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## Let's Talk About Death: Conversation and Bereavement in Late-Life Widows and Widowers [Paper]

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Let's Talk About Death:  
Conversation and Bereavement in Late-Life Widows and Widowers\*

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**ABSTRACT**

Death is a taboo topic in the United States, despite its inevitability and impact on the lives of those left behind. Using the Changing Lives of Older Couples (CLOC) dataset, this study investigates the association between talking about death before a partner's death and the level of death avoidance afterward. Results show an association between spouses talking about how the widow or widower would handle being on their own and whether they enacted behaviors to feel close to their spouse after death. Responses varied significantly by race on items which measured death avoidance, implying a difference exists between the reactions to death between black and white individuals. Further research on conversations about death, race, and death avoidance is encouraged

## INTRODUCTION

Death remains a taboo subject in the United States despite its inevitability. Death goes beyond biology; death is a social reality that affects everyone in some way. Durkheim, who is considered a founder of sociology, also was one of the first death sociologists (Walter 2008). Durkheim (1915) studied aboriginal death rites and recognized the social aspects of death. The conception of the modern sociology of death and dying originated in the late sixties and seventies from the work of medical sociologists (Walter 2008). This discipline within sociology is still relatively small and many aspects of death are still in need of study. The current study adds to the dialogue within sociology about death by asking questions about conversation about death and bereavement. The grief of widows and widowers has implications for their physical, mental, and emotional health and is therefore a vital area of research (Kowalski and Bondmass 2008).

With this study I raise the following questions: (1) Does talking with one's spouse about their impending death impact the death avoidance present in the bereaved widow or widower?, (2) Is avoidance greater among bereaved widows or widowers that did not discuss end-of-life wishes prior to a spouse's death?, and (3) How do the factors of race affect one's response to grief? There is no research to date that looks at the death-related discussions between the deceased and the widowed prior to death. This study adds to current research by determining whether levels of death avoidance and acceptance have implications for the quality of life of the bereaved.

## REVIEW OF LITERATURE

*Stages Theory*

Kübler-Ross is among the most well-known grief theorists in popular culture. She proposed the five stages of grief, which are denial, anger, bargaining, depression, and acceptance (Kübler-Ross 1969). Her 1969 publication helped legitimize the study of death and dying (Wong and Tomer 2011). However, the stages theory has been criticized for over-simplifying and misrepresenting the process of grief as a linear progression (Stroebe, Schut, and Boerner 2017; Corr 1993). By laying out the stages of bereavement, it helps pathologize those who do not conform to those reactions or emotions (Littlewood 1993). The stages theory was derived from psychoanalytic thought, which does not consider the larger societal contexts and forces (Walter 2008). Because of its focus on the bereaved individual, this theory does not consider social actions' effects on grief. While death is a very personal and individualized experience, the interactions between others, society, and the individual influence the experience as well; death does not happen in a social vacuum.

*Death Denial*

In modern history, Western society has moved to a medicalized perspective on death; death takes place outside of the home, away from others (Littlewood 1993). Additionally, the privatization of death and movement towards an individualistic understanding of death has moved death from the community to the individual (Walter 1994). This cultural shift and the application of Kubler-Ross' theory of denial have led to the theory that the United States is a death-denying culture. According to this theory, and the similar taboo hypothesis, Americans are in denial about death so they refuse to talk about or engage with it (Littlewood 1993). Through this lens of death denial, Americans are unable to effectively address death and therefore have

less control over the end of their lives. The theory of death denial and the taboo hypothesis are both contested (Marshall 1980). It has been argued that these theories treat all of Western culture as a monolith, with homogenous views of death (Howarth 2007). There is also evidence of Americans' fascination with death in media, which contradicts America's supposed denial of death (Howarth 2007).

