

# Mental and Physical Health Promoting Behavior in Geriatric Widower and Non-Widower: Comparative Study

Hensi Ashik Gor<sup>1</sup>, Dr. Cynthia Sara James<sup>2</sup>

<sup>1</sup>MSc Clinical Psychology, Department of Psychology, Kristu Jayanti College, Autonomous Bengaluru, Karnataka

<sup>2</sup>Department of Psychology, Kristu Jayanti College, Autonomous Bengaluru, Karnataka

## Abstract

This study compares the mental and physical health-promoting behavior of geriatric widowers and non-widowers. Twelve participants, six widowers and six non widowers, who were of age 65 years or older, were chosen using purposive sampling. Semi-structured interviews were conducted. Thematic analysis was incorporated in order to analyze the data. The findings suggest that mental health promoting behavior was comparatively more in non-widowers than widowers. Whereas both the groups had equal patterns of physical health promoting behavior.

**Keywords:** Geriatric, Widowers, Non-Widowers, Mental Health, Physical Health.

## Introduction

Health constitutes a condition of total physical, mental, and social well-being, going beyond the mere absence of illness or weakness (WHO). (Koipysheva et al. 2018) defined physical health as a dynamic state defined by the evolution of biochemical, physiological, and mental processes that affect social interactions and human labor capacity. Examples of health-promoting behaviors include regular exercise, balanced nutrition, getting enough sleep, stress management, avoiding tobacco and excessive alcohol consumption, practicing safe sex, seeking preventive healthcare, and maintaining a positive social and emotional support network. The World Health Organization (WHO) defines mental health as a condition of overall well-being where an individual recognizes and utilizes their own capabilities, effectively manages typical life stresses, can engage in productive and meaningful work, and actively contributes to their community. According to APA, mental health is marked by emotional stability, appropriate behavioral adjustment, a lack of anxiety and other incapacitating symptoms, the ability to build positive relationships, and the ability to handle daily demands and stressors. Geriatric individuals face unique challenges that can impact their mental well-being, and understanding the factors that contribute to mental health promotion becomes imperative. This research embarks on a comprehensive exploration of mental health-promoting behavior in the elderly, with a specific focus on three key factors: Social Connections, Negative Emotions, and Self-Care. According to the United Nations, an older individual is characterized as someone aged 65 years or older are considered as geriatrics. According to the Oxford dictionary a widower is a man of any age who has lost his spouse and has not married and non-widower is a man who has not lost his spouse or the spouse is alive.

(Tseng, Cheng, Chen, Yang, and Cheng, 2017) studied 30 couples in southern Taiwan experiencing perinatal loss. In the four post-loss time periods, they discovered a decline in grieving levels. Compared to fathers, mothers expressed more grief. Motherhood, not having had any prior live children, low marital satisfaction, low levels of socioemotional support from the husband's parents, and not taking part in a ceremony for the deceased infant were risk factors for extended grieving at one year. Generalized Estimating Equation (GEE) and four questionnaires at one, three, six, and twelve months after the loss were the instruments utilized. (Perkins et al. 2016) examined the effects of widowhood on 9,615 Indian older persons (60 years of age and above) and their health. After controlling for demographic and socioeconomic variables, they examined relationships with self-rated health, psychological distress, cognitive function, and chronic illnesses using a cross-sectional representative sample. Widowhood was associated with lower health outcomes for women, particularly for those who had recently or long-term lost their spouse. Men were shown to have cognitive problems, while widows during the first four years had an increased chance of developing diabetes. In order to evaluate its influence, the study highlights taking gender, the length of widowhood, and certain health outcomes into account. A large number of studies examining gender differences in the widowhood-health relationship have found evidence of worse outcomes for men, findings that are hypothesized to be due to the loss of social and psychological support from the wife. (Deborah Carr & Susan Bodnar-Deren, 2009). (Golden et al. 2009) observed that among Dublin's elderly population, there were significant rates of loneliness (35%) and non-integrated social networks (34%). Loneliness was associated with low mood, sadness, and diminished wellbeing. It was more common in women and widows with physical limitations, and it greatly raised the chance of depression, especially in the widowed (PAR: 61%). According to research by (Aday, Kehoe, & Farney, 2006) on 274 older women living alone, senior centers were essential for fostering friendships that improved both mental and physical health. The social networks of the 171 women living alone were expanded outside of the center by their increased participation in center events as compared to those living with partners. The new study confirms these results since social interaction has a significant impact on both widowers' and non-widowers' mental health. Due to differences in coping strategies and social support between the genders, widowers have higher rates of morbidity and mortality than widows after a loss, according to research by (Stroebe, Stroebe, & Schut, 2001). In order to explain gender-specific health outcomes in grieving, their study proposes the dual-process model and contradicts the conventional grief work hypothesis. (Bennett, 1998) examined the psychological and physical well-being of older males both before and after becoming widowed, observed reduction in social functioning, morale, and mental health after a bereavement. The long-term implications of widowhood on well-being and social participation were highlighted by the declining physical health of both widowed and still-married males, despite no beginning differences.

