



Original research article

# Factors accompanying the grieving process in the perception of widowed elderly women

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## Abstract

**Aim:** The aim is to describe the factors that accompany the grieving process following the loss of a partner, from the perception of widowed elderly women.

**Theoretical base:** Grieving is a taboo topic in the Czech environment. Grieving people are misunderstood by those around them, who often do not know how to behave towards them, what communication strategies to choose, and which aspects of everyday life are burdensome.

**Methods:** Accompanying factors were described based on an analysis of 15 interviews with widowed elderly women whose partner died as a result of a serious illness. The grieving process in these cases differs in many aspects to that of the grieving process after a sudden death or death as a result of a crime. The thematic analysis was based on the framework of themes identified in a comparative research study, which included everyday activities and routines, emotional experiences, life as a single person within a social context, and health-related issues and symptoms.

**Results:** The output is a description of the factors that accompany the grieving process.

**Conclusion:** The outputs can be inspiring for older women who find themselves in this situation, and for their relatives or people who encounter them in the course of their profession – such as social workers or social service workers.

**Keywords:** Accompanying factors; Grieving; Loss; Widow

## Introduction

Grief and the grieving process are frequently described in both the professional literature (Booth-Butterfield et al., 2014; Eisma et al., 2022; Haugk, 2004; Henrich, 2022; Kessler, 2019; Lambert South et al., 2020; Murray Parkes, 1972; Pait et al., 2023; Ptáčková et al., 2021; Schudson et al., 2019; Špatenková, 2013; Steffen et al., 2023; Stroebe and Schut, 1999; Wolfelt, 2021; Woollacott et al., 2022), and in popular sources, especially on the internet. The focus on senior widows is based on the demographic situation in the Czech Republic. According to the Czech Social Security Administration (2024), as of 31 December 2023 there were 2,371,241 pensioners in the Czech Republic, of whom 959,553 were men and 1,411,688 were women. There were 18,135 women receiving a widow's pension and 4,573 men receiving widower's pension. Among the elderly, women regularly outnumber men but their predominance has been declining slightly since the early 1990s (Němečková and Štyglerová, 2022). Wolfelt (2021) states that grief is everything one feels inside after any loss. The most common experiences of mourning include numbness, shock, anger, disorientation, confusion, denial, guilt, and especially self-blame, crying, weight loss, decreased libido, insomnia, irritability, impaired concentration, and social withdrawal.

These symptoms subside over time but can persist for years. Taking antidepressants does not help to ease the pain of losing a loved one, but it can – both in the short term and for life – make it easier to cope with everyday situations. The grieving individual experiences many feelings simultaneously, and these can change very quickly. It can be said that the stronger the attachment was to the deceased, the stronger the grief following his or her death. Grief is a normal and integral part of every person's life. It is a long-term process described with considerable variability. It is important to recognize that this process is highly individual, and it is not possible to fully predict how long and intense the stages will be for any particular individual. For example, Murray Parkes (1972) describes the following stages of grief:

- 1) numbness;
- 2) the desire to search and deny the permanence of the loss;
- 3) disruption (disorganization);
- 4) new order, renewal.

There is no right or wrong way to grieve; any outward expression of grief is a step in the right direction (Kessler, 2019; Wolfelt, 2021). What all grievers have in common, however, is the need for someone who will offer genuine support without trying to redirect their grief toward finding a “positive side” of the loss. Steffen et al. (2023) describe how grief is influenced

