

Research Paper

Exploring Lived Realities of Aging in Post- Bereavement Widowhood: A Hermeneutic Phenomenological Study on Elderly Widows

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ABSTRACT

Losing one's spouse in old- age is an age normative phenomenon, yet one of the significant traumatic stimuli especially for women in Indian context. Previous literature suggests that although a lot has been said about bereavement in widowhood, there is a substantial gaping of elderly widow's perception of adaptation and adjustment to aging after the bereavement (about 2 years) has ended. Keeping this in mind, the research question was: *What is the lived experience of 'aging' after bereavement of spousal loss in the description of elderly widows?* The aim for the research is to *'elucidate the lived experience of aging in post- bereavement widowhood in the description of elderly widows'*. This qualitative study used hermeneutic phenomenological approach to explore the lived experiences of three elderly widows' accounts of adjustment to new reality after loss, new perceptions regarding 'self' and perspectives of life after bereavement. Semi structured interviews were conducted via online video conferencing platforms due to COVID-19 restrictions which were analyzed using thematic analysis. In total, four broad themes emerged after data analysis: (i) *Coming to terms with reality: Adaptation phase*, (ii) *Perceived self-concept (at present)*, (iii) *Perspectives on aging and* (iv) *Coping strategies to stay happy amidst negativities*. Findings suggested a dire need for elderly care and crucial factors for 'Successful Aging'. It needs a collective re-thinking of 'aging and widowhood' beyond the physical, cognitive, emotional pathologies.

Keywords: *Aging, Widowhood, bereavement, spousal loss, adaptation, self-perception, successful aging.*

According to a country report published by UN Population Fund (UNFPA, 2017), the proportion of elderly in India will rise from eight percent in 2015 to 19% in 2050. As a result of better healthcare facilities, improved nutrition, greater awareness of hygiene, increased education level and incomes, birth rate and mortality rate in elderly have declined sharply. With changing family structures and urbanization, social isolation and loneliness has increased which raises questions of availability of financial, social and psychological support for the aging population. There is a gender aspect that reveals women live longer than men on average; over 60 years population is more likely to be female.

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Previous literature suggests that although quite a lot has been said about bereavement in widowhood, the extent of the knowledge on post- bereavement widowhood in elderly remains incomplete with a gaping lack of women's first-hand accounts of their lived experience. Since most of the researches especially in Indian context showcases the lives of elderly widows from lower socio- economic background, focusing on the negative impact spousal death has in the lives of elderly women, it might be important to study how educated widows coming from sound background have to say about experiencing aging being a widow at this point of juncture. It will also try to explore their perspectives on staying resilient and achieving life satisfaction. The way they perceive the negative situations and the process they go through to deal with them to come back will be a good route to understand the different coping styles adopted by older individuals, especially widows.

It is of utmost importance to understand what impacts their life, so that it can be enhanced collaboratively with the medical professionals, mental health workers, community members and the caregivers. Results may add to the literature by examining different experiences of adaptation, reformation of self-concept and life perspectives in well- educated elderly Indian widows coming from well socio- economic background. This will add to the existing spectrum of knowledge that majorly shows the negative impacts of widowhood and aging on the elderly women and researching from the perspectives of illiterate, poorer women with strict social institutions.

Spousal loss: Traumatic event during old-age

The significant, common often triggering situation in 50+ adults is the loss of spouse, which impacts the emotions, thinking capacities etc. to some level. Transitioning to widowhood may induce significant strain upon a sudden change in resources (affective, financial social etc.); a change which leads to negative effects (Carr, 2009).

Bereavement after spousal loss

The time period after the loss of loved one when feelings of grief and mourning are experienced is defined as bereavement (Kubler- Ross & Kessler, 2005). These feelings of loss, grief (feelings evoked by significant loss) and mourning (expression of grief, often culturally related) are manifested by activation of cognitive, behavioral and affective schemata. These stressors might be short term in the face of the long term psychosocial challenges associated with change of marital status and identity. A distinction of functional and dysfunctional bereavement has also been made in this context (Bowlby, 1963; Malkison, 2001). The nature of the bereavement is determined by persons' gender, age and relationship with the deceased, the mode of death and one's personal vulnerability (Parkes 1998).

Various theories of bereavement and grief have been proposed like Freud's (1957) 'Grief Work' theory, 'Stage theory' by Kubler-Ross (1969), 'Dual Process Model' by Stroebe & Schut (1999), Bowlby's 'Attachment Theory'(1969-80), Silverman & Klass' (1996) 'Continuing Bonds'.

Aging and Widowhood in Indian context

In patriarchal societies like India's, remarriage may not be realistic option for women (particularly older women) thus forcing them to remain widowed and without resources indefinitely (Dreze, 1990). With a strict gender norms and traditional kinship structures, widowhood for elderly women in India may be a highly stigmatizing and potentially public experience as according to traditional customs, they may shave their heads, wear only plain

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or white clothing, eat only two or fewer meals per day and not be permitted to attend some occasions or to remarry (Dandavate et al., 1989).

In India, widowhood in women may be a risk factor for deteriorated health, psychological distress and reduced cognitive ability, as well as having a probable common mental disorder and being diagnosed with hypertension, separately. More recently widowed older women in India may struggle to cope with new substantial losses in access to financial resources and a new social role within their in- laws or son’s household, which may negatively affect their health (Perkins, Lee & Subramanian, 2016). Some international researches suggest in their findings that variations in the widowed person’s self-esteem as a social effect of widowhood where widows showed lower self-esteem than widower (Mburugu et al., 2015). Not many studies have been found in Indian context, so far.

Research suggests various parameters with the nature and duration of the adaptation process. The context of the loss: a sudden one or after a long-term illness influences the patterns of grief on the bereaving individual (Ball 1977, Carey 1979, Carnelley, Wortman and Kessler 1999). To examine the relationship of nature of death (sudden or anticipated) on older adult’s psychological adjustment to widowhood, a study was conducted taking sample of 210 widowed persons. Results show sudden death was associated with slightly higher levels of yearning among women but significantly lower among men both 6 and 18 months after the loss. As per that, researches called upon the question of widespread grief post sudden death and suggested a complex relationship between bereavement and circumstances of spousal death (Carr, House et al., 2001).

METHODOLOGY

Research Question: What is the lived experience of ‘aging’ after bereavement of spousal loss in the description of elderly widows?

Aim: The aim of the research is to elucidate the lived experience of ‘aging in post-bereavement widowhood’ in the description of elderly widows.

Objectives:

- To study how elderly bereaving widows come to terms with acceptance of the reality (spousal loss) and move on in life.
- To study how the self-concept is shaped in post bereavement phase
- To understand their perspectives on aging and life purpose.

Participants

Participant	Age	No. of children	No. of years passed (post spousal death)	Educational qualification	Past occupation (s) held	City of residence
Ms. V	74	2	3 years	B.Ed	Teacher	Dehradun
Ms. S	67	2	14 years	B.Ed	Teacher	Dehradun
Ms. M	61	2	3.5 years	B.El.Ed	Teacher	Delhi

- All the participants grew up and reside in North Indian urban cities and hail from descent socio- economic background and follow Hinduism.
- Participant 1 is a 72 year old woman living in Dehradun (Uttarakhand) whose husband got expired three years back. She worked as a school teacher till the age of 58 and

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after retirement started export business with her husband. Her two children are married, living nearby and takes care of her. Currently, she is continuing with her export business with support of her children.

