

"LIFE AFTER LOSS – CASE STUDY AMONG WIDOWS"

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Mahatma Gandhi University, Kottayam in partial fulfillment of the requirement for
the degree of
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Specialized in
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CERTIFICATE

This is to certify that this dissertation titled "LIFE AFTER LOSS – CASE STUDY AMONG WIDOWS" is a record of genuine and original work done by Merin Babu Reg. No 220011000185 of IV semester Masters of Social Work course of this college under my guidance and supervision and it is hereby approved for submission.

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DECLARATION

I, Merin Babu hereby declare that the research work titled " LIFE AFTER LOSS – CASE STUDY AMONG WIDOWS" submitted to the M G University, Kottayam, is a record of genuine and original work done by me under the guidance of Ms. Simmy Xavier, Asst. prof. Bharata Mata School of Social Work, Thrikkakara and this research work is submitted in the partial fulfilment of the requirements for the award of the degree of Master of Social Work specializing in Medical and Psychiatry.

I hereby declare that the results embedded in this research have not been submitted to any other University or Institute for the award of any degree or diploma, to the best of my knowledge and belief.

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ABSTRACT

The research study titled "Life After Loss: A Case Study Among Widows" aims to investigate the multifaceted experiences of widows in the Ernakulam district, focusing on their emotional, social, psychological, and economic dimensions following the loss of their spouses. Through qualitative interviews and in-depth analysis, the study explores the coping strategies employed by widows and assesses the effectiveness of support systems available to them. Findings reveal a complex emotional journey characterized by periods of profound grief, gradual adjustment, and adaptation to changed life circumstances. Coping mechanisms identified include deepening religious involvement, increased engagement in work-related activities, assuming caretaking roles for grandchildren, and seeking solace in familial and social connections. Familial support emerges as paramount, with children playing a critical role in providing emotional and occasional financial assistance. Additionally, close friends, community members, and professional guidance contribute significantly to widows' resilience and coping process. The study underscores the importance of holistic support systems encompassing emotional, social, psychological, and economic elements to assist widows in their journey towards healing and adaptation.

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CHAPTER 1

INTRODUCTION

Life is a complex path involving a number of distinct encounters, changes, and difficulties. Of these, experiencing loss is one of the most important since it profoundly shapes people. Loss can manifest in various forms such as financial setbacks, illness, accidents, or the end of relationships. Among these, the loss of a loved one, particularly a partner, is often considered one of the most profound and devastating experiences one can face. This type of loss can occur through death, separation, or breakups. However, the loss of a partner through death is particularly impactful and can deeply affect individuals at any stage of life. Widowhood is one such experiences that life has provided.

Widowhood

Widowhood is about the state of being widowed. Normally, when one of the partners dies within a legal marriage contract, the other is said to be widowed. This is only valid if the living individual chooses not getting married again. That is widowhood refers to the status of being a widow or widower, which is recognized as an individual whose spouse has died and who remained unmarried. It extends to both men and women.

The Sanskrit word "vidh" (which means "to be destitute") is the root of the common name "vidhwa" for a widow in India. In India, there are an estimated 55 million widows. "Being a widow is a state of social demise of the partner," says Mohini Giri, an established activist for women's rights and a widow who was considered for the 2005 Nobel Prize. She clarified that widows are viewed as a liability in many traditional families. (Widowhood in India | ProBono India, n.d.)

Basically, the word widow is used to denote a woman whose husband has died and she has not remarried. Also, a widower is a man whose spouse, usually his wife, has died and has not remarried.

Indian Statistics of Widowhood

In India, it is considered impolite for a widow to cross the road in front of someone starting a journey by foot, bicycle, or car. It is interpreted as unlucky and a sign for greater failure. Sadly, widows are viewed by most Indian societies as a symbol of misfortune and bad luck. In India, just 28% of widows are qualified for pensions, and of those, less than 11% really get the benefits they are allocated.

In India, there are 5.6 crore widows, according to the 2011 census. Women exceed men in the total number of widows, making up about 78% of the population. A total of 89.71 lakh widows were added between 2001 and 2011. According to Census data, the widows can also be examined by age group. Child widows, defined as those between the ages of 10 and 19, represent 0.45% of the total widows. 9.0% of people are between the ages of 20 and 39, 32% are between the ages of 40 and 59, and 58% are over 60. Furthermore, the fact that there are 1.94 lakh child widows in India even after the Prohibition of Child Marriage Act of 2006 raises serious concerns.

Since 2011, the United Nations has declared June 23 as International Widows Day in an effort to highlight the experiences and voices of widows and to mobilize the special support that they require. This day offers the chance to take action in the direction of giving widows complete dignity and rights. This entails giving them information on how to access an appropriate share of their inheritance, land, and productive resources; social safety and pensions that aren't only dependent on a person's marital status; respectable employment and equal compensation; and chances for education and training. In order to empower widows to provide for their families and themselves, harmful or discriminatory practices as well as social stigmas that lead to exclusion must be addressed.

Widowhood exemplifies the complexities of human emotions, societal institutions, and perseverance in the face of loss. Widowhood is a journey that encompasses a wide range of emotions, coping strategies, and social dynamics, emphasizing the complexities of adjusting to life after bereavement.

The experience of losing a spouse can be very challenging. Grief, loneliness, despair, and even uncertainty about the future can be experienced after such a major loss. Since each person is unique and has different married life situations, the experience of widowhood is likewise unique and entirely dependent on the individual. There is also no right or wrong way to grieve.

According to the Grief theory developed by psychiatrist Elisabeth Kübler-Ross, there are five distinct stages following the loss of a loved one starting from denial, anger, bargaining, depression, and finally acceptance. (Lpc/mhsp, 2023)

Stages of Grief

1. Denial – It is a defence mechanism employed by oneself to cope with an overwhelming feeling of loss, particularly in the immediate aftermath of a death. During this stage the touch with reality is shifted, and the person may find very much difficulty accepting the reality of the loss. They may experience numbness, disconnection, or a denial that their partner has passed away.
2. Anger - The second stage in grieving is anger. After the first impact of denial fades, many people have intense feelings of anger. Individuals may experience anger related to the actual loss, the events leading up to it, or the unfairness of being abandoned. The anger may be expressed through different ways including irritation and dissatisfaction to violent outbursts. This anger can be directed against a wide range of targets, including oneself, the deceased, medical experts, family members, or even an infinite force or universe.

3. Bargaining - During the bargaining stage of sadness, people usually try to make deals with fate, a higher power, or the universe in an effort to reverse or ease the loss they have suffered. People may make commitments or promises at this stage in exchange for the return of what was lost, which could be their own life or the life of a loved one. Additionally, it's a period that may cause emotions of confusion, irritation, and guilt. Maybe they would have thought, "If only I had done this differently, then maybe they wouldn't have died," or "Please, just give me one more chance, and I'll make things right." People who go through this stage may eventually come to the realization that they cannot alter the outcome and that they must start the process of accepting their loss and coming up with coping mechanisms.
4. Depression - During the grieving process, our imaginations quiet down and we gradually begin to realize the truth of the current situation. The depressive phase of bereavement is marked by intense sadness, hopelessness, and extreme emptiness. We may notice that we are withdrawing, becoming less sociable, and communicating with people about our difficulties rarely and also, have difficulty sleeping or eating, and may experience physical symptoms such as fatigue or body aches. One of the hardest phases to go through after losing a loved one is dealing with sadness, which can be incredibly isolating.
5. Acceptance – The fifth and final stage of the grieving process. In this phase the individual no longer feel the pain of loss instead accept the reality and move on. Acceptance does not mean forgetting about the person who died or forgetting feeling sorrow for their loss. Rather, it involves recognizing the reality of the loss and finding a means to cope with it. Sadness can still be there in this phase but they eventually might start to embrace their joyful recollections of the bereaved and concentrate on the positive elements of their relationship.

Traditional Vs Modern period

By comparing the experiences of widows during the traditional and modern times it is clear that widowhood has changed dramatically throughout time, with some major distinctions between the conventional era and today's one. Even if widowhood still has its share of difficulties and complications, it has changed dramatically from the traditional era to the modern day. Nowadays, widows have more independence, autonomy, and access to resources, which helps them deal with their loss and start over in a more resilient and respectable way. Here are some changes,

1. Social Norms and Expectations

In the traditional period widows were frequently subject to strict social norms and expectations that governed their behaviour, appearance, and position in the community. It was required of widows to follow customs and rituals related to grief, which could differ greatly based on cultural and religious beliefs. They might have experienced stigmatization and taboos associated with widowhood, which restricted their social connections and possibilities to be remarried later.

In the modern era the beliefs and customs surrounding widowhood are more varied. Widows are often more accepted and supported to grieve and process their loss in their own way, even though certain cultural and religious traditions may still have an impact. Nowadays, widows are freer to select how they want to grieve and start over in the wake of a spouse's death.

2. Legal Rights and Protections

In many traditional societies, widows had few legal rights and safeguards, particularly when it came to inheritance, property ownership, and child custody. When there were disagreements or discrimination, widows frequently had difficulty claiming their rights and finding legal support.

Modern period - Significant progress has been made in recent years in terms of widows' legal rights and protections. The majority of countries have passed laws and regulations to protect widows' rights to social benefits, property, and inheritance. In addition, international organizations and advocacy groups work towards gender equality, eradicate prejudice against widows, and improve widows' access to justice and legal safeguards.

3.Economic Independence

In earlier times, widows frequently had to rely financially on the community or relatives of their departed husband. They were undoubtedly denied of money resources, employment possibilities, and education, which left them open to exploitation and helplessness.

Modern period - Widows have more options than ever in today's culture to become economically independent and empowered. Widows have a better chance to provide for themselves and their families when they have greater access to financial, career, and educational opportunities. Government programs, microfinance initiatives, and women's empowerment projects all aim to enhance widows' economic resilience and autonomy.

4.Social Support Networks

During the traditional time, widows relied significantly on family and community support networks for emotional and practical help. Social stigma and isolation were common, especially for widows who experienced discrimination or exclusion based on cultural or religious beliefs.

Moder period - Widows now have access to a broader range of social support networks, including peer support groups, counselling services, and online communities. There is more knowledge and advocacy for widows' rights and well-being, resulting in more social inclusion and solidarity among bereaved people.

Widowhood in Religious Perspective

“WIDOWS AND THE HEART OF GOD” Based on this article it is understood that the approach to the subject of widowhood varies between religions, depending on historical features, cultural customs, and theological views. The older traditions and custom practices had changed a lot during this present era. Most among the cultures respect and care for the widowhood and some were not. Sati was one among the brutal cultural practices ever faced by the women that days. Similarly, each and every religion have their own perspective and treatment of widowhood.

- Christianity

Widows are often viewed as deserving of extra care and attention in Christian traditions. The New Testament emphasizes widows' value in the community and provides directions for their care. A number of Christian denominations have specialized ministries or groups whose goals are to uplift widows, offer valuable help, and foster togetherness. While there is a significant push for younger widows to remarry, the early church was taught to be highly attentive of widows and to serve for their wellbeing. Even though people treat them well and encourage inclusion, they frequently discourage them from participating in rituals, claiming that their widowhood makes them unfit for such a role.

- Islam

Islamic teachings place a strong emphasis on providing for widows and orphans. Widows and orphans are grouped together in the Quran. Caring for widows is regarded as an extremely noble act of charity in Islam. The Qur'an and Hadith provide instructions to ensure widows' wellbeing, including financial assistance as well as safeguards. "According to book 73, number 36, of the Sahih Bukhari collection of Muhammad's sayings (hadith), the Prophet once said: 'The one who looks after and works for a widow and for a poor person is like a warrior fighting

for Allah's cause'. Widows are often expected to follow a period of grieving and adhere to societal norms surrounding modesty and remarriage in some Islamic societies.

- Hinduism

Widows have traditionally been subject to social stigma and restrictions in Hindu society, especially within specific castes and communities. She must hide inside the house, take off her jewellery, and dress in mourning colours. She becomes socially isolated, and causes embarrassment for her family. Widows were sometimes excluded from social and religious events and were frequently expected to follow rigid bereavement customs. The deeply-rooted custom that states that a woman can only have rights and a place in society if she is married. She loses her status as a lady if she is divorced or widowed. That opens the door to all forms of discrimination and abuse. The widow is ignored by society and forced to grieve for her late husband for the rest of her days. Additionally, they hold that widowhood is a result of their past life's sins, based on their belief in karma. However, social reform movements and legislative changes aimed at enhancing widows' rights and welfare are having an impact on how people view widowhood.

- Sikhism

Sikhism places a strong emphasis on compassion and equality, and widows are respected and supported in the community. Sikh teachings promote charitable giving and acts of kindness to support the underprivileged, especially widows and orphans. The third Sikh Guru, Siri Guru Amar Das Sahib, raised the status of women and given them equality with men. He prohibited customs like purdah (living in seclusion) and sati (burning a wife on her husband's funeral pyre), and he supported widows' remarriage as a means of social and financial security, which was not the accepted norm at the time. They focus on men's and women's equality, and this is

shown through the manner in which they treat widows. In Sikh communities, gurdwaras (Sikh temples) and community organizations may offer support to widows.

- Buddhism

Buddhist teachings place a strong emphasis on showing kindness and support to those in need, including widows. Widows are viewed as members of the larger community who require assistance and support. Widows had a depressing status in the society of the day. The teachings of Buddhism forbid widows from being mistreated, destroyed, or even interpreted as a sign or symbol of sick women. Buddhist teaching discouraged limiting widows by depriving them of rights like managing their inheritance, participating in festivals, and so on. Buddhist cultures might include customs related to widowhood, however not all Buddhist traditions take the same approach.

- Judaism

Jewish tradition places importance on caring for widows and ensuring their well-being. The Torah and Midrash contains numerous references to the obligation to support widows and orphans. Jewish law specifies rules for widows' care, including financial support and inheritance rights. According to Jewish law, the widow was not to inherit her father's wealth; instead, she was to receive a settlement that would allow her to support herself until she remarried. While some religious leaders advocated for widows not to be married again, others did not. (Widows and Religion: What Various Faiths Teach, n.d.)

Gender differences in Widowhood

According to statistics of Social Justice department, the percentage of widowed males in Kerala is merely 3.5 percent, whereas the percentage of widowed females is 11.56 percent. Widowhood can be a difficult experience for people of either gender, but men and women tend

to handle and process the death of a spouse in rather different ways. Men may communicate their emotional feelings while maintaining their masculinity by using masculine language of "control" and "self-sufficiency." (Bennett, 2007).

1. Social Support Networks

Studies showed that women typically have greater networks of social support than men. A widow may have more friends, relatives, or local resources available to her to offer both practical and emotional support after her divorce. On the other hand, men can depend more on their partner as a social network. Because of this, after losing their spouse, male widowers could feel more alone and isolated than other widowers.

2. Financial Impact

Financial impacts of widowhood can be significant, particularly for women who may have been dependent on their husband. After becoming bereaved, women—especially older women are more likely to see a drop in their standard of life. Men, who are more likely to have been the primary breadwinners in heterosexual marriages, may face financial challenges as well, especially if they were not prepared for managing household finances independently.

3. Health Outcomes

Study indicates that men who are widowed are at a higher risk of dying than women who are widowed. It is believed that a few things, including inappropriate coping strategies, a lack of social support, and social isolation, contribute to the "widower effect". - Women are more likely than males to seek medical attention and participate in health-promoting practices, which may help explain why they have a reduced mortality risk after becoming widowed.

4. Coping Strategies

According to research, women may be more prone to utilize emotion-focused coping techniques after being bereaved, such as reaching out for social support and being honest about their feelings. Contrarily, men can be more prone to employ problem-focused coping mechanisms, such working through current problems or finding other ways to divert their attention from their sadness.

5. Identity and Role Changes

For both men and women, becoming a widow can result in profound changes to one's identity and societal responsibilities. But women might go through more dramatic shifts in their identities and social positions, particularly if their identities were shaped primarily by their duties as mothers and wives. Men may experience emotional difficulties when they lose their spouse's companionship and emotional support, in addition to losing their function as a husband and caregiver.

Widowhood in later period of life

Compared to widowhood at younger ages, widowhood in later life comes with different challenges and difficulties. Due to the duration of relationship, greater dependency, health issues, social support systems, financial worries, retirement planning, existential contemplation, and coping with loss alone, later age widowhood has special obstacles. But as they negotiate life after the death of their spouse, many older people are able to find new sources of meaning, connection, and purpose with time, support, and resilience.

Longer Shared History - Because they have spent more time together developing a life and making memories, older couples frequently have a longer shared history. A stronger sense of

attachment and loss, as well as a significant adjustment to living without a partner who has been a vital part of their life for decades, may accompany the loss of a spouse in later life.

Increased Dependency - Couples may become increasingly reliant on one another as they age for companionship, emotional support, and caregiving, among other daily necessities. Therefore, losing a spouse might increase one's feelings of vulnerability, loneliness, and adriftness without their lifelong companion.

Health Considerations - Older people may have age-related limitations or pre-existing health concerns that might make grief more difficult and affect how well they handle widowhood. Physical health problems, such as long-term illnesses or problems with movement, can increase feelings of loneliness and make it more difficult to interact with people or get help.

Social Support Network - Later in life, widows and widowers may experience decreasing social networks as a result of things like retirement, shifting, or the gradual loss of friends and family. Keeping up social ties becomes increasingly more important as you age to help fight feelings of isolation and loneliness.

Financial Concerns - After the spouse passes away, financial concerns could become more important as the person ages. Elderly people may rely more on their spouse's salary or pension benefits, and when this financial support is lost, concerns about housing, healthcare expenditures, and economic stability may arise.

Retirement Plans - Retirement plans and financial security might be upset by the death of a partner in later life. In light of their altered circumstances, widows and widowers may need to reassess their long-term care plans, retirement resources, and investment strategies.

Existential Reflection - Experiencing widowhood later in life frequently brings up existential questions about past, mortality, and the meaning of life. Following the loss of their spouse,

older people may struggle with issues related to their identity, purpose, and legacy, as well as their own mortality.

Coping with Loss - Elderly people may find that they must navigate the grieving process by themselves, without the assistance of peers who may also have lost a loved one. In later age, it becomes increasingly crucial to find meaningful ways to deal with loss, such as joining support groups, going to counselling, or using creative activities.

Empty nest feeling Along with Widowhood - A discussion

The experience of being an empty nester and widowhood frequently coincide, which complicates the emotional difficulties faced by people adjusting to both changes at once. Managing widowhood and the empty nest syndrome at the same time requires strength, forbearance, and a readiness to adjust to the constantly shifting conditions of life. People can discover strength and comfort as they navigate this difficult yet life-changing phase by asking for help, making relationships, and seizing chances for personal development.

Loss of Spouse and Children Leaving Home - For many couples, having children move out of the house either before or at the same time as they become widows. When people deal with the simultaneous physical and emotional absence of their spouse and children, it can intensify their emotions of loss and loneliness.

Shared Roles and Responsibilities - Couples may have expected to spend more time together, prioritize their relationship, and pursue common hobbies when their children grow up and leave the nest. Sadly, these plans get disrupted when a spouse passes away, leaving the surviving partner to deal with their new duties and responsibilities alone and without the support and companionship they had hoped for.

Increased Emotional Impact - The impact on feelings that widowhood takes can be compounded by the empty nest syndrome, which heightens emotions of loneliness, meaninglessness, and emptiness. People who lose both a spouse and children may feel lost and unsure of their future while they try to fill the empty space left by their departed loved ones.

Shift in Family Dynamics - When children move out, families may experience a change in dynamic as couples reinterpret their responsibilities as parents and come to terms with being empty nesters. These dynamics are further altered by the loss of a spouse, which forces a reevaluation of family obligations and relationships in the partner's absence.

Need for Support and Connection - Experiencing both widowhood and the empty nest syndrome at the same time emphasizes how crucial connections and support are at this time of change. To deal with loss, fight feelings of loneliness, and discover new meaning and fulfilment in their life, people may find it helpful to look for social networks, support groups, or counselling.

Opportunity for Personal Growth - Even if being a widow or feeling like you're empty nester come with a lot of difficulties, they also offer chances for development and self-discovery. During this time of transition, people can pursue new interests, reconnect old passions, and build relationships with people outside of their immediate family, all of which can help them feel more fulfilled and purposeful.

