

Strategies for Coping with Loneliness of Older Individuals whose Spouses Have Passed Away: Isparta Case Qualitative Research*

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Abstract

Aim: This research aims to examine the processes of coping with loneliness of older individuals aged 60 and over whose spouses have passed away.

Method: This study was conducted using the interview technique, one of the qualitative research methods. Within the scope of the research, in-depth interviews were held with a total of 20 participants, 10 female and 10 male participants from Isparta city center.

Results: Analyzes were made using MAXQDA 24. As a result of the interviews, a total of 258 sentences were coded. A total of 4 basic areas were created while coding. These general areas are: "Changes After Loss" (f= 97, 36.60% of all statements), "Daily Life Activities and Instrumental Life Activities" (f= 59, 22.87% of all statements), "Social and Professional Support" (f= 32, 12.40% of all statements), "Strategies for Coping with Loneliness" (f= 70, 27.13% of all statements). A total of 42 special sub-domains within the general sub-domains were created.

Conclusion: According to the results obtained from the research, individuals whose spouses have passed away should aim to benefit from services that will help manage this process, such as counseling and support groups, in order to cope with loneliness.

Keywords: Old age, spousal bereavement, loneliness, coping with.

Eşleri Vefat Eden Yaşlı Bireylerin Yalnızlıkla Başa Çıkma Stratejileri: Isparta Örneği Nitel Araştırma

Öz

Amaç: Bu araştırma, eşleri vefat etmiş 60 yaş ve üzeri yaşlı bireylerin yalnızlıkla başa çıkma süreçlerini incelemeyi amaçlamaktadır.

Yöntem: Araştırma, nitel araştırma yöntemlerinden mülakat tekniği ile gerçekleştirilmiştir. Isparta il merkezinden 10 kadın ve 10 erkek katılımcı olmak üzere toplam 20 kişiyle derinlemesine görüşmeler yapılmıştır. Veri toplamak için demografik bilgiler için tam yapılandırılmış, araştırma soruları için ise yarı yapılandırılmış görüşme formu kullanılmıştır. Katılımcılardan aydınlatılmış onam formu alınmıştır.

Bulgular: MAXQDA 24 ile yapılan analizler sonucunda toplam 258 cümle kodlanmıştır. Kodlama sırasında 4 temel alan belirlenmiştir: "Kayıp Sonrası Yaşanan Değişimler" (f=97, %36,60), "Günlük Yaşam Aktiviteleri

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ve Enstrümental Yaşam Aktiviteleri” (f=59, %22,87), “Sosyal ve Profesyonel Destek” (f=32, %12,40), ve “Yalnızlıkla Başa Çıkma Stratejileri” (f=70, %27,13). Bu genel alanlar içinde toplamda 42 özel alt alan oluşturulmuştur.

Sonuç: Araştırmadan bulgularına göre, eş kaybı yaşayan bireylerin yalnızlıkla başa çıkmak için danışmanlık ve destek grupları gibi hizmetlerden faydalanmaları teşvik edilmelidir.

Anahtar Sözcükler: Yaşlılık, yalnızlık, eş kaybı, başa çıkma.

Introduction

Aging is a chronological concept that refers to the lifelong process culminating in old age, rather than just the later stages of life¹. Bereavement in old age carries unique psychosocial implications compared to other life stages. The loss of a spouse often leads to disruptions in social roles, emotional companionship, and daily routines—particularly as older adults tend to experience a shrinking of social networks. Unlike younger individuals, who may rely on diverse social and professional ties, older adults frequently identify their spouse as their primary source of emotional support. Hence, bereavement at this stage entails deeper loneliness and functional decline, demanding tailored coping strategies and supportive social policies. Expressing emotions, sharing with close ones, and seeking professional help can ease the grieving process². While coping takes time, pain gradually lessens, allowing individuals to refocus on life. Engaging in social activities and building new relationships play a key role in improving quality of life and strengthening social connections in old age³. Community participation, education, and the use of digital technologies also help older individuals maintain social engagement and reduce isolation⁴⁻⁶.

This study examines the coping strategies of individuals aged 60 and above who have lost a spouse within the past decade, focusing on their emotional responses, cognitive processes, social interactions, and changes in physical well-being.