- Participant 2 is 67-year-old woman who's living alone for last 10 years after spousal demise. Her 2 children live in different cities and meet occasionally. She has an experience of teaching in school for 19 years. Although she resides alone, but her relatives and parents live besides only.
- Participant 3 is a 61 year old Delhi based lady who has 2 children and currently lives with son, daughter-in-law and brother-in-law. It has been around 3.5 years of time period after her husband's demise. She has 18 year teaching experience in primary school.

Methodological approach: Social Constructivism or interpretivism. Hermeneutic-phenomenological approach

Theoretical framework: Human Needs theory (Maslow, 1954) and Psychosocial Development Theory (Erik Erikson, 1963)

Procedure:

Purposive sampling method (non- probability sampling) was done. The data for the research was collected in May 2021 via video calling applications through semi-structured set of interviews, because of the COVID-19 lockdown throughout the country.

Thematic analysis was utilized to bring out themes in subjects' cases.

Key concepts:

- Aging:** Aging refers to different processes and changes an individual goes through in the lifetime. It is associated with changes in dynamic biological, physiological, psychological, behavioral, social processes.
- Bereavement:** It is defined as the situation where person experiences the death of significant 'other'. Person experiences grief i.e., emotional experience of psychological, social, behavioral and physical reactions as a consequence of the loss.

With the intention of getting an account of the lived experience of 'widowhood in old-age', the study sampled 60-75 aged women from the date of interviewing who lost their husbands during and after late adulthood (50s) and now have completed at least 2 years of their lives after the husband's death.

REVIEW OF LITERATURE

Psychological Adaptation over grief (Last phase of bereavement)

Major theoretical contribution to grief was provided in Mourning and Melancholia paper by Freud (1917). His 'Grief work' theory focused on process of removal of ties with the deceased. It identifies with activation of mourning after the loss of libidinal object, which is replaced by the new love object. Pathological melancholia whereas sees the internalization of libidinal object so much so that the ambivalence towards object/ person is directed to the ego itself, which leads to denial as coping rather than defense.

A popular **Grief Model** constructed by Elisabeth Kubler-Ross (1969) described five common stages a grieving person goes through after the loss. Although these are not a specific order, and is different for different individuals, but are commonly observed experiences of grieving

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persons. They include Denial, Anger, Bargaining, Depression and finally acceptance. Acceptance is a time of adjustment and coming to terms with the reality. There is emotional growth, evolution into the new reality and striving of a balance. However, it had been criticized on grounds of lack of empirical research and might be considered outdated in current times. Although the grief stages might not be linear one, it gives us a standpoint to research on how educated elderly widows goes through post husband's death to reach at the present level of acceptance.

Once the loss loses its over empowering intensity with time, closure is achieved and in the phase of this adjustment and accommodation that there is seen a modification in the cognitive structures indicating the final bereavement phase (Gow, 1999). Contrary to the emphasis on declines in well-being in widows after spousal death (Bennett, 2005, Fry, 2001 et al., Bonanno & Kaltman, 2001), Bonanno and colleagues found that highest percentage of widows (45.9%) exhibited resilient characteristics with low depressive symptoms during 18 months after their spouse's death (Bonanno et al., 2002). Studies on comparing short and long term effects indicate that initial short term negative effects may be accompanied by longer term positive effects, or resiliency (Feldman, Byles & Beaumont, 2000). Research on "social support and adaptation to widowhood" indicated that the role of social support is important, yet complex on the psychological well-being of women who had been widowed for less than three years (Bankoff, 1983).

Being regarded as rigid, the earlier models of grief and bereavement were replaced by Stroebe & Schut (1999) model of Dual Process of Grief viz, the two contrasting modes being 'loss orientation' (emotional coping) and 'restoration orientation' (problem-focused coping). Worden (2008) suggests grieving to be consisting of four tasks from accepting loss, grief processing, adjusting without deceased to finally move forward in life. An alternative approach of successful bereavement of 'letting go' is the maintenance of continuing bonds with deceased (Klass, Silverman and Nickman, 1996).

Self- identity post bereavement

Self- identity (self-concept) begins to develop in early childhood and continues throughout lifespan. It refers to the "totality of the individual's thoughts and feelings with reference to [the] self as an object" (Rosenberg, 1986 a). Although a little research on aging has dealt with specific self- concept measures, past studies have employed constructs such as 'adjustment and adaptation' (Lowenthal, 1971), 'life satisfaction (Bromley, 1966 et al.) or 'activities and attitudes' (Maddox, 1964).

Dana Murphy (1975) in her master's thesis submission pointed out availability of sufficient amount of work that has been done to examine the variables related to self-concept in the elderly population such as age and change, socio-economic status, religion, health, activity, intelligence, educational level, marital status and sex differences.

Previous researches show significant impact of bereavement on self-conceptions of older surviving spouses where the effect was evident in 3-4 weeks following the death which persisted though five more measurement periods covering first two years of bereavement (Lund & Colleagues, 1986). It's evident in literature that during spousal loss, a very stressful situation in later adulthood and old age, personal adaptive capacities may be called upon to aid the coping process which may change in response to a traumatic event (Pearlin & Skaff, 1995). Since conjugal loss affects the self- concept, and it undergoes a structural change over

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the first two years of bereavement, by the end of 24th month, there's a reconstruction of self and this is the point where the key components of self-concept (self-esteem, environmental mastery and optimism according to COR theory) become salient to each other (Montpetit, Bergeman & Bisconti, 2010).

In spite of this unique study of its own kind, only a very negligible work has been done to understand how reconstruction of new self-concept is linked with acceptance to new realities and the mediating factors that enhances the resilience among widows after the bereavement phase (generally, first two years) especially in Indian context which sees widowhood under different layers of patriarchal and socio-economic categories. The present study aims to fill those gaps in the literature by exploring self-concept and life perspectives that shapes in long term (after 2 years of bereavement).

Examining the patterns and different associations between psychological variable and bereavement, adjustment to loss yield us some theories of perceived self-concept in elderly widowed women. According to Weiss (1973) who gave theory of relational loneliness, an essential process in the adjustment to loss is the development of a new self-concept. Research has stressed that social support may act as a buffer against the adverse effects of partner loss, yet results remain inconclusive (Stroebe et al., 1996). However, close and long term contacts are important in giving them a sense of stability in their past and anticipated future (Carstensen, Graff, Levenson & Gottman, 1996). Since older people are confronted with limited time, they tend to involve with fewer but more intimate, trustful relationships. The process of socio-emotional selectivity shows their resilient regulation of emotions where they tend to prioritize their goals with emotional satisfaction. They may enhance self protective coping styles to remain involved in life (Lazarus, 1996).

Coping ways to deal emotions

The adaptation to aging is affected by religious activities and general loss of religious belief in any society may produce a feeling of uncertainty (Patel & Broota, 2000). Arling (1976) documented the importance of friends/ neighbors as coping strategy for the widows. Women are more likely to use positive reframing, active distraction, help seek, and turning to God for strength, whereas widowers tend to use avoidant strategies like trying to forget with substance use and/ or may likely to seek connection with their late spouse (Carr, 2020).

