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DOES RELATIONSHIP QUALITY MODERATE THE IMPACT OF MARITAL BEREAVEMENT ON DEPRESSIVE SYMPTOMS?

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Studies assessing the impact of relationship quality (RQ) on marital bereavement have resulted in discrepant findings. These discrepancies could be due to two shortcomings of previous research, namely that RQ is typically assessed only after bereavement and that bipolar measures of RQ are used. We tested these assumptions with data from the Changing Lives of Older Couples (CLOC) study. This study assessed positive and negative RQ with separate measures *and* before bereavement. Only negative RQ moderated the impact of bereavement on depressive symptoms: Whereas depression increased with negative RQ during marriage, negative RQ became irrelevant once the partner had died.

The death of a marital partner increases the risk of morbidity and mortality for the surviving spouse. But even though most people experience intense grief, only a minority suffers extreme and lasting health consequences (Stroebe, Schut, & Stroebe, 2007). Since the death of a partner marks the end of a marital relationship, it would seem plausible that the quality of this relationship greatly influenc-

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es the impact of marital bereavement. And yet, as we will elaborate below, closer inspection of the bereavement literature indicates that this hypothesis is theoretically controversial and empirically not well supported.

Whereas approaches based on stress- or reinforcement theory (Folkman, 2001; Stroebe & Stroebe, 1987; Stroebe, Zech, Stroebe, & Abakoumkin, 2005) would predict that the consequences of marital loss should be greater the better the marital relationship, psychoanalytic and attachment theories predict the opposite relationship. In terms of cognitive stress theory, the death of a spouse can be considered as a stressful life event that is likely to be appraised by the individual as taxing or exceeding his or her resources and endangering his or her well-being (Folkman, 2001; Lazarus & Folkman, 1984). The Social Readjustment Rating Scale lists death of a spouse even as the most stressful life event (Homes & Rahe, 1967). However, even though marital bereavement is likely to be stressful for everybody, the magnitude of the stress experience should depend on the quality of the marital relationship, with the death of a spouse with whom one had a happy and fulfilled marriage being more stressful than bereavement after an unhappy marriage (Stroebe & Stroebe, 1987). Similarly, since marital quality reflects the extent to which spouses experience their marital relationship as reinforcing, reinforcement theory would lead one to expect that the impact of the death of a partner (and thus the loss of reinforcement provided by him or her) should be greater the better the quality of the marital relationship. Thus, according to these theories the quality of, and satisfaction with a marital relationship should be positively related to subjective well-being during marriage, but negatively during bereavement.

In contrast, Freud (1917) argued in a still-influential hypothesis that if a marital relationship had been characterized by ambivalence (i.e., a coexistence of strong positive as well as negative feelings towards the partner), the death of a partner should produce guilt and self-reproach, which would interfere with grief resolution and increase the risk of depression. A similar prediction could be derived from attachment theory. Insecurely attached (anxious/ambivalent) individuals should have greater problems than securely attached individuals in adjusting to their loss (e.g., Mikulincer & Shaver, 2008). Thus, according to these theories, ambivalence and/or insecure attachment should be negatively associated with subjective well-being in marriage and bereavement.

Surprisingly few studies have focused on the association between marital quality and adjustment. Excluding research that is cross-sectional and/or lacks nonbereaved controls, we could find only six studies, reporting rather discrepant outcomes (Bonanno, Notarius, Gunzerath, Keltner, & Horowitz, 1998; Carr, House, Kessler, Nesse, Sonnega, & Wortman, 2000; Futterman, Gallagher, Thompson, & Lovett, 1990; Ott, Lueger, Kelber, & Prigerson, 2007; Parkes & Weiss, 1983; Prigerson, Maciejewski, & Rosenheck, 2000). The majority of studies reported either a positive or no relationship between marital satisfaction and bereavement outcome. Supportive of stress- or reinforcement theories, a longitudinal study of bereaved and nonbereaved individuals found that greater marital satisfaction was associated with greater depression over the loss, even two and a half years after bereavement (Futterman et al., 1990). Similarly, a study of health costs of individuals who became widowed between 1986 and 1989, found that those widowed after a harmonious marriage had substantially higher health costs in 1989 than those widowed after a discordant marriage (Prigerson et al., 2000). Finally, Carr et al. (2000) found bereaved individuals' yearning for the deceased to be greater after more satisfied marriages assessed with a 1-dimensional measure of marital satisfaction and to be less after conflicted marriages.[1] However, Carr et al. (2000) did not observe a relationship between these measures and depressive symptoms of their married and bereaved samples. Two other longitudinal studies also reported failures to find a relationship between marital satisfaction and depression in married and bereaved individuals (Bonanno et al., 1998; Ott et al., 2007).

