Original Article

Cultural Meanings, Spiritual Adaptation, and Communal Resilience Following Spousal Loss Among Older Adults: An Ethnographic Study

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ABSTRACT

Background: Spousal loss represents a significant life transition in later life, often influencing psychological well-being, social functioning, and personal identity. In rural Indonesian communities, bereavement is embedded within sociocultural contexts where spiritual beliefs, family obligations, and communal caregiving traditions shape how older adults experience and respond to loss. Despite growing attention to bereavement among older populations, ethnographic evidence examining culturally grounded adaptation processes in rural Indonesian settings remains limited. This study aimed to explore the cultural meanings of spousal loss and the adaptation experiences of older adults residing in rural Indonesian communities.

Methods: A qualitative ethnographic design guided by Spradley's ethnographic tradition was employed. Eighteen older adults who had experienced spousal loss were recruited through purposive sampling. Data were collected during six months of field engagement using in-depth interviews, participant observation, field notes, and focus group discussions. Data were analyzed through thematic ethnographic analysis to identify culturally embedded patterns of meaning and adaptation.

Results: Four interconnected themes emerged: spiritual acceptance of spousal loss, cultural values fostering resilience, communal caregiving practices, and loneliness after bereavement. Informants understood spousal loss not only as an emotional experience but also as a sociocultural and spiritual transition. Adaptation was facilitated through religious practices, family responsibilities, collective caregiving traditions, and community support, while loneliness and the loss of emotional companionship remained enduring challenges.

Conclusion: Adaptation to spousal loss among older adults is deeply influenced by cultural values, spirituality, and community relationships. These findings contribute to a deeper understanding of culturally embedded bereavement processes and provide a foundation for future cross-cultural and intervention-based research addressing grief and adaptation in later life.

Keywords: Aged; Bereavement; Ethnography; Spirituality; Social Support; Rural Population

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Implications for Practice:

- Healthcare providers should integrate cultural traditions, spiritual beliefs, and local mourning practices into bereavement care for older adults. Such approaches may improve emotional adaptation and enhance the quality of psychosocial support among elderly individuals in rural communities.
- Community-based programs should promote collective caregiving, social participation, and family involvement to reduce loneliness and strengthen social connectedness among bereaved older adults. Religious and social activities may serve as important sources of emotional support.
- Healthcare professionals need training in culturally informed grief care and spiritual support for older adults experiencing spousal loss. In addition, rural health policies should strengthen accessible mental health and psychosocial services for widowed elderly populations.

Introduction

One of the most notable demographic transformations of the twenty-first century is the rapid growth of the older adult population. Data from the World Health Organization (WHO) indicate that the global population aged 60 years and older is projected to increase from 1 billion in 2020 to 1.4 billion by 2030 and reach 2.1 billion by 2050, reflecting a substantial shift in population structure and increasing demands for age-related healthcare services (WHO, 2025). Furthermore, WHO reported that in 2020 the global population of older adults surpassed the number of children under five years old for the first time in history. This rapid demographic transition is occurring not only in high-income countries but also increasingly in low- and middle-income countries, including many Asian nations (Khan et al., 2024).

The increasing longevity of populations worldwide has been accompanied by a growing number of older adults encountering widowhood in later life. Spousal loss is considered one of the most stressful and transformative experiences in old age because spouses typically serve as key providers of emotional security, companionship, practical assistance, and social support, all of which are critical for maintaining well-being among older adults (Lee et al., 2023). The death of a spouse can lead to profound disruptions in emotional well-being, social functioning, and daily life among older adults. A growing body of evidence indicates that bereaved older individuals are particularly vulnerable to a range of adverse outcomes, including depression, anxiety, loneliness, emotional distress, social isolation, sleep disturbances, and a reduced quality of life after losing a lifelong companion (Hung et al., 2021).

Beyond psychological consequences, spousal loss also affects the social and spiritual dimensions of elderly well-being. Many older adults experience reduced social participation, feelings of emptiness, and loss of meaning in life after bereavement. In collectivist and religious societies, widowhood may additionally influence social identity, family roles, and spiritual adaptation processes (Purrington, 2023). Spiritual beliefs and religious practices often become important coping resources that help elderly individuals accept loss, reconstruct meaning, and maintain resilience during bereavement. At the same time, inadequate social support after the death of a spouse may increase vulnerability to loneliness and declining health conditions among older adults (Maulidina et al., 2025).

The experience of spousal loss is not solely an individual emotional event but is also deeply shaped by cultural values, social norms, spirituality, and community traditions. The grieving process among older adults is influenced by how a society interprets death, family roles, emotional expression, and social responsibilities following bereavement (Thomas, 2021). In

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many cultures, the loss of a spouse is viewed not only as the death of a life partner but also as a major social and spiritual transition that affects identity, daily routines, interpersonal relationships, and community participation. Consequently, elderly individuals may experience and interpret widowhood differently depending on the cultural environment in which they live (Rudaz et al., 2020).

Culture plays an important role in determining acceptable grieving behaviors, coping strategies, and sources of emotional support (Phan et al., 2025). In collectivist societies, bereavement is often experienced collectively, where family members, neighbors, and community networks actively participate in providing emotional, spiritual, and practical support to the bereaved individual (Thomas, 2021). Communal caregiving traditions, religious rituals, and kinship solidarity may help elderly individuals adapt to loss and maintain social connectedness (Ensan et al., 2026). In contrast, in more individualistic cultures, grieving may be considered a private experience, with greater emphasis placed on personal coping and emotional independence.

Spirituality and religious beliefs also significantly influence how older adults understand and respond to spousal loss. Many elderly individuals interpret bereavement through spiritual perspectives such as destiny, divine will, acceptance, and life continuity after death (Cojocaru et al., 2025). Religious practices, prayer, and participation in faith-based activities may provide emotional comfort, strengthen resilience, and help reconstruct meaning following the death of a spouse (Walsh et al., 2002). The integration of spiritual values into daily life often becomes an essential coping mechanism, particularly among elderly populations living in traditional or rural communities.