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by many variables, including but not limited to the circumstances of the death, culture, socioeconomic characteristics, and individual characteristics of the grieving individual, e.g., level of resilience, previous experience of loss, resilience, gender, age, and health status – both mental and physical. Wolfelt (2021) explains that grief is the experience of loss; anticipatory grief is the experience of fear of a loss that has not yet occurred. Expected grief has two basic dimensions: process and projection. If the caregiver sees the loved one's condition gradually deteriorating, the caregiver's perception of these changes also changes. Projection is related to the tendency of people to imagine their future, make concrete plans, and invent different scenarios, which can take a lot of energy and be a great burden. Expected and "regular" grief are both similar and different in many ways. Anticipatory grief starts at the time of change, so it is much more chaotic and unpredictable; During the process of change, we cannot know how things will ultimately turn out, even if there are predictions or various possible scenarios we imagine. When grief is expected, the person who is caring often experiences the situation more emotionally than the person suffering from the illness. Feelings of guilt are also more characteristic of anticipatory grief, which may at the same time involve a sense of hope for the future and moments of partial joy. Those experiencing anticipatory grief have the opportunity to spend time with a loved one in the knowledge that these are the last days or weeks, so they have the opportunity to say what needs to be said. However, the pain may persist and be experienced for a very long time. According to Haugk (2004), grief creates a fog that negatively affects the ability to think and concentrate.

This paper will focus on the following themes that are central to any grieving person: everyday activities and routines, emotions, life as a single person in the social context, health, and symptoms. Holtslander et al. (2011) and Harrison et al. (2004) write that widows try to keep busy and involve themselves in daily routines and activities. They visit the church and cemetery regularly. They spend a lot of time with their families and friends, work in the garden, walk, watch TV, and read (Janke et al., 2008). According to Wolfelt (2021), individuals may engage in artistic activities, sing, or create photo albums. Attending a support group may also be helpful. According to Wolfelt (2021), it is important to set aside regular time for grieving and to make a plan for the day that includes both duties and joyful activities. McNulty (2021) is also convinced of the need to adhere to a regular regimen, regular sleep, and eating habits. According to Naef et al. (2013), daily activities are disrupted in bereavement. Holtslander et al. (2011) and Steeves and Kahn (2005) state that the most difficult moments are mealtimes, bedtimes, anniversaries, specific seasons, and spare time.

A grieving person experiences a wide range of rapidly changing emotions, the intensity of which fluctuates. According to the available literature (Harrison et al., 2004; Holtslander et al., 2011; Wolfelt, 2021), the most common symptoms of grief are numbness, shock, anger, disorientation, confusion, denial, guilt, and loneliness. Widows may also feel lonely in the presence of many people. Self-blame, crying, weight loss, decreased libido, insomnia, irritability, impaired concentration, or social withdrawal may result from this emotional adjustment. Naef et al. (2013), addressing the theme Life as a single person in a social context, note that after the loss of a partner, older adults must reorient themselves within the social world and often experience difficulties speaking in public or socializing as a single person. Women are more likely to face the need to construct a new identity

as a widow, related to their desire to gain a sense of control over their lives, learn new skills, and master new roles. On the topic of health and symptoms during bereavement, Naef et al. (2013) report that older people often experience a variety of health problems (sleep difficulties, lack of energy, loss of appetite) during bereavement. Zhu et al. (2024) add that, as a stressful life event, widowhood triggers physiological stress responses in the body.

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## Materials and methods

The following aims were formulated:

The main aim is to describe the factors accompanying the grieving process after the loss of a partner, from the perception of elderly widowed women.

Sub-aims 1–4 were to identify the factors accompanying the grieving process in these areas: everyday activities and routines; emotions; life as a single person in a social context; health and symptoms responses.

Interviews with 15 female participants (referred to as P1–P15) were conducted in the period 9/2023–3/2024. The interviewees were elderly women from the Vysočina Region, living at home, whose husbands had died 1–5 years ago after a long serious illness. Contact with the widows was established through a social service that provided assistance and support to the families prior to the death of their partner. The emotionally challenging interviews took place in a setting chosen by the elderly women themselves, such as their home or the research authors' workplace. Due to the challenging nature of the topic, the women were first briefed on the purpose and conditions of the research. The interview took place several days after the research had been introduced to the seniors, so they could clarify whether they wished to participate. All senior women signed an informed consent form. The interviews were recorded on a tape recorder and then transcribed and coded using ATLAS.ti software. The data collected were thematically coded according to the themes presented by Naef et al. (2013).

