



## Behavior Patterns and Depressive Episodes of the Newly Widowed

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**Abstract .** This phenomenological study focused on the behavior patterns and depressive episodes of the newly widowed. The data gathering methods utilized a series of in-depth semi-structured interview of the informants and the observation of their attitudes, feelings, vocal and facial expressions, and other overt behaviors. Results revealed that the newly widowed experienced certain behavior patterns and depressive episodes like denying the death, outbursts coupled with blame and guilt, intense depression, bidding for time and another chance, coming to terms with the reality of death, acceptance, and recovery. The behavior patterns and depressive episodes of the newly widowed seemed to correspond to what Kubler-Ross posited about the five stages of grief experienced by the dying person with terminal illness; only, these stages of grief occurred prior to the death of the dying person himself, while for the newly widowed, the behavior patterns and depressive episodes happened after the death of the spouse. The survival strategies or coping mechanisms of the newly widowed include family support, their faith in the Almighty as well as their ideology, and community support. Some strategies to help the newly widowed cope with grief include having a support group; joining religious organizations; engaging in activities that promote health and wellness; and taking time to be with family members, friends, and colleagues in the community. Likewise, government institutions and religious or civic organizations may provide counseling and worthwhile programs or activities for the widows or the bereaved, especially those who need psychological help in coping with their loss.

**Key Words:** behavior; patterns; depressive; episodes; newly; widowed

### INTRODUCTION

One of the greatest traumas which life brings is the inevitable moment when one partner passed away, and the other is left alone. Death, thus, is an unexpected ending of a relatively happy, intimate relationship. In the face of such loss, it seems impossible that life can continue and have any meaning at all. The grieving partner begins living in the unfamiliar and solitary journey of widowhood.

This study is anchored on the epistemology of Constructionism (Crotty, 2003; Faux, 2008) Phenomenology (Munhall, 2000; Husserl, 1967), Subjectivism (Crotty 1998; Gray, 2004); and specific theories on Freud's Psychoanalytic Theory and Theory of Attachment (Bowlby, 1969).

The following data-generating research questions guided the study. These were:

1. What patterns of behavior and depressive episodes do the newly widowed experience?
2. What are the emotional manifestations?
3. What are the behavioral manifestations?
4. How do they survive or cope with these depressive episodes through
  - a. family support,
  - b. faith and ideology,
  - c. community support, and
  - d. continuing the bond?

This phenomenological study focused on the depressive episodes experienced by the newly widowed during the time of bereavement. The study was limited to eight informants of any age, but had experienced depressive episodes over the loss of their husbands. Widowhood period was



from six months to two years, by the time the interview was conducted. It made use of a series of in-depth semi-structured interview as the primary method and a preliminary descriptive examination of the informants' behavioral or physical, emotional, and mental manifestations of the depressive episodes. How these depressive episodes took place, their manifestations, and the stages or patterns of depression as well as their coping mechanisms were also explained. The investigation utilized a narrative interpretive method to capture the informants' personal stories. In the triangulation of data, an interview of the informants' family members, relatives, and close friends was done to further validate their responses. The study was conducted in the Municipality of Miagao, Province of Iloilo.

Phenomenological individual in depth interview was the primary method of data collection from the informants regardless of their age by the time of widowhood. Informant observation of their attitudes, feelings, vocal or facial expressions, and other overt behaviors during the interview were also noted.

## METHODOLOGY

### The Researcher's Role

After identifying the possible informants and their home place, the researcher followed the steps set by the study. The researcher determined the informants' depressive episodes through personal interviews and observation of the involved behaviors and emotions. She performed the roles of both active listener and observer participant to the informants. This was done by listening to every detail of their experiences they shared and by observing the different situations and the significant factors that contributed to a better understanding of their depressive episodes and behavior patterns. Further, she played the role of a confidante to them by allowing each one to share freely her emotions and reveal everything that they felt sharing or unveiling. All the verbal and non-verbal responses and actuations were carefully noted and documented. She had conversations with the informants' family members, relatives, friends, and neighbors. In the course of the study, the researcher recorded and documented what the informants expressed verbally and non-verbally as

well as their most commonly used expressions, manner of coping, etc. She empathized with the stories they shared and was able to establish good relationship, even friendship with them.

