
Long-Term Payoffs of Work?

Women's Past Involvement in Paid Work and Mental Health in Widowhood

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This study examines a domain of life—involvement in paid work—that has not been explored in prior research addressing the mental health consequences of widowhood. We argue that experiences in the paid labor force increase women's economic, social and psychological resources, which compound over the life course and ease their adjustment to widowhood. Using a sample of 207 widows interviewed in the Miami-Dade County, Florida area in 2001–2002, findings from ordinary least squares (OLS) regression models support the hypothesis that widows with work histories report fewer depressive symptoms than their peers without employment experience. Further analyses reveal that social and psychological resources mediate this association suggesting that employment enhances social support and self-perceptions, which reduce the negative health effects of widowhood. Our study illustrates the importance of incorporating work histories into examinations of widowhood, particularly as cohorts of women with considerable lifetime investments in paid work enter their later years.

Keywords: *widowhood; work histories; distress; mental health; mastery; self-esteem*

Widowhood, an experience that many women face at some point in their lives (Kreider & Simmons 2003), is among the most distressing of all life events (Holmes & Rahe 1967). Although widowhood increases the risk of depression—at least for a year or two following the loss (Jacobs 1993;

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Mendes de Leon et al. 1994)¹—there is likely to be considerable variation across women. Studies, however, have often treated it as an event that leads to similar outcomes for all women (Archer 1999). In short, it tends to be viewed as an event that generates stress and sets the stage for a crisis. Because of this assumption, most studies have downplayed the role of women's experiences prior to widowhood—the wide range of “pre-loss” experiences that profoundly influence the “post-loss” adjustment. As highlighted by the life course perspective, early events and contexts shape our responses to later life events, such as spousal death (Elder, Johnson, & Crosnoe 2003). Although some studies of widowhood have employed a life course perspective (e.g., Barrett 2000; Carr 2004b; Wheaton 1990), they have focused primarily on a single context—marriage and family roles and relationships across adulthood.

An important domain of life that remains unexplored in studies of widowhood centers on women's involvement in the paid labor force. Lifetime experiences in the labor force are likely to influence the mental health of widows. Because paid work increases financial security, it could reduce the considerable economic declines that many widowed women experience (Zick & Holden 2000). Involvement in paid work also expands social networks that could buffer the stresses of widowhood. Providing another benefit in later life, involvement in paid work provides women with goals and interests outside of their marital and other family roles enabling them to develop multiple identities that have been associated with better mental health (Moen, Dempster-McClain, & Williams 1992). In sum, experiences in the paid labor force over their young and middle adult years provide women with a range of economic, social and psychological resources—all of which are likely to enhance their ability to recover from or adjust to events they face in later life, including spousal death.

Drawing on this insight, our study examines whether lifetime experience in the paid labor force is associated with better psychological well-being among widowed women. We also examine three possible mechanisms through which involvement in paid work may improve adjustment to widowhood: the provision of economic, social, or psychological resources. Examining the potential long-term payoffs of employment is particularly important as cohorts of women for whom paid work was the norm approach old age.

Literature Review

Although studies have examined variations in the mental health consequences of widowhood across a range of sociodemographic factors, such as age, race, gender, and parental status (Carr 2004a; deRidder 2000; Ha & Carr 2005; Lee, Willetts, & Seccombe 1998; Umberson, Wortman, & Kessler 1992), as well as features of the marital relationship (Carr 2004b) and the nature of spousal death (Carr 2003), research has not directly examined how the experience is influenced by women's involvement in paid work over their lives. However, coinciding with the rapid movement of middle-class American women into the paid labor force (Padavic & Reskin 2002), numerous studies beginning in the early 1980s explored the effect of employment on the mental health of married women (Barnett & Marshall 1991; Bird & Fremont 1991; Bird & Ross 1993; Crosby 1991; Green & Russo 1993; Kessler & McRae 1982; Lennon 1994; Lennon and Rosenfield 1992; Moen, Dempster-McClain, & Williams 1992; Ross & Mirowsky 1995; Schooler et al. 1984; Sears & Galambos 1993; Thoits 1986). We draw on these studies for clues about how women's employment experiences over their lives may affect their mental health upon spousal death.