Support for the ambivalence hypothesis comes from an early longitudinal study of young widows by Parkes and Weiss (1983). These researchers found that survivors of conflict-ridden rather than harmonious marriages had greater difficulties recovering from their loss one to four years later, even though they had appeared to adjust better initially (i.e., 2-6 weeks after their loss). Less supportive were the

1. Carr and colleagues used a subset of the positive and negative relationship quality items to form a bipolar measure of marital satisfaction (items V79, V81, V88, V93, V101, V102, V103; see Appendix). In addition, they also constructed a two-item scale of conflicted marriages. The two items were the item V95 of our negative relationship quality scale and an item from some other scale ("In some marriages there are times when you feel very close, but other times when you can get more upset with that person than with anyone else. How much does this sound like the relationship you have with your spouse?").

findings of the only other study which assessed the relationship between marital ambivalence and bereavement outcome (Bonanno et al., 1998). Bonnano and colleagues (1998) used procedures that have been validated in social psychological research to assess ambivalence (Thompson, Zanna, & Griffin, 1995). Participants were asked to rate all the positive characteristics of their partner, disregarding all negative aspects, and then to rate all negative characteristics, disregarding the positive traits. With this procedure, ambivalence is indicated by high ratings on both dimensions, perceiving a partner as possessing at the same time extremely positive and extremely negative characteristics. Ambivalence predicted depressive symptoms at 14 months even after distress at 6 months had been controlled for. However, based on additional analyses, these authors concluded that there was stronger evidence that ambivalence was the result of grief rather than the other way around and that their pattern of findings "offered little support for the 'ambivalence-prolongs-grief hypothesis'" (p. 1018).

These inconsistencies in findings could be due to two methodological problems, which have hampered research on marital quality as a moderator of the impact of bereavement: First, bereavement researchers are rarely able to assess respondents before their bereavement (e.g., Bonanno et al., 1998; Futterman et al., 1990; Ott et al., 2007; Parkes & Weiss, 1983). This is particularly problematic for measures of marital quality because the bereaved have a tendency to idealize the relationship they lost: marital quality is typically rated more positively in bereaved rather than nonbereaved samples (e.g., Bonanno et al., 1998; Futterman et al., 1990). Since depression is inversely related to ratings of relationship satisfaction, this misclassification is likely to result in an exaggeration of the impact of partner loss on depression.

A second methodological problem is the way marital quality has been assessed. Marital quality is typically assessed with 1-dimensional measures that generate quality scores on a continuum from low quality (marital dissatisfaction) at one pole and high quality (marital satisfaction) at the other pole (e.g., Locke & Wallace, 1959; Spanier, 1976). As Cacioppo, Gardner, and Berntson (1997) pointed out, a bipolar conceptualization of satisfaction implies that the positive and negative evaluative processes underlying satisfaction are reciprocally activated and interchangeable; as the dissatisfaction increases, satisfaction with the partner has to decrease. Ambivalent relationships are inconsistent with such a conceptualization, be-

cause an individual's evaluation of their partner would have to be reflected by one score. People could therefore not be positive and negative about their partner at the same time.

Evidence for the 2-dimensional nature of marital satisfaction comes from a study by Fincham and Linfield (1997) of the responses of married couples to a newly constructed marital satisfaction questionnaire that assessed positive and negative qualities in the marriage (Positive and Negative Quality in Marriage Scale). Applied to data from a sample of married couples, a confirmatory factor analysis demonstrated that a two-factor structure (i.e., positive and negative dimensions) provided a better fit to the data than did a single latent construct. Furthermore, the two dimensions accounted for variance in reported spouse behavior and in attributions for spouse behavior over and above what could be attributed to a traditional bipolar measure of marital quality.