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## Results

### *Everyday activities and routines*

The theme of everyday activities and routines resonated highly with the women. After the death of their partner, their daily activities changed significantly. All of the interviewees were caring for their seriously ill husband, with more or less support from extended family and professional organizations. The time-consuming care for the ill partner was no longer necessary. Therefore, most of them have much more time after their partner's death, even with their additional duties that their partner used to perform. However, the participants agree that they do not always know how to use their free time and that they do not have anyone to spend time with. All the participants retained some activities from when they were living with their partner, while also abandoning some activities and engaging in other activities instead.

### *Strategies to live with loss*

Identifying which previously enjoyed activities make the grieving process more difficult and which ones help to ease it belongs to the strategies for coping with loss. P6 used to love going to social events, but now she even refused to go to her grandson's prom.

### Leisure activities

The most popular leisure activities included reading, walking, watching TV, working in the garden, and spending time with extended family, especially grandchildren. However, the course and experience of these activities varies. Participants must adapt to a situation where they have no one to talk to, go for walks alone, make phone calls on their own, do the gardening by themselves, and refrain from constantly disturbing their children and their families.

### Remembrance activities

Remembrance activities help some seniors cope with loss. At the time and place of their choosing, the widows purposefully talk with their husbands, asking for advice. At the same time, however, remembrance activities can also make the grieving process more difficult. Things and situations that remind them unexpectedly of the deceased can be very upsetting and make it difficult to function normally. P1 states: *"The first night some Moravians stayed there and my husband did amateur theatre and sang a lot, a lot. And they started playing, and I couldn't talk. I had to leave."* P2, on the other hand, prefers not to listen to his favorite folk songs: *"But I like folk songs and I know which one he liked, so I don't listen to it for fear that it's going to knock me out completely."*

### Daily times and routines

The daily routine of participants largely depends on the intensity of contact with family and friends, the amount of work that needs to be done on the house, or visits to the doctor. Only one elderly woman interviewed complained about the lack of free time. P14: *"I don't know what I would have done before. I haven't finished the garden yet. Now I have things spread out here, pictures painted."* Other seniors report that they think about how to keep themselves occupied.

## Emotions

### Loneliness

All of the senior women experience feelings of loneliness, even in the presence of family and friends. P1 describes it as follows: *"Not fitting in, even at a family party for example, I just feel alone."* Having experienced her husband's serious illness, P7 is aware that any small twinge could be a symptom of her own serious illness. At the slightest health problem, she experiences this fear. However, she feels alone and has no one to share this fear with.

### Sadness

Sadness is the emotion to which all the interviewed senior women mentioned the most. Its intensity fluctuates; sometimes it may seem that the period of greatest sadness is over, but sadness reappears. Often sadness comes very quickly and unexpectedly. Seniors experience sadness both alone at home and in the presence of others. Special days, e.g., anniversaries and Christmas are very challenging. P5 states: *"And now it was his birthday on October 20, and now it's All Saints Day. It's falling on me again. I'm such a sensitive person. It's hard."* The intensity of grief also increases in relation to other negative situations that widows find themselves in, such as more deaths in the extended family.

### Remorse

P4 describes feeling remorse when she realized she had experienced her first moments of joy after her partner's death. She immediately began to reproach herself for being unable to feel happy without guilt. P8 talks about the conflict between her

wishes and those of her family. On the one hand, she feels the need to satisfy herself, on the other, she blames herself for not fulfilling the wishes of a loved one.

## Life as a single person in the social context

The following categories related to the area of *"Life as a single person in a social context"* were identified in the women's statements: *identity, independence and support, relationships with others, and relationships with the deceased.*

### Identity

Several research findings (e.g., Holtslander and Duggleby, 2010; Holtslander et al., 2011; Rodgers, 2004; Wilson and Supiano, 2011) suggest that older people who have lost a loved one need to re-orient themselves to their social world. Accepting a new role and having to learn new things due to the loss of a spouse was also described by P11: *"It completely changes your life. Really completely. And there's an awful lot of work on top of that. For example, my parents' old house – that used to be amazing. There used to be seven of us there, but gradually they all left. His parents, my parents... all of them. Then there were two of us left to do it – it was still manageable. And suddenly I was on my own. I had to learn how to cut trees, too."* Communication partners (P1, P6, P12, P13) described the difficulties of participating in public life and showing up in public without a partner. P2 stopped cooking at home and had lunches bought in because: *"Cook dill sauce just for one person. If I have to eat it in the evening and then again, the next day, it's not the same. But I can't throw it away either."*