Employment and Women's Mental Health

The findings of research examining the association between paid work and women's mental health have not been entirely consistent. Some scholars find health-enhancing effects (Barnett & Marshall 1991; Barnett, Marshall, & Singer 1992; Bird & Fremont 1991; Cleary & Mechanic 1983; Crosby 1991; Moen, Dempster-McClain, & Williams 1992; Thoits 1986), while others report that employment reduces mental health (Lennon 1994; Lennon & Rosenfield 1992; Sears & Galambos 1993; Williams et al. 1991). The finding of negative effects is likely to be closely connected to women's experiences with gender inequality in the labor force—in particular, their concentration in low-status, low-paying jobs (Padavic & Reskin 2002). Supporting this argument, less desirable jobs, which tend to offer limited autonomy, are associated with lower job satisfaction and higher psychological distress (Lennon 1994; Lennon & Rosenfield 1992; Loscosso & Spitze 1990). Also stemming from gender inequality, the considerable and often conflicting demands faced by women juggling the roles of paid worker, parent, and spouse reduce the

advantages of paid work for some women (Rosenfield 1989; Sears & Galambos 1993; Williams et al. 1991).

Although studies have identified contexts in which paid work may diminish mental health, there is considerable support for the argument that participating in paid work is highly beneficial for women (Barnett & Marshall, 1991; Barnett, Marshall, & Singer 1992; Bird & Fremont 1991; Bird and Ross 1993; Cleary & Mechanic 1983; Crosby 1991; Moen, Dempster-McClain, & Williams 1992; Thoits 1986). Work may improve women's mental health through a number of mechanisms, including the provision of income that reduces economic hardship, the development of extra-familial social ties, and the fostering of a health-enhancing sense of self in a culture that values individual achievement and independence. Building on studies revealing benefits of employment for married women, we address the following question: Do the mental health benefits of paid work extend into women's later years—when they have lost the spousal role? We hypothesize that employment improves mental health by increasing women's economic, social, and psychological resources over the life course and assisting them during one of the major life transitions of adulthood—death of a spouse.

Economic Resources

Widowhood is often associated with major changes in women's economic well-being (Holden & Smock 1991; Umberson, Wortman, & Kessler 1992; Zick & Holden 2000). Many women must stretch minimal financial resources to cover their regular expenses, as well as bills from medical and funeral arrangements (Holden & Smock 1991; Zick & Holden 2000). Given their traditional economic dependence on men and their lower earnings relative to men (Padavic & Reskin 2002), Social Security is an important source of income for many widows. However, the Social Security benefits of older women are often reduced following spousal death; and, younger women whose husbands die prior to retirement do not qualify for full benefits. Although remarriage may provide economic stability to a few women, it is almost exclusively an option for young women (Smith, Zick, & Duncan 1991), given American culture's youthful standards of female beauty, norms leading most men to marry younger women, and the gender gap in life expectancy.

The economic strains of widowhood also can be reduced by involvement in the paid labor force. Some degree of benefit is likely to accrue to nearly

all widows, including not only older women with many years of involvement and a stream of personal income and savings but also those with fewer years of experience, such as the many women who exited the labor force to provide full-time care for their children. For these women, their earlier years of paid work may facilitate a re-entry into the labor force following spousal loss.

Social Resources

In addition to economic declines, common problems faced by widows include social isolation and loneliness (Lopata 1979; Silverman 2004). Spousal death not only interrupts the friendship shared with the spouse but may also sever the wife's tie to the husband's family, relatives, mutual friends, and the community at-large. Some work suggests that over time, family and friends often become impatient with widows' grief, which leads them to limit their interaction (Silverman 2004). A decline in the social interaction of widows could also result from older Americans' desire for independence. Some types of support from family and friends could be perceived by the widows as reflecting pity, which could result in feelings of encroachment on their freedom, privacy, and dignity.