Furthermore, the meaning of spousal loss varies across cultural communities because each society possesses distinct beliefs, customs, and social expectations regarding aging, marriage, widowhood, and family responsibilities (Sarker, 2024). Some cultures perceive widowhood as a period requiring strong family dependence and social support, while others emphasize self-reliance and emotional adjustment (Moss & Moss, 2015). Therefore, understanding the cultural dimensions of bereavement is essential to comprehensively explore the experiences of elderly individuals after losing a spouse and to develop culturally sensitive approaches in gerontological and psychosocial care.

In the Indonesian context, particularly within rural communities, the experiences of elderly individuals are strongly influenced by distinctive sociocultural characteristics that differ from those of urban populations (Susilawati et al., 2026; Masfiah et al., 2026). Rural Indonesian societies generally maintain strong kinship systems, close interpersonal relationships, and collective social structures that emphasize family solidarity and communal responsibility (Utomo et al., 2019). Older adults in rural areas are often highly integrated into extended family networks and community life, where interpersonal interactions and mutual support remain central aspects of daily living (Henning-Smith, 2024). These social conditions shape how elderly individuals experience aging, cope with life transitions, and respond to the loss of a spouse.

Traditional cultural values toward aging and widowhood also remain deeply embedded in many rural Indonesian communities. Older adults are commonly respected as senior family members who possess wisdom, spiritual authority, and important social roles within the household and community (Khuzaimah et al., 2023). Following the death of a spouse, elderly

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individuals often continue to receive emotional and practical support from children, relatives, neighbors, and religious groups. Community participation in grief rituals, mourning traditions, religious gatherings, and collective caregiving practices may strengthen emotional resilience and reduce feelings of loneliness among bereaved older adults (Maulidina et al., 2025). Such communal involvement reflects the collectivist orientation of rural Indonesian culture, where personal suffering is frequently shared and managed collectively within the social environment.

Despite the strong social support systems available in rural settings, formal mental health and bereavement services for older adults remain limited in many Indonesian rural areas. Access to geriatric mental health care, grief counseling, and psychosocial support services is often inadequate due to limited healthcare resources, geographical barriers, and shortages of trained healthcare professionals (Mahwati & Hasibuan, 2025). As a result, elderly individuals tend to rely more heavily on family members, community leaders, neighbors, and religious practices rather than formal healthcare services when coping with emotional distress after spousal loss. Furthermore, the cultural interpretation of spousal loss may significantly influence coping behaviors among elderly individuals in rural Indonesia. Bereavement is frequently understood through spiritual beliefs, religious acceptance, cultural obligations, and communal values that shape emotional responses and adaptation processes (Phan et al., 2025). Some older adults may perceive widowhood as part of divine destiny or a natural stage of life, which may encourage acceptance and resilience (Isnaini & Widiantoro, 2025). Others may prioritize maintaining social participation and fulfilling family responsibilities as ways to cope with grief. Therefore, understanding the sociocultural context of bereavement in rural Indonesia is essential for developing culturally sensitive approaches to elderly care and psychosocial support.

Previous studies on bereavement among older adults have predominantly examined psychological outcomes such as depression, anxiety, loneliness, emotional distress, and adaptation following spousal loss. Although these studies have substantially enhanced understanding of the mental health consequences of widowhood, they have largely focused on individual-level responses and have provided limited attention to the sociocultural contexts in which bereavement occurs. Consequently, the cultural meanings that older adults attach to the loss of a spouse, as well as the cultural resources that facilitate adaptation, remain insufficiently understood.

Although bereavement among older adults has been widely studied, limited ethnographic evidence exists regarding how cultural beliefs, spirituality, and communal caregiving shape adaptation to spousal loss in Indonesian rural communities. Existing studies in Indonesia have primarily focused on elderly mental health problems, family support, or coping strategies and have generally employed quantitative or descriptive approaches. As a result, little is known about how older adults in rural settings interpret spousal loss within their cultural worldviews, how spiritual beliefs influence meaning-making processes, and how communal caregiving traditions contribute to resilience and emotional recovery. Furthermore, the interaction between spirituality, cultural values, social connectedness, and collective caregiving practices in shaping bereavement experiences remains largely unexplored.

Addressing this gap is particularly important for nursing and gerontological

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care in Indonesia. In many rural communities, older adults rely more heavily on family networks, religious practices, and community support systems than on formal bereavement or mental health services. Without a comprehensive understanding of these culturally embedded adaptation processes, healthcare professionals may overlook important sources of resilience and support that influence older adults' well-being following spousal loss. Therefore, ethnographic exploration is needed to generate culturally grounded evidence that can inform the development of culturally sensitive bereavement interventions, strengthen gerontological nursing practice, and enhance psychosocial support services for widowed older adults in rural Indonesian communities.

This study was informed by Meaning Reconstruction Theory, Resilience Theory, Social Support Theory, and Transcultural Nursing Theory to explore bereavement experiences among older adults in rural Indonesia. These perspectives guided the examination of how informants constructed meaning following spousal loss, drew upon personal and contextual resources to adapt, utilized family and community support systems, and navigated grief within their cultural and spiritual contexts. Together, these theories provided a holistic framework for understanding the interplay of meaning-making, resilience, social support, and sociocultural values in shaping adaptation to spousal bereavement among older adults.

Therefore, this study aimed to explore the cultural meaning of spousal loss among elderly individuals living in rural Indonesian communities using an ethnographic approach. Specifically, the study explored how older adults interpret, experience, and adapt to spousal loss within their sociocultural context.

