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## RETIREMENT AND WIDOWHOOD: THE REAL EXPERIENCES OF BEREAVEMENT OVERLOAD

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### **Abstract:**

**Objective:** This paper presents a detailed study on how the retired and bereaved population in Kerala experiencing emotional issues within and outside their family and the means they employed to solve them considering the importance of existing supporting systems, especially family. The major research problem highlighted in this report is the assessment of responses or reactions of the elderly widows towards the multitude of problems emerged from their retirement, diminishing income, hike in healthcare costs, and the attitude of family members after their retirement. It made an attempt to enquire about the extent of mental/emotional issues faced by the elderly widows in Kerala together with a brief understanding on their socio-economic and demographic profile.

**Methods:** A total of '69' widows retired from any of the office under the government of Kerala were selected through convenience sampling. An interview schedule has been employed for eliciting information from the respondents in addition to casual observations and informal conversations.

**Results:** Though the study mainly focused on elderly widows, it has shown light in to the fact how the age difference acted upon their perception about ageing, widowhood, and extent of emotional issues experiencing and the ways and means of solving them. They are continuing a solitary life in the middle of kith and kin often adorning the status of head of the family. These trends aggravates day by day at a differential level not only in urban households but also in rural settings. Though many community organizations and welfare agencies existed, they fail to sort out the issues and seldom reach the crux of problem.

**Discussion:** The studies described in this document add to what is known about the vulnerability of elderly widows in Kerala in its every context and dimension. This is a significant extension to the work done which has hitherto largely been restricted to the field of social gerontology. The discussion on the findings concluded that age, education and occupational history has no significance in the mental health and emotional state of elderly widows. More specifically, widows of all ages experiencing the same form of issues in an identical way.

**Key Words:** Bereavement, Elderly widows, Kerala, Mental health, Retirement, Widowhood

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## INTRODUCTION

Today, millions of the world's widows, of all ages, endure extreme poverty, ostracism, violence, homelessness, ill health and discrimination in law and custom. A lack of inheritance and land rights, widow abuse and the practice of degrading, and life-threatening mourning and burial rites are prime examples of human rights violations that are justified by "reliance on culture" and "tradition" (World Bank, 2000). Widows are usually, but erroneously, assumed to be elderly. In developing countries, 7 per cent of females have a life expectancy at birth of more than 80 years ( compared to 52 per cent in developed countries), while no males have a life expectancy over 80 ( Help Age International,1999). This gap definitely has an impact on the status of women that older women are more likely than not to be widows and this likelihood increases with age. This means that they are more likely to be dependent upon social support, to live in isolation, to be deprived of or unable to maintain any resources they may have enjoyed (Mark Gorman, 1999). They are likely to spend much of their older lives in a disabled state and are more susceptible to depression and psychological problems due to their isolation and reduced status. The extreme plight of child widows in Asia and Africa has yet to be researched and addressed by agencies and non-governmental organizations (NGOs) committed to safeguarding the rights of the child (Owen, Margaret, 1996). While the problems are worse in the developing world, recent conflicts elsewhere have created a new class of widows—the product of armed conflict and ethnic cleansing (Owen, Margaret, 1999). The disintegration of social security systems and the dismantling of the welfare state in Eastern Europe have produced a further sub-class of impoverished older widows.

Since older women faces more challenges than men especially in the widowed status, the study gave more emphasis to their issues. In feminist gerontological perspective gender and age interact themselves in areas like distribution of power, privilege, economic resources, and well-being throughout the life. It is not the old age but the circumstances that make the elderly widows vulnerable to a series of issues within and outside their families. Despite the stress of widowhood, the course of spousal bereavement is often characterized by the occurrence of depression and illness in varied forms. The greatest problem faced by them is the loneliness and isolation. Such a ***bereavement overload*** often intensifies and elongates their grief (Hooyman, N.R., et.al, 2011).



