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The Life Experiences of Loss and Grieving for Indonesian Wives Who Had Lost Their Husbands Because of a Critical Illness: A Case Study

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Background: Grieving is an experience of deep mental suffering. It is a very individual process. Grief over the loss of a spouse can have an impact on both physical and mental health. In the case of an acute or critical event, it will be harder for the spouse to adjust to and accept death, which can lead to mental health problems. Gender is one of the factors that influence the grieving process. There is a more profound understanding of grief in men than in women.

Purpose: The study aims to understand widows' perception, experience, and meaning of loss and grieving.

Methods: A case report reviewed the life experiences of loss and grieving of Indonesian wife who had lost their husbands because of a critical illness. Data were collected through in-depth interviews with Individuals. It was conducted using Zoom and recorded. The analysis method uses thematic analysis.

Results: Four major themes were described in the case: experiencing the pain of the loss, searching for the meaning of being lost, embracing the new being, and exploring unmet needs in a widow. From this case, it can be concluded that grieving is a complex and dynamic process.

Conclusion: In grieving, women express solid and varied emotions and focus on their need to be understood and accompanied. They experience a transition from an experience of anger and emptiness to a sense of finding meaning in their loss and becoming more able to engage with life. The child is an essential factor in the grieving process, as it keeps participants engaged in the world even when faced with the immediate effects of grief.

Keywords: critical illness, grieving, life expériences, loss, widow

Introduction

Grieving is an experience of deep mental suffering. This is a very individual process because people experience grief in different ways.[1] Grief over the loss of a spouse can have an impact on both physical and mental health.[2] Most grieving people feel stress and depression after the loss of a loved one.[3] Although this reaction will be different in some cases, some are severe enough to require psychiatric or medical care but generally give a normal reaction to the death of a loved one, which will subside over time without intervention.

Death causes a person to lose permanently and causes painful experiences, especially the sudden and unexpected death of a loved one due to a critical illness.[4] In the case of an acute or critical event, it will be harder for the spouse to adjust to and accept death, which can lead to mental health problems. In the case of a patient dying of a chronic illness, the spouse can prepare and adjust to accept death. However, in the case of acute or critical events, it is more difficult for the spouse to adjust and accept death, which can result in mental health disorders.[2]

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Grieving is expressed in physical, cognitive, emotional, behavioral, and social interactions.[5] Factors that affect grieving are the circumstances of death, relationship with the deceased, the quality of the bereaved person (such as age, gender, coping style, religiosity, previous life history), support and socio-cultural factors, professional roles, and attitudes towards death.[6] Gender is one of the factors that influence the grieving process. There is a link between gender differences in coping with grief.[7] A grieving male and female partner will differ in grieving. There is a more profound understanding of grief in men than in women. In reviewing recent literature, some studies have described the experiences of grieving among men. However, limited research has examined the experience of grieving in women whose husbands died of a critical illness.

A study conducted in Thailand by Khongthong in 2013 was not published that describes the meanings of the lived experiences of Thai Buddhist wives who had lost their husbands to critical illness. In addition, according to Stroebe et al (2001), the loss of a spouse has a relatively more significant effect on widowers than widows in times of acute grief.[7] Although it makes sense, it has not been widely confirmed empirically. Previous study showed that the experience of grieving in husbands was not found to be complicated, and they overcame the grieving process by improving relationships with children and social relationships.[4] The same thing relates to gender differences in coping styles; women are said to be more expressive of their emotions than men, but there are still limited studies that validate the work grief hypothesis, which clearly states that women lead to better recovery.

Moreover, the experience of grief in the group of productive-age women, especially those who still have school-age children, is still challenging to find in the research literature. This condition is thought to have different dynamics compared to other groups of women at other ages who lose their husbands, mainly due to acute critical illness. This difference is caused by different life demands at each age stage, such as childcare responsibilities, economic pressures, and more complex emotional needs. This provides a basis for researchers to explore how the experience of grief in this group may have unique characteristics that require special attention. This case study wants to gain a better understanding of the experience of a grieving widow whose husband died of a critical illness. The study aims to understand widows' perception, experience, and meaning of loss and grieving.

Methods

A thematic analysis approach is used to analyze and interpret data.[8] Thematic analysis used six steps: transcribing and familiarizing with the data; identifying keywords; selecting codes; developing themes; conceptualizing by interpreting keywords, codes, and themes; and, finally, developing conceptual models. The researcher manually analyzed the data and identified words, phrases, and statements that describe the grieving life experience of a Muslim wife in Indonesia who lost her husband due to a critical illness. A case series from three participants were recruited through purposive sampling with the snowball technique. The number of samples for the case series is determined based on the research objectives. The median number of cases in articles with the publication type "case series" in the range 1–178.[9] The number of participants in this study was within the acceptable range for a case series. The criteria of the participants are an Indonesian wife who lost her husband due to critical illness in hospital three months to 1 year ago, a wife aged 20 to 40 years who is willing to explain her experience and was not diagnosed with a depressive disorder. Individual in-depth interviews were used and recorded using a Zoom recorder. The interview was conducted for approximately 45 to 60 minutes and transcribed verbatim for analysis. Data were collected and analyzed verbatim in Indonesian. The data translation from Indonesian to English will be carried out by researchers and validated by nursing lecturers fluent in both languages. In data analysis, this study used thematic analysis.