### Informants of the Study

The informants of the study were the eight newly widowed women residing in Miagao, Iloilo. Miagao is a municipality which consists of 119 barangays. It lies south of Panay Province, 40 kilometers away from Iloilo City. The informants were determined through files in the municipal civil registrar's office and through referrals from support groups, friends, or relatives.

Consent from each informant was personally secured by the researcher. The schedule of personal in-depth interview was arranged according to the informants' convenient time and place. Those along or located in the town proper and nearby barangays were taken as informants. They were purposively selected according to the criteria set at the start of the study. The newly widowed had experienced depressive episodes over the loss of their husbands. These widows were at any age at the time of bereavement, with widowhood period from six months to two years. Healthy relationship with their spouses was considered. This attachment was determined through the responses they gave during the initial interviews on marital relationship as husband and wife. The husband's death was determined as might have been caused by illness, accident, or natural disaster.

### Data-gathering Instrument

A Researcher-made Interview Guide was used by the researcher in obtaining data from the informants. Interview guide questions included the informants' depressive episodes in behavioral/physical, emotional, or mental aspects; their coping mechanisms and other significant experiences were noted and documented. The instrument was validated by a set of jurors: two English professors, a guidance counselor, and the researcher's adviser and panel members.

### Interview Protocol

Genial smiles and greetings started the interview. A little "knowing each other" or "sharing of thoughts" followed to establish rapport with the informants. The purpose of the study was



explained. With their consent to participate in the study, they were made to answer some questions about their personal data and information. The informants were assigned pseudonyms to safeguard their identity. They were asked to narrate their depressive episodes following the guide questions prepared. Questions were carefully phrased for them to understand the intent of the interview. The art of questioning was applied to elicit responses from the informants. Verbal and non-verbal communications were observed and documented. Words used were recorded and noted verbatim. Facial expressions and other gestures were also noted. Interviews were ended with the assurance of utmost confidentiality of disclosed information. The researcher showed expressions of concern and empathy as well as appreciation for the trust given by the informants.

### Data Collection Strategies and Procedures

The study employed purposive sampling. The researcher selected the informants utilizing an inclusion criteria set by the study. The consent of each informant was sought and each one was encouraged to participate by answering the interview questions.

Multiple data-gathering techniques were used, including formal and informal interviews; observation; and casual conversation with the informants' relatives, friends, and significant others in their lives. The following procedures were undertaken:

#### Step 1- Selection of the Informants

The list of the informants was secured from the Miagao Civil Registrar's Office with the assistance of the assigned personnel. Others were selected through referrals from support groups and the researcher's friends and relatives. They were located and met personally to seek their willingness to participate and share about their depressive episodes during the time of bereavement.

#### Step 2- Establishing Rapport and Conducting Visits

Informants who signified their eagerness to participate in the study were visited by the researcher as scheduled. Rapport was established by initiating friendship with the informants. On the first meeting, the initial step of getting to know

the informant's background was taken into account. The purpose of the study was explained the next day meeting with them. Questions were divided into units to complete the in-depth interview of the informants.

#### Step 3- Study Proper

Using the semi-structured interviews as the primary research approach, the interviewing process was done for four months, from August to November. Data were collected through interpretive research method (Crotty, 2003, Lyon 2003; Straus & Corbin, 1990; O'Brien, 2008). Phenomenological interview was the primary method of data collection. Data collection in a qualitative study included more than words – attitudes, feelings, vocal and facial expressions, and other overt behaviors. Individual interview with the informants was employed. A checklist containing the different questions was given to the informants before the interview proper.

Interview guide questions were prepared. The researcher made occasional follow-up questions for the purpose of clarification. The informants were allowed to talk on a wide variety of topics related to their experiences throughout an extended interview.

A series of interviews were conducted face-to-face in the informants' homes or at arranged places convenient to the informants. Before conducting the interview, the researcher told the informants as to the purpose and nature of the study. Interviews were audio-recorded for transcription and analysis which varied in length according to the flow of the talk. The interviews were informal and open-ended, and were carried out in a conversational style. Confidentiality of the informants was protected by not revealing their identity; a pseudonym was assigned to each of them for identification. Anonymity of the informants was assured by excluding names during audio recording, transcription, and analysis. The informants were likewise informed of their right to refuse and/or withdraw from participation at any time during the process.