It can be said that there is no group more affected by the sin of omission than elderly widows. They are painfully absent from the statistics of many developing countries, and they are rarely mentioned in the multitude of reports on women's poverty, development, health or human rights published in the last few decades. They are experiencing alienation in its worst form, loneliness, negative self regard, anxious and helplessness, dependency and diffidence, devoid of an income to meet their basic needs, and absence of appropriate health care and intervention. Besides they are subjected to different forms of abuse and assault from their family members, relatives and sometimes outsiders in the context of property disputes and other forms of material abduction. These trends aggravates day by day at a differential level not only in urban households but also in rural settings. Though many community organizations and welfare agencies existed, they fail to sort out the issues and seldom reach the crux of problem. As a remedial measure to solve it, the crux of the problem needs to be identified. Its scope is enormous since it provides ample opportunities for a collective action not only in the policy level but in the context of practical intervention also. There are strong practical implications arising from the research especially on the importance of support and care giving to the vulnerable group. It raises some border issues on the responsibilities of the formal institutions like state and the informal one like family in the wellness and upliftment of such disadvantaged groups in our society

## **METHOD**

### *Design*

The nature of the topic in this research demanded a cross-sectional analysis of the population under study and the researcher included retired and widowed people of various age groups irrespective of the social stratum they belonged and also incorporated the subjective and objective information from the target groups studied. The statements of relationships generated by this study describe the reasons why retired and older widows in Kerala experiencing such forms of vulnerability and how they respond to the supporting networks available to them.

### *Sample*

According to the 2001 census, 12% of the population of Kerala is above the age of 60 years. Of these, majority are females (55.5%). Among them 89.8% are widows. The universe of the present study consists of widows aged 56 ('56' is the mandatory retirement age of



government employees in Kerala) and above. The samples were selected both from the rural and urban areas of Kerala in South India employing **Convenience Sampling**.

#### *Interview Protocols*

The interviews took place at the premises of the respondents' residences with the help of a structured interview schedule and were conducted in a fairly informal way. '69' widows who met the study's criteria were interviewed in person to get closer to their perspective on the transition occurred to their life after the demise of their husband. As described in the above section, the interviews took place at the participant's home, and made sure to keep the place free from noise or other interferences. Every effort was made to ensure the confidentiality and reliability of the interview. More time has been spent to those participants who shown willingness to share their story, with an aim to present it as case studies. Before the structured interview questions were asked, the participants were requested to furnish basic demographic information (i.e., name, address, and telephone number), information, income information, (source of pensions, family income level). Cross tabulations were done to find out the how each variable related to the other and which are more influential. Chi-Square analyses were carried out to check the validity of the hypotheses.

## **RESULTS & DISCUSSION**

The nature of the topic in this research demands a cross-sectional analysis of the population. It ensured the inclusion of various age groups irrespective of the social stratum they belonged and there by incorporating the subjective and objective information from the target groups studied. The first part of the study addressed the socio-economic and demographic profile of the elderly widows in Kerala, which includes their age, place of residence, size and type of family, religion and community, education, previous occupation, present occupation and income level. Discussions are made on how these variables directly or indirectly influenced their present state of life and how they managed to deal with them. The result showed that '48%' of them 'belonged to the age group of 60-70 years, '42.3%' belonged to 70-80 and Above '80' years accounted for '9.7%' Only. Regarding family type, majority of them (53.2%) are members of extended families with a size of '5' or above. About '35.9%' of respondents belonged to nuclear families with a size less than '4' and the rest (10.9%) of the forms part of a joint family with a size of '9' and above. Data on



educational status revealed that '53.4' percent of them are matriculated. While '42.3' percent completed their graduation; only '4.3' percent remarked that they are post-graduated. It is obvious from the study that 'age' and 'size of family' are two important aspects that directly associated to the vulnerability of elderly persons, especially widows in Kerala. With the increase in the size of the family there seemed to be a natural negligence from the younger members to look after the affairs of the elderly people and they often make certain compromises while prioritizing the needs of their parents and grand-parents. This leads to the natural omission of most elderly population resulting in an additional sore in their already wounded life. The distribution is further shown in the table below.

**Table-1: Demographic Distribution of Respondents (N=69)**

	Particulars	percentage
Age	<65 years	48
	65-80 years	42.3
	>80 years	9.7
Education	Matriculate	53.4
	Graduation	42.3
	Post-Graduation	4.3
Family Size	<4 members	35.9
	5-8 members	53.2
	>8 members	10.9

