<Original Article>

Adaptation to Living Alone After Unexpected Spousal Bereavement in Older Adults: Reorganizing a Shared Life Into a Life Sustained Alone

Akifumi MAEDA[1], and Sayoko TERAGUCHI[2]

1 Doctoral Program, Graduate School of Nursing, Osaka Medical and Pharmaceutical University
2 Faculty of Nursing, Osaka Medical and Pharmaceutical University

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ABSTRACT

Objective: This study aimed to clarify the process by which older adults adapt to living alone following unexpected spousal bereavement.

Methods: A qualitative inductive study was conducted using the modified grounded theory approach (M-GTA). Participants were 10 adults aged 75 years or older who had unexpectedly lost their spouse after the age of 65 and were living alone. Data were collected through semi-structured interviews and analyzed using continuous comparative analysis.

Results: Twenty-two concepts and five categories were generated, with "Reorganizing Life" identified as the core category. Participants experienced "Turning Attention Toward the Deceased Spouse" and "Instability in Living Alone." They then began "Moving Forward With Support From Others," including family members, community members, and professionals. By adjusting their daily routines and their relationship with memories of the deceased spouse, they engaged in "Reorganizing Life" into a form that could be sustained while living alone. Participants also described "Shifting the Focus Toward One's Own Life."

Conclusion: Adaptation to living alone after unexpected spousal bereavement involved maintaining bonds with the deceased spouse, receiving support from others, and reorganizing a shared life into one that could be sustained while living alone.

INTRODUCTION

Spousal bereavement entails the loss of a relationship built on shared roles, mutual decision-making, and everyday support. After the death of a spouse, surviving spouses experience a process of reconstructing their daily lives, relationships with others, and sense of self while living with the loss [1, 2]. The death of a spouse is not merely a past event; rather, the relationship with the deceased remains part of everyday life [3]. These studies suggest that adaptation after bereavement does not necessarily lead to recovery or closure but is an ongoing process of change while living with the loss.

However, this process is not uniform. Psychological responses and the ways individuals rebuild their lives after bereavement vary considerably, and preparedness for death has been linked to subsequent adaptation [4–7]. When the death of a spouse is anticipated, couples may have

Address correspondence to:
Akifumi Maeda, Doctoral Program, Graduate School of Nursing, Osaka Medical and Pharmaceutical University, 7-6, Hatchonishi-machi, Takatsuki, Osaka 569-0095, Japan
Email: ak-maeda@cs.kinran.ac.jp

opportunities to engage in conversations that prepare the survivor both psychologically and practically for life alone after bereavement [4]. In contrast, an unexpected death limits such opportunities, leaving the surviving spouse unprepared. This lack of preparedness can intensify psychological distress while also making it difficult to rebuild everyday life and adjust to new roles, thereby influencing subsequent adaptation [5–7].

Older adults often build strong bonds through shared daily routines, role division, and mutual emotional support over many years. Consequently, the death of a spouse can affect not only psychological well-being and social life but also physical health [8, 9]. These challenges are often more pronounced in later life, when declining physical function, frailty, and shrinking social networks reduce the resources available for maintaining an independent household [10, 11]. Living alone may therefore increase the risk of social isolation and loneliness, both of which have been associated with higher mortality [12]. At the same time, living alone does not necessarily mean being socially isolated, as older adults may continue to participate in social activities and maintain relationships with others [13]. Therefore, to understand adaptation after spousal bereavement in older adults who live alone, it is necessary to pay attention not only to the difficulties of daily life but also to the role that social connections and participation play in maintaining and rebuilding their lives. In this context, older adults who unexpectedly lose their spouse and subsequently live alone must continue to live while coping with the loss. However, such an adaptation process remains unclear. Therefore, this study aimed to clarify the process by which older adults adapt to living alone following unexpected spousal bereavement.

MATERIALS AND METHODS

Definitions

In this study, the unexpected death of a spouse was defined as the death of a spouse that had not been anticipated as likely to occur in the near future before bereavement, regardless of whether a medical prognosis had been provided [14]. This definition was based on the bereaved participant's perception at the time of the spouse's death rather than on the medical classification of the death as sudden or expected.

Adaptation to living alone was defined as the process of reorganizing a shared life into one that could be sustained while living alone, while carrying the loss and maintaining continuing bonds with the deceased spouse.

Study design

We conducted a qualitative inductive study using the modified grounded theory approach (M-GTA). M-GTA was selected because it is well suited to clarifying the process by which older adults who unexpectedly lose a spouse reorganize a shared life into one that can be sustained while living alone. M-GTA is a qualitative research method proposed by Kinoshita [16, 17] and is based on the theoretical characteristics of the grounded theory approach [15]. This method conceptualizes human experiences and examines relationships among concepts to clarify the process and structure of a phenomenon.

In this study, the analysis focused on descriptions in the interview transcripts that were relevant to the analytical theme. These descriptions were treated as variations from which concepts were generated. Relationships among the concepts were then examined through continuous comparative analysis to clarify the process and structure of adaptation to living alone after the death of a spouse. Because this adaptation process involves changes in daily life and relationships with others over time, M-GTA was considered appropriate for the present study.