Another potential obstacle to connecting with friends and family stems from widows' limited economic resources. We argue that involvement in paid work reduces such obstacles by allowing women to accumulate savings that facilitate, for example, travel, telephone calls, Internet access, and the exchange of gifts with relatives and friends. Employment experiences may also enhance social networks by promoting friendships in the workplace. The importance of examining the potential influence of lifetime involvement in paid work on the social networks and mental health of widows is underscored not only by research revealing a strong association between social support and health (House, Landis, & Umberson 1988), but also by studies indicating the centrality of friendship to well-being in later life (Dean, Kolody, & Wood 1990).

Psychological Resources

Women's involvement in paid work may also influence their self-perceptions, which affect their adjustment to widowhood. Women who work as homemakers over their lives and remain financially dependent on

their husbands may have their self-concepts closely tied to their spouses. As identity theory would suggest (Stryker 1980; Stryker & Serpe 1982), the spousal role is likely to be particularly salient to these women—making stressors associated with this role particularly distressing (Thoits 1991). As a result, women without involvement in paid work—one of the most common and socially rewarded roles of adulthood—may encounter greater psychological difficulties as widows. Loss of their central identity may diminish their self-esteem and feelings of control over their lives.

Our argument that experience with the paid worker role may improve adjustment to widowhood is supported not only by research on spousal loss but also by studies of the mental health effects of occupying multiple roles. In her extensive study of widows, Lopata (1969a) argued that the negative effects of loss of one's identity as a spouse could be prevented by "keeping busy." Developing roles and working toward personal goals outside of marital ones can lead to more self-reliant and fulfilling later years (Lopata 1969b). Providing further support, studies find long-term benefits of occupying multiple roles over adulthood, including higher self-esteem and less psychological distress (Moen, Dempster-McClain, & Williams 1992; Thoits 1986). Although some women's work experience may be short-lived and come at much earlier periods in life, even the relatively few years of full-time paid work experience may have a long-lasting effect on psychological well-being—as these women may continue to identify to some degree with a paid worker role after they have stopped working. Although this phenomenon, labeled a "lingering identity" (DeGarmo & Kitson 1996), has been applied to the marital role by women who become widows, a parallel may be drawn to women's continued attachment to their role as a full-time paid worker. Based on these findings, we argue that working outside the home provides women with greater self-esteem and perceptions of control over their lives—factors that protect mental health amidst stressful later life transitions, such as widowhood.

Research Hypotheses

1. Widows with experience in the paid labor force are less psychologically distressed than widows without an employment history.
2. Higher income is associated with lower levels of psychological distress.
3. Greater perceived support from family and friends is associated with lower levels of psychological distress.

4. Higher levels of mastery and self-esteem are associated with lower levels of psychological distress.
5. Economic, social and psychological resources partially mediate the relationship between employment history and distress. In other words, widows with employment histories report lower levels of distress, in part, because they have greater economic, social and psychological resources than their peers without paid work experience.

Methods

Data

Data are drawn from interviews collected in the Physical Disability, Mental Health and Drug Use Study conducted in the Miami-Dade County, Florida area in 2001–2002 (Turner, Lloyd, & Taylor 2006). The study involved structured, face-to-face interviews with a sample of physically disabled ($n = 800$) and non-disabled adults ($n = 800$) 18 years of age and older. The presence of disability was assessed by the following question: “Do any adults in the household have any physical health condition or physical handicap that has resulted in a change in their daily routine or that limits the kind or amount of activity they carry out? (For instance, work, housework, school, recreation, shopping, or participation in social or community activities).” The data were drawn such that approximately 25% are African-American, 25% are non-Hispanic White, 25% are Cuban, and 25% are of other Hispanic descent. For our study, the sample was restricted to women who were currently widowed ($n = 207$). All analyses control for disability status, which influences distress as well as the likelihood of being employed (Turner & Noh 1988). We note that our data are cross-sectional, which prevents temporal ordering of relationships. We have argued that work experiences are likely to enhance women’s economic, social, and psychological resources, which improve mental health; however, the data only permit the examination of associations consistent with these arguments. Other explanations are certainly plausible. Mental health at earlier points in the life course (which is correlated with mental health in subsequent stages) influences the likelihood of involvement in the paid labor force. In addition, mental health is likely to shape self-perceptions and assessments of social relationships.