Another coping resource is the self-esteem (self-concept) to deal with stressors. Lund, Caserta & Diamond (1993) examined the impact of self-esteem on bereavement. High self-esteem is associated with favorable bereavement outcomes in terms of loneliness (Dykstra, 1995) and functions as a buffer against the emotional consequences of stress (Thoits, 1995). A lot of studies have indicated relative stability in evaluations of self-esteem and change in self-concept with aging (Dietz, 1996) whereas some have found declines in self-esteem because of loss of roles associated with social identities (Mitsch Bush & Simmon, 1981). Because people with high self-esteem value themselves, they are likely to feel in control when interacting with others (Dykstra, 1995), interaction effects between personal (self-esteem) and social (network support) coping resources are of interest.

What factors influences the coping and social adjustment of the old women with spousal loss in rural Indian state of Haryana has been studied by interviewing 135 old widows. These include social characteristics, economic status, type of family, living structure and psychological support (Bharati, 2019). Examining these factors qualitatively in North Indian

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urban regions after interviewing educated participants will be of great interest in verifying the consistency of previous researches on similar domains.

Perspectives on widowhood in old-age

Recent research on 'Meaning of widowhood and Health to older middle class Hindu widows living in a South Indian Community' that used Caring Inquiry, a phenomenological-hermeneutic methodology revealed that all widows share a common desire to move on in life leading to foundation of theory and model of meaning of widowhood named 'Show must Go on!' (Czerenda, 2010). Jamadar, Melkeri & Holkar (2015) found out that literate, rural, young (20-40 age group) and working widows have better quality of life than illiterate, urban, old (41+ age group) and non- working widows respectively.

Successful aging

Jung (1960) says that one ages successfully when there is acceptance of past, physical decline adaptation and coping with significant losses. Introspection is important for healthy aging. Baltes's (1987) theory of Successful Aging postulated that people cope with their losses and functional challenges of life using three interacting elements: selection (restricting one's life to fewer domains of functioning because of age related loss), optimization (people engage in life enriching behaviors) and compensation (results from restrictions due to aging, requiring them to compensate for losses by developing appropriate alternative adaptations (Schroots, 1996).

Accepting the problems life has shown, and still looking forward to what life has to offer may fill these women with happiness and satisfaction. What makes them feel happy and satisfied of themselves? What are the coping mechanisms to stay positive and reduce negativities in life is what present study tries to explore. The current work aims to understand the process and patterns in the creation of newly found sense of self to move towards acceptance, what aids the healing work and how elderly widows come to terms with living gracefully to achieve ego integrity (the ultimate ideal goal).

The study will also try to uncover hidden expectations, desires and opinions about the process of aging in multiple contexts, relationship of their multiple status and identities (education-employment status, middle class, religion etc.) in order to explore the overall experience of 'what it means to live as an elderly woman/ widow'.

RESULTS AND DISCUSSIONS

The combined key themes that emerged from the three interviews following individual data analysis were as follows:

Theme 1: Coming to terms with reality: Adaptation phase

Three sub- themes emerged here that are consistent with the previous study that suggests grief as an active involvement with four tasks: (1) acceptance of loss of reality, (2) processing of grief pain, (3) adjustment without the deceased, and (4) search for enduring connection with the deceased amidst setting to new life (Worden, 2008).

1.1 Internal realization and resilience

Recent prospective study of spousal bereavement identified common trajectories of adjustment to loss and made the finding that resilience is the most common pattern and delayed grief reactions are rare (Bonanno et al., 2002). The findings revealed that each women participant was caught in emotional distress, contemplation of dependency issues,

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experienced loss of partner in physical as well as mental space. Although the model of five stages of grief (Kubler- Ross based on ‘On death and dying’), that is often criticized for specifying a rigid pattern of grief and adaptation, can’t be traced exactly, but the study yields development of acceptance following depression. All participants reported that gathering one’s inner strength and applying internal motivation is the most important step towards accepting reality and deciding to move forward in life. Individuals who showed depression followed by improvement in functioning were found to be experiencing relief following a period of considerable caregiver burden or who suffered oppressive relationships (Bonanno et al., 2004). Participant V shared that after 6 months of bearing emotional baggage, she could make realization of the emotional stability by contemplating on the desire to live in present:

“Lekin 6 months ke baad fir mujhe ehsaas hua ye sambhalne ke liye hai. ...Meri aatma mei andar dukh hai, lekin mai doosro ke samne nahi prakat karungi, mere paas jo jeevit bacche hai, mere vo hai unke liye jeeungi....Toh mere jo agle 6 mahine the vo bahut acche se ek taakat ke sath aage nikal gye toh aaj mai itni confident tabhi hu. ...Jo chala gya uske bare mei sochke apne aap ko kyu vo kare hai na..jo hai present mai uss mei jeena pasand karungi.” (p. V)

Being in present times, processing the loss of the ‘significant other’ and adapting to the new conditions is an attempt to achieve acceptance mode of one’s bereavement. These ways widows adjust or accommodate to the loss by modifying the cognitive structures that rearrange and establish a new equilibrium signaling the final phase of the bereavement process (Gow, 1999). This acceptance can vary from starting few months to 2 years majorly, although one can still show excess distress and negative coping ways. Most people regain the balance after some weeks or months of acute mourning, although they frequently continue to miss their loved one for a considerably longer period of time (Bonanno et al., 2002). Studies show that grief intensity in most people is fairly low after a period of about six months. Some literature suggests that it’s impossible to predict the course of one’s bereavement because of varied factors involved like anticipated or sudden death, physical proximity, recovery of body or not, cultural beliefs around it etc. (Hall, 2014).

Participant M described that her acceptance of the life- death cycle and her perceived inner strength helped her get out of the emotional crisis.

“I feel I’m very strong. Toh maine apne aap ko bahut jaldi is cheez se strongly bahar aagyi... kyuki mai andar se bahut us hisab se ekdum se strong ho gyi ki shyd ye vakt aana tha and sudden aaya. Death hui kisi ke bhi aise nahi hota ki koi beemar hota hai toh jaata hai, lekin bs suddenly gone...Toh mai bahut strongly and support, mtlb baccho ki bahut acchi thi, bete ki bhi and ghar ki bhi. Toh us.se kaaafi farak padha and strongly mai apne aap ko khada kar gyi and shyd mai thordhi se uss hisab se, mtlb bahut weak nahi hu ki har vakt koi rota rahe tabhi koi kisi ko yaad kar sakta hai”. (p.M)

She also shared her viewpoint that crying/ venting out isn’t the only way out to keep loved one in one’s memory. This is indicative of one misconception that continued bereavement is a testimonial to one’s love for deceased. The widow may honor her late husband more through the quality of his/ her continued living rather than by constantly remembering the past (Fredrickson et al., 2000; Gerjets, Scheiter & Tack, 2000). Another participant told that bringing out positive energy from oneself is the only prerequisite to adapt well to the new reality irrespective of the support. One needs to bring about change in oneself to move on in life and adapt to new conditions of life.

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“Haan positive engery andar se lani padhti h apko koi kitna bh support kar rha ho kitnu agar aap andar se khaali ho, akelapan aapko feel ho rha hai or andar se negative ho toh fir koi kuch nh kar sakta, toh khud he apne mai change lana padega.. rehen sehen khaan paan yeh sab jo h theek karna hooga. Yoga-pranayam sab krna hoga”. (p. S)

Grievers must have perceived sense of self- efficacy to be able to oscillate to restoration orientation. This suggests problem focused coping where individual is rewired to focus on external adjustments required by loss, including diversion from it and attention to ongoing life demands (Stroebe & Schut, 1999).