The Role Transitions

Being widowed signifies a significant shift in the roles that people play in their communities and in their own lives. The change from spouse to widow or widower signifies a profound identity shift because the usual responsibilities and commitments one once shared with a partner have been entirely neglected or renegotiated. primarily, widowhood's role-

transformation process includes both the concrete modifications to day-to-day existence and the complex reorganization of an individual's identity and purpose.

It is possible for a widow or widower to be moved into new roles that used to be performed by their spouse, such as handling domestic chores, finances, or critical decision-making on their own. This calls for a quick adjustment to newly acquired duties, which is frequently accompanied by a challenging learning curve and periods of uncertainty. Moreover, as relationships change as a result of loss, the absence of a spouse may also require the renegotiation of social roles within networks of family and community.

However, the process of changing one's role after becoming a widow goes far beyond practical considerations and involves a thorough assessment of one's identity and position in the world. Individuals go on a path of self-discovery and reinterpretation, struggling with concerns of purpose, meaning, and autonomy. This process may include challenging deeply held attitudes and expectations about gender, partnership, and aging as individuals traverse the complexity of establishing a new sense of self outside of marriage.

Even though changing one's role might be difficult, widowhood also presents chances for personal development, resilience, and empowerment. People are free to pursue long-neglected passions, form connections with others, and discover new interests on their own terms when they are not constrained by cultural standards and expectations. In addition, going through a loss develops a deep sense of empathy and compassion for those going through comparable difficulties, which opens doors for significant contributions to communities and support systems.

Ultimately, the process of role transformation in widowhood is a multifaceted and deeply personal journey, marked by both challenges and opportunities for growth. Through introspection, adaptation, and resilience, individuals navigate the complexities of redefining

themselves and their place in the world, forging a new path forward imbued with purpose, meaning, and the enduring legacy of love.

While widows and widowers' perceptions as well as behaviours within their roles may be influenced by traditional gender roles, there is growing understanding of the variety of experiences and skills within these demographics.

The historical perception of women as being more likely to provide care and handle household duties may have an impact on widows' experiences taking on these duties alone after the death of a spouse. However, plenty of widow's question and reinterpret gender norms, claiming their independence and competence in a variety of fields.

Likewise, widowers could run against cultural norms or misconceptions about independence and masculinity, which could affect how they manage their roles as single individuals. Even so, a large number of widowers also go against these stereotypes by actively providing care and expressing their emotions, as well as by asking for help and being vulnerable

Regardless of gender, people who lose a spouse frequently find themselves assuming a variety of responsibilities associated with widowhood as they navigate life. Even though the perception and performance of these jobs may be influenced by traditional gender roles, widows and widowers equally frequently find themselves involved in a wide range of duties and activities that are influenced by their unique circumstances, cultural norms, and personal preferences.

Practical Responsibilities

1. Financial Management - Both widows and widowers may take on responsibility for managing home finances, including budgeting, bill payments, and investment decisions.

2. Household Maintenance - Responsibilities including cooking, cleaning, home maintenance, and repairs may fall entirely on the shoulders of widows and widowers.

3. Parenting - Both widows and widowers who have children may adopt the position of a single parent, offering their kids practical care as well as emotional support and direction.

4. Decision-Making - Widows and widowers frequently have to make critical decisions on their own, either it's related to healthcare or include more significant life decisions like moving or changing careers.

Emotional and Social Roles

1. Grief Processing - People of all genders navigate the difficult terrain of bereavement and sorrow, looking to friends, family, support groups, or licensed counsellors for assistance.

2. Social Connections - In an effort to preserve and foster social ties, widows and widowers may reach out to peers and community networks for support, understanding, and companionship.

3. Advocacy and Activism - Some people use their loss experiences as an opportunity for action or advocacy, bringing attention to problems with grief, caregiving, or support services.

Widowhood and Relationship Issues

Losing a spouse can lead to relationship problems, particularly in close family members, in addition to feelings of frustration within the individual. It can be of

Role Changes and Responsibilities - The loss of a spouse frequently calls for considerable modifications to the roles and responsibilities within the family. While the widow or widower may find it difficult to adjust to new roles and responsibilities that were previously undertaken by their spouse, children may find themselves taking on extra caregiving or domestic duties.

Communication Breakdowns - Grief can make communication difficult within the family as each member deals with their own feelings and problems. Misunderstandings or disagreements

may occur as family members navigate the grief process in different ways or have difficulty expressing their needs and concerns clearly.

Changes in Family Dynamics - The dynamics of a family can change when a partner passes away. As each sibling works through their sorrow on their own, siblings may grow away, or parent-child connections might weaken as everyone gets used to the new family dynamic without deceased spouse around.

Interpersonal Conflict - Bereavement can intensify feelings and strains in the family, resulting in arguments or disputes. Interpersonal conflict during this difficult period may be worsened by differences in coping mechanisms, decision-making processes, or expectations regarding customs and rituals related to grief.

Parenting Challenges - In addition to adjusting to being a single parent, the surviving spouse may find it challenging to help their children during their own grieving process. Children may experience behavioural or emotional difficulties as a result of feelings of abandonment or fear of losing the remaining parent.

Peer and Family support during the phase of Widowhood

Peer and family support are essential in assisting people in overcoming the difficult phase of widowhood. In addition to providing special advantages, these kinds of support enhance the general resilience and well-being of widows and widowers.

Family support

Emotional Comfort - During times of grieving, family members—such as parents, siblings, or children—provide an intimate source of emotional support and empathy. Their presence can provide comfort and faith, enabling widows and widowers to freely communicate their emotions and get understanding and recognition.

Practical Assistance - Family members frequently dive in to help out with day-to-day duties, housework, childcare, or financial concerns. This helps to lessen the stress of managing life alone after the death of a spouse.

Continuity of Connection - Family support is important in preserving continuity and a sense of belonging because it connects people to common memories, customs, and experiences that can be reassuring and centered during times of change and stress.

Peer Support

Shared Experience - Peer support networks and groups provide widows and widowers with a significant source of empathy, validation, and understanding by connecting them with others who have suffered similar losses. Talking about experiences with peers who have had similar things might help people feel less alone and more a part of the community.

Practical Advice and Resources - Widow-experienced peers provide helpful advice, information, and guidance on how to deal with day-to-day issues, grieve, and get assistance. Widows and widowers might benefit from their advice and insights as they work through the difficulties of transition and loss.

Social Connection - Widows and widowers can interact, connect, and form new friendships outside of their close family circles through peer support groups and activities. These relationships promote resilience and well-being by providing company, solidarity, and a feeling of togetherness

The socio – economic challenges faced in the widowhood

Many studies have discussed the socio-economic challenges that have been faced by individuals in the period of widowhood, especially during the initial time, and how they are more impacted by widows than widowers. Some challenges are,

- Financial Vulnerability - Becoming a widow frequently means a significant drop in household income, particularly if the dead spouse was the primary financial provider. Due to the loss of their spouse's income, assets, and benefits, the individual may have financial difficulties. Older widows who may have low retirement savings or earning potential may be more vulnerable financially.
- Poverty and Economic Insecurity - Poverty is significantly more likely to occur in widowhood, especially in areas with inadequate social security systems and support networks. - Widows are more vulnerable to financial difficulty and societal exclusion since they may find it difficult to provide for their fundamental requirements, including housing, healthcare, and education.
- Access to Resources and Assets - With the death of their spouse, widows' access to resources and assets, such as properties, inheritances, and financial assets, may be limited or contested. Widows sometimes experience legal and cultural challenges to property ownership and inheritance rights in various nations, thus intensifying their financial vulnerability.
- Social Support Networks - The social support systems that widows have in place are essential for reducing the socioeconomic effects of widowhood. In addition to offering immediate assistance and emotional support, family, friends, and community organizations can give individuals access to resources including social welfare services, financial literacy programs, and job training.
- Employment and Labor Force Participation - The ability of widows to continue working and participating in the labour field may be influenced by health problems, concerned responsibilities, and limited access to education and skill development. Widows' access to employment possibilities and financial independence may also be hindered by discrimination and gender inequality in the workforce.

- Health and Well-being - The state of one's physical and mental health can be significantly impacted by being a widow; widows are frequently more likely than married people to experience chronic health disorders, anxiety, and depression. Widows' well-being and quality of life are greatly impacted by their access to social support networks and healthcare services.
- Inter-generational Effects - Widowhood has socioeconomic effects that go beyond the individual widow and affect her family and community. Widows' children may have difficulties with their schooling, health, and socioeconomic standing, which can continue intergenerational cycles of poverty and injustice.

Promoting inclusive and equitable development requires policies and initiatives that empower widows, increase their economic possibilities, and protect their rights. In addition, initiatives that eliminate myths, encourage social participation, and increase knowledge can aid in reducing stigma and discrimination against widows, allowing them to fully engage in society and reach their full potential.

Psychological threats of widowhood

Becoming a widow can be an extremely difficult life transition, and people who lose a spouse may be more susceptible to a number of psychological disorders.

1. Major Depressive Disorder (MDD)

Losing a spouse can cause intense feelings of sadness, hopelessness, and despair, causing significant impairment in daily life all of which are symptoms of major depression. Persistent sadness disinterest in activities, changes in eating or sleep patterns, feelings of guilt or worthlessness, and trouble focusing or making decisions are some symptoms. Depression can also be associated with thoughts of suicide.

2. Post-Traumatic Stress Disorder (PTSD)

When a spouse passes away suddenly, unexpectedly, or in a painful way, people may have symptoms of post-traumatic stress disorder (PTSD). Adverse changes in mood or cognition, avoidance of reminders of the traumatic incident, intrusive memories or flashbacks, and increased arousal or responsiveness are some of the symptoms.

The research study has shown that, at two months following the spouse's death, 10% of those whose husbands died as a result of a chronic illness met PTSD criteria, 9% of those whose spouses died unexpectedly met criteria, and 36% of those whose spouses died from "unnatural" circumstances (suicide or accident).

3. Prolonged Grief Disorder (PGD)

Some people might experience ongoing and debilitating grief symptoms that go beyond what is considered normal sadness. Prolonged grief disorder (PGD) is characterized by extreme and extended grieving symptoms, such as intense desire and longing for the deceased, difficulties accepting death, and emotional numbness. Individuals with PGD may struggle to adjust to life without their partner and may exhibit major deficits in social, occupational, or other aspects of functioning.

4. Loneliness and Social Isolation

Widowhood can also raise the risk of loneliness and social isolation, which have been connected with poorer mental health outcomes such as depression and anxiety.

4. Anxiety Disorders

Changes in social roles and connections, concerns about finances, and a great deal of uncertainty and anxiety about the future can all accompany widowhood. The stresses of

widowhood can cause anxiety disorders like panic disorder, social anxiety disorder, and generalized anxiety disorder (GAD) to appear or worsen.

5. Adjustment Disorders

Being a widow is a big life change that forces people to adjust to new identities, roles, and habits. Some people may find it difficult to adjust to life without their spouse, which can result in symptoms of adjustment disorder include depression, anxiety, impatience, and problems focusing.

6. Substance Use Disorders

Some people use drugs, alcohol, or prescription pharmaceuticals as a coping mechanism for the pain and suffering of being a widow. Bereavement, isolation, and psychological distress can cause substance use disorders to emerge or worsen.

Coping strategies employed

Although adjusting to widowhood can be a very difficult journey, people use a variety of coping mechanisms to get through the difficult period. There is not a typical widowhood coping strategy; everyone handles widowhood differently. It's necessary that people identify the coping mechanisms that are most effective for them and provide themselves permission to grieve in their own time and manner.

Seeking Support - Seeking out help from friends, relatives, support groups, or therapists can be comforting for many widows and widowers. Conversing with like-minded individuals about their emotions and situations can offer comfort and a feeling of unity.

Engaging in Grief Work - This is actively working with the grief by keeping a journal, making memorials, or taking part in customs or rituals that pay honour to the bereaved.

Self-Care - It is essential to look after one's physical, emotional, and spiritual needs during this time. This could be sticking to a healthy schedule, getting adequate sleep, eating sensibly, working out, and participating in enjoyable or relaxing activities.

Discovering a Higher Meaning and Purpose - Many people find comfort in the idea that their loss has significance or purpose. This could be taking up a new interest, seeking personal development, volunteering, or coming up with methods to pay gratitude to their loved one.

Acceptance and Adjustmen - In order to cope, one must also gradually come to terms with the loss and learn to live without their companion. To do this, they must rethink their sense of self and purpose and find a way to incorporate the loss into their life rather than forgetting or moving on.

Managing Emotions - Managing a number of emotions, including as grief, anger, guilt, loneliness, and even relief, is a common part of adjusting to widowhood. Healing requires learning appropriate techniques for expressing and managing these feelings.

Setting Realistic Expectations -Having an understanding that bereavement is a very personal process that takes time to resolve might help people set reasonable goals for themselves. Good days and bad days are OK, and healing doesn't happen in a fixed period of time.

Honoring Memories - Remembering their companion through customs, rituals, pictures, or mementos can bring solace and a feeling of belonging.

Exploring Spirituality - In order to find solace and a framework for processing their grief and finding hope for the future, some people find that delving into their spirituality or faith is helpful.

Seeking Professional Help - Consulting with a therapist or counsellor who has received grief and loss training can be helpful when grieving becomes overwhelming or has a major negative influence on one's ability to function on a daily basis.

Policies And Programs

For both men and women, losing a spouse is an extremely distressing experience. But in India, women often face a multitude of difficulties after their husband passes away because of cultural customs, religious beliefs, and patriarchal standards. These challenges could include being socially isolated, having unequal inheritance rights, experiencing violence, or even having their families neglect them later in life. Despite the presence of legal protections for widows and government-initiated pension programs aimed at their welfare, a significant portion of women remain unaware of their entitlements. Our societal framework lacks the robustness necessary to ensure their safety, and law enforcement agencies often struggle to shield them from various challenges. Consequently, non-profit organizations frequently bear the responsibility of providing assistance to widows, facilitating their pursuit of a peaceful and dignified life. There are NGOs passionately committed to improving the rights of widows and facilitating access to sustainable livelihoods and offering assistance and support in the area of widow welfare.

1. Maitri India - This Delhi-based non-governmental organization was founded in 2005 and is primarily focused on projects dealing with widow welfare, widows' rights, preventing violence against women, supporting migrant labourers', promoting education, addressing social injustices, legal advocacy, and other relevant fields. It has helped tens of thousands of people throughout the years. The organization was founded by retired Lieutenant General Bhopinder Singh and Winnie Singh. Observing the plight of elderly widows, frequently left destitute and reliant on begging for survival, Maitri has elevated their social

and economic standing. The NGO has constructed old-age homes in Vrindavan, Uttar Pradesh, providing a safe and dignified living environment for these vulnerable individuals.

2. Action Aid - ActionAid is dedicated to advocating for the rights and dignity of widows while underscoring the limitation of institutional and governmental programs, which predominantly target widows, thus neglecting a significant segment of other single women who also encounter comparable vulnerabilities, forcing them to navigate challenges independently. The organization operates across 24 states in India, collaborating with economically disadvantaged and marginalized individuals, including women, girls, boys, and men. Its foundational philosophy centers around the struggle against poverty and injustice. Since 1972, it has been deeply involved with India's most marginalized communities. The NGO is committed to safeguarding and advancing the rights of widows and single women by implementing interventions aimed at combating the stigma, discrimination, and violence they encounter.
3. Manav Vikas Seva Sangh - Established in 1969, Manav Vikas Seva Sangh serves as the designated social development organization of the Catholic Diocese of Sagar, located in Madhya Pradesh. The organization has executed numerous development projects in collaboration with various entities, such as the Government of India, Childline India Foundation, and others, focusing on initiatives related to widow welfare, destitute rehabilitation, and various other areas. As part of its women empowerment initiatives, the organization prioritizes widow rehabilitation, offering support for widows to achieve self-sufficiency through vocational training and financial assistance for income-generating activities.
4. Rehabilitative Assistance for People in Distress - Rehabilitative Assistance for People in Distress (RAPID) is a non-governmental organization based in Dharwad, operating since 2001. The focus is on providing rehabilitative support to women, including single women,

single mothers, and those experiencing distress. Through a combination of counselling, education, skill development, and employment opportunities, it creates social and economic avenues for these individuals. This nonprofit organization has provided rehabilitative care to more than 4,000 women. Through its diverse projects, it empowers women by offering training opportunities aimed at fostering financial independence and social autonomy. RAPD was established with the goal of fostering resilience and restoring dignity, and it has become a source of hope for people going through difficult times.

These are among the global NGOs dedicated to providing comprehensive support and assistance to widows experiencing various forms of distress, including financial, cultural, social, and psychological challenges following the transition from married to widowed status. By providing a variety of services like financial empowerment programs, cultural sensitivity training, social inclusion initiatives, and psychological counselling, such organizations aim to address the various requirements of widows. By their work, they intend to provide widows with the aid they need to face their new situation with dignity, resiliency, and a feeling of belonging.

In addition to the support and assistance provided by NGOs, the Government of India has implemented various schemes and policies aimed at enhancing the financial independence and empowerment of widowers. These initiatives are designed to provide widowed individuals with the necessary resources and opportunities to achieve self-sufficiency and regain control over their lives following the loss of their spouse. Through these schemes and policies, the government aims to address the unique challenges faced by widowers and enable them to lead fulfilling and dignified lives. (SCHEMES FOR WELFARE OF WOMEN, n.d.)

1. National Family Benefit Scheme (NFBS) - In the case of the major breadwinner's passing, this program provides families below the poverty line (BPL) with a one-time lump sum

financial assistance. The eligible beneficiaries of this program are widows. The assistance is aimed at reducing the immediate financial burden that these families experience during a period of bereavement and adjustment, while also offering vital support to enable them to overcome the obstacles that lie ahead. In accordance with the National Family Benefit Scheme, rural areas provide a provision of Rs. 30,000 for widows following the demise of the primary breadwinner, whose income was below Rs. 56,460. In urban areas, this provision is Rs. 46,080 for individuals with an income of below Rs. 46,080. The died individual must have been between the ages of 18 and 59, and applications must be submitted within one year of the date of death.

2. Indira Gandhi National Widow Pension Scheme (IGNWPS) - The Ministry of Rural Development, Government of India, administers the Indira Gandhi National Widow Pension Scheme (IGNWPS), a non-contributory pension initiative aimed at offering social security to widows from economically disadvantaged families (BPL) within society. This scheme, sponsored by the central government, offers financial aid to widows aged 40 to 59 from families classified as below the poverty line (BPL). The specific amount provided varies by state. In this pension scheme, widows aged between 40 and 79 receive a monthly pension of Rs. 300, while those aged 80 and above receive Rs. 500 per month. The pension ceases upon the widow's remarriage or when she surpasses the poverty line.
3. National Social Assistance Programme (NSAP) - The National Social Assistance Programme (NSAP) was initiated on August 15th, 1995. The NSAP aims to establish minimum national standards for providing social assistance benefits to impoverished households in scenarios such as old age, the loss of the primary earner, and maternity. The NSAP has a number of programs designed to give financial support to disadvantaged populations, such as widows, the elderly, and those with disabilities. It includes IGNWPS, IGNOAPS, and other such programs. It also strives to guarantee uninterrupted and

uniformly accessible social protection for beneficiaries across the nation, supplementing any existing or potential future benefits provided by individual states. To qualify for benefits under NSAP, applicants must meet the Below Poverty Line (BPL) criteria set by the Government of India. The vision of this scheme is to ensure that all individuals live a dignified life, free from unjustified need and deprivation.

4. Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) - Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) is a life insurance scheme providing coverage for death from any cause. It offers annual coverage that can be renewed annually and is available through banks, post offices, and managed by life insurance companies. This government-sponsored life insurance program provides people between the ages of 18 and 50 with a renewable one-year life insurance policy worth Rs. 2 lakhs in the event of death from any cause, including natural causes. If a widow's deceased spouse participated in this program, she might get benefits from the insurance payout.
5. State-specific schemes - In India, numerous states offer their own pensions and welfare programs for widows. These programs frequently offer various levels of financial aid, health benefits, and other types of support. Widow pension schemes provided by the state itself is an example. there many states including Telangana, Delhi, Rajasthan, Tamil Nadu, Andhra Pradesh etc.

