



Original research article

Coping strategies of older widows following the loss of a partner: A qualitative interview study

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Abstract

Aim: The aim of this article is to investigate and describe the coping strategies of elderly widows.

Theoretical base: The grieving process is well described in the literature. However, in real life, it is always necessary to respect the uniqueness of the process for each individual. Most previous studies have focused on difficulties of the bereaved and their risk of dying. More recently, the strengths of the bereaved and how they develop have also been emphasised. A dual-process model of coping with bereavement was used. It is based on loss-oriented and restoration-oriented strategies and the oscillation between them. In the Czech context, there is a lack of research based on this dual-process model describing coping strategies after the loss of a loved one.

Methods: The paper presents the results of ethically demanding research using semi-structured interviews with 15 elderly widows. The authors based the model on a questionnaire survey using a qualitative methodology because of the aspiration to describe the strategies of individual women in detail.

Results: The output is a description of coping strategies, categorized into loss- and recovery-oriented approaches, used by elderly women to navigate the period following their partner's death.

Conclusion: Describing how the women interviewed have coped with their challenging life situation could inspire not only other elderly women but also their relatives and aid workers who come into contact with this target group.

Keywords: Coping strategy; Dual process model; Elderly widow; Loss; Recovery

Introduction

The objective was to investigate the coping strategies of elderly women widowed after their partner's prolonged illness. The study aimed to understand their loss-oriented and restoration-oriented coping processes, based on the Dual Process Model of Coping with Bereavement (Stroebe and Schut, 1999). Widowed elderly women represent a diverse and sizable cohort within gerontological work and other social service sectors. A nuanced comprehension of their coping mechanisms and daily functioning in the post-widowhood years could significantly enhance the ability of professionals to effectively address their needs and provide comprehensive support throughout their life journey.

The DPM is an approach to coping with bereavement that was developed as a stressor-specific model of dealing with bereavement – primarily the loss of a partner – in reaction to limitations of the general grief theories, such as Cognitive Stress Theory or Horowitz's Stress Response Syndrome. This model offers a framework to help understand reactions to the death of a loved one by identifying two oscillating coping processes: loss and restoration (Stroebe and Schut, 1999). It is compati-

ble with the earlier cognitive stress theory (CST) developed by Lazarus and Folkman (1984), Folkman (2001), and is applicable to all types of bereavement. Compared to previous grieving theories, the DPM focuses on dynamic intrapersonal processes and individual working through grief. It is "stressor-specific", meaning bereavement – in all its complexity – is analysed as a stressor that everyone copes with individually.

Unique aspects of the DPM include the integration of two sources of stress associated with bereavement, labelled loss – and restoration-oriented stressors. Oscillation, a key component of the DPM, is a dynamic process of alternation between and within loss and restoration and between coping and absence of coping.

The essence of loss orientation is the experience of loss itself. Loss orientation concerns both one particular person and a group of close persons because a widowed person does not usually grieve alone. Extended family or close friends can provide significant support for the widow, but on the other hand, they can make the grieving process more difficult (Stroebe and Schut, 2016).

Restoration-oriented strategies refer to the processes that the bereaved person adopts to face the secondary stressors related to the roles and challenges associated with their new

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status. These processes often include the need to master new tasks, make decisions, or think about new expectations related to one's role in existence (Bennett et al., 2010; Eisma et al., 2022; Fasse and Zech, 2016; Wijngaards-de Meij et al., 2008).

A recent study (Carr, 2020) shows that widowed individuals differ in their coping strategies. These strategies are often undertaken to cope with their acute grief and emotional pain. If they are maladaptive, such as abusing substances to dull the pain, there may be a significant risk of long-term negative health consequences. Such findings are consistent with other studies showing that widowhood is linked to lower levels of psychological well-being (Almevall et al., 2024; Demers et al., 2009; Hughes and Waite, 2009; Ribeiro et al., 2017; Umberson et al., 1992). The study by Bennett and Soulsby (2012) stated that older theoretical approaches (e.g., based on the traditional model of Kübler-Ross) examining bereavement and widowhood focused on the individual's adaptation process to a bereaved state, not particularly on spousal loss. Another problematic point of such theories is the embedded view of a predictable and orderly process of grieving and adaptation to loss, which can even be harmful in practice. This study highlighted the importance of correctly distinguishing between the state of bereavement and widowhood, defining it as *"a long-term and ongoing state which not only has personal consequences but carries with it social consequences and meanings"* (Bennett and Soulsby, 2012: 2). Specific tools have been developed to assess coping strategies in the context of gerontological work, e.g., The Inventory of Coping Strategies Used by the Elderly (ICSUE), developed by Robichaud and Lamarre (2002).