1.2 Presence of support system

“Support kiya sabne or kya, dekho main toh apne ko he strong banna padhta h, apni problem toh apne aap he face karni padhti h ...tabhi dusra bh apko support karta h”. (p.S)

“Baccho ka support hona chahiye secondly and thirdly aap apne aap ko kis hisaab se present krte hai, kis hisaab se dekhte hai duniya mei. Agar aap apne aap ko rota hua dekhna chahte hai toh that’s okay open hai apke liye. Aap har vakt rote rahiye. Aapko koi nahi puchega, thordhe din koi puchega. Dusre din koi nhi puchega”. (p. M)

According to each of the participants, internal strength and motivation is the real way towards acceptance. Only if one is able to think and present positively and strongly, will the other people around come to support. Frequent positive emotion in the aftermath of bereavement tended to predict positive outcomes even among people who reported higher levels of grief. Literature also supports the participant’s assertion that positive emotions 6 months post loss tended to subsequently experience lower levels of depressed mood, elevated levels of social support receipt and tended to provide the most support to the community (Tweed & Tweed, 2011).

However, presence of supportive family members, relatives, neighbors is very important to reduce feelings of loneliness to a much level. The importance and value of support from family, friends and relatives were emphasized by all participants that helped them in getting emotionally stronger. Research has also revealed that social inclusion can be one way to survive bereavement (Holm & Severinsson, 2012).

“Nahi beta, mujhe na unke jaane ke baad padosi jo the na, mujhe apni family member lage..unhone mujhe itna support diya, mere bacche sheher mei hi rehta hai lekin distance toh hai na thordha sa dono ka. Lekin jo pados ke bacche the unhone mujhe ehसास hi nahi hone diya ki aap akele ho. Pal pal vo meri na dekh rekh karte the. (participant 1) Aur rishtedaaro ke baat kahu toh abhi agar mai takleef mei hut oh mere family member pal pal raat din ek kardete hai. Matlab merko itna vo dete hai ki mai jeene ki ek taakat rakhne lagti hu. Ye toh hai hi ye aapko koi power deta hai, push kardeta hai, toh aap mei dugna vo aajata hai”. (p. V)

Participant V got all the emotional support and help from the neighbours who treated her like a family member. This helped in reducing feelings of loneliness. The care, concern and attention given by relatives produced feelings of strength and self-efficacy to move forward and overcome negative feelings of distress and loss. Ease of contact with neighbours and family is positively associated with widow’s feelings of mastery, coping, self-efficacy and self-esteem (Vries, 2014) illustrated in:

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“Death hui kisi ke bhi aise nahi hota ki koi beemar hota hai toh jaata hai, lekin bs suddenly gone. Toh mai bahut strongly and support, mtlb baccho ki bahut acchi thi, bête ki bhi and ghar ki bhi. Toh us.se kaaafi farak padha and strongly mai apne aap ko khada kar gyi”. (p. M)

“Fir mujhe bacho ne bahoot cooperate kiya fir jo hai ab mai yeh soachti hu ki yeh jeevan ka ek chapter tha or yeh hoona he tha”. (p. S)

Participant V told how desire to live for the present ones (life’s new aim) is what caused her to control emotions and to look forward. This is the psychic re-arrangement Freud (1957) talks about which involves three elements consistent with the participant’s lived experience with the deceased and the new reality: (1) freeing the bereaved from bondage to the deceased; (2) readjustment to new life circumstances without the deceased and (3) building of new relationships which is illustrated here:

“Meri aatma mei andar dukh hai, lekin mai doosro ke samne nahi prakat karungi, mere paas jo jeevit bacche hai, mere vo hai unke liye jeeungi... Jo chala gya uske bare mei sochke apne aap ko kyu vo kare hai na..jo hai present mai uss mei jeena pasand karungi”. (p. V)

This subjectivity is indicative of Freud’s (1917) model of how mourning leads to the end of bereavement after a certain time when ego of the individual severs its emotional attachment of the deceased (husband) and reinvests the free libido in a new object like other family members, or spirituality (Clewel, 2004).

“I feel im very strong. Toh maine apne aap ko bahut jaldi is cheez se strongly bahar aagyi ki bacche the and baccho ke saamne aapko acha nahi lagta ki aap ro. But its okay. (tears fell off and got emotional, long pause) okay... Ab baccho ke sath meri ye feeling thi ki agar sara din main roti rahungi, apne aap ko bahut emotionally..ek sorry figure bana ke rakhungi toh sorry thordhi der ke baad bacche bhi tang aajayenge. Baccho ko bhi lagega ki kya maa, ye vohi maa hai jo sara din hasti thi ya sara din humare saath kuch na kuch khel khilone karti rehti thi vo aaj rone lag gyi”. (p. M)

All the participants agreed that in presence of family members, they had to hide their emotional pain to prevent the spread of negativities inside the family. And this way, they learned to control emotions in front of them for different individual reasons like not wanting to irritate people or to move forward happily. When a widow does not directly communicate her feelings, she tends to mask her emotions to reflect personal and societal expectations that she appears strong and in control (Goffman, 1959). Thinking about other’s view on her emotions might be indicative of their equilibrium beyond personal attention only. Women who indicated ‘high distress’ two years post loss were described as less emotionally stable and more apprehensive and anxious (Vachon et al., 1982). This is an emotion focused coping which is used to manage emotions by controlling the emotional response to the stressful situation by regulating distressing emotions associated with stress inducing circumstances (Neimeyer et al., 2004). Literature indicates that the ability to manage expressions of emotions is an important component of well-being (Staudinger, Marsiske & Baltes, 1993). Identification of one’s ability to keep distress within emotional bounds might be definitive of successful adjustment or recovery to an event such as conjugal loss (Kessler, Price & Wortman, 1985).

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1.3 Religious/ spiritual faith

Religious coping for religious/ spiritually oriented people can be a crucial aspect of dealing and moving through the grieving process. Religious beliefs were significantly correlated with positive effect for bereaved respondents (Richards & Folkman, 1997). All the women who participated in the research were avid believers of God and had religious/ spiritual faith which pushes them to have optimism and hope within them to deal with the challenges of spousal loss and grief. It boosts gratitude feelings and mental satisfaction. There is a connection that one seeks with the supreme power to decrease feelings of distress, loneliness and making sense of oneself in context of the loss. Affleck and Tennen (1996) have written about adaptive nature of benefit finding in coping with major stressors. It resonates with conceptualizations of ‘post-traumatic growth’, ‘positive re-interpretation’ and ‘stress related growth’ illustrated in one participant’s response of how supreme invisible power transfers the energy to the mediums which inspire and encourage them to stand and face the problems:

“God toh hai, vo mtlb aalokik hai, hai na, vo toh humne dekha nahi. Lekin uski takat ke samne jo bhautik hai jo iss rishto mei hai vo mai saath de rahe hai. Toh vohi prerna bhi dete honge unko hai na..alokik taakat hi in bhautik valo ko ,bhautik mane jo prithvi par hai, alokik jo bilkul pata hi nahi kaha par hai..vo shakti bhautik valo ko dete hai, bhautik vale humko dete hai..toh isliye mai ek taakatwar isliye bani..ishwar, poora rishtedaar, bacche sabn emera saath diya, isliye mai aaj khadi hu taakat se”. (p. V)

According to one participant, the positive approach and strength to accept the life- death reality of life is facilitated by having utter belief in God. Religious coping has the element of perceived support from God (or another spiritual presence for other system of beliefs) which many individuals use as aid in difficult situations (Michael, 2008). As one participant stated:

“Ye andar se hi aati hai. Ye bahut hadd tak aapko..mai ye manti hu ki bhagwan is cheez ko bahut zada apki help krte hai is cheez ke liye, bahut zada. Aap kisi ko bhi maante hai, chahe aap krishanji ko mane ya Guru nanak ji ko mane, kisi ko bhi mane. Lekin ye cheez, ye aapko strength jo hai sirf vaha se aati hai”. (p. M)

Powers et al. (2014) found that life satisfaction in widows gradually increased across the second year of bereavement, and it is during this time of loneliness and decreased life satisfaction that psychosocial support (familial, friends’ support & religious faith) plays a crucial role in how widows experience and adjust to spousal death (Hendrickson et al., 2017).