Participants

Participants were adults aged 75 years or older who had lost a spouse after the age of 65 and were living alone at the time of the study. The age criterion was established because declines in physical function, increasing frailty, and vulnerability in daily functioning become more evident in this age group [10, 11].

The inclusion criteria were as follows: (1) having lost a spouse at the age of 65 years or older; (2) having experienced the spouse's death as unexpected; (3) having transitioned to living alone after bereavement and continuing to live alone at the time of the study; and (4) being able to reflect on and describe one's own experiences. Eligibility regarding unexpected bereavement was confirmed based on each participant's account that they had not anticipated their spouse's death as likely to occur in the near future.

Participants were recruited through community comprehensive support centers. Staff members at these centers explained the outline of the study to potential participants. Individuals who expressed interest received a detailed explanation of the study from the researcher. Those who provided written informed consent were enrolled in the study. In addition, snowball sampling through referrals from participants was used to recruit additional participants who met the inclusion criteria.

Data collection

Data were collected between October 2024 and August 2025 through semi-structured interviews conducted in the participants' homes or at other locations of their choice. The interview guide (**Table 1**) explored changes in daily life, physical and psychological well-being, social relationships, ways of managing these changes, and support received after bereavement.

Participants were invited to describe how they reorganized the life they had shared with their spouse into one that

they could sustain while living alone, the difficulties they encountered during this process, and how they coped with these difficulties. Additional questions were asked flexibly according to each participant's narrative.

Each participant completed one interview lasting approximately 60 minutes. The interviews were audio-recorded using a digital voice recorder and transcribed verbatim.

All interviews were conducted by the first author, a nurse researcher with more than 20 years of clinical experience in acute and emergency care nursing as well as experience in home-visit nursing. The interviewer had no prior relationship with the participants and had no personal experience of spousal bereavement or living alone after the loss of a spouse.

Data analysis

The analytical theme was "the process by which older adults who unexpectedly lost their spouse reorganize a shared life into one that could be sustained while living alone." The analytically focused participants were older adults who had unexpectedly lost their spouse and were subsequently living alone.

The interview transcripts were read carefully, and concepts were generated by focusing on experiences related to changes in daily life as the participants reorganized their lives for living alone. Analytical worksheets were used to organize variations, definitions, concept names, and theoretical considerations. To clarify the definition and scope of each concept, similar, differing, and contrasting experiences were repeatedly compared.

Associations and interactions among the generated concepts were examined, and related concepts were then grouped into categories. Relationships among the concepts and categories were illustrated in a result diagram. The dia-

Table 1 Interview Guide

Item	Main questions
1. Daily life	1) What changes occurred in your daily life after losing your spouse? 2) Did you experience any difficulties or changes in daily activities such as sleeping, eating, laundry, and cleaning? 3) How did you cope with or manage these changes and difficulties?
2. Physical condition	1) Did you notice any changes in your physical condition or health after losing your spouse? 2) Did you experience any new symptoms or worsening of pre-existing conditions? 3) How did you cope with or manage these physical changes?
3. Feelings	1) What changes did you experience in your feelings after losing your spouse? 2) How did feelings such as sadness, loneliness, and a sense of isolation change over time? 3) How did you face or cope with these feelings?
4. Relationships with others and outings	1) Were there any changes in your relationships with neighbors or others, outings, or participation in community activities? 2) Did you experience any difficulties or changes in relationships with others or in going out? 3) How did you cope with or manage these changes and difficulties?
5. Support from others	1) While living alone, what kind of support did you receive from family members, friends, neighbors, and community members? 2) What kind of support did you receive from medical, long-term care, or welfare professionals, public services, organizations, or groups? 3) How did these forms of support help you continue living alone? 4) Were there any forms of support that felt burdensome or were difficult to receive? 5) After losing your spouse, what kind of support do you think would have been helpful for continuing to live alone?
6. Living alone	1) Looking back, how has your experience of living alone changed from immediately after losing your spouse to the present? 2) Did you change anything in order to continue doing things alone that you had previously done together with your spouse? 3) How do you think about your future life and the rest of your life?

Note. The order and wording of the questions were modified according to the flow of each participant's narrative. When necessary, the interviewer asked about specific events and the participant's feelings at that time.

gram and storyline were repeatedly revised by returning to the interview transcripts and analytical worksheets.

The category that most comprehensively explained the entire analytical theme was identified as the core category, and the overall process of reorganizing a shared life into one that could be sustained while living alone was delineated.

By the time the data from the seventh participant had been analyzed, the provisional set of concepts and categories had been generated. Analysis of the eighth, ninth, and tenth participants added variations and contrasting examples to the existing concepts but generated no new concepts or categories and required no major revisions to their definitions or relationships. The researchers subsequently reviewed the analytical worksheets and examined the relationships among the concepts and categories across all participants. On this basis, theoretical saturation was considered to have been reached.

Because this study aimed to clarify common experiences and the overall structure of the adaptation process after spousal bereavement, rather than to examine gender differences, the analysis was conducted across all participants without stratification by gender.

The first author's clinical background may have influenced the interpretation of participants' experiences, particularly attention to physical changes, disruptions in daily life, and support needs. To promote reflexivity, the first author documented interpretations and theoretical considerations in the analytical worksheets, repeatedly returned to the interview transcripts, discussed the developing concepts and categories with the co-author, and received ongoing supervision from an experienced M-GTA researcher.