An individual's importance in the family can be judged by his/her ability to make influential changes among the family and its members. While asked about the role and extent of inclusion in family decisions, majority of them showed inertness with a marked blankness in their facial expressions. In a casual way they asserted that neither they are interested nor they welcomed in to such a process, and they ready to admit it as a natural and inevitable thing in life. The complexity of elder mistreatment is early understood via the work of Hudson and colleagues (1998). They propose a theoretical taxonomy that distinguishes five



levels to understanding such behavior. The levels move from the general to the specific. The general form is broadly termed mistreatment, while specific forms distinguish whether the mistreatment occurs through relationship with personal/ informal sources or professional/ formal providers. Mistreatment is then further defined as abuse or neglect, an intentional or unintentional. Finally, the specific forms of destructive behavior – physical, emotional, psychological and financial – are identified (Judith Phillips et al., 2010). A comparison based on family size and in decision making revealed greater participation for those who belonged to small families (<5 members/family) and lesser among those belonged to larger families (>8 members/family). The logic is so clear that among small families, these widows are the main earning members in addition to their status as ‘Head of the family’. While the oldest old (>80 years) among the large sized families has not been assigned such major roles and freedom.

Though the researcher was not in a pre disposed state that elderly widows’ were confronted with a series of issues, the data gathered to a question like this brought into light the intensity of the multitude of problems experienced silently by these isolated mothers. Irrespective of the age and family type they belonged, a vast majority of the respondents opened up the sack of issues they carry on their shoulders with tears in their eyes. The major malady they are experiencing is the lack of care and support from their family members, including children and grand children. It is so shameful to us that we are knowingly or unknowingly ignore a group which deserves more respect and recognition. For some, it is the physical illness that spread the dark clouds of helplessness over their life. Diminishing value of their retirement assets coupled with legal issues related to the ownership of assets caused further headache that disturbs a peaceful life to many. Irrespective of the nature and magnitude of the problems they are unaware of the ways to solve them. If we go deeper we can realize that such an opinion is a reflection of their will to hide those secret things which are happening within the walls of their family, and more specifically just to avoid further disturbances in their family life.

### **INSTANCES OF MENTAL STRAIN & DEPRESSION**

If we borrow the words of Martha Alter Chen (1998), the state of widowhood raises a series of questions related to individual dignity, self respect and participation in social affairs. He found that the social marginalization of widows frequently took the forms of rumors and



false accusation of being 'responsible for the death of their husband, enforced dress and behavior codes, social ostracism and Physical violence including social exclusion. Though it is irrelevant to ask them about mental stress and depression they are experiencing since they are subjected to multiple forms of issues aroused out of ageing, widowhood and bereavement. Nevertheless, for statistical reasons the researchers attempted to enquire about the extent to which they are prone to stress and depression. While asking about the reasons for mental strain and depression experienced by these elderly widows, majority of them (67%) attributing more than one reasons as a cause for it. '14%' of them agreed that 'ill treatment' from the family members and relatives. Loss of spouse is turmoil for 9% of respondents. Meanwhile '4%' attributed it to the fear of death and the least of them (2%) attributed it to their deprived status. The Chi-square analysis further concluded the fact that 'elderly widows of all ages experienced the same level of emotional problems at their residence'.

**Table-2 Major Reasons for Emotional Issue (in percentages) (N=69)**

Age	Ill treatment	Loss of spouse	About Future	Fear of Death	Deprivation	More than one
<65	8.6	4.4	1.9	-	0.4	30.7
65-80	4.6	4.5	1.1	2.1	1.4	30
>80 years	0.7	-	1.1	1.6	-	6.6

### PSYCHO-SOCIAL PROBLEMS

Majority of older adults experiences normal psychological developments with aging and such changes happened to their life without major disruptions in their behavior or mental health. However, some older people experiences more severe problems in cognitive function, coping ability, emotional stability, or interpersonal behavior. In such instances of psychiatric or mental disorders, the individual's interpersonal and self-care behavior is impaired and often results in feelings of distress and loss of autonomy. However, they may



be more difficult to diagnose due to co morbidities (Hooyman, N.R., et.al, 2011). The major forms of mental disorders in older adults include mood disorders, particularly depression; anxiety disorders (including phobias and panic disorders); schizophrenia; and substance abuse. As a response to the question on psycho-social problems they are encountering, they highlighted a series of issues like depression (16%); lack of concentration (16%); stress (14%); feeling of loneliness (13%); problems of maladjustment (13%); concern on loss of social relationship & security (7%) and inability to cope with job loss (4%). The most striking thing is the direct relationship between ageing and incidences of mental strain. Almost all of the respondents belong to 80+years age group unanimously replied that they are the silent victims of such forms of strain and depression. The inference has been further checked using chi-square analysis and the result reaffirmed the fact that **age is not a factor in determining the mental health of elderly widows in Kerala.**

