

Social Disengagement and Mental Health among Widows: The Role of Financial Difficulties as a Mediator

Misbah Arshad

PhD, Department of Psychology, University of Gujrat. Pakistan

Sarah Mufti

Sarah.mufti@uog.edu.pk

PhD, Department of Psychology, University of Gujrat. Pakistan

Ayesha Tahir

BS, Department of Psychology, University of Gujrat. Pakistan

Falka Tariq

BS, Department of Psychology, University of Gujrat. Pakistan

Corresponding Author: Sarah Mufti Sarah.mufti@uog.edu.pk

Received: 20-01-2026

Revised: 05-02-2026

Accepted: 19-02-2026

Published: 04-03-2026

ABSTRACT

The current study was designed to investigate the mediating role of financial difficulty between social engagement and mental health problems among widows in Pakistan. A correlational research design was used on 300 widows residing in Gujrat, Punjab, Pakistan. According to the inclusion criteria, 250 participants were incorporated in the final analysis. Standardized measures; the Lubben Social Network Scale (LSNS-6) to assess social engagement, Financial Well-Being Scale (FWBS), and the Patient Health Questionnaire (PHQ) to assess depressive symptoms and emotional well-being were used to collect data. The findings revealed that financial well-being mediated the association between social engagement and depressive symptoms in widowed women. High social participation was negatively correlated with the perceived financial well-being; the destabilized economic safety eventually linked with increased depressive symptomatology. The findings indicated the complicated association between social relationships, economic conditions, and mental health among widowed women. The findings of the current study highlighted the need of considering the socioeconomic background when focusing on the psychological well-being of widows and show that the intervention programs must also focus to reduce social isolation and the financial hardships to achieve a better mental health outcome.

Keywords: widows, social engagement, financial well-being, mental health, Pakistan

INTRODUCTION

It is well-known that widowhood belongs to the category of the most stressful and life-changing transitions that take place in later adulthood, and the effects of such a transition are far-reaching in terms of physical health and psychological well-being (Bennett, 2008; Chen et al., 2019). The death of a spouse frequently disrupts emotional security, social roles, and economic stability and exposes one to the risks of developing mental health issues, including depression, anxiety, and chronic loneliness. Under the sociocultural setting of Pakistan, widowhood is accompanied by another set of problems as a result of patriarchal values, which are highly embedded in the society. There are often limitations regarding autonomy in widows in terms of living conditions, remarriage, mobility, and inheritance (Shamim & Salahuddin, 1995; Yasin, 2023). Such restrictions tend to leave widows reliant on close family members, leaving them marginalized and excluded

from family decision-making. The widowhood is therefore not just a personal loss but a social and structural change as well in Pakistan.

The indigenous studies carried out in Pakistan and the South Asian region as a whole depict a great understanding of the specific issues that widows face in such cultures. The qualitative study of working widows in Pakistan by Yasin (2023) points to the fact that they have high levels of loneliness and lack of emotional support, and often complain that they are not included in critical decisions related to their families. Moreover, a study by Khan and Mahmood (2024) that was done in Lahore revealed that loneliness was a complete mediator between social engagement and psychological distress, thus the benefits of social engagement to mental health arise mainly due to minimized isolation. The same regional data of rural Bangladesh proves the seriousness of the situation; Sarker (2024) indicated that the rates of severe mental distress among widows were about 75 percent, which is an indication of the importance of designing mental health and financial support programs that would be culturally sensitive. Taken together, these local views point to the fact that in group society like Pakistan, the social disengagement of widows can hardly be a matter of personal choice but rather an outcome of habitual cultural beliefs and the socio-cultural restrictions.

Social Engagement and Mental Health

Social engagement, which is considered the involvement in social, religious, and community activities, and effective interaction with family and friends, is a very important protective factor in bereavement. Close social contacts may soften the adverse psychological impact of spouse loss by offering emotional and validation support, as well as a feeling of belonging (Stroebe et al., 2005; Zheng and Yan, 2024). On the other hand, social disengagement exposes widows to increased risk of feeling lonely, stressed, and distressed. In Pakistan, indigenous research has shown that loneliness acts as a complete mediator between social involvement and mental health outcomes, allowing the mental health advantages of social involvement to happen mainly by means of diminishing isolation (Khan and Mahmood, 2024). Correspondingly, it has been observed that in South Asian and East Asian locales, the role of social connectedness in widowhood is universal (Sheng et al., 2024; Tang et al., 2023).