Methods

Study Design

This study employed a qualitative ethnographic design to explore the cultural meanings of spousal loss among older adults living in rural Indonesian communities. Ethnography was considered particularly appropriate because it enables researchers to understand human experiences within their natural sociocultural contexts and to examine how cultural values, beliefs, traditions, spirituality, and social interactions shape individual interpretations of significant life events (Wicaksono et al., 2024). Guided by Spradley's ethnographic tradition, this study focused on understanding cultural meanings, social relationships, beliefs, and community practices from the perspectives of the informants themselves. This approach facilitated an in-depth exploration of how older adults interpreted and adapted to spousal loss within the context of their cultural environment.

The theoretical framework also informed the methodological process of the study. Meaning Reconstruction Theory guided the development of interview questions exploring informants' interpretations of loss and meaning-making processes. Resilience Theory informed questions concerning adaptive strategies, family responsibilities, and sources of strength. Social Support Theory directed observations and interviews regarding family relationships, community participation, and caregiving practices, whereas Transcultural Nursing Theory shaped the ethnographic focus on cultural beliefs, spiritual traditions, and local social norms influencing bereavement experiences. During data analysis, these theoretical perspectives served as sensitizing concepts that facilitated interpretation while allowing themes to emerge inductively from informants' narratives.

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To gain a comprehensive understanding of informants' lived experiences and sociocultural realities, the researchers maintained prolonged engagement in the field for six months. Continuous observation, informal interactions, and participation in community activities enabled the identification of culturally embedded meanings, caregiving practices, and social support mechanisms associated with bereavement among older adults. Through this prolonged field engagement, the researchers were able to develop trust with informants and gain a deeper appreciation of the cultural context surrounding widowhood and adaptation to loss.

The reporting of this study adhered to the Standards for Reporting Qualitative Research (SRQR) to ensure transparency, methodological rigor, and comprehensive reporting of the research process and findings. The study was conducted in a rural community in West Kalimantan, Indonesia, where traditional cultural values, strong kinship systems, religious practices, and communal caregiving traditions remain influential in everyday life. The community is characterized by close social relationships, collective social participation, and active involvement of family and community members in supporting older adults experiencing major life transitions, including bereavement. These sociocultural characteristics provided a rich setting for exploring how older adults interpret and adapt to spousal loss within their cultural environment.

Research Team and Reflexivity

The research team consisted of five nursing academics with experience in qualitative research, community health, gerontological nursing, and transcultural nursing. The principal investigator, Sri Ariyanti, is a lecturer in the Nursing Department at Institut Teknologi dan Kesehatan Muhammadiyah Kalimantan Barat, Indonesia, with research interests in community nursing, elderly health, and qualitative inquiry. Cau Kim Jiu is a lecturer at Institut Teknologi dan Kesehatan Muhammadiyah Kalimantan Barat with expertise in public health and community-based research. Tuti Anggarawati is a nursing academic from Sekolah Tinggi Ilmu Kesehatan Kesdam IV/Diponegoro with extensive experience in nursing education and qualitative health research. Gracia Herni Pertiwi and Yovita Erin Sastrini are lecturers at Sekolah Tinggi Ilmu Kesehatan Dirgahayu Samarinda, East Kalimantan, whose scholarly interests include gerontological nursing, psychosocial health, and community-based healthcare research.

All members of the research team had prior experience in conducting qualitative studies and were familiar with ethnographic approaches, in-depth interviewing, participant observation, and thematic analysis. Before data collection commenced, the researchers discussed the study objectives, interview strategies, ethical considerations, and procedures for maintaining consistency throughout the research process.

The researchers had no prior personal relationships with the informants before recruitment. Informants were informed about the researchers' professional backgrounds, institutional affiliations, and the purpose of the study before providing informed consent. Efforts were made to establish trust and rapport through prolonged engagement within the community during the six-month fieldwork period.

Fieldwork responsibilities were clearly distributed among the research team to ensure consistency and methodological rigor. Sri Ariyanti, as the principal investigator, led the study and conducted all in-depth interviews with the informants. She was also responsible for coordinating

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participant recruitment, maintaining prolonged engagement in the field, documenting reflexive field notes, and supervising all stages of data collection.

Participant observations were conducted collaboratively by Sri Ariyanti and Cau Kim Jiu during community activities, religious gatherings, and informal interactions with informants. Both researchers documented observational findings immediately after each field visit through detailed field notes describing social interactions, cultural practices, and contextual factors related to bereavement experiences.

Focus group discussions were moderated by Sri Ariyanti, while Cau Kim Jiu served as the co-facilitator by managing discussion flow, recording non-verbal interactions, and documenting supplementary field observations. Tuti Anggarawati participated as an independent observer during selected field activities and reviewed field documentation to enhance methodological consistency.

Data analysis was conducted collaboratively by all five authors. Sri Ariyanti performed the initial coding and preliminary theme development. Tuti Anggarawati independently reviewed the coding structure and thematic interpretations to strengthen analytical credibility. Gracia Herni Pertiwi and Yovita Erin Sastrini participated in reviewing transcripts, validating emerging themes, and discussing alternative interpretations. Regular analytical meetings were held until consensus was reached regarding the final themes and their interpretation.

Given that qualitative research acknowledges the influence of researchers' perspectives on data interpretation, reflexivity was continuously maintained throughout the study. The researchers recognized that their professional backgrounds in nursing and elderly care could influence how informants' experiences were interpreted. To minimize potential bias, reflexive field notes were maintained during data collection and analysis, documenting researchers' assumptions, observations, and reflections. Regular discussions among research team members were conducted to critically examine emerging interpretations and ensure that findings remained grounded in informants' narratives rather than researchers' preconceptions.

Researcher triangulation was employed throughout the analytical process. Coding decisions, thematic development, and interpretation of findings were reviewed collaboratively by all members of the research team. Differences in interpretation were discussed until consensus was achieved. This process enhanced the credibility, confirmability, and trustworthiness of the findings while ensuring that multiple perspectives contributed to the understanding of the cultural meaning of spousal loss among older adults in rural Indonesian communities.