Measures

This study examines *psychological distress* using a modified version of the Center for Epidemiologic Studies Depression Scale (CES-D; Radloff 1977). In the Physical Disability Study, twenty questions asked how respondents had been feeling in the past month (rather than the past week, as in the original version of the scale). Response categories were as follows: not at all (1), occasionally (2), frequently (3), or almost all the time (4). We created a summated scale with higher values indicating greater distress (mean = 10.86, $\alpha = 0.84$). Our measure of CES-D is different from most other studies on widowhood, which use a one-week time-frame. The investigators collecting the data cite two primary reasons for using the modified version (Turner, Lloyd, & Taylor 2006). First, consistent with the study's goal of creating a detailed epidemiology of psychiatric and substance use disorders, using the past month corresponds to shortest period for which psychiatric disorders are estimated in community samples. Second, smaller samples of time (i.e., week versus month) are less likely to be representative of the level of distress that individuals face. Therefore, using a larger sample of time is likely to provide a more stable estimate of emotional well-being. This feature of our study leads us to expect that our analyses generate more conservative estimates of psychological distress of widows compared with research employing a one-week time frame.

Employment history was measured using a dichotomous variable that is coded 1 if the respondent reported having ever worked full-time and coded 0 for those who never worked or worked only part-time.² We combined part-time and no paid work for two reasons. First, we anticipated that the effects of paid work, including economic security, development of the worker identity, and enhancement of social networks and psychological resources, are greatest among those with full-time work experience. Second, too few women reported part-time work ($n = 15$) or no work experience ($n = 20$) to examine these groups separately. In order to reduce endogeneity issues, we omitted respondents who are currently working ($n = 17$).

Age was measured using a continuous variable with a range of 30 to 93 years and a mean of 77. *Race* was a dichotomous variable with non-Hispanic Whites coded 0 and Cubans, other Hispanics, and African-Americans coded 1.³ A dichotomous variable was constructed for *disability status* with the disabled coded 1 and the non-disabled coded 0. *Education* was a continuous variable indicating the highest year of education completed. Values ranged from 0 to 20 years and average approximately eleven

years. *Duration of widowhood* ranged from 1 to 50 years and averages approximately twelve years.

Economic status was measured using *personal income*. For each of the twelve income ranges, we recoded responses by assigning the mid-point of the category (e.g., a response of annual income in the range of \$25,000–\$34,999 was recoded as \$29,999). Annual income was then divided by 1000 to reduce the number of zeros in the coefficient and allow more meaningful interpretations of the findings. The average income in this sample is approximately \$15,000.

We examined social support from family and friends. A scale of *family support* ($\alpha = 0.93$) was constructed by calculating the mean response to the following eight statements: You feel very close to family; you have family available to talk to; your family knows that you are worthwhile; you feel relaxed around your family; your family is always there for you; you know that your family has confidence in you; your family cares about you; and your family appreciates you. The response categories were as follows: not at all true (1), somewhat true (2), moderately true (3), or very true (4). The average woman reported relatively high support (mean = 3.65).

By averaging responses to an identical set of eight items that referred to friends rather than family, we constructed a *friend support* scale ($\alpha = 0.96$). The scale ranged from 1 to 4 with higher scores indicating greater perceived social support from friends (mean = 3.40). Because having children is shown to protect against social isolation and loneliness in late life (Finley 1989), we controlled for parental status and number of children. Although not technically a measure of social support, we included these measures in the models because children are typically central members of the support networks of the elderly (Barrett & Lynch 1999).