### Independence and support

The senior women interviewed described being dependent on family support after the death of their partner. P6 reports that, since the death of her husband, she is unable to drive herself and has to be driven to the doctor by a family member: *"I have to go to the doctor. We travel all the way to [name of town] because our doctor here in [name of town] has finished. I have to ask someone again – either my grandson or someone else. Even though I have a driving licence and I kept the car because my husband and I had a new car... But... I get in the car and... just... it's still fresh [in a tearful voice]. I still see it everywhere. And it bothers me. I don't drive very much. I have to rely on the kids. I depend on them."* P14: *"I used to buy whatever I wanted. Now I only buy what I really need. I just think about what I can afford and what I can't."*

### Relationships with others

Social contacts after the loss of a partner can be difficult for widows. Some feel distant from people who have not had a similar experience: P1: *"It's hard to explain things to them."* Others experience pain when interacting with those who have gone through the same loss. For P6, it is painful to meet a friend whose husband has also died, as it brings back memories of her husband and she does not feel comfortable afterwards: *"I like to go to [friend's name's place], but when she starts talking about [husband's name] she starts crying – and I just sit and cry with her. I always feel very sorry for her."* P6 stated that she would like to attend cultural events, such as a concert, but does not have company and does not want to burden her children, *"I would go to a concert or an event. But I don't have anyone to go with and I don't want to bother my children. I'm glad their marriages are working and I don't want to drag them into it."*

### Relationships with the deceased

The research participants reported that they were affected by loneliness and the absence of a partner on a daily basis.

P3: "I miss talking to him. The fact that one was just not alone here. The husband maybe wasn't doing anything but he was here. I wasn't alone."

### **Health and symptoms**

The following categories related to the area of "Health and symptoms" were identified in the women's statements: *deterioration of health as a consequence of partner loss, neglect of one's own health care as a result of caring for a partner.*

#### *Deterioration of health as a consequence of the loss of a partner*

P6 states that her health deteriorated after the loss of her husband: "Yes, definitely. My blood pressure started to fluctuate. I have pressure problems, the doctor has already recommended me to the hospital about four times, but I refused. I just couldn't go there because I saw what my husband went through there and how they treated him. I couldn't go through that again."

#### *Neglect of one's own health care as a result of caring for a partner*

Some participants (P1, P3) reported that they neglected their own health while caring for a seriously ill partner because they devoted all their energy and attention to him. After his death, the consequences of this began to emerge, such as deterioration in health or the need for professional examinations. P1 described how she had been diagnosed with cancer shortly before her husband's death, yet she had focused all her attention on caring for her husband: "I was diagnosed with cancer about six months before he died. He never found out about it. I spent a week or two in the hospital, but I refused the spa stay and any further treatment, devoting all my attention to him instead. I didn't think about my own health at all."

## **Discussion**

The first sub-aim of the research focused on everyday activities and routines. The statement that daily activities are disrupted in bereavement (Naef et al., 2013) was confirmed in our research. Finding out which former favorite activities are still enjoyable for the widow after the death of her partner and which ones may hurt is difficult to predict; it is a very long and painful process. Likewise, discovering new, stimulating activities takes time and patience. Consistent with the literature (Holtzlander et al., 2011; Steeves, 2002), the responses of the seniors interviewed identified leisure, anniversaries, and birthdays as some of the most challenging moments. Janke et al. (2008) write that widows spend a lot of time with their families and friends, work in the garden, walk, watch TV, and read. These activities are also among the most popular activities of the women we interviewed. However, the interviewees had to get used to the fact that these activities are also different now that they live alone. A major accompanying factor is the inability to talk about these activities.