Participants

Informants were recruited using purposive sampling to ensure the inclusion of individuals who possessed rich and relevant experiences related to spousal loss. Recruitment was facilitated through community leaders, village health volunteers, and local elderly community groups who assisted in identifying potential informants meeting the study criteria. Individuals who expressed interest in the study were approached by the researchers, provided with information regarding the study objectives and procedures, and invited to participate voluntarily.

The inclusion criteria were: (1) aged 58 years or older; (2) had experienced the death of a spouse at least six months prior to participation; (3) resided permanently in the study area; (4) were able to

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communicate effectively in Indonesian or the local language; and (5) were willing to participate voluntarily. The exclusion criteria included: (1) severe cognitive impairment that limited the ability to provide meaningful information; (2) serious physical illness that prevented participation in interviews or observations; and (3) severe emotional distress during recruitment that could potentially be exacerbated by discussing bereavement experiences.

A total of 21 eligible individuals were approached. Three individuals declined participation because they felt uncomfortable discussing their bereavement experiences, resulting in a final sample of 18 informants consisting of 8 widowers and 10 widows aged between 58 and 72 years. Informants represented diverse ethnic backgrounds, including Malay (n = 6), Dayak (n = 5), Javanese (n = 3), Madurese (n = 2), and Chinese (n = 2).

Informant recruitment and data collection continued until data saturation was achieved. Saturation was assessed through ongoing analysis conducted concurrently with data collection and was considered reached when no new codes, categories, cultural meanings, or conceptual insights emerged from subsequent interviews, observations, field notes, and focus group discussions.

Data Collection

Data were collected over a six-month period from September 2025 to February 2026 using multiple ethnographic techniques, including in-depth interviews, participant observation, field notes, and focus group discussions (FGDs). The prolonged engagement in the field enabled researchers to gain a comprehensive understanding of informants' lived experiences and the sociocultural context surrounding spousal loss among older adults. Semi-structured in-depth interviews were conducted individually with all informants. Interview questions explored informants' experiences of bereavement, cultural interpretations of spousal loss, coping strategies, spiritual beliefs, family support, community involvement, and adaptation processes following the death of a spouse. Each interview lasted approximately 45–90 minutes and was conducted at locations chosen by informants to ensure comfort and privacy. All interviews were audio-recorded with informants' consent and subsequently transcribed verbatim.

Participant observation was conducted throughout the study period to examine informants' daily activities, social interactions, religious involvement, family relationships, and participation in community events. This observational process allowed researchers to gain a deeper understanding of how cultural values and communal practices influenced informants' adaptation to bereavement. Observational findings were documented through detailed field notes recorded immediately after each observation session. In addition, focus group discussions (FGDs) were conducted to facilitate collective reflection on cultural beliefs, community norms, social support systems, and shared experiences of widowhood and bereavement. The FGDs provided opportunities to explore communal perspectives and validate themes emerging from individual interviews. The integration of interviews, observations, field notes, and FGDs enabled methodological triangulation and strengthened the credibility of the findings.

Data Analysis

Data were analyzed using thematic analysis informed by Spradley's ethnographic approach. Audio-recorded interviews were transcribed verbatim and integrated with field notes, observational

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records, and focus group discussion transcripts. Data analysis was conducted concurrently with data collection to allow emerging findings to inform subsequent interviews and observations. Consistent with Spradley's ethnographic tradition, the researchers sought to identify culturally shared meanings, beliefs, values, and social practices related to spousal loss.

No qualitative data analysis software (e.g., NVivo, ATLAS.ti, or MAXQDA) was used in this study. Data analysis was conducted manually by the research team. Interview transcripts, field notes, and observational records were read repeatedly to achieve familiarity with the data. Meaningful statements relevant to the research objectives were identified and assigned initial codes manually. Similar codes were then grouped into categories, which were subsequently organized into subthemes and overarching themes following Spradley's ethnographic analysis, including domain, taxonomic, componential, and cultural theme analyses. Coding decisions and thematic interpretations were discussed among the research team until consensus was reached, ensuring consistency and credibility throughout the analytical process.

The analysis followed an iterative process involving repeated reading of transcripts, open coding, identification of recurring cultural patterns, categorization of codes, and development of themes and subthemes (Ahmed et al., 2025). Data from interviews, observations, field notes, and FGDs were continuously compared to identify similarities, differences, and contextual nuances. Emerging interpretations were discussed among the research team until consensus was reached. Through this process, four major themes and twelve related subthemes were identified, reflecting the cultural meanings of spousal loss among older adults in rural Indonesian communities.

The coding process was conducted manually by the research team without the use of qualitative data analysis software. Sri Ariyanti, as the principal investigator, performed the initial open coding by reviewing the interview transcripts, field notes, and observational records line by line to identify meaningful units and assign preliminary codes. To enhance analytical rigor, Tuti Anggarawati independently reviewed the coded transcripts and examined the consistency of the coding scheme and emerging categories. Differences in coding or interpretation were discussed during regular research team meetings involving all authors. Coding discrepancies were resolved through iterative comparison with the original transcripts, field notes, and observational data until consensus was achieved. The agreed codes were subsequently grouped into categories, subthemes, and overarching themes following Spradley's ethnographic analytical framework, including domain, taxonomic, componential, and cultural theme analyses.

Trustworthiness and Rigor

Trustworthiness was established using the criteria of credibility, dependability, confirmability, and transferability as proposed by Lincoln and Guba (Guba & Lincoln, 1994). Credibility was enhanced through prolonged engagement in the field, triangulation of data collection methods (in-depth interviews, participant observation, field notes, and FGDs), and member checking with selected informants to verify the accuracy of the researchers' interpretations. Member checking was conducted to enhance the credibility of the findings.