Theme 2: Perceived self-concept at present (post- bereavement phase)

After the bereavement phase is over which varies from person to person (i.e., 6 months to 2 years, more or less), the individual gets prepared to adapt to the new reality. This is the time when perceived self-concept might undergo change and the nature of one’s self-esteem/ concept determined how graceful the aging process is.

2.1 Perceived self-image

The present study findings show that the elderly women have favorable perceptions about themselves. A healthy self-image is based on person’s personal feelings and perspectives that are gained through life experiences across lifetime. Individuals with healthy self-image are no longer influenced by other’s opinions of them rather they make own life decisions. They have more optimistic outlook on life and are confident about their own abilities. All the participants perceive themselves to be happy, active, smart and independent in taking their decisions. They think of themselves as kind, compassionate in nature and believed in simple living with high, pure thinking. According to Kuhn (1960), young people describe themselves

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more in terms of personal traits while older people define by their social roles. But this study shows different aspect of their 'older self' in terms of appearance (smart, active, working), social roles (being wife, mother, daughter-in- law), personal traits (kind, simple-hearted etc.) as well as existentialist ideas (I get energy from God through different mediums).

One Participant talks about how she loves to serve other people stay active and thinks her self as an ideal person:

“Mai apne aap ko ideal, aadarsh naari samjhti hu aur mujhe doosro ka krne mei bahut acha lgta hai..auro ki help krne mei bahut acha lagta hai..koi guest aajae toh unko matlab mehmaan ki seva krne mei acha lgta hai, aur doosro ke liye krne ko Mi taiyar rhti hu..mera apne aap ho jta hai,.. apne aaap ko mai feel krsti hu ki mai kr skti hu doosre ka kr skti hut oh mai khadi ho jati hu uske liye, taiyar ho jati hu doosre ka krne ke liye!..Actually maine apne aap ko shuru se, ab age bhi hogya hai lekin fir be mai apne aap ko abhi bahut active rakhti hu, mai bilkul sust rehna pasand nahi karti hu”. (p. V)

Two participants considered that they are emotional persons and this hyper-empathy is their weaknesses. Participant M said that she is strong and doesn't believe in crying all time, although she did break into tears several times during the interview. So, it might conclude that all of them were emotionally sensitive individuals but with ability to adapt with time. This shows that they are aware of their weaknesses or flaws and acknowledge them with full acceptance. A positive self-image is built upon a high level of self- worth.

2.2 Perceived self- esteem/ self- worth

The stress of loss permeated the participant's lives even six months post bereavement and was reported to be related to decreases in their self-esteem (Johnson, Lund, & Diamond, 1986). However, here, all the individuals perceive themselves as confident, self-dependent, resilient, self-efficacious.

Participant V feels proud on getting people's praises and greetings from customers on working even after retirement which makes her feel good about her own self.

“Merko aise lagta hai jaise mai shop mei hu dukan mei rehti hu toh matlab log aate hai ladies aati hai vo mujhe bahut vo karti hai, mtlb proud hota hairestire hone ke baad bhi aap ye kaam kr rh hai log rest krte hai, araam krte hai lekin aap nh krsti. Fir mai thordhi positive unse vo karti hut oh unko badha honsla hota hai”.

Education and self-esteem: All the participants somewhat agreed that education has some role to play in providing positive self-perception. Financial independence is another thing which everyone advocated especially for women.

One participant thinks that people come to support to help those who are educated and present themselves with confidence: *Education ka bhi role hai, saath aapko support krne ke liye bahut saare log aajate hai actually mei..uski vajah se bhi shyd aap confident..confidence jo ye hota hai mai nahi maanti, lekin ye confidence aapko apne andar se aata hai. Ki kitna aap apne aap ko confident maan ke chalte hai”.* (p. M)

It is known that education wasn't allowed for girls in the traditional Indian society and was a taboo. In a previous study conducted with widows of 50-70 years age group in Haryana, they were unfortunate victims of gendered discrimination regarding access to education in their

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younger days and therefor to better economic empowerment which hampered their access to better services, resources and opportunities, coupled with lack of awareness and skills useful to them (Bharati, 2019). However, the widows under study were educated and were teachers by profession. Being educated and employed is positively related to self-concept. Having a feeling of 'gaining knowledge' and skill set makes one confident and valued as well as independent. These experiences help in maintaining high self-esteem in old age when individuals contemplate about their life learnings, achievements to feel worthy about themselves (Walsh, 2017) (gcse social care). Participant S felt grateful for having learnt and getting education at times when people were ignorant about girl child education. Getting education, doing job as well as striking a work- life balance, raising children, handling household chores makes her feel satisfied in life, which helps in retaining her self-respect, self-dependency because of which she is able to enjoy her life:

“hn yeh laga h ki life mai hamne jo h kuch kiya, bahoot satisfaction hoota h en batoo se dekh karke , soach karke ki aise age mei jab ladkiyo ko koi padhata nh tha hamne padha ,job kiya or badi enjoy karke job kiya. Or ab peeche muud ke dekho toh lagta h ki han hamne toh bahoot kuch kaam kiya, padhaya bh bacho ko bh, samhala, padha bh. Matlb kabh mujhe essa nh hua ki hn matlb acha lagta h iska satisfaction bhi hai or bahoot kuch seekha bh.... Or jo padhai kari, job kari usse thoda confidence aya hai. (p. S)

Participant V told how staying active and working even after retirement and then spousal loss and having a sense of purpose in her life gives her confidence to stay active, busy in such age which enhances her self-concept, happiness. Her belief in doing action is more important than not doing anything.

Not only this, she likes to impart her knowledge to the underprivileged kids by guiding and teaching them. It has been found that people who exhibit altruistic attitudes had significantly better self-concepts and perceived health than those with less altruistic attitudes (Midllarsky & Kahana, 1981).

Supportive environment and self-esteem: One participant told that care/ affection from younger generation, getting assistance from relatives, her own children fills with confidence to keep continuing the work; the work gives a sense of pride in her. Widows showing improvements in well-being after the death of a spouse may be associated with declines in strains such as care-giving (Bonnano et al., 2002; Schulz et al., 2003). Participant M might think she is an integral part of the family whose state of being can affect the whole family environment. This shows her value in the family: *“Khush rehti hut oh ghar bh hu khush rehta hai varna toh nahi reh sakta kisi bhi haalat mei”*. But at the same time thinks that social support system comes to motivate further when one feels happy, and independent from within which resonated with other participants as well. Participant 2 (S) told how she was dependent on her husband physically and emotionally and after whose lose went into depressed phase with physical illnesses. With time, she was able to adapt and cope with the bereavement and now feels self-dependent and rather enjoying with herself and questions herself not taking care and stressing earlier.