Socio-Economic Challenges and Financial Difficulties

Some of the secondary stressors that have the most significant impact after the death of a spouse include economic difficulties, especially when the widow is left as the only breadwinner of the family. Widows frequently become unable to afford their daily living expenses, pay off debts, and get access to the necessary resources due to the sudden loss of financial support, which plays a major role in economic distress, depressive symptoms, and lowered self-esteem (Mamidanna et al., 2024). The studies show that financial hardship and social isolation may work in the same cyclical and mutually reinforcing way, with the economic stress restricting social involvement and access to practical assistance, and social isolation further intensifying psychological distress (Sarker, 2024; Mamidanna et al., 2024).

Widows with lower income than the poverty level in South Asian contexts with other similar cultural norms also showed much higher anxiety and depression levels, which highlights the interrelation between poverty and the mental responses of bereaved women (Mamidanna et al., 2024). Moreover, it is revealed that socio-economic deprivation reduces the involvement of widows in the life of the community and decision-making, which contributes to further instability of the economy and psychological trauma (Sarker, 2024). Combined, these results identify the role of interactions between the economic stressor and social exclusion in exacerbating mental health outcomes during widowhood, especially in low-income and rural environments.

The socio-economic status of rural Pakistani households is generally determined by using the monthly household income. Nevertheless, widows might report low income under the pressure of the society, the risk of losing economic support, or family conflict. There is evidence to support the cyclical nature of the relationship between financial distress and social disengagement: financial hardship restricts engagement in social activities, whereas social isolation causes mental health problems because of limited access to both instrumental and emotional support (Lee et al., 2001; Tang et al., 2023).

Theoretical Framework and Significance of the Study

Adaptation to widowhood can be modeled by the three-stage approach introduced by Raymond (2019), according to which a person passes stages of (a) shock and emotional numbness, (b) disorganization and emotional pain, and eventually (c) new self, in which people are reinventing their identity and meaning. The stages are not linear and universal in progression and greatly influenced by contextual factors. Family structure is a pivotal factor in this process of adjustment in Pakistan. Widows of joint family systems often face the centralized power that is invested in the oldest male members of the family, and this can become a hindrance to autonomy and independent choice. However, widows living in nuclear family structures tend to feel much more independent and assume collective responsibility (Srinath, 2000). These structural disparities can play an important role in social interaction, economic management, and psychological adaptation.

Study Significance

This research was conducted in Gujrat, Punjab, Pakistan and aims to study the interdependence of social disengagement, financial hardship and mental health among widows in the community with kinship networks that are highly established. By covering these overlapping areas, the research will help to put evidence based on cultural factors into practice by providing psychosocial intervention, supportive community-based programs, and policy-based programs in the widows' community in Pakistan.

Research Hypotheses

H1: There is likely positive correlation between social disengagement and financial problems among widows.

H2: Social disengagement along with financial troubles are the significant and joint predictors of mental health issues among the widows.

METHODS

The cross-sectional correlational research design was used to investigate the correlation between social engagement, mental health, and financial difficulties. The existing relationships between variables was thoroughly analyzed without any active manipulation.

Participants and Sampling

The sample was a total of 300 widows in the city of Gujrat, Punjab, Pakistan. They were selected by using a combination of both sampling techniques; convenience and snowball. In order to be consistent in the situations in life, there were certain inclusion criteria: the participants had to have lost their spouse at least one year before the study, were not working at the time, and had children. Children of the participants were left out to uphold the homogeneity of the sample and widows who had just lost a spouse were not included.

Although the number of participants was considered 300, the data analysis eventually conducted with 250 participants.

Measures

The data on the main variables were collected with the help of standardized scales and demographic sheet.