Material and Methods

Participants

This study employed a basic qualitative research method with a phenomenology design. The aim was to evaluate the experiences, challenges, and needs of older individuals (aged 60 and above) going through loneliness, particularly after spousal loss, and to develop recommendations based on these findings.

The snowball sampling method was used, where the first participant was identified, and subsequent participants were selected based on their connection to the initial individual, helping form a representative sample. The study was conducted in the center of Isparta, involving 20 participants (10 women and 10 men) aged 60 and above. In-depth, face-to-face interviews lasting at least 20 minutes per participant were conducted.

An informed consent form was prepared for participants, and a semi-structured interview form with seven open-ended questions was created based on a literature review. All interviews were audio recorded with the participants' consent. Data collection was concluded once data saturation was reached. The data were analyzed using descriptive analysis, grouping common themes for interpretation.

Ethical Statement

This study was approved by the Clinical Research Ethics Committee of Akdeniz University Faculty of Medicine (Approval No: 39, Date: January 29, 2024). The research was conducted in accordance with the ethical standards of the institutional and national research committee and with the 1964 Helsinki Declaration and its later amendments or comparable ethical standards. Written informed consent was obtained from all participants prior to data collection.

Results

To maintain the confidentiality of participants' identities, the groups were labeled with the letters K and E. The women's group was coded as W, while the men's group was coded as M.

Sociodemographic Characteristics of Participants

The study involved 20 participants aged 60 and above from the central district of Isparta—10 women and 10 men. The youngest female was 60, the youngest male 69, while the oldest female was 78 and the oldest male was 87. The average age was 70.7 years for women and 78.1 years for men. Most participants had completed primary school, were either housewives or retirees, and had lost their spouses.

Participants' Experiences

Questions posed to participants focused on their lives, the reasons for their spouses' deaths, their feelings after the loss, what they did to feel better during the grieving process, their lives before the loss, and the most significant changes in their lives after losing their spouses. These topics are detailed below.

Table 1. Sociodemographic characteristics of participants.

Participant	Age	Gender	Marital Status	Education Level	Occupation	Social Security	Chronic Illness	Children	Residence
W1	75	Female	Widowed	Primary school graduate	Housewife	Yes	Yes	2	Home owner
W2	78	Female	Widowed	Primary school graduate	Housewife	Yes	Yes	3	Home owner
W3	68	Female	Widowed	Primary school graduate	Housewife	Yes	No	3	Living with child
W4	78	Female	Widowed	Primary school graduate	Housewife	Yes	Yes	1 (adopted)	Rental
W5	74	Female	Widowed	Primary school graduate	Housewife	Yes	Yes	3 (1 deceased)	Rental
W6	78	Female	Widowed	Dropped out of associate degree	Retired	Yes	Yes	4	Home owner
W7	62	Female	Widowed	Primary school graduate	Farmer	Yes	Yes	2	Home owner
W8	66	Female	Widowed	Literacy campaign attendee	Housewife	Yes	Yes	3	Home owner

W9	68	Female	Widowed	Primary school graduate	Housewife	Yes	Yes	-	Rental (with sibling)
W10	60	Female	Widowed	Primary school graduate	Housewife	Yes	Yes	2	Home owner (with father)
M1	75	Male	Widowed	Primary school graduate	Retired	Yes	Yes	4	Home owner (with son)
M2	80	Male	Widowed	Primary school graduate	Retired	Yes	Yes	4	Home owner
M3	73	Male	Widowed	Primary school graduate	Retired	Yes	Yes	5	Home owner (with daughter and grandchild)
M4	87	Male	Widowed	High school graduate	Retired	Yes	Yes	5	Home owner
M5	75	Male	Widowed	University graduate	Retired	Yes	Yes	2	Home owner
M6	83	Male	Widowed	Primary school graduate	Retired	Yes	Yes	2	Rental (with daughter)
M7	87	Male	Widowed	Dropped out of primary school	Retired	Yes	Yes	3 (1 deceased)	Home owner
M8	78	Male	Widowed	High school graduate	Retired	Yes	No	2	Living with children
M9	74	Male	Widowed	Primary school graduate	Retired	Yes	No	0	Rental (with sibling)
M10	69	Male	Widowed	Vocational school graduate	Retired	Yes	Yes	2	Home owner