We examined two psychological resources: *mastery* and *self-esteem*.⁴ The scale for mastery ($\alpha = 0.53$) was formed by averaging responses to the following five items (Pearlin & Schooler 1978): You have little control over the things that happen to you; there is no way to solve your problems; you can't change the important things in your life; you feel helpless dealing with problems; and you feel pushed around in life. The scale ranged from 1 to 5 with higher scores indicating greater perceived mastery (mean = 3.48).

The self-esteem scale ($\alpha = 0.63$) was created by averaging responses to the following six items from the Rosenberg (1965) Self-Esteem Scale: You feel that you have good qualities; you feel that you are a person of worth; you are able to do things well; you take a positive attitude towards yourself; you are satisfied with yourself; and you are inclined to be a failure. Response

categories were as follows: (1) strongly disagree; (2) mildly disagree; (3) neither agree nor disagree; (4) mildly agree; (5) strongly agree. The average score on the self-esteem scale was 4.18.

Analytic Strategy

OLS regression was used to examine the association between employment history and mental health among widows. Five models were run. In order to test the first hypothesis that widows with employment histories are less distressed than widows without work experience, Model 1 regresses psychological distress on employment history and the sociodemographic variables. To evaluate the second hypothesis that better economic resources are associated with less distress, Model 2 adds income. Adding social resource variables in Model 3 permits a test of the third hypothesis, which posits that having greater support from friends and family is linked with lower levels of distress. With the addition of self-esteem and mastery in Model 4, we are able to test the fourth hypothesis arguing that greater psychological resources will predict lower levels of distress. Models 2–4 also permit tests of the hypothesis regarding the role of economic, social, and psychological resources in mediating the relationship between employment history and distress. Using the standard procedure for testing mediating effects (Baron & Kenny 1986), we examine relevant bivariate relationships and calculate the change in the coefficient for employment history with the inclusion of a hypothesized mediator. Finally, the last model (Model 5) includes all the variables, which allows us to examine whether the set of hypothesized mediators, in combination, mediate the association between work history and distress.

Results

Table 1 reports the means for all variables by employment history. Consistent with our expectations, the results indicate that widows with employment histories have significantly lower average levels of distress than their peers without prior involvement in paid work. We also find evidence that they have greater perceived social support from their families and higher self-esteem. However, average levels of other resources that are

Table 1
Means and Standard Deviations of Variables by
Employment History

	Never Worked ^a (<i>n</i> = 35)	Worked ^a (<i>n</i> = 172)
Psychological Distress (20 item scale; $\alpha = 0.84$)	13.67 (8.18)	10.24 (8.29)**
Personal Income (thousand dollars)	11.73 (9.31)	16.03 (19.95)
Perceived Family Support (8 item scale; $\alpha = 0.93$)	3.47 (0.77)	3.69 (0.53)**
Perceived Friend Support (8 item scale; $\alpha = 0.96$)	3.27 (0.72)	3.42 (0.84)
Number of Children	3.24 (2.52)	3.07 (2.20)
Mastery (5 item scale; $\alpha = 0.53$)	3.27 (0.77)	3.52 (0.89)
Self-esteem (6 item scale; $\alpha = 0.63$)	4.00 (0.62)	4.21 (0.49)**
Disabled (percent)	0.51	0.49
Age	77.68 (8.89)	76.44 (8.77)
Non-White (percent)	0.75	0.65
Years of Education	9.65 (4.35)	10.8 (4.03)
Years Widowed	11.39 (10.01)	12.77 (10.00)

* $p < .05$. ** $p < .01$. *** $p < .001$. Standard deviations are in parentheses; t-tests are used.
 a. Refers to full-time work. Physical Disability, Mental Health and Drug Use Study, 2001–2002.

hypothesized to mediate the association between employment history and distress do not differ significantly between widows with and without work histories.