Results

Case Presentation

Case 1**: S**he was a 38-year-old career woman. She lost her husband due to illness (cardiac arrest) in hospital at least ten months before the interview. She has two children (13 and 10 years). The age of marriage is 14 years. The location of the interview is in an office room; the room's atmosphere is calm and quiet. Participants tell their stories in a calm and clear voice, with a regular intonation. She often takes deep breaths, and when she talks about the child or tells of her sadness,

her voice turns hoarse, and her eyes look upwards, holding back tears. Occasionally, participants also appear to wipe their tears with their hands, and their noses are runny. It shows that something she talks about the experience of grieving is a weighty and painful thing.

Case 2: She was a 38-year-old career woman. She lost her husband due to illness (NHL ileus) at least five months before the interview. She has one child (2 years). The age of marriage is five years. The interview's location was a room used as a shop at the front of her house. The atmosphere of the shop is quiet, and there is no one. Her voice was a little lint and heavy during most of the interview sessions. Her eyes filled with tears several times. When going to tell stories, she always seemed silent, took a breath, and started talking again. Sometimes, she stares to one side with a blank gaze. The participants appeared sad and tried to endure their sadness during the interview. When the participant said something that made her sad and upset, it seemed her eyes were staring, reddish, and crying.

Case 3: She was a 32-year-old housewife. She lost her husband due to illness of Covid 19 in hospital at least four months before the interview. She has two children (8 years and three years). The age of marriage is ten years. The location of the interview is in a cafe; the atmosphere is quite crowded, and there is music. When interviewed, the participants answered questions very straightforwardly and firmly. She told her story in a loud voice without hesitation. Participants were calm and did not show sadness when recounting their experiences. However, when she talked about her difficulties after her husband left and talked about her child, her voice sounded lower. Participants have started adapting to their new life or because the location is quite busy so that they do not get carried away with sad emotions when telling their experiences.

Qualitative Results

There were four major themes such as experiencing the pain of the loss, searching the meaning of being lost, embracing the new being, and exploring unmet needs in a widow (see Table 1).

Table 1 Major Themes of the Life Experiences of Loss and Grieving for Indonesian Wife Who Had Lost Their Husbands Because a Critical Illness

Major themes	Themes	Code
Experiencing the pain of the loss	Being occupied with the image of the deceased lover	• Remembering the deceased • Valuing the husband
	Denial of my loss	• Mind wandering to accept. • Accept but hope for a dream. • Cannot accept the status as a widow. • Does not like husband to be called deceased. • Suppressing my subconscious • Jealous to those with the husband
	Bodily distress	• No appetite • Loss weight • Sleep disorder
	Hardly facing the consequences of loss	• The difficulties in adapting to a new life. • The difficulties in carry out the role of mother and father
	Suffering of psychological distress	• A feeling of losing control • Afraid of losing the loved one • Being insecure in life • Ventilating a negative emotion • Withdrawal from the others or isolated myself.

(*Continued*)

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Table 1 (Continued).

Major themes	Themes	Code
Searching The Meaning of being lost	Sense of a lack of meaning in life	• Being shocked • Emptiness • Feel of regret • Heartbroken. • Loneliness • painful
	The feeling of being lost or stuck in life	• Asking question about lost • Confused how to continue life. • Feel miserable. • Life has changed. • Powerlessness • Worry about the child
	Acceptance of my loss	• Accept the status of a widow. • Accept what god arrangement. • Accepting the brief women's motherhood role • Realized my husband's death
	Learning to live with the loss	• Adapt with pain. • Attachment to the children • How I get closer to the God • How to rebuild myself • How I rebuild up my relationship with the others • Time healing
Embracing the new being	Personal grow	• Realized the uselessness of lamenting. • Realized to be careful in behaving. • Realized to be independent
	Struggle to face the change	• Creating new memories and happiness • Doing a new thing • Doing activity daily life • Doing my job or my work • Facing the stigma of widow status
Exploring unmet needs in a widow	Exploring unmet needs in a widow	• Not to be told to be strong • not to be asked several questions • Need to not ask several questions. • Need spiritual (religious) assistance. • Need to be accompanied. • Need to be given positive affirmation. • Need to be heard all my feelings and thoughts. • Need to be reminded to meet my need. • Need to be understood

Discussion

This case study aims to understand the perceptions, experiences, and meaning of loss and grief for wives who lost their husbands due to critical illness. Based on the analysis results, we identified four main themes that emerged to answer the research objectives, including experiencing the pain of the loss, searching for the meaning of being lost, embracing the new being, and exploring what unmet needs in a widow. These four major themes explain how the experience of grief is experienced and the process of moving from bitter feelings to growing something more positive.