This 2-dimensional solution was replicated in a sample of engaged couples by Mattson, Paldino, and Johnson (2007), who slightly modified the Fincham and Linfield scales in order to apply them to nonmarried individuals. These authors further found that the Negative Relationship Quality Scale (but not the Positive Relationship Marital Quality Scale) was predictive of dyadic affective behavior observed from facial expressions in a problem solving interaction. Further support for the importance of separating positive and negative evaluations in the measurement of marital quality comes also from observational studies of communication in distressed and nondistressed couples. Such studies have consistently shown that hostile emotional exchanges are markers of marital distress and that expressions of positive affect and support are less reliably correlated with marital satisfaction (e.g., Gottman, 1979; Gottman & Levenson, 1986; Henry, Berg, Smith, & Florsheim, 2007). Similarly, a review of physiological studies of marital interaction concluded that "the need to disaggregate the assessment of both positive and negative aspects of marital functioning appears to be particularly important" (Kiecolt-Glaser & Newton, 2001, p. 497).

OVERVIEW

The research to be reported in this article uses separate measures of positive and negative facets of relationship quality administered before bereavement to predict women's depression over the loss of

a partner six months after the loss. Our analyses are based on data from the Changing Lives of Older Couples study (CLOC, 2009), a prospective study of bereaved individuals, which included baseline assessments taken before the death of a marital partner. The aims of our analysis are: (1) to assess the extent to which relationship quality and/or ambivalence moderate the impact of partner loss; (2) to see whether discrepancies in previous research could be due to the use of bipolar measures of relationship quality.

METHOD

PARTICIPANTS

The CLOC study is a prospective study of a two-stage area probability sample from Detroit, Michigan. Participants had to be English-speaking, noninstitutionalized, married individuals and the husband's age had to be at least 65. At Baseline, face-to-face interviews were obtained from 1,532 respondents (68% response rate). Thereafter, State death records and obituaries in local newspapers were used to monitor spousal loss. A follow-up interview was conducted six months after the spouse's death (Wave 1). Two hundred and five widows and 72 controls from the initial sample matched for age and race participated at the Wave 1 interview. It should also be noted that the number of control participants was limited due to a funding interruption (for more details see Carr et al., 2000). Men were not considered in our study, because only a small proportion of the initial male sample participated in the control group at Wave 1 (n = 11). Inclusion of men in the present sample would have necessitated a gender factor in all analyses with an extreme inequality of numbers per cell and extremely small number of men in some cells.

MEASURES

Because specific grief measures can only be given to the bereaved and thus preclude the use of prebereavement measures or the comparison of bereaved individuals to married controls, our study will focus on depressive symptoms. Depression is one of the central symptoms of the grief syndrome. For the measurement of depressive symptoms a subset of 11 items from the 20-item Center for Epidemiologic Studies Depression (CES-D) scale (Radloff, 1977) was

TABLE 1. Means and Standard Deviations of Relationship Quality and Depression Measures by Marital Status

	Widows (*n* = 205)		Controls (*n* = 72)		
Measure	***M***	***SD***	***M***	***SD***	***t***
Positive RQ	-0.21	1.12	-0.11	1.01	-0.66
Negative RQ	0.03	1.06	0.05	0.97	-0.20
Ambivalence	-0.05	0.99	0.05	1.04	-0.73
Depression Baseline	0.11	1.10	0.10	1.02	0.11
Depression Wave 1	0.42	1.22	-0.15	0.96	3.59**

Note. Means and standard deviations are standardized values. RQ = Relationship quality.
+$p < .10$. *$p < .05$. **$p < .01$.

used ($\alpha = .81$ at Baseline and $\alpha = .83$ at Wave 1). Scores were standardized. For the standardization of Wave 1 scores baseline means and standard deviations were used.