Table 2 presents the results of the regression of widows' psychological distress on their employment history. Model 1 reveals that widows who have occupied the role of full-time, paid worker at some time in their lives report less distress than those without this experience. Of the sociodemographic factors entered in Model 1, disability status is the only significant predictor of distress: Widows with a physical disability report greater distress than their non-disabled peers.

Model 2 indicates that economic resources, as indicated by personal income, are not significantly associated with distress.⁵ Model 3 reveals no support for the hypothesized relationship between psychological distress and perceived support from friends. However, perceived support from family is significantly associated with distress: Widows reporting more support from family report significantly lower levels of distress than widows with less supportive relationships. Results also indicate a significant association between number of children and distress: Having more children is associ-

Table 2
OLS Regression of Psychological Distress on Employment History among Widows

Variables	Model 1	Model 2	Model 3	Model 4	Model 5
Ever-worked ^a	-3.39** (1.5)	-3.54** (1.5)	-2.70 (1.4)	-1.88 (1.3)	-1.92 (1.3)
Personal Income		0.05 (.03)			0.03 (.02)
Perceived Family Support			-2.41** (1.0)		-0.52 (.99)
Perceived Friend Support			-1.27 (.74)		-0.83 (.64)
Number of Children			-0.56** (.26)		-0.46 (.23)
Mastery				-3.65*** (.60)	-3.53*** (.60)
Self-esteem				-4.41*** (0.9)	-3.67*** (1.0)
Disabled	2.35** (1.1)	2.47** (1.1)	1.66 (1.1)	1.68 (.97)	1.50 (.98)
Age	-0.07 (.07)	-0.07 (.07)	-0.05 (.07)	-0.07 (.06)	-0.07 (.06)
Non-White	0.80 (1.3)	1.49 (1.4)	1.06 (1.3)	0.16 (1.1)	0.62 (1.2)
Years of Education	-0.11 (.14)	-0.13 (.14)	-0.10 (.14)	0.07 (.12)	0.02 (.12)
Years Widowed	-0.05 (.05)	-0.04 (.05)	-0.06 (.05)	-0.04 (.04)	-0.05 (.04)
Adjusted <i>R</i> -squared	.04	.05	.12	.32	.34

* $p < .05$. ** $p < .01$. *** $p < .001$. Standard errors are in parentheses.

a. Refers to full-time work. Physical Disability, Mental Health and Drug Use Study, 2001–2002; $n = 207$.

ated with lower levels of distress. In Model 3, the coefficient for work history declines by 20% and is no longer significant indicating that social support from family plays a role in explaining the association between paid work experience and psychological distress among widows. In other words, widows who have worked full-time in the paid labor force are less distressed than their counterparts without work experiences, in part, because they have more supportive relationships with family members.

Results of Model 4 indicate that widows with higher levels of mastery and self-esteem are less psychologically distressed than their peers lacking these resources. In addition, the coefficient for employment history declines by nearly 45% indicating that psychological resources mediate the association between paid work history and psychological distress. Because widows with work histories were shown to have higher self-esteem than their peers without full-time work experiences (Table 1), it thus appears that widows with work histories are less distressed, in part, because they possess higher self-esteem which protects against distress.

The final model includes all of the variables entered in prior steps. As anticipated, employment history does not reach significance. Of the hypothesized mediators, only two are significant in Model 5: mastery and self-esteem. The absence of significant relationships between distress and the factors revealed in prior steps (i.e., family support and number of children) suggests that more favorable perceptions of family support enhances mastery and self-esteem which, in turn reduce psychological distress.⁶

Discussion

This study contributes to the study of the mental health consequences of widowhood by bringing into focus an unexplored domain of women's lives—their involvement in the paid labor force over adulthood. Although prior studies have incorporated a life course perspective, highlighting the influence of earlier events and contexts on the health effects of spousal loss, this work has primarily addressed marital and family histories (e.g., Barrett 2000; Carr 2004b; Wheaton 1990). Emphasizing the importance of considering paid work histories, our study supports our main hypothesis that having full-time experience in the labor force is associated with better mental health among widowed women. This finding not only extends the literature on widowhood but also connects to studies of the health effects of paid work among women—a body of work that has tended to focus on younger women who are juggling multiple roles of work and family. Our study suggests that the benefits of paid work extend into later life when they become resources that ease the stress of widowhood.