By doing studies that can give better understanding of the complex interactions between social, psychological, cultural, gender, and economic aspects that influence people's feelings of grief and loss by looking at widowhood from a variety of angles. This holistic strategy guides attempts to give appropriate support, resources, and interventions for individuals dealing with the challenges of widowhood.

The purpose of this study is to investigate the experiences that widows have lived, with an emphasis on their psychological health, coping mechanisms, and resilience following spousal

bereavement. In order to obtain comprehensive understanding of the experiences of widows residing in various cultural and socioeconomic circumstances, this research will utilize a qualitative case study methodology. This study uses semi-structured interviews and thematic analysis to investigate the specific challenges widows encounter and the coping strategies and support networks that help them cope with bereavement.

The results of this study will add a deeper understanding of widows' lived experiences to the body of knowledge already available on grieving and widowhood. This study intends to inform the creation of focused interventions and support services to help widows reconstruct their lives and cope with their grief by providing understanding of the factors that affect psychological well-being and resilience in widows.

CHAPTER 2

REVIEW

OF

LITERATURE

Introduction

Being a widow is a difficult and significant life transition that is characterized by the irreversible loss of a spouse. It is more than just not having a life partner; it is a complete reorientation of one's identity, responsibilities, and way of life. The study "Life Beyond Loss" intends to go into the lived experiences of widows, capturing each aspect of their narratives through in-depth qualitative interviews. This will help shed light on the complex aspects of this transforming journey. Through this qualitative study, "Life Beyond Loss" hopes to deepen our understanding of widowhood as an area of study as well as highlight the distinctive qualities of widows' stories and examine the different dimensions of this life-changing experience through an examination of widows' actual experiences. This study aims to allow widows' voices a platform to be heard and understood by revealing the variety of widowhood experiences. This will help to promote empathy and educate responses to each widow's individual journey of life after loss.

This chapter examines a number of different factors that affect widows' ability to come back emotionally, their social support systems, and their resilience in the wake of loss. This chapter attempts to provide a comprehensive understanding of the intricacies surrounding widows' post-loss lives and shed light on the numerous aspects that support their post-loss adaptability and well-being by reviewing the literature and existing research in the field. The goal of the qualitative study is to identify the various narratives and coping mechanisms widows employ to navigate the opportunities and challenges presented by their new situation. Researcher aim to contextualize the study within the larger widowhood discourse by establishing it within the existing body of knowledge. This study aims to identify important themes, theoretical frameworks, and empirical findings related to the emotional, psychological, and social aspects

of widowhood through a thorough review of the literature. These findings will ultimately inform the empirical investigation that will take place later in this research endeavor.

Review Of Literature

- Quality of Life among Widows by Amit Goyal published in December, 2015

The study provides an insight into the current status of widows' quality of life, with a focus on the assessment conducted using the reliable and validated scale developed by B.L. Dubey, Padma Dwivedi, and S.K. Verma, Social Scientists at the Post Graduate Medical Institute, Chandigarh, India. The scale was administered to a random sample of 200 widows from Mysore, encompassing diverse age groups, domiciles, and literacy levels.

The study utilised pertinent statistical tools, including the mean, standard deviation, and t-test, to investigate the correlation between different demographic characteristics and the quality of life of widows. The study's conclusions highlight certain remarkable patterns, most notably revealing that working widows have a better quality of life than their non-working counterparts. Furthermore, an important finding is revealed that literate widows have a substantially higher quality of life than their illiterate counterparts.

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These results highlight the complex relationship between widows' quality of life and various socioeconomic variables, including job status and level of education. These findings are used

to guide programs and support systems that try to improve widows' quality of life and well-being by addressing the many issues that arise following a bereavement. (Goyal, 2015)

- **Widowhood-One of the Darkest Part of End of Life Span and Its Psychological Turmoils**
by Sraboni Chatterjee published in April -2016

The primary objective of this study is to explore the challenges encountered by widowed individuals, while also undertaking a comparative analysis with married individuals across various age groups and genders concerning their mental health, focusing on aspects of anxiety and happiness levels. For this study, a sample of 200 older people was chosen, consisting of 100 married people (50 men and 50 women) and 100 widows or widowers.

Participants in this study were selected using purposive sampling methodology, with specific criteria including an age range of 50-60 years, attainment of a graduate-level education, current employment in either the government or private sector, females being post-menopausal, absence of clinically diagnosed psychological illnesses, and participants being either widowed or married. In this study a General Health Questionnaire is used to collect the data regarding their psychiatric disorders if any.

Group differences analysis showed that married seniors have lower anxiety levels, which can be linked to the moderating influence of marital contentment. Their positive attitude in this emotional setting contributes to a feeling of happiness, in contrast to widows' and widowers' fears about taking on new difficulties in life after a loss. The study contends that widows' and widowers' increased worry and decreased happiness are caused by the lack of essential assistance and the necessity to rebuild their lives.

Gender disparities also appeared, showing that older women are less happy and more anxious than older men. This could be explained by the fact that men and women cope differently. For example, men may find that qualities like pride and hope help them overcome prior setbacks

and feel less anxious. On the other hand, women could struggle with issues related to dissatisfaction, pessimism, and a lack of social support, which could increase everyday pressures and anxiety. (Chatterjee, 2022)

- Examining the Role of Leisure in Navigating Spousal Death: A Phenomenological Multi-Case Study of Widowhood by Thomas P. Sweeney and Jennifer Zorotovich Published In 13 November 2023

The current study will investigate the post-pandemic bereavement window and ways of coping utilized by bereaved caregivers who encountered higher levels of social isolation. The "multiple realities" of female caregivers whose social groups suffered pre-pandemic due to spouse caregiving and were further impacted by COVID-19 mitigation attempts during the pandemic were investigated using a phenomenological multi-case study technique. Subsequently, a qualitative comparison method was utilized to enhance our comprehension of people's actual experiences.

This study recruited participants who met specific criteria, including being women over the age of 60 who experienced spousal loss during the COVID-19 pandemic. Both participants fulfilled these requirements, identifying as women, being over 60 years old, and having experienced spousal loss before the pandemic's official conclusion. Additionally, both participants were Caucasian and retired.

One of the participants in this study hails from a suburban area with high population density, possessing both a bachelor's and master's degree and belonging to an upper-middle-class socioeconomic background. The other participant resides in a rural setting with low population density, holding a diploma-level education and falling within the low-to-middle socioeconomic bracket. Both participants were selected through non-probability sampling technique of snowballing.

The current study sheds light on the varied character of widowhood, demonstrating not just the expected negative results, but also positive aspects of liberation, personal growth, and optimism for the future among participants. By exposing the experiences of women caregivers dealing with the loss of their spouses during difficult times, the study underscores the importance of leisure in their grieving journeys. It emphasizes how the release of caregiving responsibilities following the pandemic's disturbance allowed participants to refocus their attention on self-exploration and future possibilities. This emphasizes the significant influence of caregiving tasks as barriers to social involvement, as well as the transformative power of leisure activities in promoting human growth and adaptation. Both participants relied on core groups for day-to-day support as primary caregivers and during the grief period to manage logistics and household duties. Furthermore, both core groups played important roles in meeting emotional needs during both the caregiving and grieving phases.

The study's qualitative comparison technique found significant disparities in the composition and roles of key support networks, as well as their leisure experiences. First participant who were in a suburban culture have core group consisted of four unconnected friends, but the other one has core group included her two adult children. These unique compositions most likely contributed to variations in the types of leisure activities preferred by each participant.

First participant leisure activities were primarily social, indicating the value of spending time with friends and participating in group activities. Her desire to try new things, such as joining clubs and expressing travel goals, demonstrates her passion for social engagement and exploration. The second one on the other hand, preferred more solitary pastimes that involved personalizing her living environment and caring for her home and yard. Her emphasis on instilling a sense of ownership and comfort in her surroundings indicates a more personal approach to leisure.

All these indicates that the living atmosphere including the education level, family culture, socio economic background and the place of living had a great impact on the coping strategies employed to get overcome the saddest phase of widowhood. (Sweeney & Zorotovich , p. 2023)

- An Empirical Study on the Effect of Widowhood on Personality by Sareeta Behera and Abhishek Kumar Bhardwaj published in April 2015

This particular study aimed at the exploration of the significant impact of widowhood on women, with a focus on the striking disparities in experiences based on age and duration of widowhood. It describes how younger widows may face a variety of physical, psychological, and social issues, frequently feeling overwhelmed and bewildered about their new reality. In contrast, older widows, who have gone through numerous life phases and experiences, may have stronger resilience and coping skills as a result of their acquired wisdom and maturity.

The study sample comprised bereaved women residing in Vanaprastha Ashram situated in Haridwar, Uttarakhand. Selection of participants was random, with ages ranging from 25 to 70 years, totalling 60 women. Prior to the commencement of the study, informed consent was obtained from each participant through a signed agreement.

Utilizing a cross-sectional design, the study constituted a one-time assessment. It was observed that factors such as age, duration of widowhood, and institutionalization significantly influenced and moulded the personality traits of the widows.

Through this study the researcher identifies that support groups and institutions for widows have the capacity to impact lives by providing a feeling of community, empowerment, and access to resources that can aid in healing and growth. Through participation in such organizations, widows may experience beneficial changes in their viewpoint, self-esteem, and coping mechanisms, ultimately improving their overall well-being.

The study approach provided examines widows' personality profiles based on age, duration of widowhood, and institutionalization impacts, using both quantitative and qualitative research methods. Statistical analyses using the Chi-Square approach are used to measure several personality traits among widows of different ages.

This study as a whole provides significant insights on the multifaceted character of widowhood, emphasizing the significance of identifying and addressing widows' diverse needs at various phases of life. It advocates for increased understanding, respect, and societal support for grieving women, emphasizing the need of acknowledging their experiences and giving pathways to healing and empowerment. (Behera & Bhardwaj , 2015)

- Socio-economic Empowerment of Widows for Sustainable Self-reliance in Kajiado West Sub - County, Kenya by, Maurice Amutabi and Momanyi Marcella. (2021).

This study with reference to Kenya looks into the socioeconomic empowerment barriers that prevent widows from achieving long-term self-reliance in Kajiado West Sub-County, Kenya. Based on Marc Zimmerman's (1995) Empowerment Theory, it seeks to investigate these issues and provide training strategies to promote long-term empowerment. The study underlines the importance of comprehensive initiatives to alleviate socioeconomic inequities among widows in the region, with the goal of promoting their empowerment and autonomy. The paper proposes community sensitization about widows' rights, the start of income-generating enterprises, and skill training as critical techniques for empowering widows to achieve long-term self-sufficiency.

The study employed a Convergent Parallel Mixed Methods Design, which involves simultaneous quantitative and qualitative research processes conducted in tandem, allowing for thorough examination of both aspects separately before integrating the results. The method

helps the researcher to have thorough understanding about the topic with qualitative methods providing in-depth descriptions of phenomena.

The qualitative component of the study employed a phenomenological design to delve into the subjective meaning of individual perspectives and lived experiences. Through in-depth interviews, widows shared their accounts of socio-economic challenges and empowerment strategies. As per Kenton (2019), the target population refers to the entire set of individuals or elements sharing common characteristics from which generalizations can be drawn. In this research, the target population comprised all widows, local chiefs, social workers, and religious leaders within Kajiado West Sub-County, Kenya. The study included a sample of 108 widows from this population.

The results highlight the socioeconomic barriers that widows in Kajiado West Sub-County must overcome in order to be self-sufficient. Cultural norms that are predominantly patriarchal prevent women—especially widows—from inheriting land and other assets, which might result in in-laws seizing them. Many widows were unable to receive land because they did not have the required marriage certificate paperwork, even though the Kenyan Law of Succession contained explicit regulations regarding this matter. When it came to sources of income, the majority of widows did not own land for agricultural endeavors like growing crops and rearing cattle, which offered both prospective revenue through sales at local markets and food. Most widows had very difficult financial situations. By giving widows access to agricultural, entrepreneurial, and vocational training, we can improve their quality of life and enable them to generate sustainable income through the development of practical skills necessary for work or self-employment. (Amutabi & Marcella, 2021)

- Contribution of Rural Communities in Supporting the Livelihood Strategies for Widows by N.Mafuse , C. T. Gadzirayi and V.T .Munyati. 2016

The study was carried out in the Mashonaland East Province of Zimbabwe, located in the eastern vicinity of the capital city, Harare. This region experiences an average annual rainfall of 600mm, alongside periodic droughts that significantly impact agricultural endeavors. Consequently, the primary sources of income for residents are gardening and small-scale trading activities.

Through this paper the researcher was to pinpoint the community resources that widows use to support their livelihood strategies so that they might be included in extension programs that support their self-help initiatives. The study identified a number of community-based social networks that widows might use to meet their varied socioeconomic requirements after losing their husbands. It also explored the difficulties the community faced in providing assistance to widows and offered ways to get past these difficulties. The research revealed low social capital in the community despite its significant asset base, suggesting that integrated efforts are needed to strengthen widows' support networks there.

Using a stratified sampling method, samples were drawn from two different lists that divided widows impacted by AIDS from those who were not. From the list of non-affected widows provided by the Department of Social Welfare, five widows were randomly selected from the study region. Local agricultural extension workers and social development officers aided in this selection. Additionally, from the Home-Based Care (HBC) program's list of AIDS-affected widows, five widows were randomly chosen with guidance from the HBC leader. All ten participants, along with neighbours and friends of at least one member from each group, underwent in-depth interviews. Focus group discussions were also conducted with community organizations in the area.

Though they faced obstacles from social and economic considerations, particularly the effects of AIDS, the extended family emerged as the main source of social capital for widows' welfare. Providing financial support and labour to support widows' livelihood plans, immediate family members were identified as the second most important source. The community demonstrated the use of all three social capital categories: bridging, linking, and bonding, with bonding being the most common. Numerous organizations are beginning to recognize that, in addition to stopping the spread of HIV, one of the most important things that can be done to support widows' livelihood plans is to strengthen community-based efforts. Extension agencies can take advantage of current networks and strengthen them by providing widows with specialized agricultural extension programs. (Gadzirayi , Mafuse, & Munyati, 2016)

- OMEN ALONE: THE PROBLEMS AND CHALLENGES OF WIDOWS IN INDIA by IASET US. 2017

The purpose of this study is to give a general overview of the situation of female-headed households and the various challenges that widows confront around the world. It aims to shed light on the difficulties and misfortunes widows encounter in today's world. Notably, feminist research on the circumstances of widows in India is notably lacking. The study highlights the urgent need for an alteration in our understanding and calls for in-depth research on the problems these women face. This paper attempts to increase public awareness of the challenges associated with being a widow.

The study point outs the fact that even though NGOs have carried out research on the elderly, a demographic that is primarily made up of widowed women, younger widows and those who do not lead families frequently receive less attention. Moreover, precise statistics on the widow population are sometimes absent, especially when compared to the total number of women. Furthermore, there is a worrying lack of accurate information and data regarding widowhood

in situations like armed conflict, farmer suicides, and the HIV/AIDS epidemic. It is becoming more and more obvious that accurate quantitative and qualitative data is essential for educating planners and policymakers. However, compared to emerging or least developed states, such data are more easily accessible for industrialized or developed nations. Influencing laws and initiatives meant to alleviate widows' suffering is severely hampered by the lack of trustworthy data.

The methods used in many developing nations' censuses are inappropriate to detect the economic inequities that come with being a widow or to record the unpaid contributions that widows of all ages provide to society. Furthermore, widows could unintentionally find themselves out of national censuses because of things like homelessness or short-term stays in relatives' residences. Furthermore, because poverty surveys typically ignore the unequal allocation of resources inside and across households, the poverty suffered by individual widows is frequently hidden.

The study also highlighted the issues of widowed women facing such as for widows, loneliness presents a serious obstacle that raises existential concerns about life without their spouse. Strong social networks are generally necessary for them to rebuild their lives, although family members might not always offer the needed emotional support; property disputes and abandonment are common occurrences in a variety of religious and cultural contexts. Widows have a variety of difficulties after losing their spouse, such as unique emotional, economical, and social difficulties. It is more difficult for women in particular to adjust to their partner's death. We need the support of governments, social groups, and religious organizations to help widows overcome these obstacles. Expanding widow support programs and establishing unique locations such as a Widowhood Resource Center are vital. (US, 2017)

- Debt, shame, and survival: becoming and living as widows in rural Kerala, India by Katia Sarla Mohindra on 2021

In health and well-being are an important but often neglected component of women's rights and public India, widows' health. This study explores Indian women's experiences as widows, concentrating on the causes of their husbands' deaths and how those events affected their own lives. The objective of our project is to uncover the obstacles and opportunities widows face as they work toward leading healthy and meaningful lives.

Data were collected in the southern Indian state of Kerala in a Gram Panchayat, the lowest level of territorial decentralized unit. To begin with, key informants were interviewed in order to understand how widows are perceived in the community and what social and welfare options are accessible to them. The widows themselves provided their viewpoints, which we were able to obtain through semi-structured interviews with widows in the community that centered on health-related concerns and vulnerability. Emerging patterns and thematic substance were found through analysis of the gathered data. After that, a conceptual framework was developed by integrating these findings with theoretical viewpoints on vulnerability and Amartya Sen's entitlement theory.

In 2004, fieldwork was carried out using a two-step procedure over the course of two months. In order to learn more about how widows are perceived in the community and about the social and welfare resources accessible to them, key informant interviews were first carried out. Three widows from a nearby gram panchayat, two workers of the local administration, and two members of a local non-governmental organization (NGO) made up the key informants. Ten widows from the community were then interviewed in semi-structured interviews with an emphasis on health and vulnerability issues. This method made it easier to investigate widows' viewpoints on the issue.

The research was conducted at Kottathara, a gram panchayat in Wayanad's rural district. The Université de Montréal and the Centre for Development Studies selected this area as the site of a collaborative action research project. The Université de Montréal Ethics Committee gave the project ethical approval on April 25, 2003. Building an evidence foundation to lessen disparities in healthcare and other important services was one of the project's main goals. Numerous databases were created as part of the project, one of which was a baseline survey that involved a 2003 census of the 3,352 families living in the gram panchayat. Through this study, data on the socioeconomic status and demography of the local population.

Two noteworthy conclusions were drawn from the research. First of all, widowhood is comparable to the "economic shock" or "health shock" that are frequently experienced in developing countries, but it has the unique characteristic of disproportionately affecting women. Second, widowhood can be thought of as a multi-phased process, with unique public health issues developing at each level. It is not a static situation.

More studies on widows in India and other countries could help clarify the problems they face and encourage the creation of workable remedies. This paper's conceptual framework, which offers a structured approach for examining widows' needs and experiences, is a useful tool for guiding future research studies on the topic. (MOHINDRA, 2021)

- Widowhood in Rural Setting: Problem's and Prospective by Anupama Bharti, Centre for Social Work, Panjab University, Chandigarh, India on 2023

The socioeconomic difficulties widows in rural Himachal Pradesh confront are the main subject of this study. Using random sample techniques, fifty widows of different ages were chosen. To collect data, the study used observation techniques and interview schedules. The study also incorporates observation techniques. It relies on primary data, comprising the

responses obtained from respondents through the interview schedule. The results show that widows may experience discrimination in some areas of the country, especially in rural ones, but that this phenomenon is not nationwide, especially in urban areas.

There are an estimated 245 million widows in the world, and around half of them are extremely poor (Loomba Foundation Report, 2010). India has the second-highest number of widows worldwide, with 42.4 million people living there. The limitations of norms and traditions within orthodox Indian society cause many women to suffer a silent social demise despite progress in numerous areas of public life. Widows experience social, cultural, political, and economic marginalization from the majority.

The women in this study who were interviewed shared similar struggles with other women in their neighbourhood, such as being denied access to healthcare and having less opportunities for upward social mobility. Still, their vulnerability is increased since they are widows. Furthermore, a number of difficulties, such as scarce resources, increased obligations and constraints, and a lack of rights, contribute to widows' vulnerability, particularly in the early phases of widowhood.

This study supports policy proposals put forth by several Indian stakeholders that resulted from conferences and workshops that were attended by activists, academics, attorneys, and widows. These suggestions support an all-encompassing strategy that takes into account social identity, respect, and material requirements. It is imperative to protect women's property rights, increase employment opportunities, and guarantee access to sufficient social security benefits in order to improve women's (and their children's) material opportunities, even though family support is frequently insufficient to maintain a sufficient standard of living.