Validity and reliability

To ensure the validity and reliability of the analysis, the researchers continuously reviewed the consistency of the concepts and categories throughout the analytical process. When differences in interpretation arose, the researchers returned to the interview transcripts and reexamined the data in the context of each participant's narrative.

An experienced M-GTA researcher provided ongoing supervision to confirm that the concepts and categories remained grounded in variations in the interview data. In addition, a summary of the analytical results was shared with all 10 participants for member checking, and responses were received from two participants. Neither respondent identified unclear expressions or expressed disagreement with the findings. Neither indicated that the findings were entirely inconsistent with their own experiences. As no corrections or alternative interpretations were suggested, no changes were made to the analytical results based on the member-checking responses.

Ethical considerations

This study was approved by the ethics review committee of the authors' institution (approval no. 2024-049-1). All participants received oral and written explanations regarding the purpose and procedures of the study, the voluntary nature of participation, the absence of any disadvantage resulting from participation or non-participation, the protection of anonymity, and their right to withdraw from the study at any time. Written informed consent was obtained from all participants.

Because participants were invited to describe their experiences of spousal bereavement, they were informed in advance that psychological distress could arise during the interviews. They were also informed that the interviewer would carefully monitor their condition and that the interview could be paused or terminated at their request. Appropriate support was provided as needed.

RESULTS

Participant characteristics

Ten participants, comprising two men and eight women, were included in this study. All participants reported that, before bereavement, they had not anticipated that their spouse was likely to die in the near future, and all were living alone at the time of the interview. Participants ranged in age from 76 to 86 years, and the time since bereavement ranged from 1 to 10 years. Each participant was interviewed once. Interview durations ranged from 35 to 91 minutes, with a mean duration of 58.4 minutes. Detailed participant characteristics, including the circumstances underlying each participant's perception of the death as unexpected, are presented in **Table 2**.

Overview of the adaptation process

The analysis generated 22 concepts, which were organized into five categories (**Table 3**). "Reorganizing Life" was identified as the core category, representing the central process of adaptation to living alone. **Figure 1** illustrates the relationships among the concepts and categories.

The five categories were "Turning Attention Toward the Deceased Spouse," "Instability in Living Alone," "Moving Forward With Support From Others," "Reorganizing Life," and "Shifting the Focus Toward One's Own Life."

In **Figure 1**, categories are shown in brackets, concepts are shown in boxes, and the core category, "Reorganizing Life," is shown in a double-lined box. Thick black arrows indicate the main transitions among categories, whereas thin arrows indicate relationships of influence, support, or facilitation among concepts. Bidirectional arrows indicate reciprocal relationships between concepts. Dashed arrows indicate relationships among concepts that participants retrospectively described as temporally connected rather than as direct transitions. Although 'realizing that life alone feels different' was included in "Instability in Living Alone," this concept also linked participants' recognition of the spouse's

Table 2 Participant Characteristics

ID	Age at interview	Sex	Age at bereavement	Time since bereavement	Circumstances of death	Family members	Interview duration (min)
1	Early 80s	Male	Early 80s	1 year 2 months	Malignant lymphoma; death occurred earlier than the prognosis communicated to the participant	Eldest son, second daughter	35
2	Early 80s	Male	Early 80s	1 year 8 months	Sudden cardiac arrest	Eldest daughter, second daughter, third daughter	64
3	Early 80s	Female	Early 70s	10 years	Sudden cardiac arrest	Eldest son, second son	70
4	Late 70s	Female	Early 70s	6 years	Advanced disease diagnosed after previously good health; timing of death was not anticipated	Eldest daughter, eldest son	60
5	Early 80s	Female	Early 70s	10 years	Unexpected acute deterioration during home treatment for Parkinson's disease	Eldest daughter, eldest son, second daughter	47
6	Early 80s	Female	Late 70s	4 years	Unexpected acute deterioration while receiving care for a cervical spinal cord injury	Eldest daughter	42
7	Late 80s	Female	Late 70s	9 years	Unexpected acute deterioration during treatment for liver cirrhosis	Eldest son	35
8	Early 80s	Female	Late 70s	4 years	Unexpected acute deterioration during treatment for malignant lymphoma	Eldest son	71
9	Late 80s	Female	Early 80s	4 years	Unexpected exacerbation of a chronic illness	Eldest daughter, second daughter, third daughter	91
10	Early 80s	Female	Late 70s	6 years	Unexpected acute deterioration during cancer treatment	Eldest son, eldest daughter	69

Note. All participants perceived their spouse's death as unexpected. Unexpectedness was determined based on each participant's account and was not limited to deaths medically classified as sudden.

absence to instability in their daily lives.

Storyline

Categories are indicated by double quotation marks, and concepts are indicated by single quotation marks.

Participants initially experienced 'being physically and emotionally shaken by the shock of losing a spouse' and 'realizing the reality that the spouse was no longer present.' They also experienced 'the life shared by two resurfaced' and 'reflecting on roles that could not be fulfilled,' which led to "Turning Attention Toward the Deceased Spouse." Through 'realizing that life alone feels different,' they experienced 'difficulty maintaining daily routines,' 'one's body no longer functioned as they expected,' and 'a decline in outward movement,' resulting in "Instability in Living Alone."