Procedures related to how data were collected, used, analyzed, and stored were explained. Audiocd's were listened to several times to gain familiarity with the content. After the cd's were transcribed verbatim, the informants'



descriptions were reviewed. Interview transcriptions were read several times by the researcher. Significant statements were extracted and categorized into related clusters. The goal was to turn the data into a story to capture the informants' voices, emotions, and experiences. Findings were integrated to come up with an exhaustive description of widowhood.

#### Step 4 – Narration

It was the intent of the study to make the readers understand the depressive episodes of the newly widowed and for the researcher to be as objective as possible to prove that analysis of data are based on the informants' perspective. Thus, the informants were given the freedom to narrate their experiences and depressive episodes. The interview schedule guided them to recall the events and share their depressive episodes and other experiences during the bereavement. The researcher observed objectivity during the interview to avoid personal judgment of the informants. Protection of clients or informants was of prime importance. The researcher tried to refrain from giving uncalled-for comments and from evangelizing; instead, she allowed the informants to spontaneously share and freely release their pent-up emotions by being emphatic and by listening attentively to their depressive episodes. The researcher also saw to it that each informant felt better and expressed what was in her heart, just as according to Ecclesiastes 7:3, "Sorrow is better than laughter, for by the sadness of the countenance the heart is made better;" the heart is made better - i. e., is made bright and joyful. "The mind which bears itself equally in human concerns, whether they be pleasant or sorrowful, must always be glad, free, and at peace" (<http://bible.cc/ecclesiastes/7-3.htm>).

#### Step 5 – Triangulation

After the individual interview, the researcher met the informants' immediate family or those considered "significant others" to obtain relevant information and to confirm the veracity of the informants' stories and the integrity in answering the questions. The data gathered from the interview were likewise audio-recorded.

### Data Analysis

This study aimed to create a comprehensive and objective view of the behavior patterns and depressive episodes of the newly widowed, the informants of the study. The essential features of the informants were recorded from the first encounter to the last meet-up with them. The data included the verbal and non-verbal cues which were observed during the interviews, including the range of emotions manifested or expressed by the informants.

Matrices were prepared for the content analysis of the verbal-narrative data for the individual case of the informant and for the summary and synthesis. The verbal narrative data taken from the interview and observation for each of the cases were entered in their appropriate cell categories. These were presented in the summary matrix. Peculiarities and commonalities of the depressive episodes and coping mechanisms were also looked into.

### Findings

Based on the results of the study, the following are the findings:

The newly widowed experienced the following behavior patterns and depressive episodes: denying the death, outbursts with blame and guilt, intense depression, bidding for time and another chance, and acceptance, recovery and revival.

Denying the death or unacceptance of the loss was a common behavior pattern and depressive episode among the informants. The most common behavioral manifestations to death denial among them were: shock and numbness, panic or hysterical reactions such as crying, shouting, running, and other physical reactions like tightness in the chest and shortness of breathing, disturbed sleep, loss of appetite, and headaches.

The informants experienced uncontrollable outburst upon knowing the death of their husbands. The most common emotional manifestation to this experience was the feeling of anger, coupled with blaming others, themselves, God, and sometimes even their dead partner. Guilt was also present as another emotional manifestation. This guilt or remorse was generally due to failure in doing or saying what they ought to have done just to stop, prevent, or delay death. Guilt was further felt by the informant, feeling



relieved when the husband died after a long, difficult illness.

The informants felt intense depression after losing their husbands. Common emotional manifestations were feelings of despair and anxiety and behavioral manifestations as if out of one's mind or having mental disorganization. Despair and anxiety were seen in the widows' feelings of sadness or deep sorrow, helplessness, hopelessness, and worthlessness of life since their husbands had died. Further, they chose to be alone and were often unusually silent or quiet. They isolated themselves from others. They felt insecure and they were worried about the future of their children and of living alone.

The informants had disorganized thoughts, which affected their daily routine and sleep. They sometimes became forgetful. They seemed to lose their minds which resulted in some irrational behaviors like wanting to get killed, escaping or running away, and even engaging in some vices.