### *Death Avoidance and Acceptance*

Death avoidance has been defined as "a defense mechanism that keeps death away from one's consciousness" (Wong et al. 1994:128). Avoidance is considered a negative attitude towards death that is less intense than the fear of death (Wong et al. 1994). Researchers have found that levels of death avoidance are indirectly correlated with levels of self-efficacy (Cozzolino, Blackie, and Meyers 2014). Additionally, Esnaashari and Kargar (2018) found that higher levels of death avoidance were positively correlated with anger and aggression. Holland and colleagues (2013:137) found that "early experiences of nonacceptance of a loss are a...predictor of later grief experiences." And as grief is associated with both physical and psychological symptoms in widows, this has implications for the bereaved spouse's quality of life (Kowalski and Bondmass 2008). The fear of death and death anxiety have been studied more than death avoidance, so there is minimal research on associations between death avoidance and other variables (Wong et al. 1994). However, the few studies which exist show that there are negative implications for the presence of high levels of death avoidant attitude.

### *Conversation about Death*

Much of the current research on talking about death focuses either on young children or older residents in care facilities. This leaves out a large portion of the population which experiences, and potentially talks about, death. Looking at older adults, palliative care, end-of-

life planning, and having some control over death requires communication and discussion between the person dying and those around them (Jalmsell et al. 2015; Walter 1994). This is just one practical way that conversation affects the dying. However, these are not always easy dialogues to have.

In a 2018 ethnographic study at a nursing home, Alftberg and colleagues (2018) concluded that reasons assistant nurses did not talk to older residents about death included time constraints and emotional strain. It is difficult to talk about death, even with those whose deaths are impending. However, many times the person who is dying wants to talk about death but has no outlet. In a New Zealand study, respondents had a need to talk about death, and the interview provided that opportunity (Llewellyn et al. 2016). Older adults often want and need to have important discussions to ensure they have the death they want.

### *Race and Death*

A significant gap within the sociology of death is looking at how people of color experience death. This is a social factors which is not accounted for with psychology or medicine alone (Thompson et al. 2016). Most work with death and ethnicity focuses on specific cultures of death and not on attitudes and experiences (Walter 2008). In a study of social stratification of death, black individuals were less likely to have done any formal end-of-life planning than white participants (Carr 2016). Additionally, Carr (2016) found that when compared to the amount of non-Hispanic white individuals who had discussed end-of-life issues, black individuals had only one fourth the odds of completing these same discussions. This hole in the literature means that as a discipline we are missing the experiences of entire populations.

## HYPOTHESES

In this study, I expect to see a negative statistical association between talking about death with the deceased and avoidant behaviors in widows and widowers. As talking about death is an important part of putting affairs in order and is sometimes desired by those dying, it would be reasonable to predict more positive outcomes for those who talked before death (Llewellyn et al. 2016). Additionally, I expect to find that fewer black widows and widowers spoke to their spouse before their death. This prediction is based on the small amount of literature showing that black individuals are less likely to have formal end-of-life plans than white individuals (Carr 2016).

## METHODS

### *Data*

The Changing Lives of Older Couples (CLOC) dataset is a multi-wave prospective study of widowhood (Nesse et al. 2006). Interviews were completed with n=1,532 married adults, where the husband was 65 years of age or older. The sampling method was a two-stage area probability sample. Women were over-sampled to optimize the number of subjects that would become bereaved because women are more likely to be widowed than men. In-person baseline interviews were conducted with each participant between June 1987 and April 1988 in the Detroit, Michigan Standardized Metropolitan Statistical Area. Follow ups were completed with the bereaved at intervals of six months, 18 months, and 48 months after the death of their spouse. For each bereaved subject, there is a matching same age, sex, and race control subject who was not bereaved and was interviewed at roughly the same intervals.

For the purpose of this study, only variables from Wave I were utilized, as there were not enough cases in Wave II (n=7) and III (n=7) to do any meaningful statistical analyses. Some



variables had subjects respond to them at every wave, while others were only answered during one of the three waves. Additionally, because of the small sample sizes, items which were answered on a scale of “Not at all,” “A little bit,” and “A lot,” were recoded into dichotomous groups of those who did the behavior at all or did not. The item answered on a scale of “No, never,” “Yes, but rarely,” “Yes, sometimes,” and “Yes, often” were recoded into “Yes” and “No.”