Amid this instability, participants sought support from family members, community members, and professionals. These relationships served as a foundation as they began "Moving Forward With Support From Others" through experiences such as 'starting to move forward after being encouraged by others.'

Table 3 Categories, Concepts, and Definitions

Category	Concept	Definition
Turning Attention Toward the Deceased Spouse	Being physically and emotionally shaken by the shock of losing a spouse	The experience of being profoundly shaken physically and emotionally by the shock of losing a spouse, including intense loneliness, emotional disturbance, tears, and physical symptoms.
	Realizing the reality that the spouse was no longer present	The experience of becoming increasingly aware after bereavement of the reality that the spouse is no longer present, accompanied by intensified loneliness and thoughts of the deceased spouse.
	The life shared by two resurfaced	The experience in which objects, events, and interactions with others in daily life bring back memories of the life once shared with the spouse, causing past and present to overlap and directing attention toward that shared life.
	Reflecting on roles that could not be fulfilled	The experience of looking back after bereavement on roles one had wished to fulfill, or felt unable to fulfill sufficiently, within the relationship with the spouse.
Instability in Living Alone	Realizing that life alone feels different	The experience of perceiving that the life previously shared with the spouse feels different when lived alone after bereavement.
	A decline in outward movement	The experience of decreased outings, social interactions, and participation in activities after spousal bereavement, resulting in reduced engagement with the outside world.
	One's body no longer functioned as they expected	The experience of being unable to continue daily activities such as housework and outings as before because illness or injury makes the body difficult to move as intended.
	Difficulty maintaining daily routines	The experience of being unable to maintain basic daily activities that support everyday life, such as eating and sleeping, after spousal bereavement.
	Becoming unable to sustain life alone	The experience of becoming unable to support daily life or emotional well-being alone after spousal bereavement, making it difficult to maintain life without support from others.
Moving Forward With Support From Others	Recognizing the presence of others who cared	The experience of recognizing the presence of people who care about oneself through concern and support received from others.
	Relying on relationships that allowed them to remain themselves as a foundation	The experience of continuing relationships with others while carrying grief over the loss of the spouse, supported by people who do not require repeated discussion of the spouse or with whom difficult-to-share feelings can be expressed.
	Starting to move forward after being encouraged by others	The experience of continuing daily activities and engagement with the outside world through encouragement and involvement from family members and others when it is difficult to take action because of sadness or distress.
	Positioning family as support	The experience of coming to rely on children and grandchildren as sources of support in daily life after spousal bereavement.
	Receiving help from professionals	The experience of coping with difficulties in daily life and emotional distress while receiving advice and support from professionals.
Reorganizing Life (Core category)	Distancing themselves from memories of the spouse	The experience of trying to maintain emotional balance by adjusting opportunities to come into contact with memories of the spouse after bereavement.
	Adjusting two-person routines to one-person routines	The experience of maintaining daily life by adjusting the way of life previously shared by two people into a form that can be continued alone after spousal bereavement.
	Trying to rebuild life	The experience of trying to continue life in one's own way by adjusting sleep, outings, and ways of spending each day.
Shifting the Focus Toward One's Own Life	Becoming less bound by the spouse	The experience of continuing to remember and think about the spouse without forgetting them, while becoming less dominated by those thoughts and turning attention toward one's own life and enjoyment.
	Finding enjoyment again	The experience of becoming able to feel enjoyment in activities and relationships with others after spousal bereavement and continuing these activities in daily life.
	Taking on roles in relationships with others	The experience of engaging with others by taking on roles one can fulfill in community activities and relationships with acquaintances.
	Paying attention to one's own physical health	The experience of becoming aware of one's own physical health and condition after spousal bereavement and trying to take care of one's body.
	Looking toward the rest of one's life	The experience of living while considering, in one's own way, how to spend the rest of one's life after spousal bereavement.

Note. Category 4, "Reorganizing Life," was identified as the core category.