The newly widowed tried to bid for time and another chance. The common emotional manifestation was the very intense heart's desire to plead for the life of their spouse. They hoped for a postponement or a delay of the death. They also wished that a miracle would happen. They tried to negotiate for an extended life for their husband in exchange for a reformed godly lifestyle or to alter a major decision.

However, after sometime, the informants learned to accept the reality of death and to submit to God's will.

Recovery and revival or a gradual healing process from the pain was experienced by the newly widowed by employing certain survival or coping schemes that involved family support, faith and ideology, community support, and other coping schemes that helped them recover from the pain of loss.

The newly widowed coped with their depressive episodes by seeking comfort and encouragement from the members of their family, the persons whom they trust most. Their presence was something for them for they served as listeners and confidant to what and how they felt about the death of their husbands. Verbalizing the floods of emotions brought about by the loss helped them feel relieved. Their touch, hugs, kisses, and assistance to their needs gave them strength and

renewed spirit. Seeking family support had mostly helped them survive from the depressive episodes. With constant sharing and talking out of their experiences and feelings, they had gradually recovered from the loss and they started living a normal life again.

The grieving widows found comfort in turning to God, praying for strength and peace in times of distress and pain. They became submissive to God's will by trying to commit everything to Him, the ultimate giver and taker of life. Just like other people, the newly widowed had the tendency to seek God's refuge in times of intense grief. Their faith had played a part in helping them recover from the grief brought about by death. They realized that apart from God, they are nothing, and that death happened for it is God's will and that they had to accept it. They have become resigned to the idea that death is final and by turning to God always, they were able to come to terms with themselves and with others.

The newly widowed found comfort in sharing their stories about their loss to others. Their friends, above all, were the source of consolation and strength. With them, they freely grieved and expressed all the emotions brought about by the death. The presence of other widows who had experienced the same loss was their source of strength and hope, too. Learning from their survival mechanism helped them to do the same. Seeing them gave them confidence that they were not alone grieving. With informants having work in the society, they had easily coped with the loss. Taking more time in their tasks or overworking with other people helped them forget their sorrow. Allowing themselves to join others in laughter, singing, dancing and other pleasures and even encouraging others had greatly contributed in easing the pain.

The informants tried to cope with their grief by reliving in their thoughts the memories of their departed husbands. They found comfort in cherishing and imagining that their spouses were still alive. There is still a continuing bond with their dead spouses. Staying connected with them emotionally and spiritually served as an anchor of peace, joy, and strength for the newly widowed.

## CONCLUSIONS



Based on the findings, the following conclusions were drawn:

Death is life's reality and though people know that it will definitely take place, no one can say that he or she is prepared to face or accept it. It rings about varied as well as sometimes similar reactions to the bereaved. The death of a spouse brings overwhelming pain that threatens to exceed the person's pain-coping capacities. In fact, it ranks highest among life's stress events (Holmes-Rahe). The death of a spouse brings pain and depressive episodes and behavior patterns to the bereaved and these are too difficult to handle. The separation can devastate a grieving person. For the newly widowed, the loss of a husband would mean the loss of a companion or a lifetime partner, and a confidante; it means further the loss of a sexual partner and the loss of the other self. It also means the loss of a great provider and protector of the family. Having lost a spouse is a big loss. It is something like an "amputation", where a part of the bereaved person is forever lost. Life seems to have lost its meaning.

Certain patterns of behavior normally arise while the person is grieving. Since death is an unexpected event, initially, the bereaved have the tendency to deny it. The widow's pain is coupled with emotions like anger, blame, and guilt. These hosts of emotions are directed not just to herself but to other people, and even to God. Momentarily, losing self-control and wavering of faith are experienced by the bereaved. Out of despair, regaining back the life of a loved one might be the only hope in her heart and mind. Shrinking in intense depression, which changes almost everything in life is normal; but, as a person, like all other men, one has an instinct or the will to survive; he tries to lift himself up to recovery and revival.

Life is a process and death is but one event during this enormous unfolding. (Levine and Constantino, 2004). With the person's death comes grief as natural response. Grieving is not a clear-cut precise process. Sometimes, the grieving person vascillates from one stage or pattern of grief to another. A person may pass through the stages at different times, switching between them during their grief. They may go back to another stage when necessary (Kerns, 2010).