1. **Demographic Information:** this was a tool that gathered information about the age, education level, family structure (nuclear vs. joint), income level, number of children and siblings, and the period since a spouse has passed away.
2. **Lubben Social Network Scale (LSNS):** This was a self-report scale that was administered to determine the level of engagement with family and friends. The version LSNS-6 (6-item) has a reliability of 0.83 and a score of 0 to 30. The score of either version with the higher is stronger in showing the level of social engagement. This scale is very valid, as it is associated with mortality, depressive symptoms, and physical health in general.
3. **Financial Well-Being Scale:** The Consumer Financial Protection Bureau (CFPB;2017) developed the Financial Well-Being Scale (FWBS) to evaluate the subjective judgment of people regarding their financial well-being and financial freedom of choice. The simple version of the tool includes 10 self-report questions that are created to assess one, high-order construct of fiscal prosperity, i.e., the capacity of respondents to address financial commitments, think securely of their financial future, and make decisions to live. Higher scores show the higher perceived financial well-being.
4. **Patient Health Questionnaire (PHQ-T):** In order to evaluate the mental health condition of the participants, the emotional well-being and depressive symptoms were assessed with the help of the use of the Patient Health Questionnaire. This was a tool which gave a mean score ($M = 24.24$) which was used to measure the psychological consequences of the widowhood among the sample.

Procedure

The subjects were contacted by first using the local community networks where they were told the nature and objectives of the study. Data collection was done using face-to-face interviews after taking the informed consent. This approach was selected because it is clear and lets the participants share their experiences correctly. The average time duration was about 15 to 20 minutes for each participant.

ETHICAL CONSIDERATIONS

The study was conducted within the stipulated ethical standards to safeguard the participants, who are a vulnerable group. It was completely voluntary and the responses of the participants were guaranteed to remain confidential. The emotional well-being and the privacy of the widows was given special priority during the interview process.

Table 1: Demographic Properties of the Participants

Variable	Category	Frequency	Percent
Age	20-30	38	15.2

	31-40	61	24.4
	41-50	84	33.6
	51 and above	67	26.8
Socio Economic Status	Low	45	18.0
	Middle	173	69.2
	High	32	12.8
Education	Matric	144	57.6
	Intermediate	68	27.2
	BS	33	13.2
	Diploma	5	2.0
Children	.00	7	2.8
	1.00	69	27.6
	2.00	22	8.8
	3.00	50	20.0
	4.00	75	30.0
	5.00	23	9.2
	6.00	4	1.6
FAMILY SYSTEM	Joint	162	64.8
	Nuclear	88	35.2

The demographic characteristics of the study participants are presented in the table 1. The majority of the respondents were aged 41 years and above (33.6%), then came (51 years and above) (26.8%), and 31 years and above (24.4%). Most of the respondents were in the middle socioeconomic status (69.2%), and fewer respondents were in the low (18.0) and high (12.8) socioeconomic background. Also, there was a large percentage of respondents who were living in a joint family set up (64.8) compared to respondents in the nuclear family set up (35.2) meaning that most of the respondents were living in an extended family set up.

Table 2: Pearson Correlation among Physical health questionnaire, Financial Wellbeing Scale and Social engagement scale

Srno.	Variables	1	2	3
1	PHQT	-	-.22**	.16*
2	FWBT	-	-	-.28**
3	LSNS	-	-	-

Note. $p < .05^*$, $p < .01^{**}$ Note: LSNS= Lubben Social Network Scale, FWBT= Financial Wellbeing Scale; PHQT= Patient Health Questionnaire

The table indicates the correlation between depressive symptoms (PHQT), financial well-being (FWBT), and Lubben Social Network Scale (LSNS). The financial well-being was also significantly and negatively linked to the depressive symptoms ($r = -.22$, $p < .01$) which means that the higher the level of financial well-being, the less depressive symptoms. Moreover, the symptoms of depression were significantly positively correlated with social engagement ($r = .16$, $p < .05$). Social networking was found to have a significant and negative correlation with financial well-being ($r = -.28$, $p = .01$), indicating that an increase in financial well-being is strongly associated with a decrease in the scores of social networking. All the correlations were, on the whole, small to moderate, indicating significant, though not strong relationships between the variables.