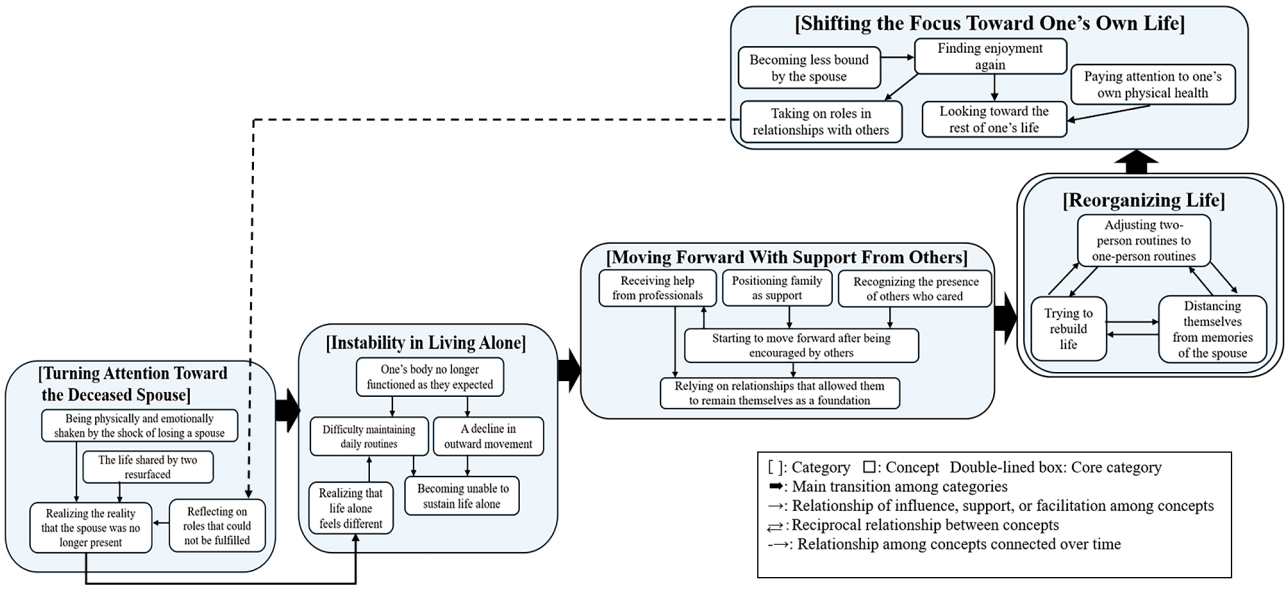


Figure 1 Process of Reorganizing a Shared Life Into a Life Sustained Alone After Unexpected Spousal Bereavement in Older Adults

Participants then moved back and forth among 'trying to rebuild life,' 'adjusting two-person routines to one-person routines,' and 'distancing themselves from memories of the spouse.' Through these experiences, they engaged in "Reorganizing Life," transforming the life they had shared with their spouse into one that could be sustained while living alone.

In their retrospective accounts, participants described becoming 'less bound by the spouse,' 'finding enjoyment again,' and 'taking on roles in relationships with others.' They also began 'paying attention to one's own physical health' and 'looking toward the rest of one's life,' thereby "Shifting the Focus Toward One's Own Life."

'Taking on roles in relationships with others' was also connected to 'reflecting on roles that could not be fulfilled' for the deceased spouse and to directing attention toward roles that could be fulfilled in the future.

Overall, the generated model represents participants' retrospective accounts of adapting to living alone by maintaining bonds with the deceased spouse, receiving support from others, reorganizing a shared life into one that could be sustained while living alone, and shifting the focus toward their own lives.

Categories and concepts

Representative quotations from participants are presented in quotation marks, with the participant identification number shown at the end of each quotation. The definitions of the concepts are presented in **Table 3**.

1. "Turning Attention Toward the Deceased Spouse"

This category consisted of four concepts: 'being physically and emotionally shaken by the shock of losing a spouse,' 'realizing the reality that the spouse was no longer present,' 'the life shared by two resurfaced,' and 'reflecting on roles that could not be fulfilled.'

Older adults were physically and emotionally shaken by the unexpected loss of their spouse and repeatedly became aware of the spouse's absence in daily life. Memories of the life once shared by two resurfaced through objects, events, and interactions with others. Older adults also reflected on roles they felt they had been unable to fulfill in their relationship with the deceased spouse.

"I feel lonelier now than I did just after he died. I realized that loneliness grows." (ID5)

Thus, older adults repeatedly directed their attention toward the absence of the deceased spouse, the life they had shared as a couple, and the roles they had been unable to fulfill.

2. "Instability in Living Alone"

This category consisted of five concepts: 'realizing that life alone feels different,' 'a decline in outward movement,' 'one's body no longer functioned as they expected,' 'difficulty maintaining daily routines,' and 'becoming unable to sustain life alone.' Within this category, 'realizing that life alone feels different' functioned as a linking concept connecting awareness of the spouse's absence with experiences of instability in daily life.

Older adults experienced the life they had previously shared with their spouse as being different after bereavement. Eating alone, changes in sleep, decreased activity, changes in physical functioning, and difficulties in maintaining daily routines made living alone unstable. In particu-

lar, eating alone without the deceased spouse affected their appetite and ability to maintain daily routines.

"Eating alone was hard. We no longer ate together. Whatever I made, the food did not taste good when eating alone." (ID3)

In this way, older adults experienced instability in their daily lives, physical condition, and social engagement and came to feel that living alone was difficult to sustain without support.

3. "Moving Forward With Support From Others"

This category consisted of five concepts: 'recognizing the presence of others who cared,' 'relying on relationships that allowed them to remain themselves as a foundation,' 'starting to move forward after being encouraged by others,' 'positioning family as support,' and 'receiving help from professionals.'

Older adults received support from family members, neighbors, friends, community members, and professionals. These relationships did not simply replace the role of the spouse. Rather, they served as a foundation that helped participants move their daily lives forward when they found it difficult to do so alone.

"I was not alone, because I had my grandchild and my daughter. They helped me." (ID6)

Older adults were supported by relationships with family members and others who cared about them. These relationships helped reduce anxiety and loneliness associated with living alone and became a foundation for continuing daily life.