All 18 informants participated in face-to-face member-checking sessions approximately two weeks after the preliminary data analysis. During these sessions, the researchers presented

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summaries of the preliminary themes and interpretations, and informants were invited to confirm whether the findings accurately reflected their experiences and to provide clarification where necessary. Feedback from the informants was incorporated into the refinement of theme descriptions and interpretations, resulting in greater clarity while maintaining the overall thematic structure.

Dependability was ensured through maintaining a detailed audit trail documenting methodological decisions, data collection procedures, coding processes, and analytical developments throughout the study. Confirmability was strengthened through reflexive discussions among the research team and peer debriefing to minimize researcher bias and ensure that findings were grounded in informants' accounts. Transferability was supported by providing rich and detailed descriptions of the study setting, informant characteristics, sociocultural context, and research procedures, allowing readers to assess the applicability of the findings to similar populations and settings (Ahmed, 2024).

Ethical Consideration

This study received ethical approval from the Ethics Committee of the Institut Teknologi dan Kesehatan Muhammadiyah Kalimantan Barat, Indonesia (Ethical Approval No. 108/II.I.AU/KET.ETIK/IX/2025; September 27, 2025), and was conducted in accordance with the Declaration of Helsinki. All participants provided written informed consent after receiving information about the study objectives, procedures, potential risks and benefits, confidentiality, and their right to withdraw at any time without penalty. Participation was voluntary, with no financial incentives provided, although transportation expenses were reimbursed when necessary to avoid a financial burden. Participant confidentiality was protected through the use of identification codes (P1–P18), removal of personal identifiers, and secure storage of all research data, which were accessible only to the research team. In accordance with institutional policy, all data will be retained for five years after publication for research purposes only and will then be permanently destroyed to ensure participant confidentiality.

Result

Table 1. Demographic Table of Informants

Informants	Gender Status	Age (Years)	Ethnicity	Religion	Number of Children	Duration of Widowhood/Widowerhood (Years)
P1	Widower	58	Malay	Islam	4	2
P2	Widow	60	Javanese	Islam	5	5
P3	Widow	58	Malay	Islam	3	2
P4	Widower	62	Dayak	Christian	4	6
P5	Widow	58	Malay	Islam	3	3
P6	Widower	60	Madurese	Islam	5	5
P7	Widow	62	Javanese	Islam	3	3
P8	Widow	64	Chinese	Christian	3	6
P9	Widower	60	Malay	Islam	2	5
P10	Widow	62	Chinese	Catholic	3	5
P11	Widower	62	Malay	Islam	3	6
P12	Widow	60	Dayak	Catholic	3	8
P13	Widower	70	Malay	Islam	5	10
P14	Widower	59	Dayak	Catholic	2	6

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Informants	Gender Status	Age (Years)	Ethnicity	Religion	Number of Children	Duration of Widowhood/Widowerhood (Years)
P15	Widow	59	Dayak	Catholic	3	5
P16	Widow	65	Madurese	Islam	2	6
P17	Widow	70	Dayak	Catholic	4	6
P18	Widower	72	Javanese	Islam	5	8

Table 1 presents the demographic characteristics of the 18 informants included in this study. Informants consisted of 10 widows (55.6%) and 8 widowers (44.4%), with ages ranging from 58 to 72 years (mean age = 62.8 years). The duration of widowhood/widowerhood ranged from 2 to 10 years, with a mean duration of 5.7 years, and the number of children ranged from two to five. Informants represented diverse ethnic backgrounds, including Malay (n = 6), Dayak (n = 5), Javanese (n = 3), Madurese (n = 2), and Chinese (n = 2). Most informants identified as Muslim (n = 11), followed by Catholic (n = 5) and Christian (n = 2). The diversity of ethnic and religious backgrounds enriched the exploration of cultural meanings and adaptation experiences related to spousal loss among older adults in rural Indonesian communities.

Table 2. Themes and Subthemes of the Study Findings

Main Themes	Subthemes	Supporting Informants Quotations
Spiritual Acceptance of Spousal Loss	Acceptance through religious beliefs	"I believe my spouse's death was part of God's plan. At first, I felt overwhelmed and questioned why it happened so suddenly, but over time I realized that everything in life belongs to God and will eventually return to Him. This belief helped me accept the loss sincerely and continue living despite the sadness that remains." (P3)
		"Death is something determined by God, and humans cannot avoid it. Although I miss my wife every day, I remind myself that resisting God's will only increases suffering. Through prayer and worship, I gradually learned to accept her passing and focus on living a meaningful life." (P6)
	Prayer and worship as emotional coping	"After my husband passed away, praying and attending religious gatherings helped me feel calmer." (P7)
		"Reading holy scriptures every evening makes my heart feel more peaceful." (P12)
	Spiritual surrender as a source of inner peace	"I try to surrender everything to God because life and death are beyond human control." (P11)
		"My faith helps me continue living despite the sadness." (P18)
Cultural Values Fostering Resilience	Family responsibility as motivation to continue living	"Even though I feel lonely, I still have children and grandchildren who need me." (P5)
		"Even though I often feel lonely and miss my husband, I still have children and grandchildren who depend on me. Thinking about them gives me strength every day. I believe I must continue living and remain healthy because I still have responsibilities within my family." (P15)
	Cultural norms encouraging emotional strength	"In our culture, older people are expected to remain patient and strong during difficult times. People may feel sadness, but they are encouraged not to surrender to despair. These cultural values taught me to accept hardship with sincerity and continue participating in community life." (P9)