Positive and negative facets of relationship quality (RQ) at Baseline were assessed with one scale each: Positive RQ was measured with four items (e.g., "How much does your husband make you feel loved and cared for?" with the response alternatives; not at all, a little, some, quite a bit and a great deal, $\alpha = .83$). Negative RQ was measured with six items ($\alpha = .81$). According to Carr et al. (2000), these items were drawn from a modified version of the Dyadic Adjustment Scale (Spanier, 1976). The complete set of items is reported in the Appendix. Positive and negative RQ scores were standardized. These positive and negative facets were used to calculate ambivalence in relationship quality. Ambivalence was calculated according to a formula suggested by Griffin (cf. Thompson et al., 1995). Using nonstandardized mean scores, the absolute difference between positive and negative RQ was subtracted from the average of positive and negative RQ [(P-N)/2-|P-N|]. High scores indicate greater ambivalence. Thus, ambivalence is greater when positive and negative scores are similar in magnitude and of high rather than low intensity.

RESULTS

Table 1 presents the means and standard deviations for widows and controls for the measures of relationship quality taken before bereavement and depressive symptoms assessed before and after the loss. At Baseline, the widowed and control participants did not differ with regard to any relationship quality measure or their de-

TABLE 2. Correlations among Relationship Quality and Depression Measures

Measure	1	2	3	4
1. Positive RQ				
2. Negative RQ	-.71**			
3. Ambivalence	-.63**	.85**		
4. Depression Baseline	-.38**	.34**	.32**	
5. Depression Wave 1, All (N = 277)	-.14*	.09	.09	.37**
Depres. W 1, Widows (n = 205)	-.12+	.03	.04	.33**
Depres. W 1, Controls (n = 72)	-.21+	.36**	.33**	.58**

Note. RQ = Relationship quality; Depres. W1 = Depression Wave 1. +$p < .10$. *$p < .05$. **$p < .01$.

pressive symptoms. However, as expected, widows had higher depression scores than controls at Wave 1, after loss of the partner had occurred.

Table 2 reports the zero order correlations between all measures for the two groups combined. Depression at Baseline, i.e., when all members of the sample were (still) married, was correlated with all relationship quality measures in a plausible fashion. Depression was higher the lower the positive RQ, the higher the negative RQ, and the higher the ambivalence. Further, relationship quality indices were all intercorrelated. Ambivalence was lowest in marriages that scored high on positive relationship quality and highest in marriages that scored high on negative relationship quality. Finally, positive and negative RQ were inversely related. The magnitude of the correlation is relative high (-.71). This seems to cast doubt on whether it is really reasonable to distinguish between a positive and a negative dimension, at least with the present measures. However, a confirmatory factor analysis on the ten items comprising the two scales provides support for the separation of this measure into two dimensions: Best fit for the data was achieved by a two-factor solution with each factor including the respective positive and negative items. Furthermore, the two-factor solution was clearly better than a one-factor-solution.[2]

Since depressive symptoms at Wave 1 were assessed after the widowed group had lost their partner, whereas the control group was still married, we also report separate correlations for the two groups between all Baseline measures and depression at Wave 1. Whereas

2. $\chi^2(1) = 80.62$, $p < .01$, for the comparison between the tested models. The complete analysis is available from the first author, upon request.

TABLE 3. Regressions of Depression at 6-Month Follow-Up on Marital Status and Relationship Quality Measures (*N* = 277)

Predictor	Model for Positive RQ	Model for Negative RQ	Model for Ambivalence
Step 1			
Marital status[a]	-.21**	-.21**	-.21**
RQ	-.14*	.09	.10
ΔR^2	.06**	.05**	.05**
Step 2			
Marital status	-.21**	-.22**	-.29**
RQ	-.14*	.10+	.09
Marital status x RQ	-.03	.12*	.12+
ΔR^2	.00	.01*	.01+
Step 3			
Marital status	-.21**	-.21**	-.27**
RQ	.00	-.03	-.02
Marital status x RQ	-.03	.11*	.11
Depression (Baseline)	.37**	.38**	.37**
ΔR^2	.12**	.13**	.12**

Note. Beta coefficients are reported. RQ = Relationship quality. [a]A negative coefficient indicates that widows show higher levels of depression than control participants. $+p < .10$; $*p < .05$; $**p < .01$.

the correlation between depression and relationship indicators did not change much for the (still-married) controls, they decreased for the widowed group. In particular, the correlation between depression and negative RQ as well as ambivalence approached zero.