4. "Reorganizing Life"

This category consisted of three concepts: 'trying to rebuild life,' 'adjusting two-person routines to one-person routines,' and 'distancing themselves from memories of the spouse.' This category was identified as the core category because it integrated participants' experiences of confronting the spouse's absence, experiencing instability in living alone, drawing on support from others, and shifting the focus toward their own lives. It also directly represented the analytical theme of reorganizing a shared life into one that could be sustained while living alone.

Participants tried to rebuild their daily lives by adjusting their sleep, meals, housework, outings, and ways of spending time. They also transformed the life they had shared with their spouse into a form that could be sustained while living alone, while adjusting their relationship with memories of the spouse.

"When my husband was alive, I cared about having more variety in my meals, including fish, meat, and other options. Now that I am alone, it feels troublesome, so I do things more simply." (ID7)

These changes did not merely mean lowering the standard of daily life. Rather, older adults reorganized a life that had been based on two people into a life that they could continue while living alone. They also distanced themselves from places and objects that strongly reminded them of the spouse, not to forget the spouse but to maintain their emotional balance.

5. "Shifting the Focus Toward One's Own Life"

This category consisted of five concepts: 'becoming less bound by the spouse,' 'finding enjoyment again,' 'taking on roles in relationships with others,' 'paying attention to one's own physical health,' and 'looking toward the rest of one's life.'

In their retrospective accounts, participants described becoming less dominated by thoughts of the spouse without forgetting them. They also described finding enjoyment in activities and relationships, taking on roles in social settings, paying attention to their own bodies, and considering how to live the rest of their lives.

"It is no use only thinking about the past. It is over. I feel I have moved on. I think this is my life from now on." (ID4)

'Taking on roles in relationships with others' was also connected to 'reflecting on roles that could not be fulfilled' for the deceased spouse. New roles in relationships with others did not simply replace these unfulfilled roles. Rather, while looking back on their past relationships, participants became aware of roles they could fulfill in their current lives.

Thus, older adults shifted the focus toward their own life while continuing to maintain bonds with the deceased spouse.

DISCUSSION

Reorganizing Life While Maintaining Bonds With the Deceased Spouse

In this study, "Reorganizing Life" did not mean severing bonds with the deceased spouse or beginning a completely new life. Older adults continued to live while carrying memories of the life they had shared with their spouse and reflecting on roles they felt unable to fulfill. At the same time, they adjusted their relationship with these memories and reorganized the life they had shared with their spouse into a form that could be sustained while living alone.

Unexpected spousal bereavement is characterized by suddenness and insufficient preparedness, which may intensify grief and make it difficult to reconstruct daily life [14]. In the present study, older adults repeatedly directed their attention toward the deceased spouse through daily routines, objects, and memories. However, they also distanced themselves from places and objects that strongly reminded them of the spouse. This distancing was not an attempt to forget the spouse but a means of maintaining emotional balance while continuing daily life.

The bidirectional relationship between 'trying to rebuild

life' and 'distancing themselves from memories of the spouse' shown in **Figure 1** can be interpreted in light of the dual process model, which proposes oscillation between loss-oriented and restoration-oriented coping [2]. Turning attention toward the deceased spouse and engaging with memories reflected loss-oriented coping, whereas trying to rebuild daily life and adjust routines reflected restoration-oriented coping. Distancing themselves from memories of the spouse may have enabled participants to temporarily shift away from overwhelming loss-related experiences and attend to the demands of daily life. Thus, participants' retrospective accounts suggested that adaptation was not a linear progression but involved shifts between engaging with the loss and reorganizing daily life.

Klass et al. proposed that bonds with the deceased do not disappear after death but continue in a transformed form [3]. The present findings support this perspective and further indicate that continuing bonds were closely related to the reorganization of daily life. Older adults adjusted meals, housework, sleep, outings, and ways of spending time from routines previously shared with their spouse into routines that could be sustained while living alone. Thus, "Reorganizing Life" after unexpected spousal bereavement involved maintaining bonds with the deceased spouse while adjusting both daily routines and the way in which memories of the spouse were incorporated into everyday life.

Reorganizing Life With Support From Others

Older adults experienced "Instability in Living Alone" after bereavement. Meals, sleep, housework, physical condition, outings, and relationships with others were affected. These findings indicate that the loss of a spouse was not only a psychological loss but also the loss of a person who had shared daily roles, decision-making, and emotional support.

Older adults may be particularly vulnerable to such instability because physical function, frailty, and social relationships can become increasingly fragile with age [10, 11]. Living alone may also increase the risk of social isolation and loneliness, both of which have been associated with an increased risk of mortality [12]. Therefore, unexpected spousal bereavement may threaten the foundation that enables older adults to continue living in the community.

However, older adults did not reorganize their lives entirely by themselves. They began "Moving Forward With Support From Others" through support from family members, neighbors, friends, community members, and professionals. These relationships provided practical assistance and also created opportunities to go out, interact with others, and resume daily activities. In particular, older adults relied on relationships that allowed them to remain themselves without being required to overcome their grief or repeatedly talk about the deceased spouse.

Thus, continuing to live alone did not mean becoming completely independent of others or depending entirely on them. Rather, it involved drawing on support from others as a foundation while reorganizing daily life into a form that could be sustained while living alone. For older adults after unexpected spousal bereavement, the quality of relationships may be as important as the amount of support received. Relationships that allow older adults to remain themselves may contribute to stabilizing daily life and preventing social isolation.