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Main Themes	Subthemes	Supporting Informants Quotations
		"People here believe sadness should be faced with sincerity and patience." (P4)
	Mutual support within the community	"Neighbors often visit and support me, especially during difficult times." (P14)
		"The community never lets me feel abandoned after my spouse died." (P17)
Communal Caregiving Practices	Collective caring traditions in rural communities	"People in this village still care for each other like family." (P2)
		"When someone loses a spouse, neighbors usually come and help with daily needs." (P16)
	Social gatherings reduce emotional distress	"Community meetings and religious gatherings became very important for me after my spouse passed away. Being surrounded by other people helped me feel connected and supported. When I participated in these activities, I felt less lonely and more capable of continuing my daily life." (P10)
		"Joining social activities helps me forget my sadness for a while." (P1)
	Informal caregiving from relatives and neighbors	"My neighbors help me with daily activities since my wife passed away." (P13)
		"After my husband died, my relatives and neighbors visited me frequently. Sometimes they came just to sit and talk with me, while at other times they helped with daily activities. Their presence made me feel that I was not facing this difficult period alone." (P8)
Loneliness after Bereavement	Feelings of emptiness after losing a spouse	"The house feels very quiet and empty after my partner died." (P1)
		"I often cry at night because I still miss my spouse." (P6)
	Loss of emotional companionship	"I miss having someone to talk to every day." (P8)
		"There is nobody to share stories with anymore." (P5)
	Social withdrawal during the grieving process	"Sometimes I prefer staying at home because I still feel sad." (P13)
		"After losing my spouse, I rarely attended social gatherings for several months." (P7)

Analysis of the interview transcripts, observations, field notes, and focus group discussions generated four interconnected themes and twelve related subthemes that reflected the cultural meaning of spousal loss among older adults in rural Indonesian communities: (1) spiritual acceptance of spousal loss, (2) cultural values fostering resilience, (3) communal caregiving practices, and (4) loneliness after bereavement. These themes did not emerge as isolated experiences but rather as interrelated dimensions of the adaptation process following the loss of a spouse (**Table 2**).

Spiritual acceptance provided a foundation for meaning-making and emotional adjustment, enabling informants to interpret bereavement within their religious and cultural worldviews. Cultural values such as patience, responsibility, sincerity, and commitment to family further strengthened resilience and encouraged older adults to continue fulfilling meaningful social roles despite their loss. At the same time, communal caregiving practices offered practical assistance, emotional support, and social connectedness, facilitating adaptation and reducing the adverse effects of bereavement. Nevertheless, feelings of loneliness and the loss of emotional companionship remained persistent challenges, even among informants who reported strong spiritual beliefs and community support. Collectively, these themes illustrate that adaptation to spousal loss is a dynamic sociocultural process

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shaped by the interaction of spiritual resources, cultural resilience, communal support systems, and ongoing emotional experiences within the informants' lived environments.

Taken together, the four themes suggest that adaptation following spousal loss among older adults is not solely an individual psychological process. Rather, it is a culturally embedded process in which spirituality facilitates acceptance, cultural values foster resilience, communal caregiving strengthens social support, and experiences of loneliness reflect the continuing emotional consequences of bereavement.

Discussion

This study was guided by an integrated theoretical framework comprising Meaning Reconstruction Theory, Resilience Theory, Social Support Theory, and Transcultural Nursing Theory. These complementary perspectives facilitated understanding of bereavement as a multidimensional process involving meaning-making, adaptive capacity, interpersonal support, and culturally embedded beliefs. The findings revealed four interconnected themes—spiritual acceptance of spousal loss, cultural values fostering resilience, communal caregiving practices, and loneliness after bereavement—which collectively illustrate that adaptation among older adults is shaped through continuous interactions between individual experiences and sociocultural contexts.

The theme of spiritual acceptance highlights the significant role of spirituality in helping older adults adapt to spousal loss. Informants commonly interpreted bereavement as part of God's will and expressed acceptance through prayer, worship, and spiritual surrender. This finding is consistent with previous studies demonstrating that spirituality and religious coping are important protective factors against emotional distress among bereaved older adults (Park, 2022; Balboni et al., 2013). Spiritual beliefs enable individuals to reconstruct meaning after loss and provide a framework for understanding suffering and mortality. According to Meaning Reconstruction Theory, individuals who successfully integrate loss into their spiritual worldview tend to demonstrate better psychological adaptation and emotional resilience (Neimeyer, 2019). Similarly, gerontological studies have reported that religious participation and spiritual practices contribute to lower levels of depression, anxiety, and loneliness among widowed elderly populations (Coelho-Júnior et al., 2022). In the context of rural Indonesian communities, spirituality appears to function not only as an individual coping mechanism but also as a culturally shared value that strengthens acceptance and emotional recovery following bereavement.

The findings also revealed that cultural values play a crucial role in fostering resilience among bereaved older adults. Informants emphasized family responsibilities, patience, sincerity, and emotional endurance as motivations to continue living despite experiencing profound grief. These findings align with resilience theories suggesting that adaptation to adversity is shaped not only by individual psychological capacities but also by cultural values and social expectations (Maulidina et al., 2025; Ariefa et al., 2025). Previous research has shown that maintaining meaningful social roles and family responsibilities provides older adults with a continued sense of purpose and identity following widowhood (Freak-Poli et al., 2022). Furthermore, collectivist cultures often promote resilience through social obligations and intergenerational connectedness, encouraging older adults to remain engaged in family and community life despite emotional hardship (Chen,

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2025). The present findings extend this perspective by demonstrating that resilience among older adults in rural Indonesia is culturally embedded and reinforced through shared social expectations regarding strength, patience, and responsibility.