Experiencing the Pain of the Loss

Losing a husband puts a woman in a difficult situation. This study is seen through the first central theme, "experiencing the pain of the loss." The pain experienced involves the difficulties of forgetting a loved one as well as the denial of loss. In Indonesia, the husband of the wife is the leader and supplier of livelihood, even though the current situation is changing, with many women or wives playing multiple roles in the household and in their livelihoods,[10] so the husband and wife are dependent on and complement one another.[11] This situation may result in a crisis if one of the individuals departs or passes away due to a significant and deeply emotional previous connection.[12] The absence of this emotional connection leads to grieving.[12]

The initial phase of this loss process is known as acute grieving. In this stage, the initial reaction to the loss is frequently intense and disruptive.[13] Shear et al (2013) support the study's findings, which reveal that in the early phases, respondents experience loss and have disruptive impacts on themselves and their environment. The respondent's grief process at this stage persistently evoked memories of her husband, causing her to be incapable of acknowledging the truth and rejecting the loss. This condition was accompanied by psychological distress expressed by feelings of loss of self-control, fear of loss, feeling insecure in life, anger, sadness, and self-isolation and then affecting physical condition. When the stress of the grieving process happens, followed by the adaptation process, it is a circumstance that significantly impacts a person's ability to go through a healthy grieving process (Wood, 2002). If this grieving process lasts long and generates persistent bodily problems, it suggests a failure to adjust and find meaning in the loss. Then, at this point, one requires assistance from others around her to strengthen the adaptation process.

Searching the Meaning of Being Lost

Losing a partner for a woman can lead to dishonor on some sides. A sad woman will experience shock, helplessness, loneliness, and confusion. She cannot accept that her husband is not around her anymore. Overcoming the grief of the death of a loved one may be one of the most challenging problems that many wives experience. When losing a partner, a sad wife will experience deep sorrow, regret, and blame for the circumstances. Losing is considered a normal thing in life, but we may still be covered by surprise and disorientation, which leads to a prolonged feeling of despair.

Losing a partner can lead to changes in status, role, and confusion. Sometimes, a sad woman suddenly worries about her future, her children, and how to meet life's needs. All this time, there has always been someone to trust. A partner is someone to share who provides comfort and security; when that partner is gone, the sense of security and comfort also disappears. Feelings of anxiety are often experienced as a reaction to a loss of inner security and comfort.[13]

A sudden change in life makes a sad woman feel suffering and helpless. The sadness and tears will often be seen in someone who has lost someone he loves. A woman is experiencing a shift in status from a wife to a widow, which significantly changes their role in the family and society. A widow must take on a new role in her life, like being a mother and a father for her child, who has previously had to make decisions and responsibilities of the household itself. Losing a partner is the most challenging phase for women because of the enormous pressure to take over a new role in the family and accompany the children in coping with grief and loss.

However, losing takes a long process for most people. Receiving losses may take months or even years. There is no standard time limit for grief. One could have reached the reception phase faster without going through some losing phases.[14] The process of accepting a loss is not easy for a woman who loses her husband; accepting the loss is a big challenge for a wife because, in the process, some things can happen. Everyone has a unique way of coping with grief and loss. According to research, most people with social support and healthy behavior are likely to recover from losses on their own over time.

Losing a partner not only has a negative impact but also enables the occurrence of life reorientation and promotes individual development, such as becoming more independent and experiencing personal growth.[15] Some participants showed adaptation to the pain of loss. Adapting to changing roles and status makes a woman more resilient, so she thinks to start rebuilding relationships with herself and her surroundings and re-adapting to her new role and status. In the process, the closeness to the kids is getting closer and closer because now she is the only place to depend on the closest. On the spiritual aspect of more time to get closer to God, this is consistent with some research that mentions that in a sad person, the spiritual dimension plays a vital role in reducing suffering from loneliness and increasing resilience.[16,17]

Embracing the New Being

Grieving is a typical situation in a person's life, even though everyone expresses it differently. Nevertheless, as previous studies described that the participant's sorrow experiences typically involve instances where they engage in relearning and adapting to reality.[18] Participants will experience intense emotional states like profound despair, intense anger, denial, a sense of meaninglessness, and bodily disruption, but these states will pass, after which there will be a process of adjusting to the imbalance. Successful adaptation will eventually lead to hope, the finding of significance and enlightenment within, and an improvement in physical condition.[18] In this study, the third theme, embracing the new being, describes the success of patients' adaptation processes.