## Method

### Objectives:

1. To compare the mental health-promoting behaviors between geriatric males with partners alive and individuals who have lost their partners.
2. To compare physical health-promoting behaviors in terms of exercise, nutrition, and healthcare practices between the two groups.
3. To Assess the impact of spousal loss on mental and physical health-promoting behaviors.

**Statement of the Problem:** The aim of the research is to compare Mental and Physical Health Promoting Behavior in Geriatric Widower and Non-Widower.

**Research Design:** This study will utilize a qualitative research approach to gain an in-depth understanding of the concepts and their relationship with each other.

**Participants:** The samples for the current study were collected through purposive sampling. 6 males whose partner are alive and 6 samples of males whose partner is deceased. The eligibility requirements were both of them aged above 65 years.

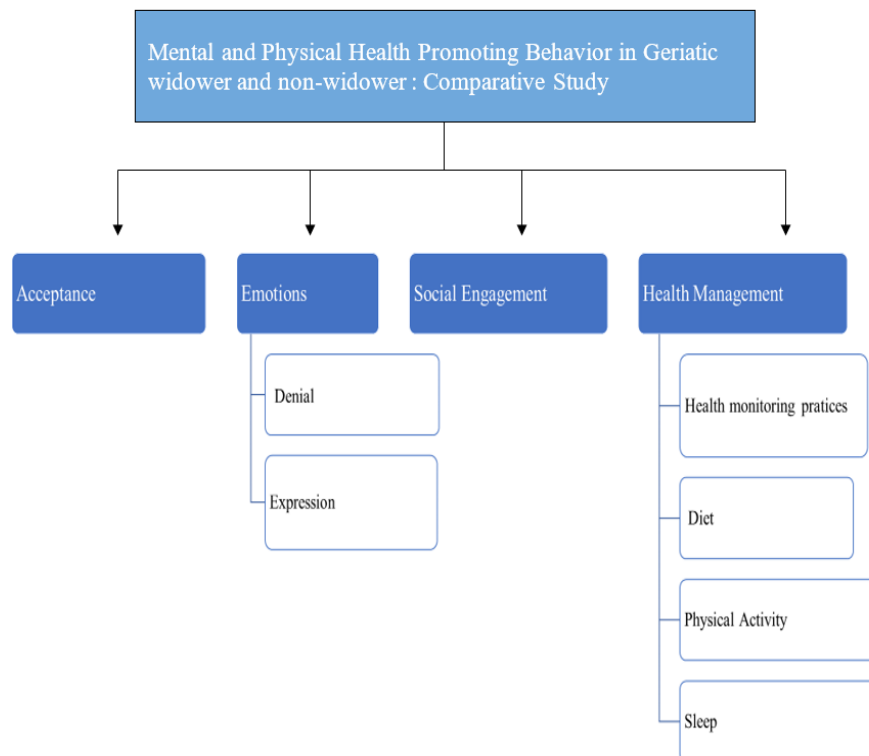
**Procedure:** Before beginning, informed consent was taken. One-on-one semi-structured interviews addressing the objectives were conducted with twelve participants. Same set of questions were formed for widowers and non-widowers. The interviews were audio recorded.

**Data Analysis:** The interviews were converted into transcripts. Thematic coding was done using QualCoder software. Later, the codes were manually segregated into themes. The common themes found were a) acceptance. b) emotions, c) social engagement, d) health management.

**Ethical Consideration:** Informed consent was taken from all participants before participation. Throughout the entire study, participant confidentiality and anonymity was strictly maintained. Every measure was taken to maintain interviewer neutrality.

### Results and Discussions

The results were divided into four major themes and further there were 6 sub themes.



**Fig 1. Table of themes and subthemes.**

#### 1. Acceptance

This study looked at the theme of acceptance among both widowers and non-widowers, reflecting their perspectives and coping mechanisms when faced with challenging circumstances. In this study, one non-widower adapted acceptance of challenging situations, where he typically tackled difficult circumstances with an accepting attitude. N stated that “I live with hope, I accept that we have to live whatever happens.”