### *Sample*

Out of the total  $n=1,532$  cases, only a select number of subjects answered the questions regarding conversations about death ( $n=106$ ). More respondents ( $n=241$  to  $n=250$ ) answered the items used to measure death avoidance or denial. Analyses were completed with a sample of  $n=101$  respondents who answered all five items studied. Utilizing list-wise deletion, cases which did not answer the items which measured talking about death because it was “inappropriate” were recoded as missing. For the two items,  $n=144$  (9%) respondents were not asked these items because the deceased had died of an accident, murder, or suicide, or they had not known they were dying. This list-wise deletion is appropriate for this study because there were questions that were designed to be answered by only part of the Wave I bereaved sample. I am not systematically excluding individuals who may not have been present at every wave, but rather excluding those who were never meant to answer the questions. While the limited data is a limitation for work with this dataset, it did provide enough cases on which to do bivariate statistical analyses.

While these measurements varied, there were data on sex, race, income, and age for nearly 100% of the participants. Because women were purposely over-sampled, women make up a larger proportion of the sample than men. 14.9% ( $n=15$ ) of the sample was male and 85.1% ( $n=86$ ) was female. Looking at race, 88.1% ( $n=89$ ) of respondents identified as white and 11.9%

(n=12) of respondents identified as black. When compared to the 1980 Census results where 77.6% of residents in the Detroit SMSA were white and 20.5% were black, the CLOC sample is skewed with more white respondents than one would expect from a representative sample (U.S. Census Bureau 1981).

### *Measures*

#### *Talking about Death*

Talking about death was measured using two items. First, "Did you and your (husband/wife) talk about the fact that (he/she) might die?" and "Did you and your (husband/wife) talk about how you would deal with being on your own?" Respondents could answer "Yes," "No," "Don't Know," or "Not Applicable." N=59 (58.4%) of respondents who answered item "Did you and your (husband/wife) talk about the fact that (he/she) might die?" answered "Yes," while n=42 (41.6%) answered "No." N=46 (45.5%) of respondents to item "Did you and your (husband/wife) talk about how you would deal with being on your own?" answered "Yes," while n=55 (54.5%) answered "No." For ad hoc tests addressing the exploratory question of race, the full sample of respondents, n=106, were used for both items.

#### *Death Avoidance*

Death avoidance was measured using items which asked: "How much have you done things that help you feel close to your husband/wife, such as going to the cemetery?" and "How much have you tried to forget about what has happened?" The response options for these items were, "A lot," "A little," "Not at all," "Don't know," or "Not applicable." For the item "How much have you done things that help you feel close to your husband/wife, such as going to the cemetery?", n=80 (79.2%) respondents answered "a little or a lot" and n=21 (20.8%) answered "not at all." For ad hoc tests for the exploratory race question, the full sample of n=241

respondents was used. For the item, “How much have you tried to forget about what has happened?”, n=44 (43.6%) respondents answered, “a little or a lot” and n=57 (56.4%) answered, “not at all.” For ad hoc tests for the exploratory race question, the full sample of n=242 respondents was used. An additional item used was: “During the past month, have you avoided people or places that remind you of him/her?” N=13 (12.9%) of respondents answered “Yes” and n=88 (87.1%) respondents answered “No.” For ad hoc tests for the exploratory race question, the full sample of n=250 respondents was used.