The study put forward that there is a need for a change in the way that society views widows and widowhood. This change can be aided by professional social workers implementing sensitization programs at different levels, including the family, community, college, and school.

It is critical that widows are viewed positively by society and treated with respect and decency as fellow humans. (Bharti, 2023)

- Being Old and Widow: Understanding Their Social Realities by Kanchan Bharati
Centre for Social Change and Development Institute for Social and Economic Change,
Bangaluru-72. 2020

The study aimed to highlight the persistent disadvantage and vulnerability experienced by women, who have historically been marginalized in various aspects of society. Within this broader context, the study focused specifically on widowed women, recognizing them as one of the most disadvantaged groups within this broader framework of gender inequality. The purpose of the study is to outline the social profile and conditions of elderly widows in the context of families, paying special attention to their economic and social situations as well as their absorption into rural communities.

In India, women are frequently positioned in socially disadvantaged ways with respect to their political, social, and economic standing as well as their rights and empowerment. Women who are widowed have even more difficulties since their precarious circumstances are made worse by the extra obstacles and trials they face when their husbands pass away. It gets more and more difficult for many widowed women to support alone, especially as they get older. As a result, widowhood appears to be a major risk factor for women's low socioeconomic insecurities.

Economic uncertainty frequently forces women to maintain themselves and their families by either relying on others for survival or working as long as their physical capabilities allow. This is especially true if they have young or unmarried adult children and no husband to provide for them. Because economic productivity is linked to a woman's position and contributions to the

household in numerous capacities, it also affects a woman's social status inside the family. Their early experiences frequently led to their marginalization from social and political circles, which eventually affected the circumstances in which they live.

The study relied on primary field data collecting and mostly used a qualitative methodology. Interview schedules encompassing a range of topics and dimensions were the main study method used to collect relevant information from older widows. Group discusses were also held in order to augment the information obtained from one-on-one interviews.

A total of 135 older widows participated in the interviews, including 45 widows from each of the three randomly chosen villages for the study. According to government statistics, these responses accounted for half of the older widows living in each selected village who were fifty years of age or older.

The results shows that there is a clear that a significant number of widows who live in rural areas face a lot of difficulties on a daily basis. One of the main issues is that widows are disproportionately poor, with many having minimal monthly salaries. As a result, budgetary limitations frequently force individuals to look for additional sources of money through employment options.

Widows and older women who have economic security report higher quality of life, which is correlated with their socio-psychological well-being. Women have experienced discrimination and secondary status throughout their lives, which makes them more vulnerable as they age. Financial stability, especially from job, owning a home, or receiving pension benefits, greatly improves their capacity to deal with the difficulties of later life.

Widows have always depended on their kids for financial support. But in modern times, when children put their own life first, widows have learned to accept their situation and stop looking for help. Rather, they actively support the requirements of the household, demonstrating their value in the family unit, which is essential for getting enough care as they age. (Bharati, 2020)

- LIVED EXPERIENCE OF YOUNG WIDOWED INDIVIDUALS by Eunicia Jones published in 2016

The purpose of this study was to explore young individuals' actual experiences of losing a spouse. Eleven people, ranging in age from 18 to 49, discussed their post-loss experiences through phenomenological interviews. Five main themes surfaced from the analysis of all the interviews: (1) relationship dynamics; (2) early responses to the loss; (3) coping resources available; (4) persistent issues and difficulties; and (5) the interplay between age and gender during the grieving process. These results offered thorough insights into young widows' and widowers' grieving processes.

The study's conclusions highlight the value of easily available services for support that are suited to the need of young widows. This covers resources for financial aid, childcare support, and therapeutic intervention. Recommendations are also provided for individuals, couples, and families negotiating the challenges of early widowhood, in addition to doctors.

To comprehend the experience of young widows and widowers, qualitative data proves to be the most suitable method for revealing the factors influencing their adjustment. Among qualitative approaches, the phenomenological method is notably apt. The study's sample included widows and widowers under the age of 50, irrespective of the age at which their spouse passed away. The sample was obtained through two methods: firstly, by recruiting widowed individuals from online support groups, and secondly, by spreading information about the study through word-of-mouth to reach potential participants who might not be affiliated with online support groups. Eight female participants and three male participants comprised the final group of eleven, selected to ensure diversity in demographic factors, thereby enriching

the data and enhancing its generalizability. Data consisted of participants' narratives about their experiences and the meanings they attributed to them.

Of the eleven individuals that made it to the final round, 73% were female and a corresponding 73% identified as White (non-Hispanic). The participants' average age was 34.64 years, and it had been 15.17 months on average since their wives passed away. Parents constituted the majority of participants (64%) and reported having two children in 57% of cases. Geographically, the majority of participants (64%) were based in the US West. In terms of education, a bachelor's degree was held by 55% of participants. When it came to money, 36 percent of the sample said they made between \$25,000 and \$50,000 a year, and 36 percent said they made between \$50,000 and \$100,000 a year.

The study sheds light on the experiences of young widows and widowers, offering insights that diverge from existing literature while also aligning with some previous findings. Participants revealed various themes across their grief experiences, including the impact of their relationship dynamics, initial reactions to loss, and utilization of resources for coping. Notably, the study highlighted the significance of religious and cultural factors in shaping the grieving process, as well as the importance of social support and personal coping mechanisms. While aspects of grief models such as Kubler-Ross and Worden were observed, the findings suggest a nuanced and variable trajectory of grief among young widows and widowers. Overall, the study underscores the complexity of grief experiences in this demographic and emphasizes the need for tailored support and resources to aid their adjustment post-loss. (Jones, 2016)

- Establishing routines to cope with the loneliness associated with widowhood: a narrative analysis by N. Davies RN, PhD, M. Crowe RN, PhD, L. Whitehead RN, PhD published: 14 September 2016

The study formulated and carried out on the basis of the fact that in many Western countries, loneliness among the elderly is a serious public health issue. It often correlates with anxiety and despair, although it's not always a sign of a mental illness. Particularly for elderly people, widowhood is a transitional period during which many endure intense loneliness but eventually learn coping skills. Effective solutions used by older adults to manage this experience are still largely unstudied, despite its prevalence. Thus, the purpose of this research is to examine the particular methods that older people employ to deal with loneliness.

Globally, loneliness among older persons is a major public health concern, especially when one is widowed. Effective methods for dealing with loneliness are still little known, despite their prevalence. Through an examination of older people's experiences navigating widowhood, this paper examines this subject. The participant narratives show a trajectory characterized by the simultaneous loss of a spouse and social connection-promoting routines. But they also draw attention to the shift toward creating new routines that support social interactions.

Since depression and anxiety are closely associated with loneliness in the elderly, it is critical that mental health nurses incorporate loneliness screening into their assessments. Addressing this issue may benefit from the inclusion of interventions designed to promote meaningful routines in older adults' mental health nursing care.

Through this study the researcher aimed to investigate the experiences of loneliness among elderly widows. This study utilized a qualitative narrative analysis with thematic analysis. The participants consisted of 40 older individuals who were widows or widowers, ranging in age from 70 to 97 years.

The study had put forward that According to the study, after becoming widowed, participants went through phases of loneliness, first struggling with the loss and lack of regular connections and then creating new routines that cultivated new relationships and a reinterpreted sense of personal identity. This emphasizes how important it is for mental health nurses to assess for

loneliness and be prepared to put interventions in place that may lessen the feeling. (RN, RN, & RN, 2016)

- Widowhood, loneliness, and health in old age by López Doblas J, Díaz Conde MDP published in 2018

The paper examines the effects of loneliness on the aging population critically, concentrating on the effects on single seniors. It acknowledges that the main cause of this mental state is the death of a partner. This research aims to clarify the complex aspects of loneliness and its significant effects on the mental and physical health of older adults by conducting a thorough literature analysis. The results highlight the critical need for focused interventions and support networks to reduce loneliness and improve the standard of living for this susceptible population.

Elderly loneliness is significantly influenced by the death of a partner, which can cause feelings of bereavement, abandonment, and existential loneliness. People who are grieving frequently struggle with a deep sense of emptiness and social alienation, which worsens feelings of loneliness and raises the risk of mental health conditions.

Even though loneliness is becoming more widely acknowledged as a serious public health concern, programs aimed at senior citizens are still somewhat restricted in their reach and effectiveness. The results of traditional techniques, including community involvement programs and social support programs, have been inconsistent, which highlights the need for creative solutions specialized to the particular requirements and preferences of senior populations. Newer approaches, such as intergenerational initiatives and technology-mediated platforms, have the potential to reduce senior loneliness and promote deep connections with others.

The study conducted in-depth focus groups with senior citizens from different parts of Spain. To ensure gender and geographic diversity, a purposive sample technique was used, generating eight different focus groups. Semi-structured interviews were used to collect the data, giving participants a chance to discuss their actual experiences and feelings of loneliness. Grounded Theory was used to examine the resulting data, which made it easier for important themes and patterns to emerge.

From this study the researcher shows that the many elderly people talk of the intense loneliness they feel after losing their spouse. It feels impossible to fill the emotional hole left by their life partner's absence, especially in the lonely hours of the night. These people, who have experienced long-term marriages together, frequently experience the internal and outward loneliness that they struggle with, which can result in the development of depressive symptoms. Furthermore, there are two separate feelings that are apparent regarding their health. First of all, they feel powerless because they are afraid of misfortunes or unexpected illnesses while they are alone themselves at home. Furthermore, they are apprehensive about their future medical treatment and wonder who will be there to help them when they are in need. Their experience of loneliness and isolation is made worse by these entwined emotions. (J & MDP , 2018)

- Trajectories of resilience among widows: a latent transition model by Kate Mary Bennett Davide Morselli Stefanie Spahni Pasqualina Perrig-Chiello published in 2019

This study examines longitudinal data collected over a two-year period to evaluate the dynamic nature of adaptability following spouse loss. This study aims to delve deeper into the stability and changes within the three profiles of adaptation following spousal bereavement—Vulnerables, Copers, and Resilients—as well as the factors that influence trajectory patterns.

The investigation of trajectory patterns within each profile is a crucial component of this work. Researchers can determine whether participants remain in the same profile (i.e., stable trajectory) or shift to a different profile (i.e., change trajectory) by following participants throughout a two-year period of time. Gaining knowledge about each profile's likelihood of stability and change will help you better understand how long-term adaptation works.

The purpose of the study is to determine the variables that affect profile membership trajectory patterns. These elements may consist of personality qualities, social support systems, coping mechanisms, age and gender demographics, and the existence of additional stressors in one's life. Researchers can gain a better understanding of why some people have stable adaption profiles while others undergo changes over time by looking at these aspects.

The baseline data, which were gathered in 2012, included details on the resources and general state of health of those who had lost their spouse in the preceding 0–5 years. Two years later, in 2014, the second wave of data collection took place. The age range for participants who met the inclusion criteria was 60–89 years old. A random selection process was used to choose candidates from the Swiss Federal Office of Statistics' central registry. This stratified sample strategy made sure that all age groups, genders, and marital statuses were represented.

Initially, 1365 letters of invitation and questionnaires were sent to potential participants, resulting in a participation rate of 32%. Non-respondents were followed up with two additional contacts. Additionally, 119 same-aged widowed respondents (94 women, 25 men) were recruited through advertisements and appeals in various media channels. Consequently, the final sample size comprised 537 bereaved individuals.

402 participants (228 women and 174 men) who were widowed and had been married for at least fifteen years matched the criteria for being included in the Wave 1 sample of widowed people. They also had to have been widowed for no more than five years. Swiss citizens made up 86% of the participants, with 13% coming from other European nations and 1% from other

countries. In terms of education, 58% had finished secondary school, 28% had finished college, and 14% had finished primary school.

Three previously established adaption profiles—Resilients, Copers, and Vulnerables—are confirmed to be stable by the study, with subjects typically maintaining the same profile across time. When compared to Copers and Vulnerables, Resilients consistently displayed lower levels of despair, hopelessness, and loneliness as well as greater levels of life satisfaction and subjective health. Remarkably, a few participants changed to profiles that were more or less adaptive; men and younger people were more likely to move to a more adaptive class. While lower educational status was linked to less adaptable transitions, positive life perspectives and increased independence from caregiving duties before bereavement supported positive adaptation. According to the Ecological Model of Resilience, the results highlight the dynamic character of both grief and resilience, implying non-linear trajectories influenced by a range of contextual and individual factors. Notwithstanding many limitations, including the absence of pre-loss data and the requirement for additional investigation into interaction effects, the study emphasizes the significance of customized interventions for particular categories of bereaved people. (Bennett, Morselli, Spahni, & Perrig-Chiello, 2019)

- “Continuing the Connection” or “Carrying On”? A Qualitative Evidence Synthesis of How Widows Explain the Physical Health Outcomes After Spousal Loss by Umair Majid and Jeffrey Ennis published online December 14, 2020

A review that mainly done to understand the experience of widows by analysing different existing studies and have arrived at the result. The opinions of widows who have suffered from poor physical health outcomes after losing their spouse are examined in this qualitative research synthesis. The review examines how widows interpret and comprehend these health issues in

the context of grieving, drawing on 16 studies. The results show that widows frequently blame their spouse's death for their physical health problems, including worsening of pre-existing diseases and the beginning of new ones including heart failure and decreased mobility. Despite these difficulties, widows often put their mental and emotional needs ahead of their physical health. Further complications arise from the shift from receiving spouse care to managing one's own medical conditions; some widows experience worsening of their illness when they are unable to successfully attend to their requirements. The study provides insights into the comprehensive impact of grief on widows' well-being by highlighting the complex interactions between meaning-making processes and the emergence of severe emotional, mental, and physical health outcomes following spousal death.

In order to examine primary qualitative studies, this study technique used a qualitative evidence synthesis (QES) strategy. It enables a thorough analysis of participants' experiences and, in comparison to single research, captures a wider range of settings and dimensions. Researchers combined the results of several qualitative studies, adhering to the qualitative research integration approach, to produce an integrated comprehension of the subject.

The goal of this study was to perform an interpretive assessment of the qualitative data pertaining to the perceived connections between physical health outcomes, meaning-making, and loneliness in the setting of bereavement. Acceptable publications discussed outcomes related to psychological as well as physical or physiological well-being, and even in research including other groups, the inclusion criteria made sure that the primary focus was on bereavement of a spouse. The inclusion criteria ensured that the primary focus remained on spouse bereavement even in investigations with multiple demographics.

In this survey, 945 people who had lost a spouse or partner had their opinions and experiences recorded. There were 856 (90.6%) widows or widowers among these individuals. Further participant categories were "caregivers" (n = 39; 4.1%), mainly individuals who had

experienced the loss of a partner, and users of an online grief support forum (n = 50; 5.3%). In terms of gender identity, 59 (6.2%) participants were unable to specify their sex or sexual orientation, 131 (13.9%) people identified as gay, and 315 (33.3%) participants identified as female. Overall, persons over 50 were included in 10 research (66.7%), while participants under 50 were included in five studies (33.3%). When it came to the length of widowhood, participants in 10 research (66.7%) had been widowed for little more than two years, whereas participants in six studies (40.0%) reported having been widowed for more than two years.

This synthesis of qualitative research looked at sixteen studies to determine how widows interpret physical health results after losing a spouse. Widows revealed a complex association between meaning-making processes and health outcomes by identifying a range of physical symptoms and medical illnesses made worse by their grieving. Results imply that widows' participation in meaning-making affects the kind and degree of physical health outcomes they encounter, which has consequences for how they cope with bereavement. Some people adjust positively and discover new meaning; others, however, keep looking for purpose, which could have negative effects on their health. Future research on the long-term impacts of using a middle-ground approach to meaning-making after loss is necessary, as the intricacy of meaning-making reveals. (Majid & Ennis, 2020)

- Widowed Young: The Role of Stressors and Protective Factors for Resilience in Coping with Spousal Loss by Jane Marie Chami and Julie Ann Pooley published online September 20, 2021

This study by using the Dual Process Model (DPM) framework, this study examines adjustment factors among young widows and widowers (less than 50 years of age). The expectedness and cause of death, two loss-oriented stressors, did not significantly predict grief

outcomes, in contrast to conventional grieving research. As an alternative, restoration-oriented stressors—especially those pertaining to work and financial security—became the main indicators of coping strategies, psychological health, and the depth of bereavement.

This study specifically targets younger widows who are not in a transitional phase characterized by dependency, physical debilitation, retirement, or chronic illness. By focusing on this subset of individuals, the researcher aims to isolate and examine the unique challenges and adjustment processes faced by young widows who do not fall into these categories. This approach allows for a more nuanced understanding of bereavement experiences among younger widows who are not influenced by factors typically associated with later life stages or health conditions.

This study compares restoration-oriented coping versus loss-oriented coping strategies, focusing on the different adaption mechanisms people use during the widowhood phase. Restoration-oriented coping is trying to get back to a regular existence by concentrating on manageable activities and long-term objectives like work and financial security. Loss-oriented coping, on the other hand, focuses on dealing with grief-related thoughts and feelings as well as processing the emotional impact of the loss. The study intends to clarify these varied coping strategies' varying implications on adjustment outcomes in widowed people by looking at them. In this sample, there were no noticeable relationships between parental status and grief or coping outcomes. The best predictors of mourning intensity were shown to be loss-oriented coping techniques, interpersonal and intrapersonal protective variables for resilience, and financial well-being. Remarkably, loss-oriented coping was linked to reduced protective resilience variables, financial uncertainty, and unemployment, and it was particularly prominent in the early phases of grief. On the other hand, restoration-oriented coping grew as the bereavement stage progressed. It was found to be a weak predictor of the depth of grief and to be associated with employment, better financial well-being, and greater resilience elements.

Overall, results show that young widows and widowers are more likely to experience poor adjustment; approximately two-thirds report higher rates of psychological distress, impaired functioning, and probable depression. Furthermore, nearly half of the subjects satisfied the requirements for a chronic mourning disorder diagnosis. The study emphasizes how crucial it is to take restoration-oriented stressors—like work and financial security—into account when figuring out how to deal with mourning in this population. There is discussion of the implications for both clinical treatment and research. (Chami & Pooley, 2021)

- Depressive Symptoms and the Buffering Effect of Resilience on Widowhood by Gender by Brittany M King, MS, Dawn C Carr, PhD, Miles G Taylor, PhD published in 2018

This study examines how psychological resilience affects how well people adjust to losing a spouse, with a particular focus on how it mitigates changes in depressive symptoms in both men and women. Men are known to have more prominent symptoms of depression than women, and the loss of a spouse is acknowledged as a distressing life event that is usually linked to elevated depressed symptoms. The possible importance of psychological resilience in affecting people's recovery processes after losing a spouse has been highlighted by recent studies. This study intends to provide insights into gender differences in this context by examining the moderating function of resilience and how it may either alleviate or worsen the impact of widowhood on depressive symptoms.

Three primary hypotheses underpin this research: (1) Men and women who become widowed will experience a greater increase in depression symptoms over a four-year period than those who never remarry, (2) for both men and women, there will be a negative correlation between resilience and the shift in depressed symptoms, suggesting that greater resilience will be associated with less significant rises in depressive symptoms, (3) For men, resilience will play

a major moderating role in the association between depression symptoms and widowhood; however, this relationship does not hold for women. These hypotheses provide a framework for examining the interactions of resilience, depression symptoms, and widowhood, with an emphasis on any potential gender variations in these dynamics.

The longitudinal data used in this analysis came from the core "fat" files of the Health and Retirement analysis (HRS). Married respondents who completed the entire LBQ in either 2006 or 2008 (baseline) or again in 2010 or 2012 (Time 2) made up the sample for this study. Respondents had to be at least 51 years old. Those who divorced and remarried or became widowed and remarried were removed; only those who continued to be married to the same spouse or who reported becoming widowed at Time 2 were included. Separate analyses for men and women were carried out in order to test the hypotheses. The final sample consisted of 2,749 men, 136 of whom became widows during the study period, and 2,877 women, 335 of whom became widows. With the help of this sampling technique, it was possible to examine specifically how widowhood affects depressive symptoms while accounting for other marital changes like divorce and remarriage.