However, this finding should be interpreted in light of the recruitment process. Because participants were recruited through community comprehensive support centers and participant referrals, individuals who were already connected to community resources or social networks may have been more likely to participate. This sampling characteristic may have contributed to the generation of "Moving Forward With Support From Others," whereas the experiences of older adults with limited access to support or greater social isolation may have been underrepresented.

Shifting the Focus Toward One's Own Life

In their retrospective accounts, older adults described shifting the focus toward their own lives while continuing to maintain bonds with the deceased spouse. This shift did not mean forgetting the spouse. Rather, they described their attention as expanding from an initial strong focus on the deceased spouse toward enjoyment, roles in relationships with others, their own physical health, and the remaining years of their lives.

Neimeyer described meaning reconstruction after bereavement as a process of reconstructing the meaning of a life disrupted by loss [1]. The present findings suggest that older adults who unexpectedly lost their spouse reconstructed the meaning of their own lives while retaining the life shared with the spouse as part of their personal history.

Older adults began to find enjoyment again and to take on roles in relationships with others. These changes did not occur only after grief had disappeared. Rather, older adults re-engaged with their present lives while continuing to experience sadness and carry memories of the deceased spouse. "Taking on roles in relationships with others" was also connected to "reflecting on roles that could not be fulfilled" for the deceased spouse. New roles did not simply replace roles within the marital relationship. Instead, while looking back on their past relationships, older adults became aware of roles they could fulfill in their current lives.

Older adults also began "paying attention to one's own physical health." Unexpected spousal bereavement may affect not only psychological well-being but also sleep and physical health [14]. In this study, paying attention to one's own physical health reflected a growing awareness that maintaining one's body was essential for continuing to live alone. Thus, "Shifting the Focus Toward One's Own Life"

involved expanding attention beyond the deceased spouse toward the present and future, including enjoyment, roles, health, and the rest of one's life.

Implications for Nursing Practice

The findings of this study suggest that nursing support for older adults after unexpected spousal bereavement should focus not only on grief reactions but also on instability in daily life, physical condition, and social relationships. Nurses should understand the relationships among the five categories identified in this study and assess where difficulties are emerging in the process of adaptation to living alone.

First, for older adults experiencing "Turning Attention Toward the Deceased Spouse," nurses should respect memories of the deceased spouse and feelings associated with roles that could not be fulfilled. Support should not aim to make older adults forget the spouse. Instead, nurses should help them live while maintaining a manageable relationship with memories of the deceased spouse.

Second, nurses should assess signs of "Instability in Living Alone," including changes in eating, sleep, housework, outings, physical condition, medication management, and social connections. These changes may indicate that older adults are having difficulty sustaining daily life while living alone.

Third, nurses should support "Moving Forward With Support From Others." This requires identifying family members, neighbors, friends, community members, and professionals who can provide support without imposing an excessive emotional burden. It is particularly important to connect older adults with relationships in which they can remain themselves.

Fourth, nurses should support "Reorganizing Life" by helping older adults adjust meals, housework, daily routines, outings, and ways of spending time into forms that can be sustained while living alone. Nurses should also recognize that "distancing themselves from memories of the spouse" may represent a strategy for maintaining emotional balance rather than an attempt to deny or forget the deceased spouse.

Finally, nurses should support "Shifting the Focus Toward One's Own Life" by respecting activities that bring enjoyment, roles that older adults can take on in relationships with others, attention to their own physical health, and thoughts about the rest of their lives. Outpatient visits may provide important opportunities to identify changes in daily life after bereavement and to connect older adults with community-based support, including community comprehensive support centers, care managers, and visiting nurses.

LIMITATIONS

This study has several limitations. First, the findings were based on retrospective interviews in which participants reflected on their experiences after bereavement. Therefore, the identified process may not fully capture changes occurring over time, particularly during the period immediately after the death of the spouse. Accordingly, the generated model represents participants' retrospective accounts and should not be interpreted as a longitudinally observed or causally ordered process.

Second, the participants were limited to older adults who had continued living alone after bereavement and were able to reflect on and describe their experiences. The experiences of older adults who were unable to continue living alone, moved into long-term care facilities, began living with family members, or had limited social connections may not have been adequately represented. Therefore, the findings cannot be generalized to all older adults who unexpectedly lose a spouse and subsequently live alone.

Third, participants were recruited through community comprehensive support centers and participant referrals. Consequently, individuals who were connected to community resources or social networks may have been more likely to participate, whereas those experiencing greater isolation may have been underrepresented.

Fourth, the time since bereavement varied from 1 to 10 years. Differences in the timing of the interviews may have influenced participants' recollections and the ways in which they described their adaptation process.

Fifth, eight of the 10 participants were women. Gendered divisions of household and life-management roles among older Japanese couples may have influenced the content of "Adjusting Two-Person Routines to One-Person Routines." Therefore, experiences specific to older men may not have been sufficiently represented.

Sixth, only two of the 10 participants responded to the member checking. Therefore, the feedback obtained may not represent the full range of participants' perspectives.