### *Race*

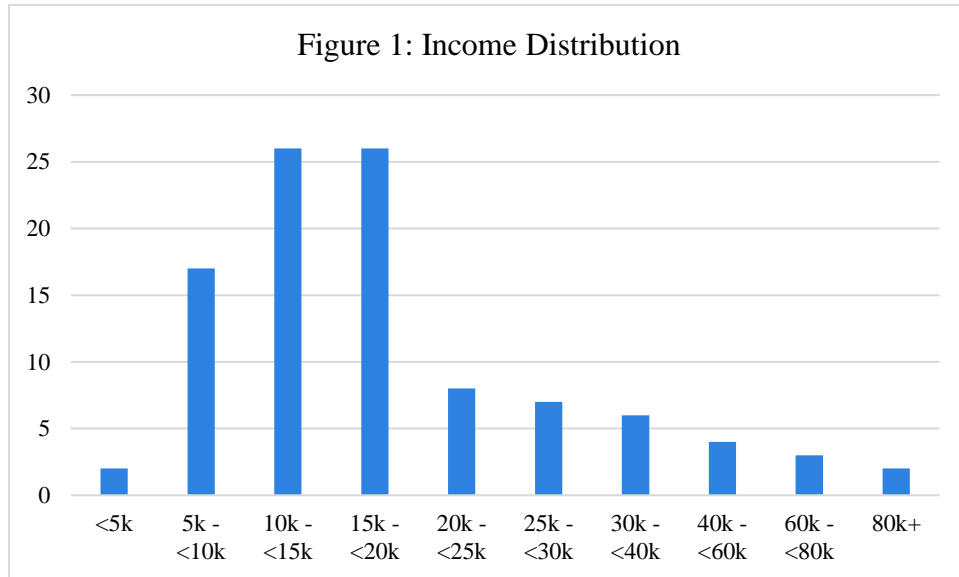
The measure of race was addressed in the baseline interviews using a checklist where respondents could check which races they identified with. Respondents could select more than one race option but were then asked to choose the one they identified most with. As stated earlier, 88.1% of the sample identified as white and 11.9% as black.

### *Covariates*

The covariates of gender, income, and age were used in multivariate analyses. Respondents' gender was assessed by interviewers at the baseline interview and recorded as either male or female. Individuals were never asked to self-identify their sex or gender. As stated earlier, 14.9% of the sample was male and 85.1% was female.

Income was measured using an item in the baseline interview which asked respondents for the couple's combined annual income before taxes for the previous 12 months. Respondents could place themselves in income brackets. 2% (n=2) of respondents made less than \$5,000, 16.8% (n=17) made \$5,000 to less than \$10,000, 25.7% (n=26) made \$10,000 to less than \$15,000, 25.7% (n=26) made \$15,000 to less than \$20,000, 7.9% (n=8) made \$20,000 to less than \$25,000, 6.9% (n=7) made \$25,000 to less than \$30,000, 5.9% (n=6) made \$30,000 to less

than \$40,000, 4% (n=4) made \$40,000 to less than \$60,000, 3% (n=3) made \$60,000 to less than \$80,000, and 2% (n=2) made \$80,000 or more.



Age was calculated using the birthday of the respondent and the Wave I interview date. The overall average age was 72.3. The average age of female subject was 71.6 (s=6.02), while the average age of male subjects was 76.4 (s=6.36). The females were significantly younger than the male sample, which is to be expected knowing the study's selection requirements and that women on average had and continue to have a longer life expectancy (Arias and Xu 2019; National Center for Health Statistics 1994).