The behavior patterns and depressive episodes that the newly widowed went through seemed to correspond to the five stages of grief experienced by the dying person with terminal illness or catastrophic event. The stages of grief occurred to the dying person himself prior to the death, while for the bereaved newly widowed, the grief happened after the death of the spouse. The five stages of grief do not only pertain to the individual who is going through the process of accepting one's death, but the others in his or her life as well (Kubler-Ross, 1969).

Seeking comfort and refuge is still the end of the game of pain and sorrow. Over time, the widows are able to accept the loss and reduce the intense pain experienced without the assistance of professional helpers. It was through the support of their family, friends, relatives, the faith they stand on, and the activities they are involved in. Support system enables the widows and their children to emerge intact from the emotional minefield of the grieving process is very important to recovery (Robertson, 2009). Counseling for normal bereavement may not always be benign. Counseling sometimes prolonged and deepened grief, leaving more depression and anxiety than in those who worked through their loss on their own (Begley, 2011).

Personal growth occurs as the person successfully deals with grief. The outcome is viewed as positive, e.g. gaining confidence and greater independence. To some, the normal healing process starts and the person develops dysfunctional patterns of thoughts and behavior. In this situation, professional help is needed.

On the other hand, this may not be true to the newly widowed in the Philippine setting. The Filipino extended family and the strong family solidarity provide a highly supportive environment from which the newly widowed can draw strength and support during the period of bereavement. Furthermore, one's profound faith in God Almighty gives an emotionally worn-out or depressed widow hope and courage to face life anew.

## RECOMMENDATIONS

In the light of the findings and lessons learned drawn from this study, the following recommendations are advanced:



### For the Widows

For the widows, they can join a support group for widows who can help them cope with their depressive episodes. Having experienced a similar situation may encourage them to find meaning in their life while overcoming the grief brought about by the loss. In line with the agencies like the DSWD, Women Crisis Center, and the church can organize groups where these widows can have the chance to join and participate in activities and programs such that they can be uplifted physically, emotionally, mentally, and spiritually. Being with others undergoing the same situation will be a source of encouragement and strength for the newly widowed. This will help them start anew and look forward to a hopeful and brighter tomorrow.

### For the Counselors

Knowing the experiences and struggles of the widows, counselors may organize an intervention program on how to help widows cope with the pain and struggles of separation as they face life alone. Supportive counseling must be undertaken as: the person shall be encouraged to grieve, to identify the scope of the loss they have experienced, to talk about the events of the loss, to gain information about the person of grieving, help recall positive experiences before the loss occurred, and support groups are useful to deal with grief.

### For the Church

Church pastors, priests, or ministers can conduct an activity such as visitation to the newly widowed in the community which can serve as comfort and encouragement during the time of bereavement. This Biblical truth "ignore not the widows" is important as a manifestation of brotherly love and concern for those who weep. The church can set up programs where these bereaved people can be given the inspiration to continue living life with meaning.

### For the Researchers

Another research related to loss and coping may be conducted. The length and depth of depressive episodes of the bereaved persons may be tried on with varying number of months of bereavement or the age or sex of the informants. Other variable may be used in the study.

### The University/College

Educational institutions may conduct extension services through programs or activities on grief recovery that may encourage and can give widows the chance to share their pains and sorrows with others who have experienced similar losses. The Office of Student Affairs or Student Personnel Services may give special treatment or attention to young widows who are pursuing their studies by providing them the guidance and counseling they need for them to continue with their goals and dreams in life despite the pain and sorrow they experienced as a result of loss.

### Educators

Teachers in school may organize a special group or association which will serve as widowed-to-widowed grief support group in times of bereavement. The group shall be run by the widows, themselves. Through this group, the newly widowed will be provided with a support system for them, a place to listen to the experiences and stories of others that have also lost a spouse. This is a place to meet new people and build new friendships with those who know what they are going through. This can provide an avenue for widows to be strengthened and encouraged in times of their grief.

### The Government

The government, in coordination with the barangay officials, may organize a crisis program or foundation extending support in terms of benefits, grants, or financial aids to the newly widowed with their children who live an impoverished life or those widows in dire need in the society. Just like other groups or organizations in the country being supported by the government, they must be given financial privileges and other special treatment for these newly widowed are also counted as a special population in need of care and attention in the society.

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