Another important finding concerns communal caregiving practices as a source of emotional and social support during bereavement. Informants described receiving practical assistance, companionship, and emotional encouragement from neighbors, relatives, and community groups. Social gatherings and religious activities were perceived as important resources for reducing sadness and maintaining social connectedness. These findings are consistent with Social Support Theory, which emphasizes the protective role of emotional, instrumental, and informational support in reducing the negative psychological consequences of stressful life events (Acoba, 2024). Previous studies have similarly reported that strong social support networks are associated with lower levels of depression, loneliness, and social isolation among widowed older adults (Utz et al., 2014; Reiner & Steinhoff, 2024). However, unlike many studies conducted in urban or institutional settings, the present research highlights the distinctive role of communal caregiving traditions within rural Indonesian culture. Collective caregiving practices appear to function as culturally embedded support systems that complement limited access to formal mental health services. This finding reinforces transcultural nursing perspectives emphasizing the importance of integrating community and cultural resources into psychosocial care for older adults.

Despite strong spiritual and communal support systems, informants continued to experience loneliness following the loss of a spouse. Feelings of emptiness, loss of emotional companionship, and temporary social withdrawal were frequently reported, particularly during the early stages of bereavement. These findings are consistent with extensive literature indicating that widowhood remains one of the strongest predictors of loneliness among older adults (Vedder et al., 2025). The death of a spouse often results in the loss of a primary attachment figure, daily companion, and source of emotional intimacy, creating a unique form of loneliness that cannot be entirely replaced by other social relationships. Similar findings have been reported in studies examining bereavement among elderly populations in Asia and other collectivist societies, where family and community support may alleviate practical difficulties but do not fully compensate for the emotional absence of a life partner (Yang, 2021). Therefore, loneliness should be recognized as a continuing emotional challenge even among older adults who possess strong social support systems.

The findings of this study contribute important new knowledge to the existing literature on bereavement among older adults. Previous research has predominantly focused on psychological outcomes such as depression, anxiety, stress, and emotional adjustment following spousal loss. In contrast, this study demonstrates that bereavement is a multidimensional sociocultural process involving spirituality, cultural resilience, communal caregiving, and emotional adaptation. The ethnographic approach employed in this study provides a deeper understanding of how grief is interpreted and managed within the context of rural Indonesian culture. This perspective challenges the dominance of individualistic psychological frameworks commonly used in bereavement research and supports the argument that grief experiences must be

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understood within broader sociocultural environments.

Furthermore, this study extends transcultural nursing knowledge by illustrating how cultural beliefs, family obligations, and collective caregiving traditions interact in shaping adaptation to spousal loss. The findings suggest that culturally grounded resilience emerges through the integration of spiritual beliefs, communal relationships, and social responsibilities rather than solely through individual coping strategies. This insight contributes to the growing body of literature emphasizing the importance of culturally responsive approaches in gerontological and psychosocial care.

From a practical perspective, the findings highlight the need for healthcare professionals to incorporate cultural and spiritual dimensions into bereavement support programs for older adults. Nurses and community health workers should recognize religious practices, family involvement, and communal participation as important therapeutic resources that may strengthen emotional adaptation and social connectedness among bereaved elderly individuals. Community-based interventions that encourage social participation, collective caregiving, and culturally meaningful activities may help reduce loneliness and improve psychosocial well-being among widowed older adults, particularly in rural settings where formal mental health services remain limited.

Overall, the integrated theoretical framework proved useful for explaining the multidimensional nature of bereavement among older adults. Meaning Reconstruction Theory elucidated how informants reconstructed meaning through spirituality; Resilience Theory explained the role of cultural values and family responsibilities in promoting adaptation; Social Support Theory clarified the protective influence of communal caregiving and interpersonal relationships; and Transcultural Nursing Theory demonstrated that these adaptation processes are fundamentally embedded within the cultural and spiritual context of rural Indonesian communities. Together, these theories provide a comprehensive conceptual explanation for understanding culturally grounded bereavement experiences in later life.

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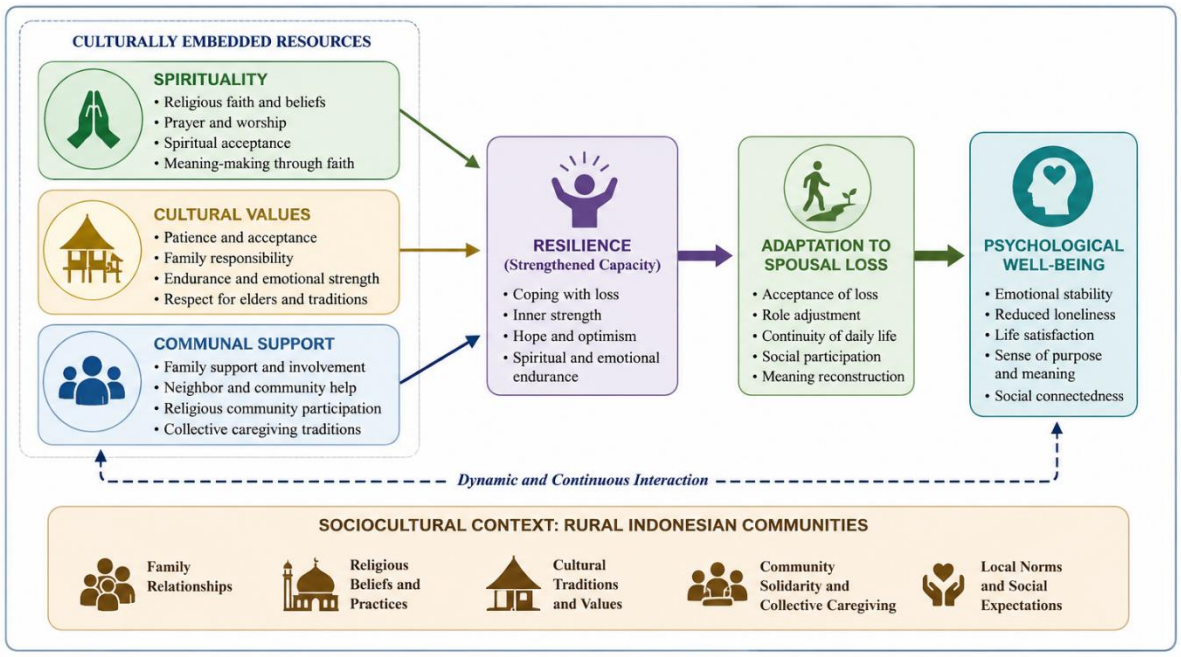

Note. The framework depicts how spirituality, cultural values, and communal support interact to strengthen resilience, which facilitates adaptation to spousal loss and enhances psychological well-being within the sociocultural context.