Table 3: Regression coefficients of social-engagement and financial well-being on patient health

Variables	B	SE	β	t	p	95% CI	R ²
(Intercept)	29.704	2.672	—	11.117	< .001	[24.441, 34.966]	0.093
LSNS	0.101	0.065	0.099	1.551	0.122	[-0.027, 0.230]	
FWBT	-0.284	0.069	-.260** *	-4.09 9	< .001	[-0.421, -0.148]	

Note: LSNS= Lubben Social Network Scale, FWBT= Financial Wellbeing Scale; PHQT= Patient Health Questionnaire

The effects of social-engagement and financial well-being on patient health are presented in Table 3. The regression model was statistically significant, $F(2, 247) = 12.65, p < .001$, and explained **9.3% of the variance** in patient health ($R^2 = .093$), indicating a modest level of explanatory power. Financial well-being emerged as a **significant negative predictor** of PHQT ($B = -0.284, SE = 0.069, \beta = -.260, t = -4.10, p < .001$), with the 95% confidence interval [-0.421, -0.148] not crossing zero, suggesting a reliable inverse association. In contrast, social-engagement did not significantly predict patient health ($B = 0.101, SE = 0.065, \beta = .099, t = 1.55, p = .122$), as reflected by a confidence interval that included zero [-0.027, 0.230]. Overall, the findings indicate that lower financial well-being is associated with higher levels of patient health, whereas social-engagement does not contribute significantly to the prediction of the outcome when both variables are considered simultaneously.

Table 4: Results of the Mediation Analysis

Antecedent	M (FWBT)				Y (PHQT)			
	B	SE	β	p	B	SE	β	p
X (LSNS)	a = -0.282	0.057	0.177	< .001	c' = 0.101	0.065	0.1	0.122
M (FWBT)	—	—	—	—	b = -0.284	0.069	-0.26	< .001
	R ² = .090				R ² = .093			
	F(1, 248) = 24.47, p < .001				F(2, 247) = 12.65, p < .001			

Note: LSNS= Lubben Social Network Scale, FWBT= Financial Wellbeing Scale; PHQT= Patient Health Questionnaire

The mediation analysis implemented through the ordinary least squares path analysis with the PROCESS macro of SPSS (Model 4; Hayes, 2022) and assessed the mediating role of financial well-being in the association between social engagement and patient health is presented in Table 4. Results have shown that social engagement significantly and negatively forecasted financial well-being ($a = -0.282, p = 0.001$), which explained 9.0% of the mediator. Financial well-being, in its turn, was a significant negative predictor of patient health outcomes ($b = -0.284, p = .001$). Although the direct impact that the social engagement had on the psychological health was positive, it was not statistically significant ($c' = 0.101, p = .122$). The total model explained 9.3% of the variation in patient health, $F(2, 247) = 12.65, p = .001$. All these findings supported an indirect relationship between social engagement and patient health through financial well-being, and hence the argument that financial well-being acts as a mediator in the relationship investigated.