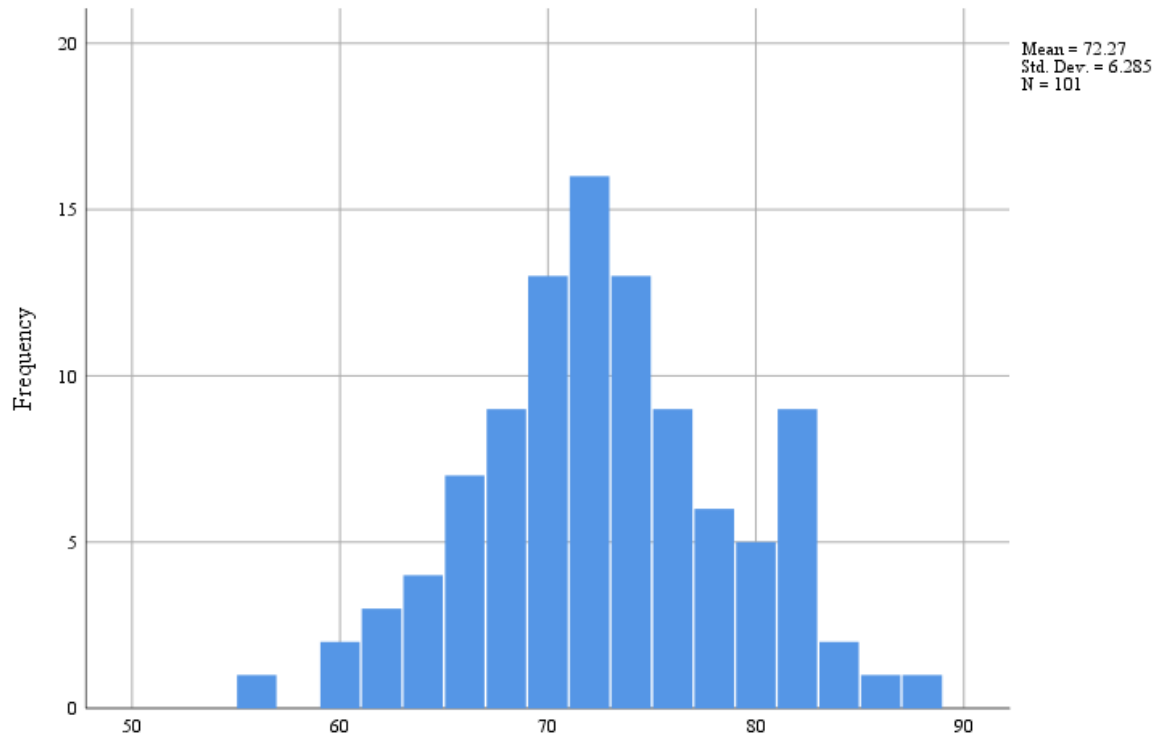


Figure 2: Age of Respondent at Wave I

### *Analysis*

Basic frequency tables were calculated initially to find the proportions of responses for each variable and the demographics of the sample. Next, crosstabulations for chi-square ( $\chi^2$ ) tests for goodness-of-fit were completed for all independent and dependent variable combinations. Additionally, ad hoc crosstabulations between the independent and dependent variables and race and income were executed. In order to maximize the sample size for the questions of race and income, the full sample size was used for these crosstabulations. Chi-square goodness-of-fit test was appropriate for this analysis because it measures the difference between the expected frequency of categorical variables and what the observed frequency is (Lock et al. 2017).

Multivariate analysis using logistic regression was attempted, but the sample size of Wave I variables did not provide enough cases to execute these analyses. Conclusions were made using bivariate analyses.

RESULTS

*Talking about Death and Death Avoidance*

As seen in Figure 3, all but one combination of the independent and dependent variables was insignificant. With a chi-square of  $\chi^2 = 5.05$  ( $p = .025$ ), those who had talked “about how you would deal with being on your own” were significantly more likely to have done things to feel close to their spouse than expected.

Figure 3: Talking about Death x Death Avoidance			
	How much have you done things that help you feel close to your husband/wife, such as going to the cemetery?	How much have you tried to forget about what has happened?	During the past month, have you avoided people or places that remind you of him/her?
Did you...talk about the fact that (he/she) might die?	$\chi^2 = 0.133$	$\chi^2 = 0.082$	$\chi^2 = 0.060$
Did you...talk about how you would deal with being on your own?	$\chi^2 = 5.05^*$	$\chi^2 = 0$	$\chi^2 = 0.302$

\*  $p < 0.05$

*Race and Income*

Figure 4: Race x Independent and Dependent Variables					
	Did you...talk about the fact that (he/she) might die?	Did you...talk about how you would deal with being on your own?	How much have you done things that help you feel close to your husband/wife, such as going to the cemetery?	How much have you tried to forget about what has happened?	During the past month, have you avoided people or places that remind you of him/her?
Race	$\chi^2 = 0$	$\chi^2 = 0.113$	$\chi^2 = 9.059^{**}$	$\chi^2 = 2.231$	$\chi^2 = 4.3^*$