Analysis

The data were analyzed using the MAXQDA 24 Qualitative Data Analysis software. A total of 258 sentences were coded based on the interviews. Four primary categories were identified during the coding process:

1. Changes Experienced After Loss (f=97, 36.60% of all statements)
2. Daily Living Activities and Instrumental Living Activities (f=59, 22.87% of all statements)
3. Social and Professional Support (f=32, 12.40% of all statements)
4. Strategies for Coping with Loneliness (f=70, 27.13% of all statements)

In addition to these general categories, a total of 42 specific subcategories were identified. The general categories and specific subcategories are detailed in Table 2.

Table 2. General and specific subfields table.

General Areas	Specific Sub-Areas	Number of Sentences	%
1. CHANGES EXPERIENCED AFTER LOSS		97	37.6
1.1 Emotional – Mood Changes		65	25.2
	1.1.1. Sadness	18	6.98
	1.1.2. Loneliness	16	6.20
	1.1.3. Dependency	8	3.10
	1.1.4. Sense of Deficiency	7	2.71
	1.1.5. Longing	6	2.33
	1.1.6. Feeling of Emptiness	5	1.94
	1.1.7. Sense of Pain	5	1.94
	1.1.8. Stress	2	0.78
1.2 Illnesses		15	5.81
	1.2.1. Forgetfulness	5	1.94
	1.2.2. Insomnia	4	1.55
	1.2.3. Illness	4	1.55
	1.2.4. Psychological Discomfort	2	0.78
1.3 Living Space		9	3.49
1.4 Social Life		8	3.10
2. ADL AND IADL		59	22.87
2.1 Activities of Daily Living (ADL)		40	15.51
	2.1.1. Eating	20	7.75
	2.1.2. Cleaning	18	6.98
	2.1.3. Personal Hygiene	2	0.78
2.2 Instrumental Activities of Daily Living (IADL)		19	7.36
	2.2.1. Shopping	13	5.04
	2.2.2. Paying Bills	3	1.55
	2.2.3. Phone and Internet	3	1.55
3. SOCIAL AND PROFESSIONAL SUPPORT		32	12.40
3.1 Social Support		28	10.85
	3.1.1. Child Support	11	4.26
	3.1.2. Friend Support	7	2.71
	3.1.3. Neighbor Support	6	2.33
	3.1.4. Sibling Support	4	1.55
3.2 Professional Support		4	1.55
4. STRATEGIES FOR COPING WITH LONELINESS		70	27.13
4.1 Worship		23	8.91
4.2 Sports		6	2.33

4.3 Visiting Spouse's Grave		3	1.16
4.4 Creating Occupation/Hobby		38	14.73
	4.4.1. Reading Books	14	5.43
	4.4.2. Watching Television	13	5.04
	4.4.3. Gardening	6	2.33
	4.4.4. Knitting	4	1.55
	4.4.5. Solving Puzzles	1	0.39
Total		258	100

Findings Related to Changes Experienced After Loss

Statements regarding changes experienced after loss (f=97, 37.60%) have been examined under the headings of emotional-state changes, illnesses, living space, and social life. A total of 12 specific subcategories have been created regarding these changes. When the statements about changes experienced after loss were examined, it was determined that “Emotional-State Changes” (f=65, 25.19%) were mentioned the most, while “Social Life” (f=8, 3.10%) was mentioned the least.

Findings Related to Emotional-State Changes Experienced After Loss

When statements about emotional-state changes after loss (f=65, 25.19%) were examined, it was observed that sentences related to 15 specific subcategories could be evaluated within this context. Among these subcategories, “Sadness” (f=18, 6.98%) was mentioned the most, while “Social Life” (f=8, 3.10%) was mentioned the least. Examples of statements reflecting sadness include: “We were sad, but life goes on” (W6, 78), “At first, I couldn’t even look at their photo; I would cry” (W8, 66), “A life dies. My world was shattered, of course” (W9, 68), “Two years, listen, two years—this is not easy to say—I didn’t go a single day without crying at least five times. Two years. No less, maybe more. There’s a basement at the back. I would go there and scream and scream so no one would hear me. I’d close the door, and no one heard me” (M1, 75), “After they passed away, my morale was very low. When my wife died, half my world was gone” (M8, 78).