To further examine the role of relationship quality as moderator of the impact of marital bereavement on depressive symptoms, we conducted three multiple hierarchical regressions, one for each indicator of relationship quality. In Step 1 of each of these regressions, depression at Wave 1 was regressed on marital status and RQ. In Step 2, the interaction between these two predictors was entered into the equation. At a third step, depression at Baseline was included in the equation in order to control for initial depression levels.[3]

POSITIVE RQ

Step 1 of the regression yielded main effects of marital status and positive RQ on depression (Table 3): The higher the positive RQ, the

3. Overall, consideration of control variables included in Carr et al. (2000) did not substantially change the pattern of results reported below.

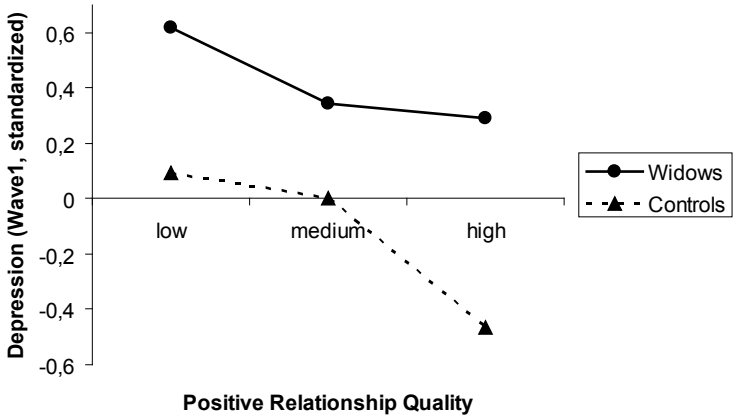

FIGURE 1. Depression at 6-month follow-up among widowed and control participants by levels of positive relationship quality.

less the reported depression. In addition and as expected, widows were more depressed than married participants (Figure 1). There was no indication of an interaction between marital status and positive RQ. When depression at Baseline was entered into the equation at Step 3, the main effect of positive RQ disappeared, whereas the main effect of marital status remained significant. Thus, the relationship between positive RQ and depression seems not to be moderated by the event of bereavement and controlling for depression at Baseline removed the impact of positive RQ on depression of the bereaved.

NEGATIVE RQ

As before, the main effect of marital status on depression was significant at Step 1 (see Table 3): Widows were more depressed than married participants. The main effect of negative RQ, though in the expected direction, did not reach significance (p = .11). At Step 2 however, next to the marital status main effect, the main effect of negative RQ was marginally significant and additionally, the interaction between marital status and negative RQ became significant. Thus, the partner loss moderated the impact of the negative RQ on depression. Whereas negative RQ was strongly (positively) associated with depression for the married, it did not affect depression

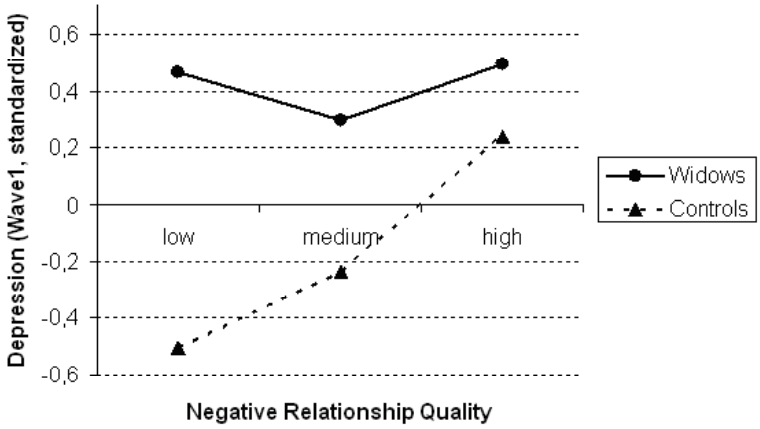

FIGURE 2. Depression at 6-month follow-up among widowed and control participants by levels of negative relationship quality.

over the loss of their spouse (Figure 2). Controlling for initial depression did not alter this picture substantially: Marital status and the interaction term remained significant predictors. Additionally, it should be noted that when all positive and negative items were used to compose an overall measure of relationship quality, the results of the regression were very similar to those obtained by the *positive* RQ scale. Finally, a regression including concurrently both positive as well as negative RQ yielded a pattern very similar to the individual analyses. Remarkably, the final equation containing both RQ indices (Step 3) was much like the final equation including only the negative RQ.