Seventh, the exact interval from diagnosis to death and whether a prognosis had been communicated were not systematically collected for all participants. Therefore, the circumstances underlying participants' perceptions of their spouses' deaths as unexpected could only be described within the scope of their interview accounts.

Future studies should examine experiences longitudinally from the early period after bereavement and include older adults in diverse living situations and with varying levels of social connection. Further research is also needed to clarify how the timing, content, and quality of support from family members, community members, and professionals influence "Reorganizing Life" after unexpected spousal bereavement.

CONCLUSION

This study clarified the process by which older adults adapted to living alone after unexpectedly losing their

spouse. Older adults experienced "Turning Attention Toward the Deceased Spouse" and "Instability in Living Alone." They then began "Moving Forward With Support From Others" and engaged in "Reorganizing Life" by adjusting their daily routines and their relationship with memories of the deceased spouse. They also described "Shifting the Focus Toward One's Own Life."

Adaptation to living alone after unexpected spousal bereavement was not a process of severing bonds with the deceased spouse or simply overcoming the loss. Rather, it involved maintaining bonds with the deceased spouse, receiving support from others when needed, and reorganizing a shared life into one that could be sustained while living alone. Nursing practice should assess not only grief reactions but also changes in eating, sleep, housework, outings, physical condition, and social connections. Nurses should support older adults in reorganizing daily life into a form that can be sustained while living alone and connect them with relationships and services that provide support without imposing an excessive burden.

DISCLOSURE STATEMENT

The authors declare no conflicts of interest associated with this manuscript.

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REFERENCES

1. Neimeyer RA. Meaning Reconstruction and Loss. In: Neimeyer RA, ed. Meaning Reconstruction & the Experience of Loss. Washington, DC: American Psychological Association; 2001: 1–9.
2. Stroebe M, Schut H. The dual process model of coping with bereavement: rationale and description. *Death Stud.* 1999;23(3):197–224. doi: 10.1080/074811899201046
3. Klass D, Silverman PR, Nickman SL, eds. Continuing Bonds: New Understandings of Grief. Washington, DC: Taylor & Francis; 1996.
4. Carr D, House JS, Wortman C, Nesse R, Kessler RC. Psychological adjustment to sudden and anticipated spousal loss among older widowed persons. *J Gerontol B Psychol Sci Soc Sci.* 2001;56(4):S237–S248. doi: 10.1093/geronb/56.4.S237
5. Hebert RS, Dang Q, Schulz R. Preparedness for the death of a loved one and mental health in bereaved caregivers of patients with dementia: findings from the REACH study. *J Palliat Med.* 2006;9(3):683–693. doi: 10.1089/jpm.2006.9.683
6. Schulz R, Boerner K, Klinger J, Rosen J. Preparedness for death and adjustment to bereavement among caregivers of recently placed nursing home residents. *J Palliat Med.* 2015;18(2):127–133. doi: 10.1089/jpm.2014.0309
7. Stroebe MS, Hansson RO, Schut H, Stroebe W, eds. Handbook of Bereavement Research and Practice: Advances in Theory and Intervention. Washington, DC: American Psychological Association; 2008.
8. Carr D, Utz RL. Late-life widowhood in the United States: new directions in research and theory. *Ageing Int.* 2001;27(1):65–88. doi: 10.1007/s12126-001-1016-3
9. Shah SM, Carey IM, Harris T, DeWilde S, Victor CR, Cook DG. The effect of unexpected bereavement on mortality in older couples. *Am J Public Health.* 2013;103(6):1140–1145. doi: 10.2105/AJPH.2012.301050
10. Fried LP, Tangen CM, Walston J, et al. Frailty in older adults: evidence for a phenotype. *J Gerontol A Biol Sci Med Sci.* 2001;56(3):M146–M156. doi: 10.1093/gerona/56.3.M146
11. Rockwood K, Mitnitski A. Frailty in relation to the accumulation of deficits. *J Gerontol A Biol Sci Med Sci.* 2007;62(7):722–727. doi: 10.1093/gerona/62.7.722
12. Holt-Lunstad J, Smith TB, Baker M, Harris T, Stephenson D. Loneliness and social isolation as risk factors for mortality: a meta-analytic review. *Perspect Psychol Sci.* 2015;10(2):227–237. doi: 10.1177/1745691614568352
13. Levasseur M, Richard L, Gauvin L, Raymond E. Inventory and analysis of definitions of social participation found in the aging literature: proposed taxonomy of social activities. *Soc Sci Med.* 2010;71(12):2141–2149. doi: 10.1016/j.

socscimed.2010.09.041
14. Maeda A, Teraguchi S. Unexpected spousal bereavement in older adults: a concept analysis. *J Gerontol Soc Work.* Published online May 21, 2026. doi: 10.1080/01634372.2026.2677622
15. Glaser BG, Strauss AL. The Discovery of Grounded Theory: Strategies for Qualitative Research. Chicago, IL: Aldine; 1967.
16. Kinoshita Y. Grounded Theory Approach: Revival of Qualitative Empirical Research. Tokyo, Japan: Kobundo; 1999. (in Japanese)
17. Kinoshita Y. Practice of the Grounded Theory Approach: Invitation to Qualitative Research. Tokyo, Japan: Kobundo; 2003. (in Japanese)

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