Findings Related to Illnesses Experienced After Loss

When examining illnesses experienced after loss (f=15, 5.81%), it was observed that sentences related to 4 specific subcategories could be evaluated within this context. Among these subcategories, “Forgetfulness” (f=5, 1.94%) was mentioned the most, while “Psychological Disorders” (f=2, 0.78%) was mentioned the least. Examples of statements about forgetfulness include: “... my forgetfulness increased because of the loss” (W1, 75), “After my spouse and daughter-in-law passed away, my forgetfulness began—I think it’s due to the pain” (W8, 66). An example statement related to the subcategory of psychological disorders is: “My psychology is very bad. I use a lot of medication”, “I also received psychological support and used heavy depression medication” (W4, 78).

Findings Related to Living Space Changes Experienced After Loss

Statements about changes in living spaces after loss (f=9, 3.49%) were identified. Some examples of these statements include: “After my spouse passed away, my sibling stayed with me and supported me. I also stayed at my children’s houses” (W1, 75), “I stayed with

my daughter in Antalya for about 1.5-2 months" (W6, 78), "I couldn't live alone, so I moved in with my sibling for mutual support. I couldn't stay on my own" (W9, 68), "After they passed away, I stayed with my children" (W3, 68), "My life changed. The city I lived in changed" (M6, 83), "I couldn't live alone, so I started staying with my children. My son said, 'We're going,' and so did my daughter-in-law. Since I couldn't live alone, I went. My neighbors also encouraged me to go" (M8, 78).

Findings Related to Social Life Changes Experienced After Loss

Statements about changes in social life after loss (f=8, 3.10%) were identified. Some examples of these statements include, "After they passed away, I no longer engage in any activities. I only take care of my household chores" (M5, 75), "During the day, I either watch television or go to the coffeehouse to spend time" (M9, 74), "I didn't lose contact with my friends and acquaintances. Thankfully, they were very supportive during this process. I tried to stay social. I didn't shut myself off from the world" (M10, 69), "I moved in with my children. I spent more time with my grandchildren. By frequently going to my daughter's shop, I learned her business. When she had to leave, I would manage it" (W3, 68).

Findings Related to Activities of Daily Living and Instrumental Activities of Daily Living

Statements related to activities of daily living and instrumental activities of daily living (f=59, %22.87) were examined under the headings of daily living activities and instrumental activities of daily living. A total of 6 specific subcategories were created for these statements. When the statements related to daily living activities and instrumental activities of daily living were examined, it was found that "Activities of Daily Living" (f=40, %15.51) was mentioned the most, while "Instrumental Activities of Daily Living" (f=19, %7.36) was mentioned the least.

Findings Related to Activities of Daily Living

When the statements related to activities of daily living (f=59, 22.87%) were examined, it was observed that sentences related to 3 specific subcategories could be evaluated in this context. Among these subcategories, "Eating" (f=20, 7.75%) was mentioned the most, while "Personal Hygiene" (f=2, 0.78%) was mentioned the least. Example sentences related to the Eating subcategory are as follows: "I try to make my bread and food myself as much as I can" (W4, 78), "My daughter used to cook and send food. For 2 or 3 months, she sent food. My son went and brought it, I went and brought it. I saw it wasn't working. He also has his job after all. He gets sick, too. He has children. They don't have time to spare for me. I told myself (saying her own name), 'Do your work, reduce the burden on the child'. Didn't I burn my hand, didn't I cut my hand trying to cook?" (M1, 75), "My sister comes sometimes, stays. I tell her, 'Can you make us some soup?' She says, 'God bless my brother! I don't even cook my food, but I hired a woman.' She doesn't help much. My daughter comes to help with cooking and cleaning twice a week" (M2, 80), "My daughter who lives here comes every day, does my food and cleaning, and leaves" (M4, 87).

