perceived Self-Competency Among the Recently Widowed

Sample Description	OLS Regression Coefficients for Perceived Self-Competency Subscales ^a			
	Mean or %	Active Coping	Health Care Participation	Physical Demands Household Management
Personal Resources				
Gender (1= female)	61%	0.09	0.24	0.18 -0.03
Education (1=college degree or more)	44%	0.28	0.18	0.29 0.15
Race (1=white)	85%	-0.09	0.21	0.18 0.21
Employment Status (1=fulltime)	23%	0.13	0.06	0.08 0.17
Living Arrangement (1=live alone)	76%	-0.11	-0.05	-0.05 0.10
Financial Situation – more than adequate	18%	0.62	0.48	0.62 0.57
Financial Situation – comfortable	69%	0.27	0.26	0.29 0.25
Financial Situation – not very good	13%	0.00	0.00	0.00 0.00
General Health (7-point scale)	5.2	0.17	0.14	0.33 0.20
Marital Quality				
Length of Marriage (in years)	39.8	0.01	0.00	0.00 -0.00
Marital Closeness (1= always shared w/ spouse)	85%	-0.02	0.01	0.10 -0.03
Death Forewarning				
Expected Death (1= death was expected)	57%	0.03	-0.05	-0.06 0.17
Constant		-1.66	-1.59	-2.44 -1.79
Adjusted R-Squared		0.10	0.05	0.21 0.14
N		322	320	321 316

Notes:

^a Subscales were standardized to a z-distribution to adjust for skewness, thus had a mean of 0 and a standard deviation of 1.

All analyses controlled for site (San Francisco, Salt Lake City) and months bereaved; not significant.

BOLD indicates a significant regression coefficient, $p < 0.05$.

Table 3

OLS Regression Coefficients Predicting the Effect of Personal and Situational Factors On Perceived Self-Competency Among Recent Widows (Females) and Widowers (Male)

	OLS Regression Coefficients for Perceived Self-Competency Subscales ^a											
	Active Coping		Physical Demands		Health Care Participation		Household Management		Male-Typed Tasks		Female-Typed Tasks	
	female	male	female	male	female	male	female	male	female	male	female	male
Personal Resources												
Education (1=college degree or more)	0.29	0.41	0.29	0.30	0.02	0.41	-0.08	0.49	-0.21	0.52	0.15	0.17
Race (1=white)	-0.10	0.51	0.20	0.24	0.03	0.51	0.41	0.06	0.49	0.06	0.19	-0.01
Employment Status (1=fulltime)	0.25	0.03	-0.05	0.23	0.04	0.03	0.18	0.12	0.16	0.05	0.08	0.23
Living Arrangement (1=live alone)	-0.10	-0.25	-0.02	-0.12	0.04	-0.25	0.21	-0.15	0.21	-0.01	0.17	-0.26
Financial Situation: more than adequate	0.85	0.54	0.61	0.48	0.42	0.54	0.69	0.24	0.61	0.19	0.64	0.21
Financial Situation: comfortable	0.33	0.23	0.32	0.16	0.28	0.23	0.40	-0.02	0.35	0.11	0.33	-0.20
Financial Situation: not very good	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
General Health (7-point scale)	0.15	0.08	0.34	0.31	0.18	0.08	0.19	0.22	0.21	0.19	0.11	0.14
Marital Quality												
Length of Marriage (in years)	0.01	0.00	0.00	0.00	0.00	0.00	-0.01	0.00	-0.01	0.00	0.00	-0.01
Marital Closeness (1= always shared w/ spouse)	0.19	-0.20	0.31	-0.39	0.10	-0.20	0.09	-0.30	0.10	-0.29	0.02	-0.26
Death Forewarning												
Expected Death (1= death was expected)	0.01	0.01	-0.01	-0.09	-0.06	0.01	0.21	0.15	0.17	0.04	0.19	0.39
(Constant)	-1.68	-1.37	-2.45	-1.84	-1.46	-1.37	-1.97	-1.49	-1.93	-1.37	-1.45	-0.85
Adjusted R-Squared	0.10	0.09	0.23	0.19	0.05	0.03	0.11	0.19	0.14	0.18	0.06	0.09
N	195	127	194	127	193	127	193	123	193	123	196	126

Notes:

^aSubscales were standardized to a z-distribution to adjust for skewness, thus had a mean of 0 and a standard deviation of 1.

All analyses controlled for site (San Francisco, Salt Lake City) and months bereaved; not significant.

BOLD indicates a significant regression coefficient, $p < 0.05$ level.

Boxes indicate a significant interaction by gender, $p < .05$.

Table 4
Correlation Among Perceived Competency and Bereavement Related Outcomes

	Bereavement-Related Outcomes		
	Grief	Depression	Loneliness
<u>Perceived Competency Subscales</u>			
Actively Coping with Personal Tasks	-0.31 ***	-0.50 ***	-0.47 ***
Participating in Health Care	-0.19 **	-0.24 ***	-0.25 ***
Meeting Physical Demands	-0.12 *	-0.36 ***	-0.17 **
Managing Household Affairs	-0.13 *	-0.26 ***	-0.20 **
Male-Typed Tasks	-0.12 *	-0.21 ***	-0.16 **
Female-Typed Tasks	-0.12 *	-0.27 ***	-0.17 **

Notes:

* Correlation (2 tailed) was significant at the 0.05 level,

** at the 0.01 level,

*** at the 0.001 level.

All variables were measured so that higher numbers indicated higher levels of perceived competency, grief, depression, or loneliness.