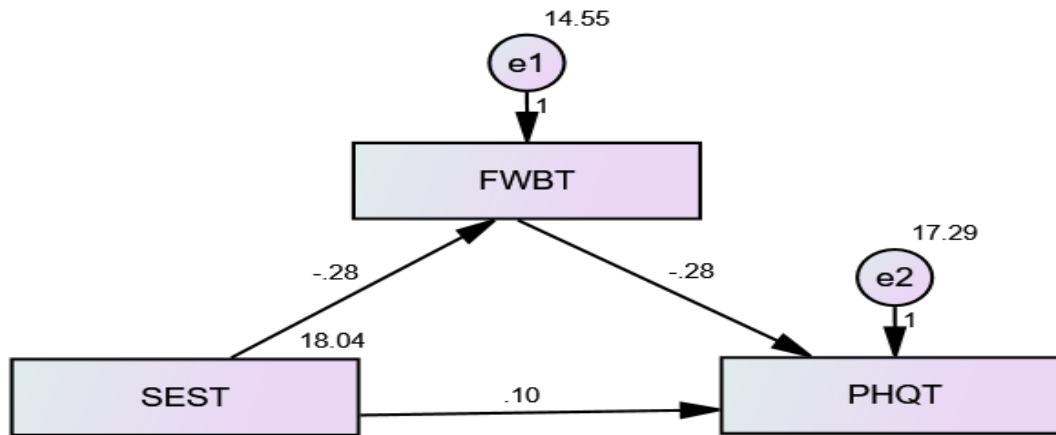


Fig 1: The Mediation Model

The structural-model analysis demonstrated that financial well-being is a mediator in the association between social engagement and patient health in widows. Although the direct impact of social engagement on patient health is weak ($\beta = .10$), there is a strong indirect mechanism. More precisely, an increase in social engagement is linked to decreased financial well-being ($\beta = -.282$) and a decrease in financial well-being is in its turn linked to a poor patient health ($\beta = -.284$). This has the general effect of putting more social involvement in poor patient health, mainly due to a drop in financial status. This emphasized a strong mediation effect, in which the positive direct effect of social engagement is surpassed by its negative indirect effect which takes place through the financial well-being.

DISCUSSION

The study aimed to find out social disengagement and mental health among widows: The role of financial difficulties as a mediator. The results of the study reported the strong statistically significant relationship between all the study variables. The results also reported that financial difficulties acted as a mediator between social disengagement and mental health among widows.

The correlation matrix in table 2 outlined three significant (statistically) relationships between depressive symptoms (PHQT), financial well-being (FWBT) and social engagement (LSNS) of the small to moderate size. The negative correlation between financial wellbeing and depressive symptoms is consistent with literature on the mental health consequences of financial inadequacy. In a national representative sample of 25,370 U.S. adults, people with fair or poor self-reported general health scored 6.6 points less in measures of financial well-being than did people with excellent self-reported health. The depression level in adults diagnosed with depression was about 2 points less as compared to those who were not diagnosed with it (Mercado et al., 2025). The result that social engagement has a positive relationship with the symptoms of depression is initially counterintuitive, as the effects of social participation in countering depression have been well-documented in the past. A nine-year longitudinal investigation of 9,415 community-dwelling adults revealed that regular communication with friends, being involved in various activities in the society, and pattern combination of internet use and interactions with friends were all linked with a substantial decrease in the risk of developing depression (Verdyun et al., 2017). The correlation between financial well-being and social engagement is negative, which is an initial evidence to support this interpretation. This correlation indicates that more financially endowed respondents have lower scores on social

engagement, a fact that is paradoxical at a glance but is in line with the theories that do propose that financial resources enable autonomy and selective social investment (Beg et al., 2024).

The results of table 3 supported the previous studies by recording the relationship between financial wellbeing and mental health as well as filling a significant literature gap. Previous research has established cross-sectional relationships between financial welfare and depressive states in the general populations (Mercado et al., 2025). This correlation is evident in the current analysis that shows that widowed women still show this relationship because they face a compounded vulnerability in the form of bereavement, economic disadvantage due to gender, and health deterioration as age advances (Beg et al., 2024). Using the model with financial well-being added, social engagement was not significantly predictive of depressive symptoms indicating that financial well-being overlaps with social participation as a predictor of mental health (Hao et al., 2024; Verdyun et al., 2017).

The mediation analysis in table 4 and fig 1 presented sufficient evidence of the mediating nature of financial well-being in the association between the social engagement and the depressive symptoms in widows. The path coefficients were a coherent mediational structure (Mahapatra, 2025). There was a significant and negative association between social engagement and financial well-being, which implied that the more socially engaged a person was, the worse the perceived financial status. Financial well-being, in their turn, had a significant and negative effect on depressive symptoms, which was in compliance with the outcomes of the regression analysis, as well as the previous epidemiological findings (Kara et al., 2025). Theoretical implications of this mediational structure are enormous. The mediation analysis explained the positive correlation between social engagement and depressive symptoms realized in Table 2, which seemed to be an anomaly in the light of the existing studies on the connection between social participation and mental health. The relationship between social engagement and poor mental health in widows was not directly linked to poor mental health of social engagement, but to resource loss; and this loss of resources, in turn, hurt the mental health. That is, social involvement was a modulating factor on the mental health of this population in the form of financial stressor, and it was in this economic process through which social involvement had a negative indirect impact on mental health. The structural model, therefore, unveiled the social engagement as ambivalent variable of widowed women: both something that they could attach to and something that took away the already limited economic resources (Kara et al., 2025; Verdyun et al., 2017).