We hypothesized that having occupied the role of paid worker would improve mental health among widowed women by enhancing their economic, social, and psychological resources. We find partial support for our expectations. Social and psychological, but not economic, resources

play a role in explaining the mental health benefit of having been involved in full-time paid work. Our study suggests that women who have worked for pay over their lives have higher levels of perceived family support, which protects them from depression. This pattern may reflect the importance that American society places on the role of paid worker. Women who have success in the labor force may perceive more positive reflected appraisals from their family members leading to better perceptions of these relationships. In contrast with the findings for family support, we do not find that paid work experiences improve the mental health of widows by enhancing their relationships with friends. In fact, support from friends does not emerge as a significant predictor of psychological distress—a somewhat unexpected finding in light of research reporting that friends are central to well-being in later life (Dean, Kolody, & Wood, 1990).

Although social support—in particular, relationships with family members—provides a partial explanation for the lower distress of widows with work histories, the strongest explanatory factor is a psychological resource—self-esteem. Our findings indicate that widows with paid work experience have fewer depressive symptoms, in part, because they possess higher self-esteem than their peers without work experiences. The reduction in the coefficient for work history is considerably larger with the inclusion of psychological than social resources (i.e., 45% against 20%). These findings are consistent with our argument drawn from identity theory (Stryker 1980; Stryker & Serpe 1982) that paid work histories may protect the self-esteem of widows by providing them an alternative source of identity.

In contrast with the findings for psychological and social resources, we find no support for the hypothesis that involvement in paid work improves the psychological well-being of widows by enhancing their economic resources. Our findings highlight the importance of the non-economic consequences of work for widowed women's well-being. The absence of an association between income and distress could be closely tied to respondents' low level of personal income, which averages only \$15,000. The role of women's paid work in facilitating the accumulation of economic resources on which they can draw in later life may be better captured by wealth than income.⁷

Although our study makes an important contribution by examining the previously unexplored link between paid work and widows' mental health,

it has several limitations. Of particular note, the data are cross-sectional; therefore, we are unable to examine the extent to which the observed association between employment history and mental health is generated by the selection of more psychologically healthy women into paid work at earlier points in their lives. We also cannot examine the effect of employment histories on women's psychological well-being immediately following spousal death when their risk of depression is greatest (Jacobs 1993; Mendes de Leon, Kasl, & Jacobs 1994). Future research should address the link between work history and psychological well-being by following a sample of women from young adulthood to later life—as their marital and work trajectories unfold.

Our study also is limited by the small sample size and the number of women without paid work experience. Research using larger, nationally representative samples, will yield more generalizable results and permit more fine-grained examination of women's varied work experiences over their lives. Our data lack measures of the numerous characteristics of work histories (e.g., timing of work experiences, occupational prestige, degree of autonomy, quality of relations with co-workers) that are likely to shape the mental health consequences of widowhood. Extensions of our study should examine how the mental health protection that work histories provide in later life varies across women with different paid work trajectories. Future studies also should explore whether the benefits extend to physical health and apply to women of various social locations, such as race, age, and social class.

Despite its limited work history measure, our study suggests that involvement in full-time paid work at earlier points in the life course profoundly reduces widowed women's risk of depression. Our project lays the groundwork for further research on work, widowhood, and mental health among women. Pursuing these lines of research becomes increasingly relevant as cohorts of women with significant investments in the paid labor force reach their later years and face spousal loss. Our study suggests that the mental health effects of widowhood may be weaker for future cohorts of older women, as a larger proportion will have worked for pay over much of adulthood. Compared with women of previous generations, future cohorts will be more likely to reap the long-term payoffs of work, which include enhanced social and psychological independence and security in later life.