The second research sub-aim focused on the emotions of widows. Consistent with the literature, our survey confirmed that the intensity of emotions fluctuates widely. Emotions change rapidly and come on unexpectedly (Harrison et al., 2004; Holtzlander et al., 2011; Wolfelt, 2021). Seniors reported fear, remorse, and guilt as other emotions that make the grieving process more difficult. It is debatable whether these emotions can be clearly identified as emotions that make the grieving process more difficult. The grieving process is asso-

ciated with these emotions and the griever must experience them in order to go through the grieving process (Steffen et al., 2023; Wolfelt, 2021). In this paper, these emotions are referred to in this way because that is how the widows themselves described them.

The third research sub-aim focused on life as a single person in the social context. Like our research, the findings of Naef et al. (2013) suggest that senior women have difficulty appearing in public alone or with participating in social activities without a partner. The findings of Naef et al. (2013) also suggest that women, in particular, have to develop a new identity as widows. This is important for their ability to cope with life; that is, their ability to actively shape their lives, experience personal growth, learn new skills, and take on new roles. The women in our research described an acquired dependence on family and surroundings after the loss of a partner, rather than a striving for their own independence. Whereas research by Naef et al. (2013) reports that older people who are widowed have to renegotiate their independence despite difficulties. Studies (e.g., Holtzlander and Duggleby, 2010; Steeves and Kahn, 2005) also highlight concerns about finances. The women involved in our research also referred to the deterioration of their financial situation as a result of the loss of a partner. Studies (Holtzlander and Duggleby, 2010; Wilson and Supiano, 2011) show that relationships with family, friends, neighbors, and other widows or widowers are an important source of support during bereavement. However, some participants in our research reported that despite feelings of loneliness, they were reluctant to turn to those around them, especially children or friends, because they did not want to burden anyone.

The fourth research sub-aim focused on health and symptoms. In relation to health, seniors reported deteriorating health as a result of losing a partner and neglecting their own treatment due to caring for a partner. Naef et al. (2013) note that health problems may stem not only from grief, but also from the natural ageing process or from the prior care of an ill partner. Therefore, it is difficult to separate what is a consequence of loss and what is a consequence of age. Given that our research population was made up of senior women, we are inclined to this assertion. Although the focus of our interview was to find out whether the senior women themselves attributed the deterioration in health to the loss of a partner or to normal ageing, we cannot clearly identify the reason for the deterioration in health.

### **Limitations of the research**

One limitation of the research is the heterogeneity of the participants. This research involved senior women from the Vysočina Region, whose partner had died 1–5 years ago. Each was at a slightly different stage of the grieving process at the time of the research. All of the women interviewed live in a home environment, but have varying help and support from extended family and the neighborhood, and different material backgrounds. All of the seniors have had a partner die in old age, but their ages differ. None of the women interviewed suffer from severe cognitive impairment, but their health condition also varies. Another limitation is undoubtedly the limited amount of information about the individual participants. Psychological profiles of the elderly women were not prepared prior to the research, and the grieving process is largely influenced by individual personality traits. However, we believe that for the purposes of this research, the initial information about the senior women was sufficient. The categories into which the data were analyzed were taken from the literature (Naef et al., 2013). However, for some statements it was challeng-

ing to decide which category they primarily fell into; it would have been possible to place them into more than one category. Another limitation is that these were retrospective interviews. Widowed women may not accurately remember events around and after the death of their husbands or partners. Memories can be subjective and vary greatly depending on the individual experiences of the bereaved.

## Conclusion

The grieving process is a long, very demanding, and individualized process. It is described in detail in the literature, yet in everyday life it is often taboo and associated with many myths. The mourners themselves must find their own individual way through this process. Similarly, those around them can study the recommended communication strategies in the literature, but they must not forget the individuality of the bereaved.

The aim of this paper was to describe the factors accompanying the grieving process from the perception of widowed seniors. The perspective of seniors who are undergoing this grieving process can be helpful to other seniors who find themselves in this situation. It can also be helpful to their loved ones, or those who come into contact with them in the course of their profession – such as social workers or social service workers.

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## Ethical aspects and conflict of interest

The authors have no conflict of interest to declare.

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