\*  $p < 0.05$ \*\* $p < 0.01$ 

There were interesting results with analyses of race. In Figure 4, one can see that black respondents were less likely than white respondents to have done things to feel close to their deceased spouse with a chi-square of  $\chi^2 = 9.059$  ( $p = .003$ ). Additionally, black respondents were more likely to avoid people and places which reminded them of their deceased spouse than their white counterparts with a chi-square of  $\chi^2 = 4.3$  ( $p = 0.38$ ).

Unfortunately, there were not enough cases to run a chi-square test for goodness-of-fit on income and responses to independent and dependent variables. There were no significant differences between the answers of male and females, or the average age of respondents within each response category.

**DISCUSSION**

This study addressed the associations between talking about death and death avoidant behaviors after the death of a spouse. Using the Changing Lives of Older Couples dataset, I sought out answers to the questions: (1) Does talking with one's spouse about their impending death impact the death avoidance present in the bereaved widow or widower?, (2) Is avoidance greater among bereaved widows or widowers that did not discuss end-of-life wishes prior to a

spouse's death?, and (3) How do the factors of race affect one's response to grief? I hypothesized that an inverse statistical association would exist between talking about death with the deceased and avoidant behaviors in widows and widowers. I also hypothesized that fewer black widows and widowers would have spoken to their spouse before their death.

These results imply that there is only a small connection between talking about the impending death of a spouse and the death avoidance that may occur after death. The significant chi-square results between the independent and dependent variables imply that there is something about talking about being on one's own that is associated with participating in activities to feel close to the deceased. Perhaps part of talking about what a widow or widower would do on their own involves talking about how they will remember the deceased. The rest of the chi-square tests did not support my hypothesis. Talking about death can consist of many different conversations, so it may be that some discussions are more helpful than others (Jalmsell et al. 2015; Walter 2008). Creating plans for how a widow will do on her own probably has different impact than a discussion which only tangentially addresses the impending death. Additionally, the items used to measure these concepts in this secondary dataset were not originally designed to tackle the issue of conversations about death and the presence of death avoidance (Wong et al. 1994).

The results for the exploratory question about race and the experience of grief suggests that black and white individuals respond to grief and death differently in some respects. While these results did not support my hypothesis that black individuals would be less likely to talk about death, they did show that black individuals were more likely to exhibit death avoidant behaviors after the death of their spouses. Black respondents were more likely to avoid people and places and less likely to do things to feel close to their deceased spouses. This implies that a



difference exists between the response to death between black and white individuals (Carr 2016). This facet of race and death has not explicitly been studied before, so it speaks to a need for further research.

There were a number of methodological and theoretical limitations of this study. Methodologically, this dataset had a small sample size. Theoretically, this survey did not provide variables which addressed different facets of conversation or measure death attitudes because that was not the original intention of the instrument. Additionally, some individuals were excluded from questions regarding talking about death because the original research team did not ask those whose spouses died from an accident, murder, suicide, or unexpectedly. These individuals may have talked about death even without knowing about their impending death. Overall a larger sample size and more direct questionnaire items would have provided more data to analyze.

The strengths of this study lie in its novelty and discovery of new questions. This study shows that there was some association between talking about death and participating in activities to feel close to a deceased spouse. Further study of the conversation of death and its impacts on the bereaved are warranted. Another contribution of this paper is the beginning of a discourse on race and responses to death within quantitative sociology. As race has not been thoroughly explored in how it relates to the experience and attitudes surrounding death, this is an interesting and important topic to continue exploring. As a society, we have continuously ignored the experiences and knowledge of non-white individuals. The realm of death is no different, but death's inevitability and universality are enough justification to change that. By studying how conversations about death before the death of a spouse affect the psychological impact of death

on widows and widowers, we can better help those who survive death cope with loss in healthier and more productive ways.

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