This study looks at how mental resilience affects how people react to widowhood, with a special emphasis on gender disparities. Results show that while greater resilience is related with fewer depression symptoms, widowhood is associated with more depressed symptoms in both men and women. For both genders, resilience substantially reduces the effect of widowhood on depressive symptoms, although the direction of the interaction varies. High resilience does not lessen the rise in depressive symptoms in bereaved women, while resilient males who experience spouse loss either retain or revert to baseline levels of wellbeing. On the other hand, males who lack resilience are especially susceptible to a rise in depression symptoms after becoming widowed. These findings emphasize how crucial internal

resources—like resilience—are in determining how people react to losing a spouse, particularly men.

Interventions aimed at improving psychological resilience in older males, in particular, may be essential in care settings where widowhood is prevalent from a practical standpoint. Furthermore, it would be beneficial for future studies to examine how social resources and resilience interact to support widowhood adaptation, as well as whether these resources support or replace one another. The study contains limitations, including selection bias and the inability to control for precise timing or conditions of spousal loss, despite the fresh insights offered. These shortcomings point to potential areas for further research. (King et al., 2018)

- RESILIENCE AND RECOVERY THROUGHOUT WIDOWHOOD by Rackoff, G. N. & Newman, M. G. (in press). Distinct psychological characteristics predict resilience and recovery throughout widowhood.

According to the dual process concept, early and later stages of grief are characterized by distinct stresses and adaptation processes (Stroebe & Schut, 1999, 2010). It is important to recognize these differences since increased depression symptoms after becoming a widow can indicate poor adaptation and have a negative impact on long-term physical and mental health results. The hypothesis tested in this study was that early widowhood, which is characterized by loss-oriented stresses, would see a lower rise in depression if neutral death acceptance were to occur. On the other hand, it was anticipated that a decrease in depressive symptoms, which are marked by stresses focused on restoration, would occur later in widowhood when perceived control decreased.

The study looked at data from 265 older persons who reported on depression, perceived control, and acceptance of death in a neutral way before becoming widowed, as well as after 0.5, 1.5,

and 4 years following their spouse's death. Depressive symptoms grew on average from pre-widowhood to 0.5 years after spouse death, then began decreasing from 0.5 to 4 years after bereavement, according to bilinear spline growth models.

Beginning with a baseline survey given to 1,532 adults between 1987 and 1988, the CLOC project spanned from 1987 to 1993. The baseline survey's eligibility requirements were being a resident of the Detroit metropolitan area, speaking English as a second language, being married, and being a part of a couple where the spouse was at least 65 years old. After the baseline evaluation, participants whose spouses had passed away were identified by the researchers by looking through local death records. 316 of the 335 individuals who had lost their spouse after the baseline were contacted for follow-up evaluations, and 19 of them passed away in the interval. Eventually, 265 people finished at least one follow-up evaluation, and they made up the study's sample.

The study looked into how changes in depression symptoms over different stages of widowhood were predicted by neutral death acceptance and perceived control prior to the loss of a spouse. A smaller longitudinal increase in depressed symptoms during the first 0.5 years after marital loss was linked to higher levels of neutral death acceptance. On the other hand, during the ensuing 0.5 to 4 years of widowhood, a greater longitudinal decline in depression symptoms was predicted by higher perceived control. Surprisingly, there was a less longitudinal drop in depressed symptoms throughout later widowhood associated with better neutral death acceptance.

According to exploratory analyses, perceived control was linked to active coping behaviours like moving on after a loss, but neutral death acceptance was associated with adaptive coping techniques like positive reappraisal. These results highlight the significance of targeting psychological traits in widowhood-specific therapies, which may help reduce depressive symptoms in bereaved individuals. The study's shortcomings, such as the absence of

measurements for particular stressors and coping mechanisms, call for care in interpreting the findings and point to areas that need more investigation. (Newman et al., 2021)

- Financial Satisfaction: Post widowhood: The Role of Resilience by John E. Grable, PhD, CFP Laura Mattia, PhD, CFP, Carrie L. West, PhD, Linda Y. Leitz, PhD, CFP, Kathleen M. Rehl, PhD, CFP, CeFT

The study used three regression models to find that among people who had experienced widowhood, more resilience was linked to better financial happiness, less financial difficulties, and fewer arguments over money after remarriage or repartnering. These findings have practical implications for financial advisors, since they imply that by helping their customers feel valuable and purposeful in handling home finances and life issues during widowhood, they can improve their clients' self-efficacy and general well-being. The purpose of this study is to investigate the connections between different financial factors and resilience in widows and widowers who have remarried or formed new relationships.

A substantial life event is the death of a spouse or partner, which frequently has negative effects on the surviving person. Nonetheless, there is research that suggests people can overcome the difficulties of widowhood and even benefit from personal development and improved functioning in its wake. Such adaptive reactions to widowhood are thought to be greatly aided by resilience, which is the capacity to successfully overcome adversity and turn bad experiences into positive ones.

Data from widows and widowers were gathered at the beginning of this study to look at the connection between resilience and different financial factors. Van Breda's conceptual framework of resilience as a process and result served as the study's compass. The following study hypothesis was developed using this framework were, 1: Among widows and widowers

who are remarried and repartnered, resilience will positively correlate with financial contentment. The vulnerability-stress-adaptation conceptual framework of marriage was also used to investigate the relationship between financial difficulties and resilience, as well as the relationship between resilience and financial disputes after remarriage or repartnering. 2: Among widows and widowers who are remarried and repartnered, resilience will be inversely correlated with facing financial difficulties. 3: Among widows and widowers who are remarried and in new relationships, resilience will be inversely correlated with financial disputes.

A 2016 survey given to members of Soaring Spirits International (SSI) and the Modern Widows Club (MWC) provided the data for this study. MWC list serves, SSI social media platforms, and snowball sampling tactics among widows were employed in recruitment campaigns. The overall sample size for the study consisted of 937 people who had either remarried or started a new romantic relationship after going through widowhood. The sample technique made it difficult to pinpoint the precise response rate, however an approximate estimate of 15% was derived from the MWC and SSI membership sizes. Most of the participants were first-time widows or widowers, and the age range of widowhood was found to be between 40 and 60 years old. Furthermore, more than 90% of participants were Americans, with a little minority coming from other nations.

The study looked into the relationship between resiliency and other financial aspects of post widowhood using van Breda's conceptual framework. A statistically significant association was found in the first model, which examined financial contentment following remarriage or repartnering. This relationship accounted for almost 24% of the variance in financial satisfaction. While extroversion shown a negative correlation, high resilience was positively linked to improved financial happiness. Additionally, those who shared financial management of the household expressed less happiness.

The results of the second model, which looked at financial difficulties after remarriage, showed a strong correlation with resilience, age of widowhood, and household money management. Money disputes were negatively correlated with resilience and advanced age at widowhood, but they were more likely to occur when managing finances jointly. These results confirm the theories and highlight the significance of resilience in post-widowhood finances. (Grable et al., 2022)

- Marriage Life to Widowhood: An Inquiry on the Quality of Life of a Widow Bernard V. Gerona
University of San Agustin, Iloilo City, Philippines published in 1 April 2021

The study explores the lived experiences of widows, adding a critical cultural factor that is frequently missed in previous research because it focuses on a Filipino informant. The study recounts and examines the widow's changes, adjustments, and problems using a narrative research style. The roles of family, transitioning from married life to widowhood, and married life emerged as the three key themes. The results demonstrate how the widow's life has been significantly impacted by her husband's passing in a number of areas, most notably her financial situation and mental health. The study emphasizes how crucial social and familial support systems are for assisting widows in reestablishing their lives and overcoming the difficulties of widowhood. It provides a distinct viewpoint on the socioeconomic and psychological difficulties faced by widows, shedding light on the cultural subtleties that influence their lives. This chapter describes the research methods used in the study, with a particular emphasis on the research design chosen—narrative inquiry. Because it facilitates the gathering of comprehensive descriptive data, narrative inquiry is used. With this method, the researcher can create a storyline that successfully combines and arranges the various storylines.

A widow living in a Western Visayan city serves as the study's informant. She was chosen for the role based on confirmation from a referral. By using this procedure, it is guaranteed that the selected informant is a married lady who has personally experienced her husband's death, with the death occurring within a year of the husband's passing. Using the snowball methodology, potential informants for the study are found through the purposive sample method of participant selection.

A guiding questionnaire created by the researcher that focuses on widows' quality of life was used to collect data for this study. There are two sections to this instrument: The informant's profile, including their sex, age, occupation, and other pertinent demographic data, is gathered in Part I. Guided questions examining several facets of the widow's quality of life make up Part II. These analyses explore the widow's life both before and after her husband's passing, evaluating the effects of the bereavement and the changes she went through. The questionnaire also asks if, after her husband's passing, the widow was able to maintain her family and herself. Through the use of this extensive tool, the research seeks to provide a thorough understanding of the obstacles and hardships widows in the area encounter, illuminating their coping strategies and quality of life.

This study's data analysis takes an in-depth approach, integrating Key Informant observations and interviews. The data will be verified utilizing Creswell & Miller's (2002) techniques, such as Theoretical Triangulation and Clarifying, to assure the validity and dependability of the conclusions, following the recording, transcription, and translation of the interviews from the local language into English.

The widow's experience in this study is theoretically consistent with Antonucci, Ajrouch, and Birditt's Social Convoy Model; it shows how the widow depends on her community, friends, and family for assistance, which has a big impact on her wellbeing. Even though the widow's transition from marriage to widowhood was difficult, she was able to stabilize and adjust to her

new situation because she was given ongoing support. However, the death of her spouse brought about a lot of changes, especially in terms of money and childcare duties. Her story highlights the value of social support in adjusting to widowhood, with her children, family, and friends all playing significant parts in her journey. The widow's resilience is shown as she works to support her family by getting a job to cover their expenses. The study's overall findings emphasize the intricate relationships that affect widows' quality of life, including social support, financial security, and psychological well-being. (Gerona, 2021)

- The business of death: a qualitative study of financial concerns of widowed older women by Michelle DiGiacomo, Joanne Lewis, Jane Phillips, Marie Nolan & Patricia M Davidson

The study highlights the need for focused support and interventions by shedding light on the social, economic, and health-related concerns that these women face through an examination of their lived experiences. By highlighting the need of addressing financial vulnerabilities and easing the transition for older women to become widows, the research adds to the larger conversation on widowhood and aging. Studying women's experiences in the aftermath of their spouses' deaths, with a focus on money worries and troubles, provides important insights into the difficulties widowed women endure, particularly as they age. The growing number of women who become bereaved and the feminization of aging highlight how crucial it is to comprehend the complex ramifications of becoming a widow. All things considered, the study offers insightful empirical data to guide practice and policy focused at improving the well-being of widowed women in modern society.

The study is based on a strong theoretical framework that includes theories related to social roles, generational groups, ecology, life courses, and stress processes. These theories work together to provide insight into how women experience early widowhood. The ecological

framework highlights the ways in which biological, behavioural, and environmental elements interact dynamically over the course of an individual's life, with particular attention paid to the effects of age, gender, race, ethnicity, and socioeconomic status on health and overall well-being.

This study took great emphasis on the existing theories of the life course hypothesis recognizes how historical, social, and geographic settings shape people's views and behaviours, especially when it comes to the significant societal events that people go through at different phases of their lives. Social role theory uses the traditional gender roles found in the nuclear family as an example of how gender stereotypes shape society expectations and the distribution of labour. According to generational cohort theory, people's values and actions are shaped by historical events that occurred during their formative years. The effects of the Great Depression and World War II on attitudes toward adversity and perseverance are two examples of how this is true. The stress process model also highlights the importance of personal resources like social support in assessing and managing stress. Lastly, it clarifies how contextual factors affect stressors and coping methods.

Between August 2009 and November 2011, convenience sampling was used for recruitment and data collection through a variety of channels, such as websites, newsletters, and brochures distributed at memorial ceremonies. The study targeted English-speaking women 65 years of age and older who had lost a spouse or husband within the previous two years. The end of recruitment was decided by data saturation. Participants explored their experiences before and after the death over the course of twelve months in three semi-structured interviews that followed the collection of demographic data. A qualified female interviewer performed the interviews, which were digitally recorded, transcribed, and anonymous using fake names.

The study result in the findings of the facts that older women experience a variety of external stressors and transitional obstacles during the early stages of mourning, especially in the

administrative and financial spheres. These difficulties may have a detrimental effect on their adjustment and general well-being, possibly resulting in emotional and psychological stress. These worries are made worse by problems like unstable housing and finances, which have an impact on both physical and mental health. The study indicates a critical area for improvement by highlighting a conspicuous absence of support for older widows in handling these duties. The study put forward the things to note in prior to interventions that local factors must be taken into account, even when cross-sector ways to addressing these challenges have been established by international examples. Despite being done in Australia, the study's conclusions are relevant worldwide, particularly in light of the world's expanding aging population and feminization of aging. Innovative approaches at all levels—individual, communal, organizational, and policy are crucial for assisting older widows during this vulnerable time as economies struggle with these demographic changes. (DiGiacomo et al., 2015)

Chapter 3

RESEARCH

METHODOLOGY

INTRODUCTION

The research methodology for this study is qualitative in nature, which involves the collection of data through semi structured in – depth interviews and field observations. This study intended to get an understanding of the unique experience of the widowhood by the individual who was in such a phase of marital status with specific objectives of understanding emotional transitions, financial challenges, role changes, existing support systems and the coping strategies they employed to navigate the phase of traumatic life event.

The purpose of this chapter is to outline the methodology used in a research study investigating the coping strategies that widows, irrespective of their caste, culture, or socioeconomic status, undertake to navigate the complex path of widowhood. Being a widow is a life-changing experience that frequently presents substantial emotional, social, psychological, and financial problems to individuals, making an in-depth knowledge of their experiences and resiliency techniques vital.

The study having a maximum of 5 samples and will employ purposive sampling methodology to select participants who meet specific criteria. Eligibility criteria for participation include residency in Ernakulam district, having children, a minimum of three years of widowhood experience, absence of contemplation regarding remarriage, and adherence to predetermined age parameters. Participants were excluded if they were not willing to give consent to record their responds as part of the study.

The data collection methodology incorporates in-depth interviews utilizing a semi-structured questionnaire and direct observations. The researcher engaged in one-on-one interactions with participants, recording their responses, and subsequently transcribing them for analysis. The data collected is being analysed, discussed and suggestions were made accordingly.

By pursuing these research goals, this study hopes to add to the body of knowledge already available on widowhood and offer insightful information that will help shape interventions, laws, and support programs targeted at boosting widows' resilience and well-being in a range of sociocultural contexts.

The researcher hopes to shed light on the unique experiences that every widow encountered through this study. Grieving is a highly individual process that is shaped by the intimacy and dynamics of the connection. In addition, the researcher aims not only to draw attention to the difficulties and weaknesses but also to provide insight into the development of competencies and resilience exhibited by widows during the process of rebuilding their lives after a time of being dependent.

STATEMENT OF THE PROBLEM

The research study presents a problem statement that most likely points to the necessity of investigating and comprehending the various, intricate facets of widowhood from the perspective of those who have gone through this life-changing event. In order to provide a deeper knowledge of how people navigate and make sense of life after losing a spouse, the problem statement might draw attention to the absence of information currently available on the lived experiences of widows and the necessity of investigating the qualitative aspects of their journeys. The research likely tries to fill in the gaps in the widowhood literature by emphasizing how important it is to capture the emotional, personal, and contextual components of this significant life transition.

Although becoming a widow is a major life shift that impacts individuals who come from a variety of backgrounds, it is yet a complicated and frequently ignored part of the human experience. Even with its widespread occurrence, there is still a deficiency in knowledge on the complex difficulties widows encounter and the coping mechanisms they utilize to get

through this challenging period. By investigating the lived experiences of widows and the emotional, social, psychological, and economic aspects of widowhood, this study seeks to close this gap. The study specifically focuses to comprehend all the coping strategies widows use to manage their grief and adjust to their altered circumstances.

In addition, it seeks to determine the widows' support networks and evaluate how well they foster resilience. By exploring these facets of widowhood, the research hopes to offer insightful information that will guide the creation of focused interventions and support programs that will better serve widows' needs and improve their general well-being.

SIGNIFICANCE OF THE STUDY

The study "Life After Loss" holds important professional value since it attempts to throw light on the often-ignored aspect of widowhood. The study resides in its important implications for recognizing and helping people in navigating the challenging path of widowhood. This study attempts to provide important insights into the coping strategies and difficulties faced by widows from a wide range of backgrounds, regardless of caste, culture, or socioeconomic class.

By conducting a qualitative study into the multifaceted and intricate aspects of widowhood, the research aims to bridge existing gaps in understanding regarding the subjective, individual, and contextual components of this significant life transition. The findings of this study may offer a more profound and comprehensive understanding of how individuals manage and discover meaning in their lives following the death of a spouse. These insights can direct the development of targeted programs, social networks, and counselling strategies to more effectively address the unique challenges widows face and enhance their quality of life.

In a world where widowhood is frequently associated with stigma and silence, this research gives widows an opportunity for sharing their stories, encouraging compassion and empathy in the community. Additionally, through studying coping strategies used by widows, the research

advances the creation of customized interventions meant to improve resilience and overall wellbeing in this vulnerable group. The research also helps communities, practitioners, and policymakers by identifying gaps in support networks and assessing the efficacy of current support systems. This allows for the improvement of resources and services to better suit the needs of widows. Ultimately, this study clarifies the difficulties widows encounter and emphasizes the need of creating a welcoming and compassionate community that helps people through some of life's hardest times.

AIM OF THE STUDY

The aim of this research study is to explore the various life situations experienced by widows throughout their lifetimes and to examine the coping strategies they employ to navigate each challenge.

RESEARCH OBJECTIVES

General Objective

- To have in – depth understanding of the widowhood journey and the coping strategies employed.

Specific Objectives

- To Explore and document the lived experiences of widows
- To examine the emotional, social, and psychological dimensions of widowhood as conveyed in the life stories of participants.
- To understand different coping mechanisms employed by widows in navigating grief and adapting to their changed life circumstances.
- To examine the economic effects of widowhood, including financial challenges and coping mechanisms used by widows.

- To identify the support systems available to widows and assess their effectiveness in promoting resilience

DEFINITION OF CONCEPT

1. Widowhood

Conceptual: Widowhood is the marital status that an individual receives at the death of their spouse. A widow is a woman who has lost her spouse, and a widower is a man who has lost his spouse. (Dorgbetor,2021)

Operational: Widowhood is the term denoting the period that follows following the death of a spouse in a legal marriage during which the widower keeps the deliberate decision to live a single life rather than remarriage.

2. Widow

Conceptual: A widow means a woman who is no longer married because of a divorce or because her husband has died. The status of a widow is not a favourable position for women biologically, psychologically, or sociologically. This condition often invites a bargaining position when dealing with men. Widows are sometimes positioned as helpless, weak, and do not need to be pitied so that in a patriarchal socio-cultural condition there is often justice against women, especially widows. (Pombu et al. ,2022)

Operational: A widow is a woman who has not remarried after her spouse passed away. This phrase particularly refers to a woman's marital status after her husband passes away. After losing their spouse, widows frequently have particular emotional, social, and financial difficulties

.

3. Coping Strategies

Conceptual: Conscious efforts to lessen negative emotions are referred to as coping strategies. Coping mechanisms might be social or individual, cognitive or behavioural. It is a means for individuals to take care of their mental and emotional well-being. Coping is defined as the thoughts and behaviours mobilized to manage internal and external stressful situations. It is a term used distinctively for conscious and voluntary mobilization of acts. (Algorani and Gupta ,2023)

An action, a sequence of actions, or a way of thinking that is employed to deal with a difficult or unpleasant circumstance or to modify how one reacts to it. Unlike defence systems, coping strategies usually encompass a deliberate and direct approach to difficulties.

Operational: Coping strategies encompass deliberate actions or responses undertaken by individuals consciously to overcome distressing events or navigate through emotional periods in life, ultimately aiding in the process of adaptation and adjustment to life's challenges.

4. Support System

Conceptual: A support system is a group of people who provide you with mental, emotional, and practical support when you need it most. They also help keep you going strong when you're doing well. Nair (2022)

Operational: A support system comprises individuals closely interconnected, offering assistance to fulfil various needs, including emotional, financial, and facilitating connections with community resources to aid individuals in navigating challenges during times of adversity.