AMBIVALENCE

At Step 1 of the regression, the main effect of marital status on depression was significant (see Table 3). Widows were more depressed than married participants. The main effect of ambivalence did not reach significance, however (p = .10). At Step 2, only the marital status main effect became significant. There was no main effect of ambivalence and the interaction between marital status and ambivalence failed to reach conventional significance levels. Controlling for initial depression at Step 3 did not alter this picture.

DISCUSSION

The findings of this study justify our decision to distinguish two dimensions of marital relationship. First, a confirmatory factor analysis conducted on the combined set of positive and negative relationship quality items supported a 2-dimensional over a 1-dimension solution. Second, and more importantly, the regression analyses we conducted on the determinants of depressive symptoms in married and bereaved women indicated that the impact of bereavement on depressive symptoms is only moderated by negative but not positive relationship quality.

With regard to the positive RQ, the analyses reported in Tables 2 and 3 as well as Figure 1 indicate a negative association between depression and positive RQ for the married. Thus, consistent with earlier research (e.g., Bonanno et al., 1998; Futterman et al., 1990), the more positive married individuals view their marital relationship, the less depressed they are. This association remained unaffected by bereavement (Wave 1). Although there is a slight decrease in correlations from Baseline to Wave 1 for the widowed group (Table 2), this difference is not significant and the correlation remains (marginally) significant. More importantly, the hierarchical regression reveals no indication of a marital status by positive RQ interaction (Table 3). Thus, there is no statistical evidence that the association between relationship quality and depression changed after the death of the partner.

This is unexpected. From stress- and reinforcement theories, one would have expected the association to reverse: After bereavement, the people who were most satisfied with their marriage should be most depressed, because they lost the most. The fact that loss of a partner seemed in no way to moderate the association between RQ and depression makes one wonder whether the women, who for some reason felt less positive about their marriage, were really more depressed because of marital problems, or whether the association between marital quality and depression may not have been a reflection of negative affectivity (i.e., a causal direction from depression to perceived RQ). The fact that the association between RQ and depressive symptoms after bereavement (Wave 1) disappeared once we controlled for depression at Baseline (i.e., before the death of the partner) would be consistent with this interpretation.

A different picture emerges from the analyses of the association between negative relationship quality and depressive symptoms. Again, we find a strong association between negative RQ and depressive symptoms at Baseline (Table 2). However, the significant interaction between marital status and RQ in the regression (Table 3) indicates that negative RQ moderated the association between bereavement and depression.[4] Whereas negative RQ is associated with high levels of depressive symptoms as long as women were married, this association becomes nonsignificant, once the partner has died. As the correlation of .03 between negative marital relationship quality and depression in bereavement indicates, relationship quality is no longer relevant for the level of sadness these widows feel over the death of their spouse. Women, who had rated their marital quality as highly negative are as depressed as those who had not been dissatisfied with their marriage.

The pattern of results of the analyses of the effect of ambivalence is similar to those of the negative RQ. In fact, most of the Betas are identical, even though the effects fail to reach conventional levels of significance in these analyses (Table 3). Inspection of the correlations between ambivalence and depressive symptoms (Table 2) makes this similarity even more apparent: Like negative RQ, ambivalence is significantly positively associated with depressive symptoms at Baseline but not at Wave 1. Once the partner has died, the fact that the marital relationship had been characterized by ambivalence appears to have become irrelevant. These findings provide no support for the hypothesis suggested by Freud (1917) that relationship ambivalence should intensify the consequences of the loss.

If one accepts our interpretation that the pattern observed for positive relationship quality is an indication of negative affectivity influencing ratings of both depressive symptoms as well as marital quality, our findings suggest that the quality of a marital relationship is irrelevant for the depression widows experience after the loss of their partner. The death of a spouse and the realization that one's partner is irrevocably lost appear to make the problems experienced during a marriage seem no longer important. Although this

4. Since negative marital quality may seem similar to the Carr et al. (2000) measure of conflictual marriage, it is important to note that the 2-item scale used by Carr et al. to measure conflictual marriage contained only one item of our negative marital quality scale. This probably explains their failure to obtain a marital status by conflictual marriage interaction on depression.

pattern is inconsistent with all the theoretical hypotheses reviewed above, it could actually contribute to the explanation of the puzzling finding that divorce is associated with psychological and physical health consequences of a level that is similar to that of bereavement (Chatav & Whisman, 2007; Stroebe & Stroebe, 1987): Following each of these life events, the dissolution rather than the quality of the relationship may be sufficient to explain distress.