CONCLUSION

The current study found out that financial health was a mediator of social involvement and depressive symptoms in a sample of widowed women. High social participation was negatively correlated with the perceived financial well-being; the weakened economic security in its turn was linked with increased depressive symptomatology. The findings expand the existing body of literature on the relationship between financial well-being and mental health to a historically underrepresented vulnerable group and highlight why it is necessary to consider the context of socioeconomic factors when defining the psychosocial effects of social relationships. The intervention strategies to alleviate the mental health of the widows should therefore also deal with the social isolation and the material conditions that dictate whether social engagement is a resource or a liability.

FUTURE SUGGESTIONS AND IMPLICATIONS

Research on multi-component intervention models needs to be done, focusing on different aspects of financial literacy education competences in different culturally sensitive environments, particularly in settings where joint family systems are prevalent. It has been established that the financial strain and worry about care are significant factors in the relationship between widowhood and depression. Such results

suggested the need to incorporate financial resilience in mental-health systems. Widow empowerment programs should be done which incorporated a mix of financial interventions such as access to resources and literacy training with non-financial assistance such as skills training and social networking. Lastly, policy makers have to keep in mind that mortifying widows financially with incentives to save money, social protection and community support can ensure that they fall under the psychological strain and make them feel that their social involvement is not a liability but an asset.

REFERENCES

- Beg, M. J., Maggu, G., Tekkalaki, B., & Andrade, C. (2024). Learning points about regression analysis in a study of predictors of insight in obsessive compulsive disorder. *Indian journal of psychiatry*, 66(10), 982–983. https://doi.org/10.4103/indianjpsychiatry.indianjpsychiatry_682_24
- Bennett, K. M. (2008). *The social, psychological, and health-related consequences of widowhood*. *Journal of Gerontology: Social Sciences*, 63B (2), S74–S84.
- Chen, H., Gill, T. M., Prigerson, H. G., & Kasl, S. V. (2019). Spousal loss and psychological distress in later life. *Psychology and Aging*, 34(5), 743–753.
- Consumer Financial Protection Bureau. (2017). CFPB financial well-being scale: Scale development technical report. <https://www.consumerfinance.gov/data-research/research-reports/financial-well-being-scale/>
- Hao, H., Du, M., & Yue, J. (2024). Social isolation, loneliness, and subjective wellbeing among Chinese older adults during the COVID-19 pandemic. *Frontiers in public health*, 12, 1425575. <https://doi.org/10.3389/fpubh.2024.1425575>.
- Islam, S. (2014). Income inequality and social vulnerability. *Socio-Economic Review*, 12(3), 585–606.
- Kara, S., Hatipoğlu, S. S., Arslanoğlu, N. Z., & Erdoğan, Z. (2025). The Impact of Trust in Science on COVID-19 Vaccine Attitudes: Parallel Mediation Through Conspiracy Beliefs and General Vaccine Hesitancy. *The Eurasian journal of medicine*, 57(4), 1–7. <https://doi.org/10.5152/eurasianjmed.2025.251024>.
- Khan, M., & Mahmood, Z. (2024). Loneliness as a mediator between social engagement and psychological distress among institutionalized older adults. *Pakistan Journal of Psychological Research*, 39(1), 1–18.
- Khan, M., & Mahmood, Z. (2024). Loneliness as a mediator between social engagement and psychological distress among institutionalized older adults in Lahore. *Pakistan Journal of Psychological Research*, 39(1), 1–18.
- Kroenke, K., Spitzer, R. L., & Williams, J. B. W. (2001). The PHQ-9: Validity of a brief depression severity measure. *Journal of General Internal Medicine*, 16(9), 606–613. <https://doi.org/10.1046/j.1525-1497.2001.016009606.x>
- Lee, G. R., DeMaris, A., Bavin, S., & Sullivan, R. (2001). Gender differences in the depressive effect of widowhood. *Journal of Marriage and Family*, 63(3), 613–626.