Findings Related to Instrumental Activities of Daily Living

When the statements related to instrumental activities of daily living (f=19, 7.36%) were examined, it was observed that sentences related to 3 specific subcategories could be evaluated in this context. Among these subcategories, "Shopping" (f=13, 5.04%) was mentioned the most, while "Bill" and "Phone and Internet" (f=3, 1.55%) were mentioned the least. Example sentences related to the Shopping subcategory are as follows: "I have a nurse daughter, she comes and we do the shopping together, then she leaves" (M2, 80), "My children told me to order online for shopping, but I didn't accept it. I'll walk and take care of my own business" (W10, 60). Example sentences related to the Bill and Phone and Internet subcategories are as follows: "My children pay my bills" (W2, 78).

Findings Related to Social and Professional Support

Statements related to social and professional support (f=32, 12.40%) were examined under the headings of social support and professional support. A total of 4 specific subcategories were created for these statements. When the statements related to social and professional support were examined, it was found that "Social Support" (f=28, 10.85%) was mentioned the most, while "Professional Support" (f=4, 1.55%) was mentioned the least.

Findings Related to Social Support

When the statements related to social support (f=28, 10.85%) were examined, it was observed that sentences related to 4 specific subcategories could be evaluated in this context. Among these subcategories, "Child Support" (f=11, 4.26%) was mentioned the most, while "Sibling Support" (f=4, 1.55%) was mentioned the least. Example sentences related to the Child Support subcategory are as follows: "I live with my son. I visit the children, they also come to visit me" (M1, 75), "After I lost my husband, my children paid a lot of attention to me, thank God... My grandchildren and children kept me going" (W8, 66), "My daughters are always there for me, they make sure I don't miss anything" (M3, 73).

Findings Related to Professional Support

Statements related to professional support (f=4, 1.55%) were observed. Some example sentences related to professional support are as follows: "I am receiving psychological support" (W4, 78), "I also received psychological support; I used to take heavy depression medication" (W9, 68), "My neighbor's husband was a psychology doctor, he was in the hospital. He set up a special place here. He loved us a lot, and we loved him too. He would come to our house, to my wife. He would talk to her gently. After my wife passed away, I couldn't sleep. I called him and said, 'Could you come?' He came, thank God. He gave me medicine and said, 'You will do this, you will use that.'"

Coping Strategies for Loneliness

Statements related to coping strategies for loneliness (f=70, 27.13%) were examined under the headings of worship, exercise, visiting the spouse's grave, and creating an occupation/hobby. A total of 5 specific subcategories were created for these statements. When the statements related to coping strategies for loneliness were examined, it was

found that "Creating an Occupation/Hobby" (f=38, 14.73%) was mentioned the most, while "Visiting the Spouse's Grave" (f=3, 1.16%) was mentioned the least.

Findings Related to Worship

Statements related to worship (f=23, 8.91%) were observed. Some example sentences related to worship are as follows: "I turned to worship" (W7, 62), "I worshipped" (W10, 60), "...my daughter, I didn't stop praying" (W1, 75).

Findings Related to Exercise

Statements related to exercise (f=6, 2.33%) were observed. Some example sentences related to exercise are as follows: "When I get stressed, I walk. Whenever I feel like it, I take a walk" (W10, 60), "My doctor told me, 'You should walk every day.' 'At least half an hour, walk at a steady pace without running.' I never miss it. Then I rest for a bit" (M6, 83), "I walked" (W10, 60).

Findings Related to Visiting the Spouse's Grave

Statements related to visiting the spouse's grave (f=3, 1.16%) were observed. Some example sentences related to visiting the spouse's grave are as follows: "I go to his grave every day, that's how it is" (M5, 75), "When I reach Ereğli, I visit his grave every Friday. I still carry his memory. I never took off the ring" (M6, 83), "I visited his grave often. When I couldn't trust myself, I started going with a friend. It used to make me very sad, but going there also made me feel better" (M8, 78).

Findings Related to Creating an Occupation/Hobby

Statements related to creating an occupation/hobby (f=38, 14.73%) were examined, and it was found that these could be evaluated under 5 specific subcategories. Among these subcategories, "Reading Books" (f=14, 5.43%) was mentioned the most, while "Solving Puzzles" (f=1, 0.39%) was mentioned the least. Example sentences related to the Reading Books subcategory are as follows: "I read books" (M4, 87), "I read books, but sometimes the TV gets in the way" (K6, 78), "I read books occasionally" (M10, 69).