Appendix A
Pairwise Correlations of Variables in Analysis

	1	2	3	4	5	6	7	8	9	10	11	12	13
1. Psychological Distress	100												
2. Employment History	-16	100											
3. Personal Income	05	08	100										
4. Perceived Family Support	-29	14	-01	100									
5. Perceived Friend Support	-25	06	04	44	100								
6. Number of Children	-08	-02	-04	-01	-00	100							
7. Mastery	-50	10	02	23	20	-06	100						
8. Self-esteem	-41	14	01	37	19	10	34	100					
9. Disability	16	-01	-09	-17	-13	03	-14	-01	100				
10. Age	-11	-05	06	20	15	-28	11	-05	-04	100			
11. Race	11	-07	-33	16	-13	29	-19	-05	08	-38	100		
12. Years of Education	-11	10	18	18	14	-25	21	14	-14	02	-27	100	
13. Years Widowed	-10	05	-06	02	02	-12	06	02	-01	23	-04	09	100

Note: Employment History: 1 = worked full-time, 0 = part-time work + never worked. Disability: 1 = disabled, 0 = non-disabled. Race: 1 = non-White, 0 = non-Hispanic White. Correlations significant at .05 level are in bold.

Notes

1. Our study does not estimate the effect of widowhood; however, it is important to note that previous studies have found the effects of spousal loss to diminish with time (O'Bryant & Hansson 1995). Although spousal death is one of the most distressing events of late life, evidence indicates only 15 to 30% of the bereaved to suffer from clinically significant depression in the year immediately following the death of their spouse (Harlow, Goldberg, & Comstock 1991; Zisook & Shucder 1991).

2. A reviewer suggested conducting power analysis to show that our results are robust despite the small sample size. The results of this analysis indicated sufficient statistical power (power = 0.980; $\alpha = .02$). Specifically, results suggest that there is a 98% chance of detecting the hypothesized difference in psychological distress between widows with and without work history, if it actually exists. Alternatively, there is a 2% chance of rejecting the null hypothesis of comparable levels of distress among widows with and without prior involvement in paid work.

3. We combined all minority women into a single category for statistical and theoretical reasons. Although the original data is comprised of approximately 25% of each ethnic category, the sample that we employ for our study (207 widows) is less evenly distributed across the four groups. Our sample includes fewer Cubans (18.3%), non-Cuban Hispanics (12.7%) and a small number of "others" (3.1%). We also argue that the race-ethnic difference of most theoretical interest is the comparison of White widows with those of all other groups. African-Americans and Hispanic women's experiences of widowhood are likely to differ from White women's, given the less central role of marriage in their support networks and their stronger ties to extended family (Keefe, Padilla, & Carlos 1992; Taylor & Chatters 1991; Taylor et al. 1991).

4. Although mastery and self-esteem could be considered aspects or consequences of depression as opposed to separate and independent constructs that influence the risk of depression, we argue that this is less likely to be the case for certain life events, including those over which individuals have very little control—like widowhood (for further discussion of this issue, see Pearlin et al. 1981).

5. In our analyses, contrary to expectation, income is not associated with distress. Thus we re-ran our models using alternative formulations. We created three dichotomous variables indicating the top quartile, quintile, and decile of the distribution. We then estimated three models each including the linear and one of the three dummy variables. However, results revealed no statistically significant association between income and distress. We also ran our models using income as an ordinal variable—using quartile, quintile, and decile distributions (omitting the lowest category in each of the models) but failed to find the expected result. We, therefore, decided to leave the income variable in its present form.

6. Although temporal relationships cannot be determined in our data, including among social resources (family support and number of children) and psychological resources (mastery and self-esteem), the moderate and significant correlation between perceived family support and mastery and self-esteem (.23 and .37, respectively) suggests that those with greater perceived family support enjoy a more enhanced sense of self, which ultimately reduces distress.

7. We looked at two measures of wealth: home ownership and assets. However, our preliminary analyses including wealth revealed no statistically significant association with distress in our sample.

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