Grief encompasses everything people feel inside of them after a loss of any kind: numbness, shock, denial, confusion, disorientation, anger, guilt, relief, yearning, and sadness (Kessler, 2019; McNulty, 2021; Steffen et al., 2023; Wolfelt, 2021; Worden, 2009). Grieving people experience several feelings simultaneously, and their emotions often change quickly. Carr and Jeffreys (2022) write that spousal loss is one of the most stressful life events.

In our research, we focused only on widows, of whom there are more in the age category over 60 than widowers in the Czech Republic (Němečková and Štyglarová, 2022).

Materials and methods

The research aims to describe the coping strategies employed by elderly women during the difficult period following the death of their partner, using the theoretical concept of the dual process model and semi-structured interviews. The study focused on women whose partners died 1 to 5 years ago. Two research objectives were formulated – to identify coping strategies for loss in the responses of seniors, and to identify recovery-oriented coping strategies in seniors' responses.

A qualitative methodology was chosen (Hennink et al., 2020; Jarvinen and Mik-Meyer, 2020; Moule, 2020). The basis of the research was a semi-structured interview consisting of 12 questions, each lasting an average of 60 minutes. The interviews were conducted between September 2023 and February 2024 by the authors of this article and took place in a location chosen by the research participants (e.g., their home, the offices of the authors of the article). The interviews were recorded, anonymised, and transcribed. The data were coded in Atlas.ti according to the principles of open coding. Thematic analysis was used. The categories were based on the DPM (Stroebe and Schut, 2016). The results were also interpreted based on this model, focusing on loss- and recovery-oriented coping strategies.

During the interviews, communication partners were asked about changes in their daily functioning after the death of their partner in the following areas: *self-care, household care, personal level, hobbies and leisure activities, social life and contact with the environment, material security, health status, and emotional experience*.

Fifteen senior women (referred to as S1–S15) from the Vysočina Region, whose husbands died 1 to 5 years ago, participated in the research. Only women who were not clients of residential social service facilities were selected. In accordance with the WHO (2016) definition of the elderly, these were women over 60 years of age. None of the research participants suffered from cognitive impairment or serious mental illness. Potential communication partners were approached through social and health service organisations. The seniors were likely willing to discuss the death of their partner because they were familiar with the intermediary organisation. All participants lived in the same region of the Czech Republic and shared a cultural context, though individual factors such as education, how they spend their free time, and religion might differ.

The topic of partner bereavement is ethically very challenging. Participants were informed about the research aim and had sufficient time to decide whether to participate. All elderly women chose to participate and signed an informed consent form. After the interview, the senior women had the opportunity to receive support from a psychotherapist.

Results

Loss-focused coping strategies

The following categories were established to identify loss-oriented strategies: *the intrusion of grief, visiting the burial place, rumination about a deceased person, rumination about life together, rumination about circumstances and events surrounding the death, looking at photos, crying, imagining his reactions, speaking to the deceased*.

Intrusion of grief

Seniors often experience grief in a way that makes them not want to talk. S1 expressed it this way: *"Talking about it was crushing me."* S1 added that bouts of sadness come very quickly and unexpectedly. Even her husband's favourite song, currently on the radio, can fundamentally change a mood.

S2 mentioned that grief was more intense and frequent in the first year after the death of her partner. On the other hand, S10 experiences grief more now, five years after the death. S4 has been a widow for almost two years and still experiences grief in the same way.

In connection with sadness, the elderly women also described feelings of loneliness and isolation. S1 stressed that the feeling of loneliness comes even in the presence of many people.

A partner is also missed by seniors who have experienced challenging situations in their marriages. S9 stated: *"It's true that sometimes you'd like to rip the guy apart, but it always passes, and it's really hard to deal with."*

Visiting the burial place

This strategy was identified in the responses of all women. The regularity of visits depends on the health of the seniors and the distance to the cemetery, but all of them consider it very important. They go to the cemetery alone, with friends, or with family. S7 goes to the cemetery to talk to her husband

and believes he answers her. She describes visiting the cemetery as sad and pleasant at the same time.

Rumination about the deceased person

This strategy was also identified in the responses of all the senior women. The responses show that the seniors not only remember their partner positively but also describe negative characteristics and behaviours that bothered them. The memories of the partner influence their daily functioning in the present.