5. Emotional Transition

Conceptual: A change that modifies a person's emotional state is referred to as an emotional transition. They appear when someone struggles to let go of the past. This may result in

depressive, anxious, or unprepared feelings for the future. Fear, loneliness, and uncertainty accompany emotional transitions because the person gets thrown into an unknown situation or an unstable world, they are unable to understand. (MonarchTM, n.d.,2018)

Emotional transitions are lifelong processes that involve internal reconfigurations in responses to changes outside of oneself. Change, whether good or harmful, causes attitudes to shift. (Ninivaggi, 2019)

Operational: The process of transitioning from a state characterized by heightened emotional vulnerability to lower marked by increased resilience and comprehension of circumstances, enabling individuals to adeptly engage in their daily activities through the deliberate acknowledgment and management of emotions.

RESEARCH DESIGN

This study's research design is a descriptive approach based on case study approach. Qualitative research methodologies were intentionally chosen to dive into the multifaceted and distinctive experiences of those who have gone through widowhood. In order to gather a wide variety of experiences, the study will be carried out in both urban and rural environments. Widows who have been purposefully chosen as participants will ensure an even distribution of ages, socioeconomic backgrounds, and cultural characteristics. Data saturation will be used to establish sample size, resulting in rich and thorough insights.

Open-ended interview questions will be used to promote narrative exploration during in-depth qualitative interviews with participants. The interviews will include areas related to life stories, emotions, coping strategies, the impact of the economy, and support networks. We will use thematic analysis to find and examine recurrent themes in the stories.

A qualitative research design was chosen for several reasons. First, it allows the researcher to explore and describe the lived experiences, financial challenges, and the existing societal support regarding resilience building among the widowed individual. It also facilitates the exploration of different coping strategies employed by the individuals to tackle different life hardship along with the loss of the partner. Additionally, this design promotes a holistic understanding of individual transition taking into the interconnectedness of social, cultural, emotional and financial factors.

The case study approach complements the qualitative descriptive design by focusing on a specifically being in Ernakulam district and having the criteria of minimum of 3 years widowhood experience and having children and also should satisfying the age limit. By choosing the case study, the researcher can gain a detailed understanding of unique context, challenges, strength of the individual widows. This approach also allows for the examination of social support in resilience – building and emotional adjustments of the widowed individual during the challenging period.

Every participant will be asked for their informed consent, guaranteeing their voluntary participation and confidentiality. We will use a variety of data sources, including field notes, interviews, and even follow-up interviews, to improve the validity and dependability of the results.

UNIVERSE

Universe includes all widows who were in any age or socio – economic background in Ernakulam district.

SAMPLING

The study is conducted using a purposive sampling technique because all the participants of this study have minimum 3 years of widowhood and are not remarried. which is a non-probability sampling technique to collect the data.

INCLUSION CRITERIA

The study enrolled participants who met specific criteria of residing in Ernakulam district, had over three years of experience in widowhood, being within the age range of 45 to 65, had children, and provided consent for their responses to be recorded.

EXCLUSION CRITERIA

The study excluded individuals who did not meet specific criteria, including age (between 45 to 65), experience in widowhood (less than 3 years), remarriage status, absence of children, and residence outside Ernakulam district. Additionally, widows who declined to provide consent for their responses to be recorded were also excluded from the study.

PILOT STUDY

The researcher conducted a comprehensive interview session with a widow whose partner passed away in an accident four years ago. Following the session, the researcher identified numerous pertinent themes required to get addressed, encompassing financial dependency, social support structures, emotional hurdles, psychological complexities, and coping mechanisms employed to navigate the circumstances.

TOOL OF DATA COLLECTION

An interview guide consisting of questionnaire of six open ended questions and direct interactions along with field observations are used as the tool for data collections.

METHOD OF DATA COLLECTION

An in – depth interview used as the method of data collection. A well-focused semi structured method is used to generate in – depth responses.

LIMITATIONS

The study has restricted its participant limit due to time constraints, selecting only individuals residing within Ernakulam district.

CHAPTERISATION

Chapter 1: Introduction

Chapter 2: Review of Literature

Chapter 3: Methodology

Chapter 4: Case study

Chapter 5: Findings and Discussions

Chapter 6: Suggestions, Conclusion

CHAPTER 4

CASE STUDY

Introduction

Through case studies, this chapter provides a thorough examination of the emotional journey, available support systems, and coping strategies used by individuals who have been widowed for at least three years and have choose to stay unmarried. All of the clients included in this study were selected from the Ernakulam district, representing diverse religious, cultural, socio-economic backgrounds, employment statuses, ages, and other demographic factors.

In order to gain a comprehensive understanding of the experiences of a widow and their effort to set back their life to normal, the researcher adopted case study method as the primary approach. The case study method offers an in – depth examination of the needful study area in its real context, which enables a rich and detailed analysis of the researcher topic. In this study, the researcher aims to is to explore the various life situations experienced by widows throughout their lifetimes and to examine the coping strategies they employ to navigate each challenge. In addition, field observations were conducted to provide contextual information and complement the insight gained through the interviews. By immersing themselves in the community and observing their activities and interactions, the researcher was able to gain a holistic understanding of their transformation and their available societal support systems and also the factors contributed to navigate their widowhood challenges. The findings of the research add significantly to our understanding of the difficulties widows have and provide insight into the assistance they need to start over without a spouse. These insights may inform policymakers in developing targeted policies and programs tailored to meet the actual needs of widowed individuals.

Case Study 1

Name : A
Age : 59
Education : 10th
No. of children : 3
Job : Daily wage worker

Participant A has been widowed for four years. Her husband passed away from lymph node cancer after undergoing treatment for two years. He received consultations and treatment from several medical institutions, including Kalamassery Medical College and Kottayam Medical College, and spent his last days at Perumbavoor Government Hospital. He passed away at the age of 55, and prior to and after his diagnosis, he had a habit of consuming alcohol daily. Both Participant A and her late husband had experienced widowhood previously. Participant A is the second wife of her late husband. The first wife of him died from a snake bite. He had two daughters in the first marriage. Similarly, Participant A's first husband passed away suddenly from a heart attack after six months of married life. Following his first wife's passing, he married Participant A, and together they shared 22 years of marriage and had one daughter. After the death of the first wife, the husband's family is not on good terms with the deceased partner due to some misunderstanding with them. Therefore, even if they lived near them, they did not participate fully in the death rites and related ceremonies. Also, they never stayed with the partner to console or provide any kind of support during this period. He was 55 years old at the time of his death and worked as a daily-wage labourer. Both of the elder children were married and had children before their deaths.

❖ *What difficulties did you face after your husband passed away?*

Participant A faced several challenges, the most important being financial. Following the death of her husband from cancer, a poor socio-economic background also led to a financial crisis. During treatment, they incurred substantial debts from various sources, which increased their financial burden. The education of their third child became a major concern as the daughter had started CA coaching at the time of her husband's death. Also, strained relationships with the husband's family stemming from past problems prevented the family from providing support during or after his illness. Participant A's health deteriorated as a result of working so hard to increase her income from the factory. She suffered from fluctuating blood pressure, extreme anxiety, and other physical ailments. Strict budgeting led to sacrifices, including neglecting their daughters' needs. She said that *"my girl is suffering a lot I can't even accomplish her little wishes and she didn't even have dresses or accessories like other girls in her age"* The pressure from the increased hatred on the in-law side was also a problem that she faced during that time. The death of her mother due to cancer after two years of widowhood also worsened her emotional strength.

❖ *Explain about the emotional transformation you passed through?*

The participant didn't delve deeply into sorrow, since they expected to die because the doctor had warned them that their illness was getting worse. Following her partner's passing, Participant A exhibited characteristics of overthinking, initially experiencing feelings of helplessness during the early stages of grieving but suddenly transitioning to acceptance and moving forward. Persistent thoughts of *"How will I manage without him?"* persisted. Her mother, brothers, neighbours, and daughters all provided emotional support. While she maintained a facade of emotional strength in public, she hadn't entirely overcome feelings of hopelessness and helplessness. Participant A worked in a nearby company from eight in the

morning until five in the evening. Upon returning home, amidst managing household tasks, she found herself alone with her thoughts, reflecting on her partner's treatment period and the life they shared before and after. She was also worried about her own health and the future of her third daughter.

❖ *What kind of resources helped you to navigate the death of the loved one?*

The participant primarily sought emotional support from her close neighbour, a trusted friend at her workplace, a doctor at a nearby homeopathy clinic, and her mother. After the death of her mother the neighbour who was just opposite her house was the major relief. During times of financial strain, she received assistance from various religious groups, particularly those affiliated with the Catholic Church, which generously supported her daughter's education and alleviated some of her debts. To manage financial challenges, she took on extra work hours, often neglecting her own health in the process. When she was lonely at home, she would go to her neighbour's house for emotional comfort. Additionally, her elder daughter played a significant role in providing both emotional and financial assistance. Support also came from the corporate social responsibility (CSR) fund of the well-known Nirapara company located in her area. Despite the lack of support from her late partner's family, the broader community displayed a welcoming and inclusive attitude towards her family, offering a sense of belonging and support during her time of need. She stated that *"By the grace of God, help was received from various quarters"*.

❖ *What adaptations and coping skills you used to adjust with the widowhood?*

One significant adaptation she employed was deepening her religious practice. Engaging in chanting and devoted prayers became a cornerstone of her coping mechanism. She often states that *"Faith is the support that carries us forward,"* emphasizing her reliance on spirituality during difficult times. She believed that by transforming negative thoughts into prayers, she

could get supernatural guidance for her next steps. Moreover, she leaned on interpersonal support as a means to manage her emotions effectively. She confided her feelings, worries, and thoughts in trusted confidants, as previously mentioned. Seeking advice from her daughters and family members became an important part of her decision-making process. Furthermore, she strategically occupied her time to prevent excessive thinking. Keeping herself engaged in diverse activities served as a preventative mechanism against overthinking, which increased her overall resilience. For several weeks after her loss, she sought rest in the comforts of her own home, leaning on the unwavering support of her closest confidant. This purposeful decision enabled her to immerse herself in an environment where she had a strong sense of belonging, providing critical emotional support during a time of great uncertainty. This strategy played a pivotal role in nurturing her coping mechanisms, providing a foundation of comfort and reassurance amidst adversity.

❖ *What impact the death of spouse occur in different phases of your life?*

Following the death of her companion, the participant experienced significant emotional vulnerability. Despite the passage of four years, her journey through this period was relatively unmarked by profound difficulties. Significant milestones, such as establishing a comfortable home and his two elder daughter's marriage, had already been accomplished prior to her husband's demise. Her primary challenges during this time centered around her daughter's education and her own physical well-being. *"So far there have been no such major difficulties, it's yet to come."*

❖ *The roles and responsibilities that are altered after the death?*

A was formerly reliant on her partner for decision-making, often seeking permission and adhering to his choices without question. His death created a tremendous shift, completely altering this dynamic. Suddenly thrust into the role of sole provider for her family, she found

herself facing a multitude of responsibilities previously overseen by her husband. she repeatedly said that *"In the past, I didn't want to know anything; everything was managed by him"* This transition also marked her integration into a broader societal sphere, as she engaged more extensively with her community. he also took on the responsibility of managing financial commitments, such as debt payments, something she had little prior expertise with.

From the researcher onsite observation, she could able to note down things regarding the family background, the participant resides in a modest, two-room concrete house built under a local panchayat program. The house is small and feels unfurnished even though it is structurally sound. Situated amidst other residences, it reflects a closely-knit community setting. Conversations with neighbours revealed a lack of involvement from the deceased partner's family, while highlighting the participant's impoverished circumstances and health challenges. Through field observations and direct interactions, the researcher noted the respondent's emotional expressions. The participant frequently exhibited emotional vulnerability during conversations, often responding with a soft voice and pausing before replying. Despite her outward calm manner, she continues to struggle with the profound sense of loneliness resulting from her loss. She received support from neighbours in acquiring essential provisions, and many people assisted her in settling the debts accumulated during the treatment. Despite the understandable challenge of repaying them within a short period, neighbours and other individuals close to the family willingly offered their help. To manage financial matters, the participant relied on borrowing from neighbours, maintaining a consistent repayment schedule. according to the neighbours she was going to the church often and daughter said that she was reading bible in the evenings for too long time. she is also used the phrases like "only God can heal me from the pain I have", "prayer strengthen me a lot." etc. shows her believes intensity. She appeared physically weaker than her actual age would suggest, with noticeably high levels of fatigue. Upon speaking with her daughter, it became

evident that she was undertaking strenuous work to increase her earnings and save for her younger daughter's future marriage. Additionally, her close neighbour confided that she often expressed deep concerns about her daughter's impending marriage, recognizing it as a significant upcoming milestone in their lives. According to neighbours, her level of involvement in the community was relatively low before her husband's passing. However, following his death, she noticeably increased her engagement and interaction with those around her. Before becoming a widow, she was largely unaware of her daughter's education and household affairs. All earnings were entrusted to her husband, who managed all household necessities. She rarely ventured to shops or nearby stores, even in emergencies. However, since her husband's passing, she has taken on these responsibilities, managing them independently or occasionally with assistance from her younger.

Case Study 2

Name : B
Age : 54
Education : 10th
No. of children : 2
Job : Thozhilurapp

Participant B was widowed for five years. Her late husband died from complications caused by a diabetic-exacerbated leg infection. Over the course of five years, he was treated at several medical facilities, including Little Flower Hospital, Kalamasseri Medical College, and Vimala Kanjoor Hospital. However, his condition weakened over time, particularly in the months leading up to his death. Her late husband was a union worker who suffered from alcoholism and spent a considerable portion of his earnings on drink. He frequently engaged in verbally abusive arguments with B as a result of his drinking. The couple had two children: a daughter who lived with her husband and a girl child, and a son who worked at a footwear shop in Ernakulam. Following his father's death, the son temporarily sought employment opportunities in Arab countries before returning and currently working at a shop in Malappuram. B had worked at a nutmeg the factory for eight years before deciding to resign following her husband's death. Her daughter, an English graduate, later married, and her son finished his diploma. Prior to being employed at Thozhilurapp, Participant B worked at a nutmeg processing company.

In addition to the one-to-one interaction the researcher also has noted some field observations and connect with the neighbours and other nearby people to know more about the respondent and the life situation before and after the death of the loved one.

❖ *What difficulties did you face after your husband passed away?*

Following the death of her partner, Participant B faced many challenges, the most significant of which was the intense sense of empty nest feeling. One of the partner's brothers died only six months before the partner as a result of liver cirrhosis, which is already made the family in a sad full situation. Financial difficulties enhanced the hopeless situation she was in, especially during her daughter's delivery, when her son's salary was insufficient to afford enough assistance. *"I just feel like why should I live afterwards?"* Despite her partner's alcohol addiction, their relationship was marked by long-lasting satisfaction and mutual support. Compounding her financial difficulties, she has yet to obtain widow pension benefits due to issues with their survey number. She also suffered from physical health difficulties nowadays caused by excessive blood sugar levels. She also experienced variations in her blood pressure, which she attributed to her grief at her husband's death. She believed that her sicknesses were a direct result of her grief, and that the only way she could recover was to die.

❖ *Explain about the emotional transformation you passed through?*

She experienced considerable emotional instability in the years following her spouse's death, having symptoms of depression that were treated with counselling. She then left her job at the nutmeg company. Even after all these years, her sleeping patterns were unpredictable, and she experienced emotional breakdowns when she was alone. Since her spouse died on March 16th, she has been experiencing increasingly intense emotions since the beginning of the month. During these occasions, she relied significantly on her daughter for emotional support. The departure of family members following the 16-day religious rites left her emotionally devastated, and she expressed exhaustion at being alone at home. *"The pain seemed less intense immediately after the death, with everyone at home. It wasn't until they all left that I realized how alone I was."* She had no emotional support from her family or her husband's family

because her parents were already gone. However, the birth of her daughter's child two years after her husband death marked an important turning point to her emotions. Taking on the responsibility of caring for her daughter and granddaughter during pregnancy and after the birth of the child gave her renewed strength and purpose, allowing her to overcome her emotional fragility. Returning to work through the MNREGA program demonstrates her move into an adaptive phase, in which she is now resilient and self-sufficient.

❖ *What kind of resources helped you to navigate the death of the loved one?*

The problems she faced were not necessarily financial, but more emotional, which her family, notably her oldest daughter and son, played an important role in overcoming. Her son provided her with dedicated care throughout her health issues, particularly when she required eye surgery due to excessive blood sugar levels. Throughout the course of her treatment, her son diligently monitored her well-being and managed her care with great attention to detail. Her close neighbour also gave important emotional support, building a relationship in which she felt comfortable discussing her views and seeking advice due to their strong and trustworthy relationship. During the initial period, she received great aid from close relatives and friends through regular visits and prayers. Her son handled financial affairs effectively, *"After father passed away, my son went through a lot"* and she earned additional independence through employment secured under the government's MNREGA program, eventually obtaining financial independence.

❖ *What adaptations and coping skills you used to adjust with the widowhood?*

Her primary technique of adjusting to the new life situation was to openly communicate her emotions to her family, particularly her daughter, who she found to be the most supportive and understanding. Outside of her familial group, she relied on a neighbour with whom she had a long history of working and shared a long relationship. This neighbour was a trusted confidant,

offering advice and listening to her ideas and concerns without showing judgmental attitude towards her. Engaging with her granddaughter emerged as another coping mechanism, giving her a feeling of purpose and happiness. When her son was not present at home, she found comfort at her daughter's house, finding comfort and distraction from loneliness by being and engaging with them. She also accepted the help of a counsellor during the first few months, "I went to counselling only because of my daughter's insistence, but it was good that I went that" realizing the importance of professional help in managing her emotions. Participating in family trips organized by her daughter allowed her relaxation. Returning to doing job once she quite due to her emotional imbalances and hopelessness feeling was also a crucial element of her adaption, as it lessened her feelings of loneliness. The pattern of work days provided her with an organized and meaningful way to spend her time, resulting in a more active and engaging lifestyle. She also performed all of the essential rituals based on their cultural beliefs to ensure her peacefulness.

❖ *What impact the death of spouse occur in different phases of your life?*

Following her partner's death, she went through two important phases in her life. First, she experienced both happiness and despair when she witnessed her daughter's pregnancy. "*When the baby was born, I didn't know whether to be happy or sad because it was a moment that my husband and I wanted to see a lot*". The thought of becoming a grandmother evoked conflicting emotions because it reminded her of her husband's fantasies of grandparenthood, which caused her significant sorrow. Furthermore, she faced several of her own health issues, leading to some sort of emergency treatment after, one year later, her death, undergoing eye surgery. This phase was distinguished by financial dependency on her son which she considers as a biggest burden for the son because of his poor earnings, as she was forced to abandon her former work following the loss of her spouse. Handling her daughter's prenatal and postnatal

care alone intensified her loneliness, especially in the absence of her partner and in-laws' assistance. These encounters added to her mental strain during this difficult time.

❖ *The roles and responsibilities that are altered after the death?*

Following her husband died, there was a substantial shift in roles and responsibilities in the household. Her spouse traditionally handled tasks such as getting household items from multiple stores, coordinating utility bill payments, society loans, and other financial commitments. Her son now bears the majority of these chores, ensuring that the family runs smoothly. However, decision-making remained a collaborative process, with the participant making informed choices after consulting with and receiving advice from both children. Her son handled bill payments when he was at home, and her daughter handled emergencies when he was away. Although she occasionally visited shops or government offices to pay bills, these instances were rare. During particular occasions, such as her grandchild's baptism, she took on the roles of both grandparents, filling up the void left by her husband's absence. Navigating these altered roles and responsibilities posed minimal challenge, largely due to the unwavering support of her son, who served as a dependable pillar of strength.

Based on field observations, it was evident that B encountered little obstacles after losing her marriage, aside from psychological distress. Her family, particularly her children and in-laws, provided her with great support. Coming from a financially secure family, any issues that arose were handled promptly by her son, minimizing her concerns. B's social circle was modest, as she was not particularly extroverted, with only a few close neighbours. Despite frequent disagreements caused by her husband's alcohol usage while he was alive, neighbours accepted that their relationship was positive. Their well-appointed home and neat surrounds demonstrated their commitment to provide a comfortable living environment. During interview session, B emphasized her dissatisfaction with her husband's alcohol consumption, frequently

saying, "He wouldn't listen to me about drinking. If he had, he could have cherished his role as a grandfather and witnessed our son's marriage. Given her introverted personality, she found it difficult to express her emotions in front of a large group of people. Unfortunately, this resulted in misinterpretations by neighbours, who often engaged in unnecessary conversations about her character.