Like all research, our study has a number of limitations. The most serious one is that, due to the extremely small number of widowed men in the CLOC sample, we had to restrict our analysis to widows. Although none of the other studies of the role of marital adjustment in coping with bereavement that included males in their sample reported any gender differences (Carr et al., 2000; Bonanno et al., 1998; Futterman et al., 1990; Prigerson et al., 2000; Ott et al., 2007), the proportion of males in those studies was rather small. Therefore we cannot be certain that our findings about the role of relationship quality in moderating marital bereavement can be generalized to men. After all, studies of marital interactions typically find that women are more affected by their partner's hostile behavior than are men (e.g., Ewart, Taylor, Kraemer, & Agras, 1991; Henry et al., 2007; Kiecolt-Glaser & Newton, 2001). A second shortcoming of our study is that it was limited to elderly couples. Although there is no reason to believe that relationship quality has a different impact on younger couples, we cannot know whether the role of relationship quality in bereavement would have been the same in a younger age group. As a final limitation, we only know that relationship quality was unrelated to depression in bereavement, but we do not know why this was the case. It would be interesting to know, for example, whether the reason for the lack of association was that the bereaved no longer remember the conflicts they had with their marital partners or whether these conflicts no longer seemed important after the partner had died.

Our study also has a number of strengths, the most important being the availability of prebereavement measures of marital quality and depression. Our findings also emphasize the importance of the methodological decisions made in the selection and analyses of the data from the CLOC study. If we had focused on grief symptoms, which would have made it impossible to use baseline measures or make use of the married control group, we would have missed a

large part of the picture. Similarly, if relationship quality had not been assessed before partner loss in the CLOC study, we might have found a strong association between marital satisfaction and depression after bereavement, because the more depressed bereaved might have retrospectively remembered their relationships as particularly positive.

Our findings also contribute to and extend the growing literature that emphasizes the importance of measuring positive and negative aspects of marital quality with separate scales (Fincham & Linfield, 1997; Mattson et al., 2007; Menchaca & Dehle, 2005). The differences revealed by our regression analyses justify our decision to separate these two types of items. Had we used overall scores of relationship quality, we would have concluded that relationship quality does not moderate the impact of partner loss on depressive symptoms. This conclusion would have been incorrect: Although positive RQ does not moderate the impact of partner loss on depressive symptoms, negative RQ does. Unexpectedly, however, this interaction is due to the fact, that while negative relationship quality and ambivalence are associated with higher levels of depression in marriage, this association disappears after the death of a partner. Once the partner has died, marital problems seem to have become irrelevant. However, there is another way of looking at this pattern: Even though widows appear to be equally depressed regardless of whether their marriage was characterized by negative relationship quality, women who had less negative relationships suffer the greater loss, because the less negative the relationship quality, the greater is the increase in depression following the death of a spouse.

APPENDIX. ITEMS MEASURING POSITIVE AND NEGATIVE RELATIONSHIP QUALITY

	Item
Positive relationship quality	
V79:	How much does your husband make you feel loved and cared for?
V81:	How much is he willing to listen when you need to talk about your worries or problems?
V101:	Thinking about your marriage as a whole, how often do you feel happy about it?
V103:	Taking all things together, how satisfied are you with your marriage?
Negative relationship quality	
V80:	How much do you feel he makes too many demands on you?
V82:	How much is he critical of you or what you do?
V88:	There are some serious difficulties in our marriage.
V93:	My husband doesn't treat me as well as I deserve to be treated.
V95:	How often would you say that you and your husband typically have unpleasant disagreements or conflicts?
V102:	How often do you feel bothered and upset by your marriage?

Note. Item wordings are preceded by the item code number used in CLOC.

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