S1's husband was seriously ill, and it was challenging to care for him, yet S1 states: *"Even in my old age, I had support, even when he was very poor."* Regular visits from children and other relatives and friends cannot replace the presence of a life partner.

It is very important for S14 to keep a pleasant memory of her husband: *"Keep the memory nice. Yes, I want to keep all the nice things and not get caught up in them. Because otherwise, you'd probably go crazy. And I'm not the kind of person who'd get caught up in everything. I mean, I'll think about it, but I'm getting away from it."*

Rumination about life together

Senior women remember both beautiful and difficult moments together. Their memories have an impact on their current lives.

S5 had a lovely marriage of 55 years; she and her husband did everything together. It is strange for her to have to go somewhere alone. Her grandson has now invited her to the prom, and she is afraid to go there.

S3 stated that her partner was an alcoholic in poor health and had a very fiery temper. Towards the end of his life, he became increasingly worried about himself, and their relationship changed: *"He likes, he likes to get angry at times yeah, but when it happens to be his good time, we would like, we'd have quite a chat."*

Life with and without a partner is also different in terms of material security. Senior women have savings, and finances are not a significant problem for them.

Living without a partner can affect the health of a widowed person. The health status of elderly women changes, of course, but most (except S5 and S8) report that this is mainly due to ageing.

Rumination about circumstances and events surrounding the death

All the informants had partners who had been seriously ill for a long time. Their deaths were, therefore, neither sudden nor tragic. The elderly women's accounts show that it was important to them to be close to their partners at the time of death and to allow them to die in a home environment, even though the care was very demanding. They found it greatly encouraging to receive support from a professional organisation they could rely on, as well as their extended family.

Looking at photos

Looking at photos is one of the most frequently used strategies. However, the testimonies show that this strategy affects individual senior women differently. S5 describes how looking at a photo makes her cry and break down. In contrast, S13 looks at photos when she is sad and cheers up whenever she sees a photo she has taken with her husband. S9 has pictures of her husband displayed and talks to them, which calms her down.

Crying

Crying was also identified in the statements of all the seniors. Crying often comes unexpectedly when someone or something reminds them of their husband. S5 describes it this way: *"I remember my dad, I'm already crying, and I'm all teary-eyed."* Seniors cry especially when they are alone, in the evenings or at night, at Christmas, in the shower, or on birthdays or anniversaries.

Imagining his reactions and speaking with the deceased person

Seniors often talk with their partners, particularly when they do not know what to do or when something unusual or important is happening. S5 talks to her partner every evening and assures him that she will come to see him soon. In addition to talking to their partner, the seniors also mention that they think about how their partner would react and what they would say in a particular situation.

Recovery-focused coping strategies

In determining the categories to relate to recovery-focused coping strategies, we relied on Stroebe and Schut (1999). In our research, the following recovery-oriented coping strategies were identified: attending to life changes, doing new things, distraction from grief, and denial/avoidance of grief.

Attending to life changes

Since the research population consisted of elderly women who had lost a spouse/partner after a long-term illness, they had to start adapting to life changes while their spouse/partner was still alive. The spouses of several seniors interviewed (S1, S3, S4, S5, S9, S13) were not involved in household care due to long-term illness. S4 remarked: *"I more or less did everything before; nothing has changed for me on that level."*

A different life situation was experienced by S6, for whom the loss of her partner was a significant change in terms of looking after the household: *"If there was a problem, he could advise, he could sort it out. He was always able to sort it all out so nicely that we got out of it without any problems. If our boiler blew up, he'd be there and know what to do."*

S3 and S15 described being able to do many things themselves, and when they were not able to, e.g., not having enough strength, they turned to their sons.

S6's plans for the future changed with the passing of her partner: *"It was obviously terrible for me because we had plans. In retirement, we finally wanted to take trips and fulfil our dreams; we were looking forward to it so much. We'd been planning a wedding for about five years, and we set a date when I turned 70, so it was nice and sad at the same time."*

S12 also described a change in her life, but not as a result of the death of her husband but as a result of the birth of her grandchildren: *"I don't think it has changed much. My husband and I agreed. We knew it was going to end badly because he had a sick pancreas. My husband and I agreed that I would live for my grandchildren. Life is getting harder for me. And I didn't have time for any big crying or just any sadness."*

In the wake of her husband's loss, S8 made the adjustments to the room her husband occupied prior to his death. *"It helped that after my husband died, I went to a spa, and during that time my children redecorated the room my husband lived in. I was happy because they had decorated the room nicely."*

Doing new things

After losing their spouse/partner, the senior women (S3, S5) began to pay more attention to the care of their grandchild-

dren and great-grandchildren who were born in the meantime. *"I have a little great-grandson now. I always call to get him and take him for a walk in the stroller"* (S5).