Case study 3

Name : C

Age : 49

Education : General nursing

No. of children : 2

Job : Hotel worker

Participant C is a 49-year-old woman with two daughters. She used to work as a nurse at a neighbouring hospital but left the job upon her husband's demand after they married. The family's socioeconomic standing is middle-class. Her husband died unexpectedly in 2019 following a cardiac arrest while driving. This left her dealing with the period of widowhood for the previous four years. The partner's father died of a heart attack when the partner was a child. C was actively involved in managing a hotel in front of her house, together with a neighbour. The partner worked as a school van driver. Despite the habit of cigarette smoking, he doesn't consume alcohol. Her older daughter is married and works as a journalist, and her younger daughter is pursuing a master's degree in economics. The older worked in a Bangalore-based company at the time of his father's death and is now settled in Kochi. In terms of family, C's spouse has a mother and three younger brothers, all of whom are married and have children. Similarly, C's family includes her parents and two younger sisters, every one of whom are married and have children. Her partner's mother lived with them till she died two years ago from breast cancer. The younger child was born with cardio issues, and at the time of the partner's death, she was exhibiting cardiac symptoms for the second time.

❖ *What difficulties did you face after your husband passed away?*

As a widow, Participant C experienced significant problems because she was heavily depended on her late husband. Despite her daughter's and her own earnings, she was dealing with emotional upheaval as well as financial difficulty. The experience of her daughter's surgery and subsequent follow-up offered considerable challenges. Finding a trustworthy facility and understanding the practicalities of continued therapy of her daughter proved difficult. Urgent valve replacement surgery was suggested by the experts for her daughter, who appeared just two years after her partner's death, with a high expense of approximately twelve lakhs. Given her limited financial resources and the lack of assistance from her in-laws, fundraising for this operation became a top priority during the period. Managing family expenses during the COVID-19 outbreak proved difficult, aggravating her financial situation. *“The most challenging time after the death was the lockdown period, that no one even asked whether we have anything to eat that time.”* In addition, problems arose in her work space, complicating matters. Simultaneously, she dealt with her mother-in-law's medical care, which added to her financial pressure because both treatments occurred within the same year. She also encountered difficulties at her oldest daughter's marriage, which took place a year after the surgery and her mother-in-law's death. She also had certain problems with health that impacted her mental health. Her late partner's family created tremendous issues, notably for their children. They caused major problems in the family dynamic by imposing stringent limitations on things like dress and social outings. Furthermore, they forced the eldest daughter into an early marriage, increasing the burden of responsibilities during an already difficult time. Despite the challenges, they persevered and remained determined.

❖ *Explain about the emotional transformation you passed through?*

She had a high level of emotional sensitivity, with a tendency to experience abrupt episodes of sadness and anxiety. Following the partner's sudden death, she went through a prolonged period of grieving, which included continuous denial lasting two days, followed by weeks of frustration, irritability, and attempts at bargaining. She had stopped eating and experienced substantial changes in her sleep patterns. Days went without her engaging in basic self-care procedures like washing, and she stayed confined to her bed, hardly venturing outside. Her emotional breakdown remained, as demonstrated by several moments of crying, particularly in the presence of people who offered comfort upon their visiting and through their prayers. Despite having several hardships, their relationship and the married period was defined by genuine compassion and a shared sense of happiness in life. Challenges such as the hotel's closure for 40 days during the Christian ritual period complicated their situation, but her mother's presence in the hotel instead of the participant brought some solace for a couple of months for her. Her mother-in-law, together with her children and parents, provided invaluable emotional support. Her mother-in-law's death brought her to confront her emotional vulnerability a second time. She sought comfort from religious preachers. Her personality was prone to overthinking so that she would habitually dwell on each matter and becoming profoundly emotional. Haunted by the feelings of guilt, she fixated on the notion that if she had stopped her loved one from leaving the house at the right time, the heartbreaking event may have been avoided. Despite her ongoing mental distress, she maintained a happy behaviour in front of others. "Until now, I've only been going through the weakest emotions. What else can I do? I must continue living until it's my time to return to God." Her younger child emerged as a constant source of comfort during her journey through deep despair. Her state of mind brightened little following the marriage of her oldest daughter. Her son-in-law emerged as a big source of support, consistently attempting to uplift her spirits and caring for her emotional

well-being with sensitivity. Now, she was struggling with the feeling of loneliness that generally comes with the empty nest days, caused by both children's separation from home while they followed their distinct paths of work and studies.

❖ *What kind of resources helped you to navigate the death of the loved one?*

Throughout her younger child's treatment, she received significant financial help from a variety of sources, including religious groups, private sponsors, and members of the community around her. In addition, the village council assisted the participant family in gaining access to government funding designed to improve medical care. Throughout the treatment period, she received not only financial help, but also personal assistance, prayers, and connections to important resources to ensure that the treatment progressed smoothly. During this difficult period, trusted advisors shared guidance in addition. During her grieving, her parents took up household and hotel responsibilities. Her sisters and their families, despite facing financial constraints themselves, provided both emotional and financial support. "My sisters and their families were a great relief to me while my husband's family stood by without helping". Her mother-in-law and son-in-law were consistent sources of support throughout. During times of solitude when her children went away for school and job, she found comfort in the company of her nieces and nephews. Despite battling physical and mental health issues, she was determined to grow her hotel business, relying completely on the profits. Her unwavering efforts for financial independence demonstrated her determination and commitment for being financially independent. The son-in-law took excellent care to schedule meetings with doctors and monthly check-ups to appropriately address their physical difficulties.

❖ *What adaptations and coping skills you used to adjust with the widowhood?*

Her primary coping approach was to build her relationship with God and enhance her faith, which she found to be extremely comforting. She believed that her faith brought her peace and

that God served as direction indirectly, especially during times of stressful circumstances. She also found pleasure in using a mobile phone gifted to her by her daughter and son-in-law, which she used to divert herself from distracting thoughts and promote better sleep. Engaging in various household tasks served as another way to manage her emotional pain, with her days starting early in the morning and continuing until the afternoon. She also found solace in sharing her feelings and concerns with trustworthy people, particularly her children and her own sisters. She seeks guidance from professionals early on and received direction from a counsellor with a background in spiritual counselling, which had a long-term impact on her coping skills. Traveling with her children offered her with an enjoyable change of environment and an escape from her usual circumstances. She also found solace in regular visits to her husband's cemetery, where she prayed for her own peace of mind. "Visiting his grave every Sunday and expressing all the grief, grievances, and emotions, I found some solace." She honoured his death anniversary each year, following Christian cultural practices, to honour his memory and find consolation in her faith. She finds comfort and relaxation in the company of her parents.

❖ *What impact the death of spouse occur in different phases of your life?*

She encountered some of her most challenging hurdles after her partner's death and underwent many significant phases as a widow. Having to deal with her daughter's medical conditions and treatments were exceptionally difficult, especially for someone who had previously just relied her husband's decisions without even questioning or disobeying. During this time, there were financial and emotional setbacks, which made it more difficult to decide what to do when there was opposing opinions. This period brought both emotional and financial struggles, compounded by the difficulty of discerning the best course of action amidst conflicting advice. She also had trouble distinguishing right from wrong and making enough to survive with her minimal daily salary from employment, which was insufficient for basic living expenses. In

addition, she had to oversee the marriage ceremony of her older daughter, and throughout this difficult period, she had minimal assistance from cousins and other family members. She overcame these challenges and developed resilience thanks to her kids' unwavering support. Asking her brothers-in-law for advice received little response, which made things much more difficult. In addition, the menopause made her problems worse, causing her to become more irrational and unstable emotionally. During this time, she dealt with a number of health problems, which made her more irritable and unstable emotionally.

❖ *The roles and responsibilities that are altered after the death?*

After her husband passed away, she became the primary breadwinner for the family and took on the duty of caring her daughter and mother-in-law. She stepped up without hesitation to take on many of the everyday chores that were previously split, such running domestic errands like bill payments and shopping. She showed incredible independence and resourcefulness by planning her daughter's wedding on her own and affording the education of her younger child. She undertook full responsibility for all aspects of the marriage, including venue booking and food, the duties that her late partner had previously performed. Despite the seriousness of these duties, she approached each one with grace and determination. She oversaw the running of the hotel by herself, making the adjustments required to make it successful. She not only showed resilience during the process, but she also gained confidence and handled different situations with confidence. She took responsibility of paper works of death certificate and others, managing her pension papers and making sure all the required documentation was in order while her daughter was receiving treatment. As the rest of the family displayed apathy, she took full responsibility for her mother-in-law's care, demonstrating her strength and commitment. She tackled each work with determination and relentless commitment despite the difficulties. "At first I was scared to do it all by myself but then I forgot my fear when I realized that I have no other option and I can't depend too much on others".

Field observations revealed that she had experienced a significant change in her social behaviour. Though not very sociable before, she joined Kudumbashree and became involved, therefore she was now actively participating in social activities. Despite this newfound sociability, she maintained a degree of emotional reserve, choosing not to openly display her feelings to everyone. Her late partner had been widely respected and beloved in the community for his compassionate and helpful nature, and this reverence extended to their family. The community came together to assist them during their daughter's surgery, even though her in-laws showed no interest in helping. The house building was, constructed just two years prior to her husband's passing, was a symbol of their common desire for an adequate life. The vehicle used by her husband was sold out in order to lessen the pain of his memory. She remained cooperative and emotionally composed during discussions, though tears welled up as she reminisced about fond memories. Her daughter said that even while she still cried sometimes and experienced certain emotional moments, she had made significant progress from her prior condition. She showed signs of her increased independence, making an effort to complete chores independently and to the best of her abilities.

Case study 4

Name : D
Age : 47
Education : Degree
No. of children : 2
Job : House wife

Participant D resides in the Ernakulam district near Kothamangalam and is the mother of two children: a daughter in her third year of nursing studies and a son in his first year of degree studies. She has been in a phase of widowhood for the past seven years, having shared 22 years of married life with her late husband. He served as a manager at a pharmaceutical company, shouldering the household responsibilities. Tragically, her husband succumbed to a rare lung disease, a condition affecting only a select few. His year-long battle with the illness incurred significant medical expenses, totalling approximately 45 lakhs, which were primarily covered by treatments at the Government Medical College in Ernakulam. During his two-month stay on a ventilator at Kochi Amrita Hospital, the family endured immense emotional and financial strain. Throughout this challenging period, her husband's brothers stood unwaveringly by the family's side, offering both emotional support and financial assistance, especially crucial as Participant D was without a job at the time. Despite the steadfast support she received, Participant D continues to grapple with the profound loss of her partner. To sustain herself and her family, she turned to tailoring from home and ventured into handicraft business.

❖ *What difficulties did you face after your husband passed away?*

partner's passing, although foreseen due to his prolonged illness, left D grappling with a tumult of emotions. While his death wasn't a sudden shock, the days following were marked by a relentless mental struggle. In the wake of his departure, the participant found herself adrift, unable to offer solace to their grieving children or to steady herself amidst the void he left behind. Their 22 years together had woven a deep dependency upon him; her life revolved around domestic duties and childcare while the partner assumed responsibility for all other aspects of our household. His brothers, stepping in during his illness, provided essential support, yet their efforts couldn't alleviate the profound sense of loss and displacement that enveloped D. as an introvert, she has always found solace in solitude, but the partner's absence left the participant paralyzed. Life ground to a halt, and she lacked the resilience to provide comfort to her children or to engage in the social fabric of our community. Despite the unwavering support of husband's brothers, who treated them as their own family, and the mother-in-law's presence, she remained mired in sorrow. Even their efforts couldn't pierce the veil of melancholy that shrouded her, nor could they ignite a spark of joy within. Though her children were cared for by her own family, sparing her undue worry, a pervasive fear gnawed at her—the fear of her own inadequacy. The sudden realization that she lacked essential life skills, from driving to managing finances, compounded my anguish. Guilt weighed heavily upon her; she berated herself for not taking the initiative to acquire these skills during their years together. In the aftermath of the death, she confronted not only grief but also a profound crisis of confidence. Each day presented a daunting challenge, overshadowed by the fear that she lacked the resilience to navigate life's hardships alone. *"When my husband suddenly died, I felt that there was no way for me to live"*. The realization that she had neglected to equip herself with the tools necessary to weather such storms intensified her sense of helplessness and regret.

❖ *Explain about the emotional transformation you passed through?*

She knew that her husband would leave her long ago, but she held onto the hope that nothing would happen and that he would be with her during his treatment. However, his death shattered all her hopes. Generally withdrawn, she only spoke openly with her husband. At that moment, the thought that she was left alone in this world bothered her more than considering what her children would do without him. The idea of why she should continue living, knowing that eventually, she too would have to face death, gripped her tightly. It was a condition where she couldn't even talk to her children. She knew that her two children were mourning the loss of their father more deeply than she was. She couldn't comfort either of them during those days. A year after her husband's passing, her relatives started asking her if she was still okay, noticing her reluctance to talk to anyone or participate in events. That year was very tough for her. Many people insisted that she go for a spiritual retreat. But then, she hated even God. When her husband fell ill, she prayed inwardly, saying, *'I just need him to return alive, and I will take care of the rest.'* However, none of those prayers were heard. Hence, she developed an aversion to spirituality.

❖ *What kind of resources helped you to navigate the death of the loved one?*

She had not completely overcome her husband's death. However, what kept her going was her children and the love her husband's family gave her. Neither she nor her children had to suffer any hardship due to her husband's departure. Her husband's brothers were doing everything for her children as if they were their own. It was her eldest daughter, who helped her out of her trouble. Initially, the daughter was open to her, but later she started talking to her openly and sharing her wishes and dreams. She, too, became very open with the daughter. *"My daughter was the biggest comfort during those times"*. Later, the change in her came with the thought that even though her husband was gone, she should be a part of her children's dreams. Her

mother's words, stating that if she remained sad, it would affect their lives, had a significant impact on her. She realized that their lives would become meaningless if she continued to be despondent. Although she had not fully recovered from Paul's death, she lived in the hope that she would live for her children and do everything she could for them.

❖ *What adaptations and coping skills you used to adjust with the widowhood?*

Her children and her spirituality mainly helped her cope with life without a husband. Initially, she harboured resentment towards God, but she eventually found faith and began praying for her children's dreams. Despite her husband's absence, she found solace in the belief that God was providing her children with a good education and a high-quality life. Feeling mostly isolated, she started reaching out to others. Her daughter also spent time with her, thinking that being alone would lead her to dwell more on her grief. To change her thoughts, she engaged in small tasks. Drawing on skills she had learned in her youth, such as sewing, she dusted off her old talents. *"It was only when such a sudden situation came that I realized the value of education and work"*. Being more engaged became her way of getting rid of negative feelings and finding solace.

❖ *What impact the death of spouse occur in different phases of your life?*

The main challenge she faces since the partner's passing is that she now has to rely on his brothers for everything he used to handle. She doesn't even know how to drive; her husband took care of all the household tasks and attended to their needs. Her eldest daughter is studying in Mysore, which means she's unable to accompany her for college admissions or attend parent-teacher meetings by herself. Her son had a close relationship with his father, and he still deeply misses his friend and mentor. Looking ahead, she worries about making decisions on her own, especially when it comes to her children's marriages. It's daunting for her to think about navigating these significant life events without Paul by her side.

❖ *The roles and responsibilities that are altered after the death?*

After her husband's passing, she found herself shouldering many new responsibilities. Until then, she had primarily focused on caring for the children and managing household chores. However, in the absence of her husband, she began to take on additional tasks. She started engaging in small jobs like handicrafts and sewing to earn a modest income from home. Despite lacking prior knowledge of banking and financial transactions, she taught herself these essential skills. Before his death, she relied heavily on her husband for decision-making, but afterwards, she had to step up and take charge. She made significant decisions regarding important milestones in her children's lives. Today, she is the go-to person for her children, fulfilling the roles they once turned to their father for. While his loss has been deeply unsettling, she views the challenges she faces in raising her children as another phase of her life. Although the separation has been difficult, she sees it as an opportunity for personal growth. She has gained confidence and become a more responsible individual through this journey.

On the observations made, she lived in a well-constructed and well-maintained house and was very busy with her tailoring job. She earned a good amount from this job. Also, she was more talkative and was in a stage of acceptance and moving on. She handles all the household matters on her own. She was now actively mingling with the neighbours and helping others when they needed it. She is actually now able to carry out tasks independently without depending too much on others. While speaking with her, she was calm and relaxed, and her appearance was well-maintained, as was the surrounding house.

Case Study 5

Name : E
Age : 62
Education : BA Malayalam
No. of children : 2
Job : Teacher

The participant E, a widow who is now 62 years old. Her husband passed away 12 years ago. she used to work as a government school teacher while her husband held a position as a government officer. Despite encountering some minor issues, their lives were filled with happiness for 27 years. Her late husband, was known for his stubbornness but also for taking care of his siblings' affairs. He was the first in his family to secure a job and carried a heavy load of responsibilities, which often made him demanding and prone to anger. Although they were originally from Ernakulam, an incident that forever changed E's life occurred when they were residing in a rented house in Kozhikode due to work. One day, the partner complained about excruciating pain in his leg. she observed that his leg had accumulated a significant amount of fluid and pus. Instead of seeking medical help, he decided to treat himself. However, after two weeks passed without any improvement, she insisted that they visit the hospital. The doctor delivered the distressing news that he had a severe leg infection due to the lack of timely treatment. If the infection did not subside, amputation would be the only option. The thought of losing a leg was unbearable for the partner, who had always taken care of his siblings and their own family. Despite undergoing a month of medication, there was no improvement. The doctor regretfully informed them that amputation was the only solution. This news left him

mentally exhausted. The spouse, who typically displayed anger, began expressing his frustration and resentment towards even the smallest matters. He refused to engage in conversations, rejecting any attempts at consolation. He closed himself off from listening or considering alternative perspectives. During this time, he hesitated to go to work and, when no one else was at home, tragically took his own life by jumping into the yard well. Upon returning home, the participant was devastated to find her husband's lifeless body in the well. The sight was unbearable, and she was left alone without a single word from him. The unanswered questions of why he chose this path and why he didn't consider the impact on her and their children continue to haunt her thoughts. Her life after that moment became filled with a deep sense of emptiness and sorrow.

❖ *What difficulties did you face after your husband passed away?*

Her life turned upside down after her husband left. She couldn't even remember clearly what had happened to her. The mental toll was immense, causing her to forget many of her actions and the conversations she had with her children. The concept of her husband's death was something she couldn't accept, leading to further distress. As a Malayalam teacher, she found herself unable to continue teaching, often reprimanded for speaking out of context in school. Eventually, her children and relatives insisted she take voluntary retirement. In response, she left her home in Kozhikode and relocated to Ernakulam. Unfortunately, her mental distress only worsened, occasionally resulting in violent outbursts. The relief of her son securing a job after her husband's passing was short-lived. Witnessing her deteriorating mental state, her son turned to alcohol as a coping mechanism. His government job at the young age of 18 provided him with ample financial resources, enabling his descent into alcoholism. Concerned relatives made the decision to admit her to a mental institution, where she remained for six months undergoing treatment. Gradually, her thoughts began to return. From that point on, her life became one of isolation. The knowledge that her son had become a complete alcoholic added

to her deep depression. Their once harmonious family, free from any shortcomings, had transformed into a living nightmare following her husband's death.

❖ *Explain about the emotional transformation you passed through?*

Until then, she believed that the main problem in her life was her husband's nagging and anger. However, after his death, she realized that those were not her primary concerns. She came to feel that if only she had been able to listen to her husband's sorrows, he might still be alive today. His passing left her struggling with her mental health, while her son spiralled into full-fledged addiction. She finds herself lacking the mental capacity to counsel him now. Nevertheless, she has undergone significant changes. As a Malayalam teacher, she rediscovered her passion for writing, particularly poetry. Despite the considerable sadness in her life, the presence of her grandchildren brings about a transformation in her outlook. Financially, she does not face any problems, receiving half of her husband's pension in addition to her own. Both her son and daughter-in-law are government officials. Although she is generally well-spoken, she has become more withdrawn since her husband's death.