Figure 1. Conceptual Framework of Adaptation Following Spousal Loss among Older Adults in Rural Indonesian Communities

The conceptual framework developed from this study suggests that adaptation to spousal loss is not a linear psychological response but rather a culturally embedded process. Spirituality, cultural values, and communal support operate synergistically to strengthen resilience, which subsequently facilitates adaptation and contributes to psychological well-being. This framework extends existing bereavement theories by integrating sociocultural and spiritual dimensions within the context of rural Indonesian communities (**Figure 1**).

Implications and limitations

The present findings also extend the application of Meaning Reconstruction Theory, Resilience Theory, Social Support Theory, and Transcultural Nursing Theory by demonstrating that these theoretical perspectives operate synergistically in explaining culturally embedded adaptation following spousal loss among older adults in rural Indonesia. This study contributes to the advancement of transcultural nursing knowledge by providing ethnographic insights into how cultural beliefs, spirituality, family obligations, and community relationships influence bereavement experiences among older adults in rural Indonesia. The findings extend resilience theory by demonstrating that adaptation to major life transitions is shaped not only by individual coping capacities but also by culturally embedded social and spiritual resources. Furthermore, the study contributes to the development of culturally informed bereavement frameworks by emphasizing the importance of integrating sociocultural contexts into the understanding of grief and adaptation in later life. These contributions may inform future research, theory development, and the design of culturally responsive interventions for bereaved older adults. However, several limitations should be acknowledged. The study was conducted within a single rural community, which may

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restrict the applicability of the findings to other geographical, cultural, or healthcare contexts. The relatively small and culturally specific sample may not fully represent the diversity of bereavement experiences among older adults in Indonesia or other populations. As with all qualitative research, data interpretation may have been influenced by researchers' perspectives despite the use of reflexive practices and researcher triangulation. Additionally, the ethnographic nature of the study prioritizes contextual depth over broad generalizability, and therefore the transferability of the findings should be considered within settings that share similar sociocultural characteristics. Future studies conducted across multiple sites and diverse cultural contexts may further strengthen understanding of culturally shaped bereavement experiences among older adults.

Relevance to Practice

The findings of this study have important implications for the development of culturally responsive bereavement care for older adults in rural communities. Nurses and community health workers should incorporate routine bereavement screening into community-based elderly health services to identify older adults who may be experiencing prolonged grief, social isolation, emotional distress, or difficulties adapting to spousal loss. Assessment processes should include consideration of cultural values, spiritual beliefs, family relationships, and community support systems that may influence coping and adaptation. Healthcare institutions should develop culturally tailored bereavement support services that integrate psychosocial assessment, spiritual care, and family-centered counseling into existing gerontological and community health programs. Such services may be strengthened through interdisciplinary collaboration among nurses, psychologists, social workers, and primary healthcare providers to ensure comprehensive and continuous support for bereaved older adults. Religious organizations and community leaders can play a significant role in providing spiritual support, facilitating peer-support activities, organizing community engagement programs, and promoting social participation among widowed older adults. Collaborative initiatives involving healthcare professionals, families, community groups, and faith-based organizations may help create sustainable support networks that address both emotional and social needs following bereavement. Furthermore, healthcare administrators and policymakers should consider integrating culturally responsive bereavement care into community-based healthy aging programs and primary healthcare services. This may include the development of practice guidelines, referral pathways, and training programs that enhance healthcare professionals' competencies in culturally sensitive grief assessment, spiritual care, family engagement, and community resource mobilization. Such collaborative and culturally tailored approaches may improve the accessibility, acceptability, and effectiveness of bereavement support services for older adults, particularly in resource-limited rural settings.

Conclusion

This ethnographic study demonstrates that spousal loss among older adults is a culturally embedded experience in which bereavement is understood through the interconnected influences of spirituality, cultural values, family relationships, and community life. Rather than being experienced solely as an individual emotional event, the loss of a spouse is interpreted within broader sociocultural

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frameworks that shape meaning-making, adaptation, and continuity in later life. The study contributes to the growing body of knowledge on bereavement by providing an in-depth ethnographic understanding of how culturally embedded resources influence adaptation following spousal loss in rural Indonesian communities. By highlighting the role of cultural and social contexts in shaping bereavement experiences, the findings extend existing perspectives on adaptation in later life and enrich transcultural understandings of grief and resilience among older adults. Future research should further examine bereavement experiences across diverse cultural settings and explore the effectiveness of culturally informed interventions designed to support adaptation, well-being, and social connectedness among bereaved older adults.

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CrediT Authorship Contributions Statement

Sri Ariyanti: Conceptualization, Methodology, Investigation, Formal Analysis, Data Curation, Writing – Original Draft, Supervision, Project Administration, Corresponding Author.

Cau Kim Jiu: Conceptualization, Investigation, Data Curation, Validation, Writing – Review & Editing.

Tuti Anggarawati: Methodology, Formal Analysis, Validation, Supervision, Writing – Review & Editing.

Gracia Herni Pertiwi: Investigation, Resources, Data Curation, Validation, Writing – Review & Editing.

Yovita Erin Sastrini: Investigation, Resources, Data Curation, Validation, Writing – Review & Editing.

Conflicts of Interest

The authors declare that they have no known competing financial interests or personal relationships that could have influenced the work reported in this paper.

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