After losing her husband, S1 started attending a senior exercise class to help her cope with the situation. She emphasised the fact that no one knew her there also helped her. This may be one reason why seniors take up new activities after losing a life partner. *"After my husband died, I spent the summer working out in the park. It helped me because it was something different and nobody knew me there"* (S1).

Seniors reported (S1, S3) that they started engaging in new activities after their spouse/partner's death due to having more free time. Previously, they did not have the space to engage in any leisure activities because they were involved in caring for a seriously ill spouse/partner. S4 started travelling, as she stated, *"she wasn't attached to anyone anymore"*. Similarly, S10 fulfilled her lifelong dream of travelling after the death of her husband.

The seniors also started to engage in new activities by joining organisations, associations, and clubs aimed at the senior population. S7 began swimming, walking, and dancing with others. She noted that she engages in these activities *"so that you don't sit here and look at the TV or, God forbid, at your phone"*. S9 has enrolled in the University of the Third Age.

Distraction from grief

To distract themselves from their sadness, the senior women in our research chose ways to occupy themselves. The seniors (S1, S2, S7, S15) engaged in reading books, listening to music (S2, S8, S14), and watching TV (S2, S11). S1 explained: *"So I read six volumes of Hussite Poppy and then again the son brought me another one. So, I struggled with Hussites for about six months. For a year, it helped me sort of move away from it because you see that person everywhere. And whoever you meet and you have a mutual acquaintance, again, you're supposed to talk about them."*

The seniors also engaged in household care (frequent cleaning, polishing windows, etc. – S2, S5), gardening (S9, S14), caring for a cottage (S7), and looking after pets (chickens, rabbits) (S5). Some engaged in handwork (S4, S12) to come up with other ideas.

Prayer helps to distract and calm the senior 4: *"Prayer helped me a lot too. At night, when I can't knit, I pray the rosary. Then I fell asleep, woke up, and continued. And so, as a person, you kind of calm down, too."* S13 also pointed out the advantage of being a believer: *"Then we believers still have the advantage that the Lord God is with us all the time, right, so that's still very good too, so I don't forget that."*

S6, the only communication partner still working, finds that being employed helps her cope with losing her partner. *"I'll still work; I'll still go to work. I go every morning, which is so amazing. This is the thing I would recommend to all people. When you're unemployed, and you don't have a body to keep you busy, it must be awful."* She also stressed that she needs to be constantly occupied with something, such as playing logic games on the computer. The importance of being employed was also highlighted by S10, who cared for her friend's children after her husband's death.

Denial/avoidance of grief

The "Denial/Avoidance of Grief" strategy was identified in only two seniors (S7, S15). S7 shared: *"I'm doing some activities to stave off the sadness and not cry, just to get away from it."*

Oscillation

The following examples of oscillation were identified in the responses of elderly women.

Oscillations between grief and distraction from grief were identified most frequently. S9 states: *"How many times I thought I should mop, I don't want to mop, but then Francis wouldn't want to mop at all, so I mop."* The oscillation between speaking with a deceased person and attending to life changes was identified by S13: *"Something I was doing or had done, but I could always consult him. Yeah, like what was going on in the garden at the moment. So, I used to work that way. Look, tell me what to do, yeah, and is that a plant or a weed? And so now, like now, I had to dig up what I remembered."* The oscillation between ruminating about life together and attending to life changes was identified in S11: *"He was a very handy husband, so I didn't have to worry about that at all. He fixed everything, or he knew how to do it. And now I have to help myself; I have to go to the neighbours when I don't know how to do it."*

Discussion

The first research question focused on loss-oriented coping strategies.

Stroebe and Schutt (2016) write that loss orientation concerns both an individual and a group of close persons – as a widowed person does not usually grieve alone. The elderly women we spoke to also very closely connected their own experiences and behaviour with the experiences and behaviour of their immediate and extended family. Help and support from the family and neighbours is an important aspect that intersects with all categories within loss-focused strategies. Carr and Jeffreys (2022) note that older widows receive more support from their children than widowers.

Much attention was paid to grief in the responses of all the senior women. They have all experienced grief and continue to do so, even though its form and intensity change, often very quickly and unexpectedly. This description aligns with how Wolfelt (2021) describes grief.