Whereas, Widowers showed a solution-focused mindset, putting an emphasis on acceptance by proactive problem-solving. In a study, it was found that widowers included problem-focused, future-focused, and meaning-focused coping (Schoenmakers, van Tilburg, and Fokkema, 2015). It was observed that non-widowers showed a great deal of enjoyment of their own company and had positive feelings of self-worth. They talked about how happy and pleased they were to be alone. One of the studies had supporting findings which stated that “additionally, they demonstrate how men lessen their involvement in social events after losing a loved one. (Bennett, 1998) Likewise, only one widower showed a high sense of self-worth and enjoyed their own company.

## **2. Emotions**

The study examined how widowers and non-widowers responded to emotional cues and expectations in order to better understand how they managed their emotions during difficult situations. It identified certain challenges and coping mechanisms by contrasting and comparing their answers.

### **2.1. Denial**

In this study non widower had a tendency to avoid tension by stating “not inciting any tension” whereas widowers frequently denied feeling particular emotions, blaming their inability to express them, one of widower said that “no no I don't feel like I am always busy.” One of the widower said “live with the hope to live so have no option.” In order to minimize sad feelings, widowers deliberately avoided emotional stimuli. Whereas the non-widowers expressed their emotions by sharing what they felt with their wives or friends.

### **2.2. Expression**

Non-widowers included sharing their feelings with close friends and family, being occupied with work, exercising or other activities. A widower talked about how lonely he felt now as his wife was no longer able to understand him. They felt sad when they thought back on departed family members, especially his wife. They also expressed sadness when someone young passes away. In a study by (Bennett and Soulsby, 2012) stated that those who are widowed, especially men, frequently feel incredibly alone and heartbroken after their spouse passes away. Whereas the non-widowers felt sad thinking about children who are away and family tensions. In a study it was found that living with grown children can cause despair and reduced happiness in China, especially for widows and widowers (Ren and Treiman, 2015).

## **3. Social Engagement**

In order to gain insight into widowers and non-widowers social engagement behaviors such as communication, friendship, family contact, and spiritual engagement are crucial.

The path through which both widowers and non-widowers interacted with others was by phone, including regular phone calls and whatsapp messages, some of them also have long lasting friendships since years, by maintaining it through talking and meeting regularly. For them the social interaction among family and spiritual connection with god also seemed to matter a lot. When surrounded by loved ones, widowers reported feeling relieved and mentally relaxed. One non-widower reported that social interaction relieved his tendency to overthink and made him happier. In a supporting study the findings include, particularly resilient widowers show a proactive response to adversity; they frequently achieve resilience by combining social support with personal traits (Bennett, 2010).

#### 4. Health Management

This study investigated the methods used by widowers and non-widowers to maintain and promote their physical health, looking at their dietary preferences, levels of physical activity, and sleeping patterns.

##### 4.1. Health Monitoring Practices

Medication was frequently used by most of the widower and non-widowers to treat ailments like diabetes, high blood pressure, problems with the prostate, and vitamin deficiencies. Some widowers as well as non-widowers follow a regimen of twice yearly or every three months for full-body examinations whereas stress from family conflicts occasionally impacts non-widowers and raises blood pressure. They take steps to manage their stress, including waiting a few days for it to level down. Few of the non-widowers did not prioritize routine body checkups nor took medication to manage their health as part of their health management routine. Non-widowers typically only contact a doctor when they have specific health problems or when they have to travel overseas. A supporting study found that family disputes can cause stress for non-widowers as well, which can harm their health and raise blood pressure (Byles, Heinze, Nair, and Parkinson, 2003).

##### 4.2. Diet

Widowers and non-widowers suffering from diabetes avoided eating sweet food or even drinking tea without sugar to control diabetes, also by engaging in strictly home cooked meals. Widowers and non-widowers both indulged in healthy food choices and habits, felt energetic and ate fruits, dry fruits, and green vegetables into their diet. Whereas widowers indicated a less appetite than before eating habits. It has been discovered that recent widowhood has a substantial effect on older people's eating habits, especially widowers.

##### 4.3. Physical activity

Widowers and non-widowers emphasized the positive side of physical activity on their mental and physical health while emphasizing on feeling strong, mentally at peace, and motivated to work. Some widowers also expressed a lack of motivation or engagement in physical activity, with some reporting no involvement in such activities for years. In a supporting study by (Li et al. 2021) widows are frequently unmotivated and do not participate in physical activities; some report not doing so for years.

