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## Most senior citizens learn to adapt to the loss of a partner

By Abigail Jones and Scott Sell

For months after her husband of 52 years died last spring, Laurel Frisch struggled to read a book. She couldn't make decisions; she only occasionally left her Rockville home. In those rare moments when she could summon the energy, she wandered aimlessly through stores.

"I thought that I had prepared myself for it," Frisch, 72, says of life as a widow. "Maybe I did, but I'm still feeling devastated. I'm still feeling practically immobile."

Psychological and emotional losses change older Americans' lives. How they navigate a cascade of challenges—particularly social isolation, death of a spouse and depression—can determine the course of their final decades.

These struggles often intertwine. Illness, for example, compromises independence and mobility. What begins as arthritis, for someone living in a walk-up apartment, can lead to social isolation, a cause of depression. Depressed people may grow withdrawn, isolating themselves further. Meanwhile, to make matters worse, many older adults lose their spouses, partners and friends, who were sources of companionship, stability and support.

Isolation is a common gateway to this cycle of loss. A 2006 University of Chicago study of people ages 50 to 68 found a mind-body link: Those measuring higher than others on loneliness scales had higher blood pressure, for example, a major risk factor for heart disease. The primary predictor of loneliness in those older than 50 is not being married, according to a 2010 study by Laurie Theeke of the West Virginia University School of Nursing.

Isolation can be particularly acute for seniors who lose their spouses or partners and live alone. Women far outnumber men in this group. Last year, 41 percent of American women older than 65 were widowed, compared with 13 percent of men, census data show.



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Losing a partner can affect older adults in several ways, especially if they're already ill or frail. A couple with health limitations can live independently by relying on each other; when one dies, the other may be ill-prepared for new responsibilities and stresses.

Jackie Buttimer, for instance, had never balanced a checkbook and rarely used a computer before her husband of nearly 50 years died in April. "It's a huge learning curve, and I had never lived alone," says Buttimer, 71, who lives in Bethesda.

Among older Americans, the death or illness of a spouse increases the mortality rate for the surviving spouse, a 2006 study published in the *New England Journal of Medicine* found. Over the nine years of the study, a wife's death increased the husband's risk of death by 21 percent; a husband's death raised the wife's risk by 17 percent. Even a spouse's hospitalization raises the risk of death.

Yet while bereaved spouses' lives change forever, most find ways to "adapt over time and arrive at a level of functioning -- physically, psychologically, emotionally," says Michael Caserta, a University of Utah gerontologist and bereavement researcher.

### The boomer effect

Isolation and widowhood can contribute to depression in certain older adults. Among those who live independently, estimates of major depression range from less than 1 percent to about 5 percent, according to a 2003 study by the Duke University Medical Center.

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But the Duke study also shows that depression jumps to nearly 12 percent in elderly hospital patients and to almost 14 percent in those who need home health care.

And among those older than 85, the 2006 Health and Retirement Study, sponsored by the National Institute on Aging, found 19 percent reporting depressive symptoms. "Elderly populations in this country have less social support than anyone," explains Amy Fiske, a West Virginia University psychologist.

Late-life depression is treatable, however. Psychotherapy and antidepressants have been shown to improve mood in people with depressive disorders. Outreach programs often use frequent phone calls and home visits to try to support such people. Still, the stigma of mental illness often makes older adults reluctant to seek help.

That attitude can be fatal. The suicide rate among the elderly is high: In 2007, it reached 14.3 per 100,000 people, compared with 11.5 among all Americans. Centers for Disease Control and Prevention statistics show that white men older than 85 had the highest suicide risk.

"Many feel that once they reach the nursing home, their lives are worthless because they're not able to contribute to society," says Yeates Conwell, co-director of the Center for the Study and Prevention of Suicide at the University of Rochester.

Increasing public awareness, expanding crisis hotlines and communicating with religious and community organizations could all help reduce the threat, says Briana Mezuk, an epidemiologist at Virginia Commonwealth University. Primary-care physicians now ask probing questions about a patient's emotional state during routine checkups. AARP has also taken notice by initiating a series of public education projects.

Baby boomers entering their 60s with a legacy of activism and familiarity with technology may well alter the aging experience.

"They are not going to go softly into the night," says Victoria M. Rizzo of the Columbia University School of Social Work, who has spent decades working

with older adults. "These baby boomers are not going to go to the senior center, unless it's a new breed."

Mather's—More Than a Cafe is just that: three diner-inspired restaurants that double as community centers for aging Chicagoans, complete with computer and art classes, social events, and health and fitness programs. Mather LifeWays, the nonprofit organization that developed the concept, has helped other groups across the country create similar gathering spots. The Internet could serve a similar purpose. Boomers' Web-savvy ways may give e-mail, instant messaging and Skype a critical role in increasing social interaction, especially for the homebound.

And boomers may prove more willing than their parents to seek help when life's losses jeopardize their well-being. Frisch is frank about the toll that her late husband's cancer took on her health. Unlike many older people, however, she sought help after he died, seeing a therapist and returning to exercise.

"I was determined mentally to stay well," she says. "I'm better off if I am productive, busy and social."

That's exactly what Katherine Hinton discovered. She cared for her second husband through years of illness until he died in 2005. She mourned, but "I finally caught my breath," says Hinton, 71, a retired epidemiologist in New York.

Drawing on her community, her Quaker faith, her work and an innate sense of independence, she has rebuilt a fulfilling life. With her daughter's family in the same apartment complex and friends nearby, she maintains a busy social schedule. She holds leadership positions in her co-op and other organizations. On weekends, she hikes, and in the fall, she's traveling to Siberia.

"I'm alone, but I'm not lonely," Hinton says. "My life is very, very full." She has known loss, but "I am okay, I can survive on my own."

*Connor Boals contributed to this report. Boals, Jones and Sell are fellows of News21. Mary Plummer, a News21 associate, also contributed reporting.*