All the elderly women interviewed had long-term ill partners who did not die suddenly. These senior women cared for their partners at home, with varying degrees of support from extended family and professional organisations, because they wanted their partners to die at home. In agreement with the literature (Carr and Jeffreys, 2022), this fact influenced the process of coping with the death of a partner.

Elderly women often associate grief with feelings of loneliness, which can occur even in the presence of family and friends. This conclusion is in agreement with Carr and Jeffreys (2022), who state that even those who live close to their family may feel lonely.

Life as a couple is different from a single person, with differences in emotional, practical, and material qualities. Carr and Jeffreys (2022) point out that widowhood worsens the economic situation. Our research also showed that the financial situation changed after the death of a partner. The senior women do not complain about their current material situation; they are used to saving, planning their expenses, having savings, or receiving help from their children. One informant is even better off because her husband spent a lot of money on cigarettes.

The second research question was focused on recovery coping strategies.

These recovery-oriented coping strategies were identified in the statements of elderly women: attending to life changes, doing new things, distraction from grief, denial/avoidance of grief.

The life changes the senior women in our research had to adjust to after the death of a spouse or partner were not significant. This phenomenon can be explained by the fact that all research participants were providing care to their ill spouse or partner before their death. Due to their health condition they were unable to participate in household care. Hence this responsibility was assumed by the senior women themselves or assisted by family (sons, daughters, sons-in-law) during the lifetime of the spouse or partner. Therefore, after their death, the women continued the same activities. Similar conclusions were reached by Bennett et al. (2010), who reported that prior caregiving enabled women to better adapt to subsequent changes.

The seniors described initiating new activities as a deliberate coping strategy, suggesting that some behaviours may fall into multiple categories of coping mechanisms. In the context of our research, this manifested in the form of engaging in new activities and diverting attention away from grief. According to Bennett et al. (2010), the effectiveness of a particular reorientation (RO) coping strategy can vary over time. For example, an activity that was initially undertaken as a means of distraction may gradually take on new meaning.

The strategy of denial and avoidance of grief was identified in two senior women in our research. Bennett et al. (2010) suggest that these feelings are a common part of the ordinary course of grieving. Specific periods of avoidance may, therefore, be necessary to cope with the pain of loss.

Limitations of the research

The retrospective interviews come with two potential drawbacks. First, they assume that widowed women accurately remember events surrounding and following the death of their husbands/partners. The longer the time passed since the death, the less accurate and less influenced by other life events the memories of the elderly women involved in the research might be. Second, recollections can be subjective and vary greatly depending on the individual experiences of the bereaved. However, for practical and ethical reasons, it is challenging to obtain information about the experiences of widows immediately after the death of a partner. Lived experience is important to understanding DMO, particularly in the context of its relationship to well-being and adjustment. The seniors' current mood or health condition could have influenced the interview responses.

Due to the homogeneity of the research sample (age, gender, and region) and the type of research, the results have limited validity and cannot be generalised.

Our research may also be limited by the amount of information and characteristics of the senior women we had at our disposal. We did not have professionally prepared psychological profiles of the elderly women, nor did we examine their biographies and life events in detail. Nevertheless, we believe that the input characteristics were sufficient for the purpose of our research.

The limitations of the research also include the fact that it is very difficult – in some cases almost impossible – to determine whether the change in individual areas of life occurred primarily due to the death of a partner or whether other factors played a more important role. Similarly, it is challenging to clearly demonstrate whether the health status changed primarily due to the death of the spouse or whether these are nat-

ural changes related to ageing. Additionally, it is important to realise that individual strategies often overlap, with no sharp boundaries between them. Therefore, some categories were included in multiple strategies.

Conclusion

Widows in challenging life situations employ both loss-focused and recovery-focused strategies – and oscillate between them. The theoretical framework underlying this research was the dual model. Its application in qualitative research is innovative, as this model was initially designed for quantitative research. It can be concluded that the findings based on our research are consistent with and further illustrate the results from the quantitative investigations.

The results are highly valuable for senior women who find themselves in a similar situation. They can be beneficial for their relatives or acquaintances. There are numerous ways in which the research could be expanded. One possibility would be to describe coping strategies in childless widows without extended family backgrounds. Another possibility is to describe coping strategies in male widowers and see if they coincide or differ from those of female widows. Additionally, strategies among younger widows could also be explored. Our research focused on anticipated deaths. However, coping with unexpected, sudden loss is different in many ways, which could also be the focus of further study.

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Ethical aspects and conflict of interest

The authors have no conflict of interest to declare.

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