##### 4.4. Sleep

Widowers and non-widowers both reported six to eight hours of sleep at night. They expressed feeling fresh and well-rested after their sleep. But sometimes widowers as well as non-widowers only slept for four to six hours a night, nevertheless they felt rested. A study found that a shorter night's sleep can nonetheless leave both widowers and non-widowers feeling refreshed (Richardson, Lund, Caserta, Dudley, and O Bray, 2003).

Distinct patterns in acceptance, emotional responses, social engagement, and health management methods were found while comparing the physical and mental health behaviors of widowers and non-widowers. Compared to non-widowers, widowers were more adaptive to difficult situations and had a solution-focused approach toward acceptance and proactive problem-solving. In terms of emotions, widowers typically suppressed their sentiments and also denied certain emotions about feelings of sadness and missing loved one's especially wives, while non-widowers frequently expressed sadness over issues and tensions related to family and preferred sharing what they felt to their family members or spouse. According to this study, long-term friendships, phone conversation and participation in family and spiritual activities were the primary means of fostering social relationships for both widowers and non-widowers. While non widowers were comfortable with their own space, widowers found comfort in the



company of loved ones. Both widowers and non-widowers engaged in taking regular medication for sugar and blood pressure but difference was seen in non-widowers where they neglected regular health checkups. Regardless of marital status, both groups demonstrated an emphasis on eating well, stressing the avoidance of sugary foods and the inclusion of fruits, vegetables, and dry fruits in their diet. But the widower had less appetite than before. Both widowers and non-widowers were aware of the advantages of physical activity for well-being but some widowers reported feeling demotivated in physical activity. It was found that in terms of sleeping patterns both the categories were engaged in the same patterns. Overall the findings suggest that mental health promoting behavior was comparatively more in non-widowers than widowers. Whereas both the groups had equal patterns of physical health promoting behavior.

### Conclusion

This study concludes that there are notable differences between widowers and non-widowers. Compared to non-widowers, widowers have a solution-focused mindset and have a tendency to repress their feelings, especially grief over the death of their spouse. Both groups rely on social connections for assistance; widowers find solace in the presence of loved ones, whereas non-widowers were okay with alone time. While both groups place a high value on physical exercise and a balanced diet, non-widowers avoid engaging in routine body checkups whereas they engage in more practices that support mental health compared to widowers. The implications of these findings are significant for healthcare providers and support services. Mental health interventions must be specifically designed to meet the requirements of widowers, who might need extra help in order to deal with their loss and sadness. Efforts to promote regular medical check-ups should be intensified among non-widowers, as they are more likely to neglect routine checkups. The current study provides significant information but there are a number of barriers to take into account. One of the research paper's limitations is its limited sample size, which would limit how broadly the findings can be applied to other populations. Furthermore, because the study's exclusive focus was on elderly men, the findings might not apply to women or younger age groups. Future research could be to monitor the long-term effects of widowhood on health outcomes, such as the persistence or improvement of mental and physical health problems over time; longitudinal studies are required. Gaining insight into how these habits change and adapt after a loss might help develop interventions and support systems that work.

### References

1. Aday, R. H., Kehoe, G. C., & Farney, L. A. (2006). Impact of Senior Center Friendships on Aging Women Who Live Alone. *Journal of Women & Aging*, 18(1), 57–73. [https://doi.org/10.1300/j074v18n01\\_05](https://doi.org/10.1300/j074v18n01_05)
2. American Psychological Association. (2022). Mental Health. Retrieved from Apa.org website: <https://www.apa.org/topics/mental-health>
3. BENNETT, K. M. (2010). How to achieve resilience as an older widower: turning points or gradual change? *Ageing and Society*, 30(3), 369–382. <https://doi.org/10.1017/s0144686x09990572>
4. Bennett, K. M. (1998). Longitudinal changes in mental and physical health among elderly, recently widowed men. *Mortality*, 3(3), 265–273. <https://doi.org/10.1080/713685953>
5. Bennett, K. M., & Soulsby, L. K. (2012). Wellbeing in Bereavement and Widowhood. *Illness, Crisis & Loss*, 20(4), 321–337. <https://doi.org/10.2190/il.20.4.b>