**Table-3: Chi-square analysis (N=69)**

F-value (calculated)	degree of freedom	level of significance
236.95	2	0.1

**Table-4: Age and psycho-social problems (in percentages) (N=69)**

Psycho-social problems	Age					
	<65 Years		65-80 Years		>80years	
	yes	No	Yes	No	Yes	No
Isolation	30	16	36	7.4	8	2.5
Fear of dependency	22	25	23	21	7	3
Feeling of guilty	24	22	20	23	6	4
Fear of uselessness	15	31	19	25	9	1.4
Depression	15	31	25	19	6	4
Lack of attention	23	22	16	28	3	7
Stress	23	23	13	30	2	8
Loneliness	22	24	23	21	7	3
Maladjustment	16	30	9	35	3	7
Loss of social relations	21	25	19	25	9	1.3
Job loss	8	38	6	38	3	7



## ROLE OF SUPPORT SYSTEMS

Due to socio-cultural, emotional and psychological barriers, parents would not like to make their condition known, as they would not like their children to suffer from loss of status. They are tied to the family for emotional reasons, rationalizing the behavior of their children, believing that such a treatment is a matter of destiny, or that there must have been some lapses in the upbringing of their son which has made him hostile, and/ or entirely submissive to the daughter-in-law's attitude. They would not like to brooch the subject with relatives and acquaintances for moving to an old age home because they consider it a loss of dignity for the family (A.B.Bose, 2006). There is no wrong here to add the case of *Mary*, one of the respondents, who in her own words, lives like a loser in a totally undignified life. Mother of four sons, she is now staying with her second son giving all her valuables including the property to him. Since then she is subjected to both verbal and physical torture from her son and granddaughter. In a private conversation she lamented with tears that even the neighbors too view her as an irritant and often remarked that, "instead of making such troubles go and end your life yourself."

**Table-5: Support system for solving issues (N=69)**

Support system availed (in percentages)			
Age	Relatives	Community organization	Neighbors
<65 yrs	15.2	0.3	-
65-80 yrs	6.2	1	0.2
>80 yrs	0.9	-	-

An informal question on how they solved their issues and problems, the reply itself was an indicator of the manner in which the level of confidentiality they are keeping while dealing with such situations. Irrespective of the age, family size and education '22%' of the respondents revealed that they still believes in family ties and blood relations and they think it is better if the issues would be disposed within the four walls of the home. Regardless of age, almost of them believe it as a shame and showed reluctance to report it even to their



close relatives. Only few of them shared such incidences with their relatives/neighbors. They also remarked that it was often questioned by their in-laws and was projected out for future issues. Hence they prefer to refer such issues to their close relatives and like to settle it peacefully. As A.B.Bose pointed out in his book, the family obligations of children were changed with their increased financial responsibility. A wide range of expenses have to be met by children. Sons have to shoulder the responsibility of educating their children which may extend to 20 to 25 years, and require large expenses as good education and training come at a price. In urban areas, they are further required to meet increased cost of rent, transportation and other expenses. They also need to save for meeting their needs in old age, and invest in housing for a place to stay after retirement from economic activity. When parents stay on the same household as the son, discriminating care can arise.

## **CONCLUSION**

This topic was of peculiar because of the changes that occurred to the Kerala society in terms of the family structure, functions, occupational realm and attitude of present generations to their parents, grand- parents and obviously, the inadequacy of the help and support from government institutions. The findings of the present research provide fertile ground for targeted research in to the role of community organizations/ informal groupings like Self-Help Groups in providing supportive networks to elderly widows in Kerala. Another valuable extension to the present research would be a comparison between the state of affairs of widowed elderly male and female population in Kerala society. The present findings also points towards the necessity of exploring the plight of elderly people who are under the care (?) of home nurses/relatives and whose children are working/staying abroad. Since the elderly widows faced the twin problem of widowhood and ageing, they are the examples of 'real survivors' in all aspects. In order to create a social support system to them, empirical studies should be needed to identify the existing coping strategies and finding out how it can be applied in the present social life. It seems vital to make the elderly aware about their rights and privileges and also the ways to lead a healthy life through following certain hygiene measures. At the same time inculcate the younger generation about the possible changes has been occurred to their parents/grandparents and how to adjust with it.



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