In a study, married women with high emotional dependence upon their spouses reported the lowest self- esteem scores while married and subsequently reported highest levels of self-esteem following the loss of their husbands (Carr, 2004). This is consistent with the present study where all participants felt dependent on husbands and then after some months of

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bereavement were able to be at present and moved on from past. One explanation for this finding is that widowed women gain self-esteem by discovering their abilities to survive a seemingly insurmountable stressor (i.e., loss of husband) consistent with participant S.

Childhood caregiving and self-esteem: Thinking about their positive perceptions about their selves, all the participants gave a lot of credit to the family environment especially in childhood years which made them the individuals they are.

Participant 1 owes her life learning and blessings to family members, ancestral souls. Her good values are a product of healthy nurturance from elders and siblings who taught to do well in all spheres of life and stay happy:

“Jaise meri badhi sister, unhone mujhe jeene ka ek nazariya diya, ek acchi shiksha di, meri mother ke baad meri behen hui sabse badhi unhone meri madad kri, humare parivar mei behen bhaiyo ko toh hume ek acha sanskar mila, ek acchi khi jaakr rehna jeena..ek acche se rehna ye sab humne apne pitro se seekha aur vo hi follow krke aaj hum apne jeevan mei chala rahe hai aur humare upar koi ungli nahi utha rha isliye ki hume sanskar bahut acche mile hai aur vahi sanskar hum apne baccho ko dena chahte ha”. (p. V)

Participant 2 tells how her parents made sure to make children emotionally strong and have confidences in one self which was reflected by her husband as well. The patterns and reactions to separation and other psychosocial challenges depend on the organization of attachment system over course of development (Bowlby, 1973). A secure attachment style facilitated by affective maternal relation helped in building of adult intimate relations with husband, and later after separation, the emotional cathexis to the love object got invested in a new object.

Explaining from Erikson’s point of view, the participant’s sense of closure and ego integrity might be a consequence of safe, trustful, encouraging childhood environment assured by parents which made them able to pass the previous stages successfully across life with confidence. The skills learnt across life through experiences now help them to live with satisfaction and completeness.

2.3 Ideal Self

As interviewed, participants revealed that they had been fairly successful and satisfied in doing which they had planned to do like raising children, serving in- laws and maintaining work- life balance. They feel themselves to have completed their familial responsibilities and now want to live for the life that is left with simplicity and happiness.

Participant 1 (V) suggests that she fulfilled her expectations in terms of family responsibilities and now wishes to help and guide others according to her knowledge as much as she can.

The real selves and ideal selves were more or less, overlapping with each other in the sense that they were on the route of being ideal of their selves and not the opposite. The closer self-image and ideal self are to each other, more consistent or congruent individual is and higher the sense of self-worth (Rogers, 1959). This is highly necessary for achieving self-actualization. For the participants, life didn’t seem unjust, unfair or distressing rather they accepted the challenges that life showed them and with it, they became stronger than before as one participant puts it:

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“phle mujhe laga kin mujhe har ek pr depend hoona pad rha tha yeh laado vo laado yeh kardo vo kardo ab mai fully independent ho gai hu. En chizo ko face karke he admi aage badtaa h or problems aati hai unko face karko toh aadmi or strong banta h”.
(p.5)

All the participants have a perceived meaning of their life as having completed various stages of life successfully; from being educated, employed, maintenance of intimate relations with significant ‘other’ to caregiving to children and the whole family. Since the preceding stages are questioned and re-integrated at the arrival of new stage (Zock, 2018), the contemplation and acknowledgment of personal life accomplishments depicts the ‘ego integrity’ (Erikson’s 9th stage) in all the women.

Theme 3: Perspectives on aging

3.1 Perspectives against negative view of aging

Aging, mostly, is considered as a declining phase of life and often non- productive and depressing end of life. However, all the participants didn’t resonate much with the feeling of being ‘old’. None cared about what labels and terminologies are used to address elderly women like ‘budhhi’, ‘mata ji’, ‘senior-citizen’ etc. According to them age is just a perception of mental state.

Albeit of experience of unwelcoming changes in physical appearance, elderly women become more focused on physical health and reject the social pressures based on appearances (Johnston, 2004). However, if this rejection of ‘being old’ is the impact of widowhood per se or not has been inconclusive because of lack of substantial literature.

One participant told how she is unaffected by different names she is called out by people and that she feels pure from within. For her, the aspect of aging depends upon quality of soul (lively or dull) and not the declining functionality of body parts:

“Mai beta aisa hai buzurg mai mann se nahi hu, koi mujhe amma kahe, koi mujhe mere se badha maa kahe, daadi kahe, toh meri aatma toh andar se vahi hai na jo pavitra keh lo vo karlo, toh mujhe bura nahi lagta koi bhi kisi bhi merese baat kare toh mujhe ye bura nahi lagta ki ye mujhe aisa keh raha hai, tumhare baal safed hai..sarey! bahar jo aapaki, mtlb jo body hai vo kaisa bhi ho, us.se koi matlab nahi hona chahiye”. (p. V)

For her, being in the mode of ‘working’ makes her self feel young like child. And these childlike traits are used in any situation as a coping mechanism.

“Kehte hai dil baccha hota hai, mann ek baccha hota hai. Us mann ko aap budhape mei bhi, badhi umar mei bhi, buzurg mei bhi, bacche ke time bhi uska prayog har samay kar sakte hai aap, toh mai usi ka prayog karti hu. Kabhi apne aap ko buzurg mehssos hi nahi karti (laughs), ki mai boodhi hogyi. Agar kaam kar rahi hu mai boodhi kyu, jitna jeevan hai usko acche se jeene ki chaahat rehti hai”.

Another participant doesn’t consider herself as senior citizen in spite of being aged. According to her, being young at heart and mind is what matters the most:

As seen in analysis of interviews, it is possible for them to accept their age and decreasing functionality yet still feel young at heart. Authors such as Wilde refer to this phenomenon as ‘disembodiment’, since individual perceives the body to be foreign (Juan & Roque, 2017) which is similar to phenomena of body transcendence as opposed to body preoccupation (Peck, 1968).

3.2 Purpose of Life

In all the three interviews, it was found that all participants are living simple, satisfactory life with no such physical, psycho-social or financial problems. The purpose of their life at this point is to live in present and keep themselves as happy as possible. Two participants told their life purpose is to stay active, have self-respect and help the needy ones as much as they can since giving care to others gives an evidence of productive roles and values one has among older adults.

“nh bs yeh h ki phle mai har baat pr duukhi ho jaati the ab mujhe lagta h ki mujhe duukhi nh hoona, mujhe khuush rhna h or jaha tak hoo sake kese ki help karni h”. (p.S)
“auro ki help krne mei bahut acha lagta hai..koi guest aajae toh unko matlab mehmaan ki seva krne mei acha lgta hai, aur doosro ke liye krne ko Mi taiyar rhti hu..mera apne aap ho jta hai, apne aaap ko mai feel krti hu ki mai kr skti hu doosre ka kr skti hut oh mai khadi ho jati hu uske liye, taiyar ho jati hu doosre ka krne ke liye! (p.V)

The women were taking pleasure in giving pleasure and spreading compassion. Doing for others, one might get compensated within oneself. Not only it adds sense of being humane but also adds sense of ‘having contributed’ in other’s life. It points to a similar phenomenological description of older widows who wanted to help others for religious, service agencies (Porter, 2005).