Discussion

Hobfoll's Conservation of Resources Theory, having a partner or a companion, is considered one of the valued resources. According to the theory, any threat to, direct loss of, or failure to gain the resources one values causes psychological stress. Therefore, the loss of a spouse is considered the loss of an important resource⁷. Wallin⁸ in their study, emphasizes the significance of depressive symptomatology in the impact of spousal loss on older individuals. Emotional distress, sadness, insomnia, and anhedonia are among the most common psychological responses to such major losses. Bennet⁹ supports this by showing that older individuals who have recently lost a spouse report more depression, distress, and hopelessness compared to peers who have not experienced a spousal loss. Participants in the study reported emotional changes most significantly after losing their spouse.

Uygun¹⁰ observed that the loss of a spouse in older women affects their health. Some older women's health problems increased after the loss of their spouse or a family member. Similarly, a decline in physical health was observed in older individuals after the loss of their spouse. Participants with various illnesses stated that after the death of

their spouse, they experienced issues such as forgetfulness, insomnia, illness, and psychological distress.

Akan¹¹ in her study, highlighted two general solutions to the older housing problem. The first involves the older individual continuing to live in their familiar home with the support of services provided within their accustomed social and structural environment, while the second involves moving to an institutional older living space suitable for their conditions. Many older individuals prefer to stay in their own homes for the comfort and familiarity they provide, while others opt for institutional living to combat loneliness, feel secure, and manage future uncertainties.

The death of a spouse often causes older individuals to experience difficulties in daily tasks, which is more likely due to age-related limitations¹². Bozkurt and colleagues¹³ found that when examining sociodemographic characteristics, advanced age, female gender, low education level, and being unemployed and widowed make older individuals more dependent on performing daily living activities. In this regard, no correlation was found. Female participants usually perform daily activities (cooking, cleaning, and personal hygiene) independently, while some male participants receive assistance from their children or hire help.

Yan and Bonanno¹⁴ suggest that individuals who develop themselves are less likely to perceive social isolation, despite reporting less loneliness. They also state that personal growth is positively related to the social functionality ratings of friends and relatives. Collectively, these findings support the argument that those who engage in self-development may experience less loneliness, at least in terms of coping with aging. Participants reported receiving the most support from their children and other family members after the loss of their spouse. Some participants also received support from their neighbors and friends.

These therapies involve various techniques such as walking meditations, mindful reading, body scanning, and breathing exercises to increase the awareness of older individuals. This helps them experience a calmer state of mind by accepting their momentary experiences without judgment¹⁵. In this context, some participants reported receiving psychological support, which was found to be beneficial in coping with the period after the loss of a spouse.

For older individuals, spirituality is an essential aspect of life, and they form the age group most closely connected to spirituality and religion in the United States¹⁶. Research has shown that religion and spirituality have a positive impact on both the physical and mental health of older individuals¹⁷.

Encouraging physical activity is one of the most effective interventions to improve the general health, including psychosocial health, of communities¹⁸. It is important to increase the physical activity levels of older individuals through daily walks, home and garden activities, swimming, and dancing¹⁹.

Conclusion

Spousal loss in older adults brings emotional and social changes, making support and understanding essential. Many face difficulties in daily activities, increasing loneliness. Social connections, support networks, and services like grief counseling help alleviate

these challenges. Coping strategies include sharing experiences, engaging in meaningful activities, and relying on religious and social support. Professional gerontological services play a key role in managing post-loss loneliness.

Ethical Declaration

This study was approved by the Clinical Research Ethics Committee of Akdeniz University Faculty of Medicine (Approval No: 39, Date: January 29, 2024). The research was conducted in accordance with the ethical standards of the institutional and national research committee and with the 1964 Helsinki Declaration and its later amendments or comparable ethical standards. Written informed consent was obtained from all participants prior to data collection.

Conflict of Interest

The authors declare that they have no conflicts of interest regarding the publication of this paper.

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