❖ *What kind of resources helped you to navigate the death of the loved one?*

The individual found solace in writing, which served as a weapon to escape the misery they were experiencing. They made an effort to forget their sorrows by immersing themselves in writing, resulting in the creation of over 500 poems. These poems were then published as a collection in the form of a book, allowing the individual to express their conflicting experiences. Additionally, the unwavering support of their son's wife played a crucial role in helping them navigate through their hardships. Rather than merely a daughter-in-law, she loved them as a daughter and provided unwavering support during their moments of sorrow. The affection of their grandchild also brought immense joy and gradually helped them forget their sorrows. Furthermore, prayer became a source of great strength for the individual as they found

comfort in the belief that God was with them during their lonely days. This belief enabled them to continue living with renewed hope and resilience. She also supported emotionally from her colleague whom she shared everything both sorrow and happiness as well as her confusions everything.

❖ *What adaptations and coping skills you used to adjust with the widowhood?*

In her life as a widow, she initially found herself unable to attend to the family's affairs due to her state of mind. However, following her recovery from mental illness, she gained the capability to handle financial matters much like her late husband. Known for his financial discipline, her husband meticulously kept track of all expenses. Similarly, she has now acquired the skill to effectively manage her income. Additionally, she has taken on the responsibility of raising her grandchildren in a positive manner. Reflecting upon the cause of her husband's demise, which stemmed from his reluctance to share his inner thoughts and emotions, she made a conscious effort to overcome her own troubles by confiding her minor sorrows to her children. Furthermore, she resolved to avoid harbouring negative thoughts, as her husband had done. One of the positive outcomes she has experienced since becoming a widow is discovering the joy of writing poems, which has replaced unproductive rumination during her free time.

❖ *What impact the death of spouse occur in different phases of your life?*

The family in question has experienced significant hardships following the passing of their husband and father. The mental well-being of the narrator has deteriorated, while their son, who assumed his father's job at a young age, has developed a dependency on alcohol. The absence of their strict father has granted the son a newfound sense of freedom within the household, leading to the adoption of detrimental habits. Despite their efforts, the narrator has been unable to rectify the situation, resulting in a profound sense of isolation in their personal

life. The burden of depression has greatly affected them, but after an extended period, they have managed to gradually return to a state of normalcy.

❖ *The roles and responsibilities that are altered after the death?*

Before the death of her husband, the marriage of her eldest daughter had taken place, and she was completely unaware of any of its difficulties. However, four years after their marriage, her son-in-law passed away due to his own misconduct. Despite being highly qualified, he was unable to find a suitable bride due to his flaws. Initially reluctant, she managed to arrange a good marriage for him, which was successfully conducted. She herself managed both her husband's and her own pensions, utilizing them properly to contribute towards the wedding expenses. She played a significant role in raising her grandchildren in a good manner, ensuring that they received a proper primary education and guiding them in leading a disciplined life. Although her husband's death caused numerous losses, she fulfilled numerous responsibilities and achieved success.

CHAPTER 5

FINDINGS

AND

DISCUSSION

Introduction

This chapter is dedicated to synthesizing discussions and presenting the findings derived from the case studies, supplemented by relevant literature where applicable. Its primary aim is to facilitate comprehensive analysis, comparison, and deeper understanding of the research topic. Within this chapter, the findings are systematically explored and explained in relation to each research objective. By integrating insights gained from the case studies with existing literature, when available, this section offers a holistic perspective, enabling readers to grasp the nuances of the subject matter. Through detailed explanations and interpretations, each research objective is thoroughly examined, shedding light on the underlying patterns and relationships uncovered during the investigation. This chapter serves as a cornerstone for discerning the implications of the research findings, providing a solid foundation for informed discussion and future research directions.

RESEARCH OBJECTIVES

General Objective

- To have in - depth understanding of the widowhood journey and the coping strategies employed.

Specific Objectives

- To explore and document the lived experiences of widows.
- To examine the emotional, social, and psychological dimensions of widowhood as conveyed in the life stories of participants.
- To understand different coping mechanisms employed by widows in navigating grief and adapting to their changed life circumstances.

- To examine the economic effects of widowhood, including financial challenges and coping mechanisms used by widows.
- To identify the support systems available to widows and assess their effectiveness in promoting resilience
- ❖ **Examine the emotional, social, and psychological dimensions of widowhood as conveyed in the life stories of participants.**

This study primarily centres on the emotional evolution experienced by individuals throughout the widowhood period. Each participant in the study exhibits a distinct set of characteristics that influence their emotional journey. Over time, there is a noticeable decrease in the intensity of emotions experienced, although complete resolution is not universal among participants. The trajectory of emotional transition is intricately tied to individual resilience and the support network available, particularly from close relationships. Willpower emerges as a significant factor shaping this transition, alongside the quality and availability of support from various sources. This study underscores the complex interplay between personal resilience, social support, and the gradual easing of emotional burdens during the widowhood experience.

These five instances exemplify successful marital relationships that have endured profoundly depressive circumstances. Even when doctors have indicated the signs of impending death, there persists a profound sense of sorrow during the initial phase. In cases of sudden and unexpected deaths, the intensity of anguish is magnified tenfold compared to anticipated deaths. Additionally, a sense of guilt is evident in these cases of unexpected death. Participant C, whose husband suffered a sudden heart attack, experienced hesitation in eating and attending to her personal hygiene for several days. She harboured a sense of guilt, feeling responsible for his death, often expressing thoughts like, "If I had prevented him from going out and sought help to manage his workload at the hotel, this tragedy could have been avoided." Participant E,

whose husband died by suicide, regretted not being a more attentive listener to his pain, believing that attentive listening might have prevented his death. In cases of anticipated death, all participants experienced a degree of hope in the ongoing treatment and held onto confidence that their ailing partner would recover. This hope intensified their sorrow during the loss. Instead of feelings of guilt, they experienced a sense of emptiness, transitioning suddenly from the bustling affairs of the hospital, fuelled by hope, to a quiet and solitary life.

their emotional transformation is highly helped by the change in their position like changed Transitioning from the role of a mother to that of a grandmother or mother-in-law, among other familial roles, proved instrumental in the healing process for the clients. Interacting with and caring for their grandchildren effectively diverted their thoughts and mitigated emotional vulnerabilities. Moreover, engaging with the grandchildren increased their daytime activity levels, reducing idle time and the propensity for overthinking. Research indicates that participants often experienced emotional fragility or vulnerability during their free evenings, once their daily tasks were completed. Therefore, the presence of children served to fill these free periods, aiding in the avoidance of such emotional pitfalls. Furthermore, assuming the role of a mother-in-law also facilitated emotional transition, particularly when the new addition to the family exhibited high levels of understanding, supportiveness, and care towards the mother-in-law akin to their own mother. This dynamic provided a sense of belonging and communal connection, aiding in the alleviation of feelings of loneliness and emptiness. The primary anxieties observed in these cases predominantly revolved around feelings of emptiness and concerns regarding future care. These anxieties were mitigated when the individuals felt supported and cared for by their children, thus reinforcing their emotional resilience.

From the cases examined, it is evident that many individuals enduring the most challenging phases of life seek assistance either from professionals or from religious figures. This support consistently aids them in their emotional journey towards a more positive transformation.

Additionally, it can be observed that seeking such support plays a crucial role in their coping mechanisms and overall well-being. The incorporation of simple exercises and the comprehensive psychological assistance offered significantly alleviated their coping process. Regular consultations for depression treatment, which would have otherwise exacerbated, became a cornerstone of their healing journey. Participants who sought professional help during their formative years gained valuable insights into effective coping strategies, enabling them to better navigate their emotional challenges.

In many of these cases, participants initially had limited external connections and were highly dependent on their partner. However, following their respective experiences, there emerged a necessity to engage socially, as they were required to fulfil their duties. These individuals received both emotional and financial support from members of society, thereby enabling them to navigate their circumstances more effectively. Maintaining these connections proved invaluable, as they not only provided assistance but also served as a source of ongoing support and companionship, contributing significantly to their overall well-being.

Existing literature suggests that the emotional journey of widows is marked by phases of intense grief, followed by gradual adjustment and adaptation to changed life circumstances (Carr, 2012). This study corroborates these findings, indicating a decrease in the intensity of emotions over time, albeit with varying degrees of resolution among participants. The role of resilience and social support in facilitating this emotional transition is well-documented in the literature (Stroebe & Schut, 2010). Participants in this study echoed the significance of familial support, particularly from children, in providing comfort and assistance during the grieving process.

The impact of widowhood on social roles and relationships is another prominent theme in the literature (Thuen & Rise, 2006). Transitioning from the role of a spouse to that of a mother,

grandmother, or mother-in-law, as observed in this study, plays a crucial role in the healing process for widows. Engaging in caregiving responsibilities and maintaining connections with family members serve as protective factors against feelings of loneliness and emptiness (McDonald & Brown, 2014). The findings highlight the importance of familial roles in promoting emotional well-being and resilience among widows.

❖ **To understand different coping mechanisms employed by widows in navigating grief and adapting to their changed life circumstances.**

Various coping mechanisms were observed among different participants. The predominant strategies adopted included deepening religious involvement, increased engagement in work-related activities, assuming caretaking roles for grandchildren, and participating in family outings and tours. These diverse approaches reflect the individualized nature of coping strategies, highlighting the importance of finding methods that resonate personally and contribute positively to one's emotional well-being.

Two participants shared that they intensified their religious practices, finding solace and strength through prayer and involvement in religious activities. They perceived that God bestowed upon them the courage and confidence necessary to navigate their circumstances, viewing divine guidance as instrumental in charting their path forward in their newfound solitude. Conversely, another participant initially distanced themselves from their beliefs and faith in the wake of the tragic event but later rediscovered their connection with God. This diversity in responses underscores the individualized nature of spiritual coping mechanisms and highlights the dynamic journey towards reconciliation with faith in times of adversity.

Another coping mechanism they adopted was immersing themselves in work. They found it challenging to confront their emotional vulnerability during leisure hours. Consequently, to evade such moments, they increased their workload, allocating more time to it. During their

free time, many resorted to television or mobile phones to distract themselves from unwanted thoughts. Participant C found solace in the mobile phone gifted by her daughter and son-in-law, using it to induce faster sleep and relaxation.

Moving on to the next strategy for coping with their new circumstances and rebuilding their lives, many turned to actively caring for their grandchildren and maintaining conscious engagement with them. This level of involvement significantly occupied their time, diminishing opportunities for unwanted thoughts to arise. Furthermore, this involvement imbued their days with a sense of purpose and brought them joy.

Another effective coping mechanism observed among the individuals discussed was the act of relocating to different places, such as going on trips or visiting others' homes. This change in surroundings served to divert their thoughts and memories associated with their lost partners. In many cases, both their families and the individuals themselves embraced travel as a means of overcoming grief and altering the atmosphere that once evoked sorrowful memories.

Apart from the aforementioned strategies, individuals also employed unique approaches to cope with their situations. For instance, Participant E, a Malayalam teacher, found solace in writing, particularly through composing poems to express her pain. She articulated that writing helped alleviate the loneliness and guilt she experienced from not being there for her husband when he needed her. On the other hand, Participant D took a different route by avoiding family gatherings and celebrations to shield herself from feelings of emptiness. She explained that attending such events intensified her emotional distress, especially when witnessing others enjoying the company of their partners. This avoidance, she believed, preserved her emotional strength and prevented further sadness.

❖ **Examine the economic effects of widowhood, including financial challenges and coping mechanisms used by widows.**

In this research, a notable trend emerged among participants, with many hailing from average or below-average socioeconomic backgrounds. This demographic profile significantly amplified the challenges they faced following the death of their spouses. Particularly poignant were the experiences of those whose partners succumbed to prolonged illnesses. These individuals grappled with intensified financial burdens, often relying heavily on external support and accruing substantial debts to manage the exorbitant costs associated with their spouse's medical care. The reliance on others for financial assistance underscored the precarious nature of their economic standing, exacerbating their already fragile circumstances.

Participant A grappled with significant financial burdens, including repaying debts accrued from various sources. Additionally, she faced ongoing financial challenges related to her daughter's education, her own health concerns, and the maintenance of their household. Participant B encountered financial struggles surrounding her daughter's delivery and subsequent care, as well as managing household affairs. She harboured feelings of burden, fearing she was a significant problem for her son. Participant C witnessed substantial financial strain, particularly in covering her daughter's surgery and post-treatment expenses, alongside caring for her mother-in-law's medical needs simultaneously. Moreover, she faced financial hardships during her daughter's marriage and endured additional challenges during the COVID-19 lockdown, forced to close her hotel business in compliance with government regulations. Participant D confronted financial difficulties during her husband's treatment period, further exacerbating the already daunting challenges of widowhood. The fifth respondent was notably financially stable, unlike the others, owing to her secure position as a Malayalam teacher with a stable income. She did not encounter significant financial constraints, as her profession provided her with ample earnings.

To address and surmount their financial challenges, participants utilized various coping mechanisms. Participant A, for instance, extended her working hours to secure additional

income, despite being employed as a daily wage worker at a nearby company. She also made sacrifices, both for herself and her daughter, prioritizing financial stability. Additionally, she managed unforeseen expenses by borrowing money from trusted neighbours when necessary. Participant B, after resigning from her job at a nutmeg processing unit following her husband's demise, re-entered the workforce through the Central Government's MNREGA scheme. This initiative aimed to achieve financial independence and support her son in managing household affairs. Participant C navigated her financial challenges by seeking support from community members and tapping into various government and non-governmental assistance programs for her daughter's treatment. Additionally, she concentrated on enhancing her hotel business to increase earnings and became involved in Kudumbashree, a women's empowerment program offering financial aid.

Participant D found a way to sustain herself amidst financial struggles by embarking on tailoring and handicraft endeavours. These entrepreneurial pursuits were instrumental in addressing the economic challenges she faced.

The economic effects of widowhood, including financial challenges and coping mechanisms, represent another critical aspect of the widowhood experience. Participants in this study faced considerable financial burdens following the loss of their spouses, a finding consistent with existing literature (Carr & Utz, 2013). Coping mechanisms employed by widows to address financial challenges, such as seeking employment, accessing community resources, and engaging in entrepreneurial endeavours, reflect adaptive responses to adverse circumstances (Díaz et al., 2018).

❖ **Identify the support systems available to widows and assess their effectiveness in promoting resilience**

Each respondent cited various support systems that proved invaluable during their most challenging times. Among these, familial support emerged as paramount, with children being the primary source of comfort and assistance, both emotionally and occasionally financially. In all cases, respondents highlighted the pivotal role of their own offspring in offering solace and understanding. In the first case, even though the elder two daughters were from her husband's previous marriage, they provided a profound sense of solace and aided her emotionally, resolving any confusions she faced. The youngest daughter consistently offered her unwavering support, providing a safe space for her to express her emotions and feelings. Similarly, in the second case, the respondent found greater comfort and understanding in her daughter rather than her son, relying on her daughter's support during her toughest moments. The third participant leaned heavily on her two daughters and her son-in-law, acknowledging the extra effort put forth by her son-in-law to understand and care for her needs. Participant D found significant support from her brother-in-laws, who played a crucial role in managing her financial and emotional affairs, surpassing the aid provided by her own children. Lastly, respondent E faced heightened distress due to her son's alcoholism, compounded by the loss of her spouse and her own ensuing depression.

Additionally, each participant found solace and support from close friends within their neighbourhood or workplace. Despite varying levels of socialization, they all had at least one confidant whom they trusted with their worries and feelings. These individuals served as pillars of strength, providing not only a listening ear for emotional expression but also a source of comfort, relaxation, and advice during challenging situations.

Furthermore, in matters of financial affairs, each participant received support from various groups or individuals within society. For instance, in the first case, numerous individuals stepped forward to assist in repaying debts, while the pension scheme alleviated some of the household financial burdens. Participant A also received assistance from the Corporate Social

Responsibility (CSR) fund of the Nirapara company. Additionally, religious groups extended financial aid, particularly for the daughter's education and other expenses. Despite this support, many individuals refrained from reclaiming the financial assistance once they had provided. In the case of respondent C, the community rallied around her during her daughter's treatment, organizing crowdfunding initiatives and facilitating access to essential resources such as hospital contacts and assistance with applying for relevant schemes.

Furthermore, the role of external support systems, including professional assistance and community resources, is well-documented in the literature on widowhood (Lee et al., 2017). Seeking help from professionals or religious figures, as observed in this study, is a common coping strategy adopted by individuals facing significant life challenges (Bonanno, 2004). The availability of psychological assistance and social support plays a crucial role in facilitating the coping process and promoting overall well-being among widows (Buckley & DeFrain, 2016).

The findings of this study shed light on the multifaceted dimensions of widowhood, encompassing emotional, social, psychological, and economic aspects. These dimensions are consistent with existing literature on widowhood, which highlights the complex and varied experiences faced by individuals following the loss of a spouse. The emotional evolution experienced by participants underscores the intricate nature of grief and resilience, influenced by individual characteristics, support networks, and coping mechanisms.

CHAPTER 6

CONCLUSION

Conclusion

The research project "Life After Loss: Case Study Among Widows" looked into the diverse experiences of widows in Ernakulam district, hoping to better understand their journey of coping with the loss of their spouses. Various facets of widowhood were investigated using qualitative interviews and in-depth analysis, including emotional, social, psychological, and economic factors. The study's findings shed light on the various coping mechanisms used by widows and the support systems accessible to them.

The study demonstrated a complex emotional journey for widows, marked by periods of profound loss, gradual adjustment, and adaption to altered life circumstances. Participants used various coping techniques such as extending religious involvement, increasing work-related activities, taking on caregiving responsibilities for grandchildren, and seeking solace in familial and social connections. These coping mechanisms highlight the dynamic and individualized nature of grief management among widows. Widows found solace and assistance primarily from their families, particularly their children. Participants relied on their children for emotional support, understanding, and occasionally financial assistance. Furthermore, close friends and community members played critical roles in giving emotional support and practical aid, emphasizing the importance of social networks in boosting resilience among widows. Following their spouses' deaths, many widows suffered considerable financial pressures, particularly those from ordinary or lower socioeconomic backgrounds. To deal with financial difficulties, people looked for work, used communal resources, and started their own businesses. Despite financial difficulties, widows displayed persistence and resourcefulness in handling economic adversity.

The study emphasized the importance of support systems in building resilience among widows. Familial support, community assistance, and professional guidance all helped widows'

emotional well-being and coping process. The provision of psychological and social support was critical in assisting widows with navigating grief and rebuilding their lives. Finally, "Life After Loss: A Case Study Among Widows" sheds light on widows' lived experiences and the coping mechanisms they use to negotiate the obstacles of widowhood. The study underlines the necessity of holistic support systems for widows, which include emotional, social, psychological, and economic elements. Understanding and addressing the different needs of widows allows policymakers, practitioners, and communities to better help this vulnerable demographic on their path to healing and adaptation.

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APPENDIX

Interview Guide

Demographic Details

- A. Name
- B. Age
- C. Education
- D. No. of children
- E. Job

Respondent perception

- What difficulties did you face after your husband passed away?
- Explain about the emotional transformation you passed through?
- What kind of resources helped you to navigate the death of the loved one?
- What adaptations and coping skills you used to adjust with the widowhood?
- What impact the death of spouse occur in different phases of your life?
- The roles and responsibilities that are altered after the death?

Consent letter

I, Merin Babu, a postgraduate student at Bharat Mata School of Social Work, am conducting a study entitled "Life After Loss: A Case Study Among Widows." The purpose of this study is to gain insight into the experiences of widows and the various coping strategies they employ following the loss of their spouses. Your participation in this study involves voluntarily sharing your experiences as a widow. You will be asked to discuss your thoughts, feelings, and coping mechanisms related to your loss. Your participation is entirely voluntary, and you have the right to withdraw from the study at any time without consequence.

All information provided by you will be treated with the utmost confidentiality. Your identity will be kept anonymous, and any data collected will be securely stored. Only the researcher, Merin Babu, will have access to the information you provide. Your data will not be shared with any third party.

By signing below, you acknowledge that you have read and understood the information provided in this consent form. You agree to participate voluntarily in the study "Life After Loss: A Case Study Among Widows" conducted by Merin Babu. You understand that your participation involves sharing personal information related to your experiences as a widow, and you consent to the collection and use of this data for research purposes.

Name

Signature