Participant 3 reported their aim is to prioritize their happiness and self-care. *“Mai apne aap ko khush rkhna chahti hu, khush rehna chahti hu toh that’s okay. Mere liye yahi theek hai sabse zada acchi chees, isliye”.* (p. M)

Participant 2 said thinks purpose of life is to live with self-respect and independence. This ways one can enjoy life as well without having to worry in life.

“ab jo mujhe lagta h independent hai, or jaha tak ho sakte kese ki help kare, kese ke upar depend na rahe, self-dependent rahe or apna self-respect bana ke rakhe or apna kaam khud kare theek h, na financially na kese bh tarha se mai chahti hu jab tak jinda h insaan usko jo hai physically or financially independent rhna chahiye.” (p. S)

Findings reveal that dignity is understood and interpreted as an inner feeling of self-respect. They exhibit behavior they consider right for being deemed valuable in the eyes of self and others (Nordenfelt, 2004).

Theme 4: Coping strategies to stay happy amidst negativities

4.1 Positive thinking via spirituality

Several studies demonstrate unique predictive power of religious coping as compared to non-religious coping measures. Pargament (1997) found that religious coping is a stronger predictor of psychosocial well-being following a major stressor than more general measures of religiousness. Each of them was highly inspired and involved in religious/ spiritual thoughts. These thoughts, which are powered by their faith in God or divine power, help them stay positive and deal with the critical moments in their life. They believe one is solely responsible for dealing with one’s emotions and thoughts. This is achieved through introspection which is a part of healthy aging (Erikson, 1963; Havighurst et al., 1968).

Developing internal character through taking part in meaningful productive activities is inextricably related to spiritual growth of older people (Thanakwang, 2013). One participant

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says she believes in doing her actions, duties even in bad situations because these are part and parcel of life. All agreed that facing challenges gives strength.

“mai karam karti hu aur apne karam ko karti rehti hu, health ko ek tarah rkhti hu. Jo cheez aapko hona hai, vo toh ho raha hai lekin apna kaam karte rho, hai na.kaam ko nahi rook, karam karte raho aur jo doosri cheese ho rahi hai unko hone do, vo toh saath saath chalengi, jeevan hai, pehlu hai jeevan ka. Ki aapko dukh bhi milega, such bhi mil raha hai”. (p. V)

4.2 Maintaining healthy lifestyle

The most common coping behavior to adapt and deal with the crisis situations is the practice of yoga and meditation. This is highly consistent with the previous researches that suggest yoga (and meditation) can help increase life satisfaction with reduced anxiety (Bijlani, 2005), and an increased body awareness with less body objectification after frequent yoga practice as individuals grow older (Daubenmier, Hirschman & Impett, 2006).

Participant 3 beautifully told how meditation satisfies her ‘hunger for peace’. Not only it brought her closer to God but also to her own self to stay happy. The libidinal energy which was converged onto the relationship with husband now finds another route to connect with the new love object:

“Lekin ab ye lagta hai ki nahi andar se khi koi awaaz hai jo aapko de rahi hai ki aap baitho khi apne aap ko jaise hota hai na Sit Down. Aap ek baari baitho, mujhme dhyaan lagao, mujhme baitho. Baith ke mere paas merko socho. Then you feel ki aap ab happy ho. Vo mujhe is cheez ka bahut farak padha hai iss meditation ne diya...” (p. M)

The connection and closure one seeks from outside can be achieved by introspecting by doing meditation practices. Sharma (1986) focused on application of yoga to modify behavior for achievement of self-actualization as it fits the hierarchy of ‘Needs model’ by Maslow.

The value attached to certain activities can have a link with the ‘benefit’ provided by them. Activities that have societal values can be beneficial for individual as can more leisure type activities (Herzog et al., 1998). Participant 2 and participant 3 told how they stay active, busy and at peace while reading books. Participant 3 is an avid reader who especially reads religious epics, books etc. and loves to go to the temple quite regularly. She also loves to watch movies online and listen to good songs. Participant 2 also does gardening, regular Pranayam and meditation and adapts to a triggering situation by watching TV. Their ‘being active’, be it being productive, self-expanding or self-enhancing way possibly facilitates an agentic sense of self and thereby well-being. Far from being escapist, they can be serious and committed endeavors (Mannell, 1993).

Participant V, on the other hand, is also involved in her export business and sits in shop and wants to stay productive and working as it gives a sense of purpose, illustrated in: *“mujhe kaam se karam krne se zada acha lagta hai aur kaam krke jeena zada acha lagta hai isliye mai apne aap ko busy rkhnna chaahiti hu, khali baithna acha nahi lagta.”* She might be having contentment in ‘continuing hallmark acts’ through which she could display the unique potential and garner the blessings and admiration of family, friends with whom she shares her accomplishments. A similar study also found out how most of the women highlighted importance of keeping busy and how they savored satisfactions stemming from both the intention and the activities (Porter, 2005).

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4.3 Making a healthy interpersonal communication with others

Everyone thinks that having a good relationship with family or outside family without greed or ego is vitally important to stay emotionally healthy. Togetherness and family belongingness provides a sense of well-being in times of stress and constitutes a form of support that endows life with meaning, even if it does not solve their problem(s) (Holm et al., 2013).

According to participant 1, her power to connect with people is her advantage which she uses to gather blessings from people to gain life satisfaction:

“Aap apna nahi soch rahe hai, aap dusre ka soch rahe hai. Toh dusra kya de raha hai mujhe, dua de raha hai na. mai dua aisa nahi le rahi, mai dena pasadn karti hu na..toh mere paas apne aap aajati hai unki duaayein toh mujhe unse maangna nahi padhta”.
(p. V)

She believes in giving as well as taking help when necessary without inferiority/ superiority complex. According to Sir Aurobindo, ego is the source of all conflicts, which is prolonged, leads to mental ill health and disorders (Sharma, 1986). This is the ego that she attempts to inculcate and preach to get rid of and accept the help without any shame. This is inconsistent with some researches where older widows were hesitant to ask for help.

According to participant 3, spending good times with youngsters makes one feel young and happy for most of the time. It helps in gaining closure with family members. It has been common in all interviews that one's attitude and thoughts about oneself determine the way one perceives others' attitude towards oneself. By taking interest in other family member's lives and giving them love, respect without greed is a way one can also get reciprocity of care from them. The sole intention for this is to attract and create a sense of belongingness, community among them. Results are consistent with Levasseur et al. (2010) classification of six social engagement activities, ranging from proximal to distal levels of involvement with others viz. (i) doing an activity in preparation for connecting with others, (ii) being with others, (iii) interacting with others without activity, (iv) doing an activity with others, (v) helping others, and (vi) contributing to society. Participant 2 and 3 suggest getting engaged in social circles, help others rather than depend on others. This not only helps them maintain healthy relationship but also helps achieving self-esteem and satisfaction i.e. vitally important to survive the old-age related difficulties.

It was found that all participants in the study are successful in adapting to new reality after working through grief in bereavement and in gaining virtue of 'wisdom' through achievement of 'ego integrity' in the later life. The positive self- concept/ identity/ perspective in old-age make a healthy balance between the challenges and coping behaviors. It is suggested that they are aging healthy because of their inward looking behavior, valuing of self more than the physical limitations, accepting of the past and adapting to the physical, mental decline and coping with the loss of significant others (Jung, 1960).