At this level, the participant acknowledges and embraces the reality of her husband's loss, recognizing that she must go forward and adjust to her new existence. She realized that lamenting over what had occurred was pointless. The woman recognized the necessity of cultivating her independence, pursuing her career, engaging in novel experiences, and forging fresh memories and sources of satisfaction without the constant presence of her husband. At the same time, she has to accept her new status as a widow. At the same level, she has to accept her new status as a widow. This acceptance process is not easy; one needs to obtain aid from the people closest to and around to start this adaption process, which will reduce the danger of complications of grieving.[11,18]

Exploring Unmet Needs in a Widow

The needs of a widow vary greatly. Changes in roles and status have led to many things that have to be adjusted. It is not uncommon to give tension to a sad woman. A widow needs the support of her family or the people around her. In times of grief, a widow needs time to restore the thoughts and emotions eroded by the grief process. Social support plays a vital role in restoring the psychological condition of a sad woman. Over the past 40 years, social support has been the subject of significant research in various fields, with consistent findings showing that it improves mental, physical, and emotional health outcomes.[19,20] Robust social support acts as a buffer against the detrimental effects of stress on the mind and body, promoting effective coping. A widow needs understanding, a friend to tell a story or to accompany at least such things can slightly overcome loss and grief. While providing solid social support to individuals experiencing great sorrow may not hasten healing, it may enhance coping mechanisms.[21,22] Positive inputs are needed for a widow to motivate and give strength to continue life.

One need that is not less important is spiritual. A widow needs spiritual support to get closer to God, and what happens is a fate that must be accepted and taken wisely to strengthen the bond with God further and think more positively about its future. Reevaluating one's spirituality can occasionally lead to what is known as "posttraumatic growth", which is described as a positive experience that coexists with the suffering caused by trauma and takes the form of new opportunities, relationships, strength, appreciation for life, and spiritual transformation.[23] A challenging life experience, such as the death of a loved one, was seen to be a precursor to increased spirituality in one concept study of spirituality.[24]

Generally, based on the four major themes, the study found that the most challenging part of losing someone is not having to say goodbye but rather learning to live without the deceased lover. The grieving woman is always trying to fill the void, the emptiness that's left inside her heart when her lover dies. The tasks in the grieving process that the grieving woman goes through are accepting the reality of loss, experiencing the pain of loss, adjusting to a new environment without the deceased, and then reinvesting in the new reality. The grieving process should be understood simultaneously and not as separate phases. The loss must be accepted for emotional release to occur. Each phase occurs and passes so new competencies can be developed as a prelude to continuing life with new energy.

Every individual needs to create meaning in life to achieve or achieve their existence. When faced with the loss of a loved one, humans are faced with the question of the meaning of life now that the deceased is no longer present. The search for meaning in life may be fundamental to existence, but finding meaning in the death of a loved one is not always attainable. It causes many people to be unable to regain their existence after losing their partner. Two aspects that play a role in the adjustment process after the loss are the ability to understand the loss and then find the meaning of the loss.

Conclusion

The study illustrates that grieving is a complex and dynamically changing process. Conflicting feelings appear and disappear indefinitely. Women express solid and varied emotions and focus on their need to be understood and accompanied. Participants in the study transitioned between experiences of anger and emptiness toward a sense of finding meaning in their loss and becoming more able to engage with life. Having children is an essential factor in the grieving process, as it keeps participants engaged in the world even when faced with the immediate effects of grief. Grief is a natural part of life. It is a life experience that cannot be rushed. Grief can last forever. It is not about getting over it but about learning to live with it and finding comfort in the constant pain of loss. The limitation of this case study is the difficulty in generalizing findings from one case study to another. The risk of bias is because the researcher's personal opinions and preferences can influence the study. In addition, the study did not describe the influence of relationship quality with a partner on grief reactions. However, factors such as the quality of the previous relationship with a partner influence grief reaction. It is necessary to conduct qualitative research with a phenomenological approach to how the life experiences of loss and grieving for Indonesian wives who had lost their husbands because of a critical Illness by exploring the quality of relationships with previous partners.

Data Sharing Statement

All supporting documents have been submitted along with the case report.

Ethics Approval and Consent to Participate

As per our institutional standards, this case report requires patient consent to participate, which has been filed in the patient chart for our records. All participants gave written consent for case details to be published. Research ethics committee approval was not required.

Consent for Publication

Written informed consent was obtained from the patient for publishing this report.

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Disclosure

The authors report no conflicts of interest in this work.

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