6. Byles, J. E., Heinze, R., Nair, B. K., & Parkinson, L. (2003). Medication use among older Australian veterans and war widows. *Internal Medicine Journal*, 33(8), 388–391. <https://doi.org/10.1046/j.1445-5994.2003.00399.x>
7. Carr, D., & Bodnar-Deren, S. (2009). Gender, Aging and Widowhood. *International Handbook of Population Aging*, 705–728. [https://doi.org/10.1007/978-1-4020-8356-3\\_32](https://doi.org/10.1007/978-1-4020-8356-3_32)
8. Golden, J., Conroy, R. M., Bruce, I., Denihan, A., Greene, E., Kirby, M., & Lawlor, B. A. (2009). Loneliness, social support networks, mood and wellbeing in community-dwelling elderly. *International Journal of Geriatric Psychiatry*, 24(7), 694–700. <https://doi.org/10.1002/gps.2181>
9. Harooni, J., Hassanzadeh, A., & Mostafavi, F. (2014). Influencing factors on health promoting behavior among the elderly living in the community. *Journal of Education and Health Promotion*, 3, 40. <https://doi.org/10.4103/2277-9531.131921>
10. Koipysheva, E., Lebedinsky, V., Koipysheva, M., Lebedinsky, Yu, V., & Koipysheva. (2018). The European Proceedings of Social & Behavioural Sciences RPTSS 2018 International Conference on Research Paradigms Transformation in Social Science PHYSICAL HEALTH (DEFINITION, SEMANTIC CONTENT, STUDY PROSPECTS). <https://doi.org/10.15405/epsbs.2018.12.73>
11. Li, S., Cui, G., Yin, Y., Wang, S., Liu, X., & Chen, L. (2021). Health-promoting behaviors mediate the relationship between eHealth literacy and health-related quality of life among Chinese older adults: a cross-sectional study. *Quality of Life Research*, 30(8), 2235–2243. <https://doi.org/10.1007/s11136-021-02797-2>
12. Mental Health - PAHO/WHO | Pan American Health Organization. (n.d.). Retrieved September 27, 2021, from [www.paho.org](http://www.paho.org) website: <https://www.paho.org/en/topics/mental-health#:~:text=The%20World%20Health%20Organization%20>
13. Nations, U. (n.d.). Ageing. Retrieved January 24, 2024, from United Nations website: <https://www.un.org/en/globalissues/ageing#:~:text=Latest%20trends%20in%20Population%20Agein&text=The%20proportion%20of%20people%20aged>
14. Perkins, J. M., Lee, H., James, K. S., Oh, J., Krishna, A., Heo, J., ... Subramanian, S. V. (2016). Marital status, widowhood duration, gender and health outcomes: a cross-sectional study among older adults in India. *BMC Public Health*, 16(1). <https://doi.org/10.1186/s12889-016-3682-9>
15. Ren, Q., & Treiman, D. J. (2015). Living Arrangements of the Elderly in China and Consequences for Their Emotional Well-being. *Chinese Sociological Review*, 47(3), 255–286. <https://doi.org/10.1080/21620555.2015.1032162>
16. Richardson, S. J., Lund, D. A., Caserta, M. S., Dudley, W. N., & Obray, S. J. (2003). Sleep Patterns in Older Bereaved Spouses. *OMEGA - Journal of Death and Dying*, 47(4), 361–383. <https://doi.org/10.2190/0d4f-epmw-3yul-c1jk>
17. Schoenmakers, E. C., van Tilburg, T. G., & Fokkema, T. (2015). Problem-focused and emotion-focused coping options and loneliness: how are they related? *European Journal of Ageing*, 12(2), 153–161. <https://doi.org/10.1007/s10433-015-0336-1>
18. Stroebe, M., Stroebe, W., & Schut, H. (2001). Gender Differences in Adjustment to Bereavement: An Empirical and Theoretical Review. *Review of General Psychology*, 5(1), 62–83. <https://doi.org/10.1037/1089-2680.5.1.62>
19. Tseng, Y.-F., Cheng, H.-R., Chen, Y.-P., Yang, S.-F., & Cheng, P.-T. (2017). Grief reactions of couples to perinatal loss: A one-year prospective follow-up. *Journal of Clinical Nursing*, 26(23-24), 5133–5142. <https://doi.org/10.1111/jocn.14059>

20. WHO. (2022). Health and well-being. Retrieved from World Health Organisation website: <https://www.who.int/data/gho/data/major-themes/health-and-well-being>
21. youth.gov. (n.d.). Promotion & Prevention | Youth.gov. Retrieved from youth.gov website: <https://youth.gov/youth-topics/youth-mental-health/mental-health-promotion-prevention#:~:text=Mental%20health%20promotion%20attempts%20to>