Limitations of the study

Most notably, COVID-19 induced pandemic yielded small number of participants due to health and personal challenges, that meant lesser validity of the findings. The mode of the interview being virtual/ online in nature poses another limitation. Limited affective energy due to lack of physical contact/ space might affect honesty, rapport, comfort level of participants while responding. Limited control over extraneous variables like heating effect,

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tiredness, strain of screens could have affected the respondent’s interest level. Hermeneutic-phenomenology as a research paradigm holds researcher bias which may influence the reliability of the interpretations. Nonetheless, researcher tried to be aware and vigilant of the researcher bias and is confident to have achieved valid findings which can be used for larger populations. At the same time, it’s also argued that the type of data collected left more space for interpretation than numerical data would.

CONCLUSIONS

This study provides some answers about the combinations of adaptation to spousal loss, perceived self-concept, aging perspectives and the coping behaviors of elderly widows. It is observed that they are able to work through their grief in the bereavement period with the help of their inner motivation/ resilience, presence of support system (including family members, children, relatives, neighbors) and spiritual beliefs to move forward and adapt to new reality of life. This led to creation of their new aims in life most of which were related to self-care, compassion and pro-social behaviors. From successful psychological adaptation towards widowhood to maintenance of positive regard towards the respective ‘self’, childhood- attachment styles, education- work, and respectful- supportive family environment have been regarded as substantial contributors. The research findings have contributed in arriving at a tentative model for ‘successful aging’ which might be helpful for the elderly widowed individuals especially in Indian context.

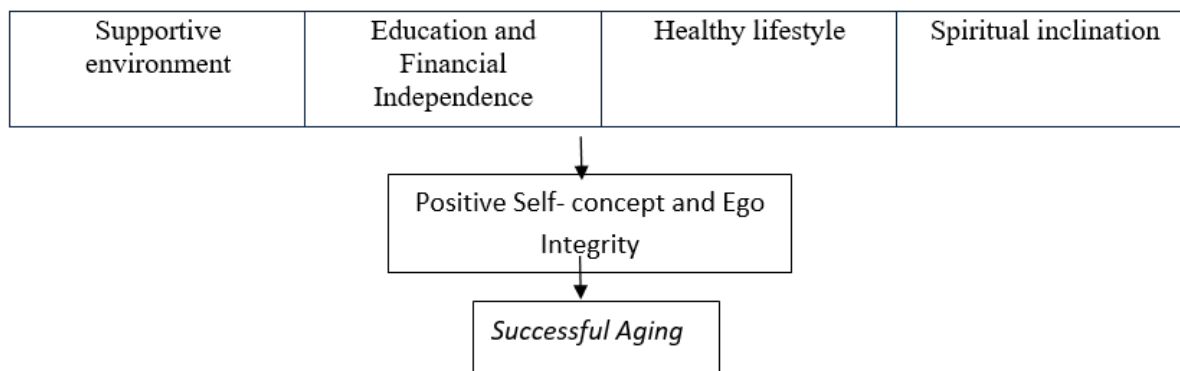


Fig.1 A Tentative Model of factors for ‘Successful Aging’

The research is indicative of educational and employment support (financial independence) all the women population should have irrespective of social- economic class one belongs to. It is indispensable for the development and maintenance of one’s self- esteem that aids in healthy psychological aging. Apart from that emotionally supportive caregiving, familial environment and regular practice of Yoga, meditation combined with meaningful productive activities like hobbies aids in the achievement of ego integrity in the elderly population. The present study in giving meaning to the experiences of elderly widows creates the possibility of deconstruction of ‘aging’ as a psychological phenomenon which in popular notion, is characterized with physical and psycho-social challenges. It builds a re-imagination of more empowered ‘ways of being’.

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APPENDIX (TABLES)

Key Themes	Sub- Themes	Codes
Grappling during bereavement		Shock, numbness at sudden deaths Emotional instability Loneliness, depression feelings for some months Physical ailments Detachment from home Behavior change with family members
1. Coming to terms with reality: Adaptation	Internal motivation and resilience	<ul style="list-style-type: none"> • realization of the emotional stability • desire to live in present • acceptance of life-death cycle • positive energy from oneself

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phase	Presence of support system	<ul style="list-style-type: none"> • Hiding pain from children, family • New aim: to live for children • Emotional strength by family, neighbors, relatives
	Religious/ spiritual faith	<ul style="list-style-type: none"> • Self faith by prayers • Belief enhances strength to accept reality • Gives hope and optimism • Gratitude, mental satisfaction
2. Perceived self-concept at present (post-bereavement phase)	Perceived self-image	<ul style="list-style-type: none"> • Ideal person • Altruistic, friendly • Smart, simple person • Active engagement • Emotionally sensitive but adapts well
	Perceived self- esteem/ self- worth <ul style="list-style-type: none"> - <i>Education and employment (Work experience)</i> - <i>Presence of support system</i> 	<ul style="list-style-type: none"> • Confident, independent to take decisions, non- conformist • Good friend circle • At par with others • Pride on receiving praises on working in old age • Reciprocity of love, care, respect by others • <i>Sense of purpose</i> • <i>Financial independence</i> • <i>Proud of learning and working</i> • <i>Being self-dependent</i> • <i>People’s support if one’s educated</i> • <i>Sense of accomplishment</i> • <i>Guiding others from knowledge, experience</i> • <i>Care, affection by younger generations</i> • <i>Concern from family members, relatives</i> • <i>Social support is situational.</i> • <i>People support when one one is happy, independent</i> • <i>Boosts internal positivity</i> • <i>Compliments from others</i> • <i>Reaffirmation of confidence</i>

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	- <i>Family values since childhood</i>	<ul style="list-style-type: none"> • <i>Healthy nurturance from elders, parents</i> • <i>Inspired by ancestors good deeds</i> • <i>Parent’s role in making emotionally strong</i> • <i>Good ethics, behaviors, morals taught in childhood</i> • <i>To be happy, kind</i> • <i>Religious environment</i>
	Ideal Self	<ul style="list-style-type: none"> • Fulfillment of familial duties • Desire to help others • Overall satisfaction, no guilt
3.Perspectives on aging	Perspectives against negative view of aging	<ul style="list-style-type: none"> • No issue with social labels • Age is mental state, not bodily • Acceptance of physical decline • Heart is always child • Feelings of being ‘old’ absent • Ability to adapt and life enjoyment after bereavement phase • Working person can’t be old • Feeling happy
	Purpose of Life	<ul style="list-style-type: none"> • stay active, have self-respect • help the needy ones • happiness and self-care priority • being self-dependent to enjoy • sense of completion of life’s goals
4. Coping strategies to stay happy amidst negativities	Positive thinking via spirituality	<ul style="list-style-type: none"> • Inspired by God’s spiritual thoughts • Self belief • Role of Karma/ action
	Maintaining healthy lifestyle	<ul style="list-style-type: none"> • Yoga, meditation for peace, strength • Busy in reading books • Actively engaged in business
	Making a healthy interpersonal communication with others	<ul style="list-style-type: none"> • Connection with people gives blessings • Attitude of giving without ego • Reciprocity of care from people • Spending good time with younger makes one feel young, happy • Social circles • Self- dependent maintains satisfaction