- Lubben, J., Blozik, E., Gillmann, G., Iliffe, S., von Renteln Kruse, W., Beck, J. C., & Stuck, A. E. (2006). Performance of an abbreviated version of the Lubben Social Network Scale among three European community-dwelling older adult populations. *The Gerontologist*, 46(4), 503–513. <https://doi.org/10.1093/geront/46.4.503>
- Mahapatra, S. K., Ramkrishna, K., & Chapagain, C. K. (2025). Shaping financial well-being: the dynamic role of socialization and knowledge: a structural equation modeling approach. *Journal of Behavioral and Experimental Finance*, 46, 100994. <https://doi.org/10.1016/j.jbef.2025.100994>
- Mercado, C., Bullard, K. M., Bolduc, M. L. F., Banks, D., Andrews, C., Freggens, Z. R. F., & Njai, R. (2024). Exploring associations of financial well-being with health behaviours and physical and mental health: a cross-sectional study among US adults. *BMJ public health*, 2(1), e000720. <https://doi.org/10.1136/bmjph-2023-000720>.
- Perrig-Chiello, P. (2019). Widowhood. In G. Du & M. Dupre (Eds.), *Encyclopedia of gerontology and population aging* (pp. 1–7). Springer. https://doi.org/10.1007/978-3-319-69892-2_330-1
- Prawitz, A. D., Garman, E. T., Sorhaindo, B., O'Neill, B., Kim, J., & Drentea, P. (2006). InCharge financial distress/financial well-being scale: Development, administration, and score interpretation. *Journal of Financial Counseling and Planning*, 17(1), 34–50. <https://doi.org/10.1037/t60365-000>
- Raymond, J. (2019). *Stages of widowhood: From shock to a new self*. Routledge.
- Sarker, M. (2024). Socio-economic status and living condition of widows in rural Bangladesh. *Social Science and Humanities Journal*, 8(09), 5046–5061. <https://doi.org/10.18535/sshj.v8i09.1330>
- Sarker, M. (2024). Socio-economic status and living condition of widows in rural Bangladesh. *Social Science and Humanities Journal*, 8(9), 5046–5061. <https://doi.org/10.18535/sshj.v8i09.1330>
- Shamim, I., & Salahuddin, S. (1995). *Challenges of widows as heads of households* (Report). University Press.
- Sheng, X., Ge, T., Dong, Q., & Jiang, Q. (2023). Social participation, psychological resilience and depression among widowed older adults in China. *BMC Geriatrics*, 23, Article 454. <https://doi.org/10.1186/s12877-023-04168-7>
- Stroebe, W., Stroebe, M., Abakoumkin, G., & Schut, H. (2005). The role of social support in adjustment to bereavement. *Journal of Social and Personal Relationships*, 22(4), 477–494.
- Tang, D., Mair, C. A., & Hu, Q. (2023). Widowhood, social networks, and mental health among Chinese older adults: The moderating effects of gender. *Frontiers in Psychology*, 14, Article 1142036. <https://doi.org/10.3389/fpsyg.2023.1142036>
- Verduyn, P., Ybarra, O., Résibois, M., Jonides, J., & Kross, E. (2020). Do social network sites enhance or undermine subjective well-being? A critical review. *Social issues and policy review*, 11(1), 274–302. <https://doi.org/10.1111/sipr.12033>.
- Yasin, H. (2023). Psycho-social challenges of working widows in Pakistan. *Pakistan Journal of Psychological Research*, 38(2), 247–266.
- Yasin, H. (2023). Psycho-social challenges of working widows in Pakistan. *Pakistan Journal of Psychological Research*, 38(2), 247–266.

Zheng, J., & Yan, L. (2024). The impact of widowhood on the mental health of older adults and the buffering effect of social capital. *Frontiers in Public Health*, 12, Article 1385592. <https://doi.org/10.3389/fpubh.2024.1385592>