

Understanding Grief in Older Adults

by J. Shep Jeffreys, Ed.D. FT

The purpose of this article is to help you better understand the needs of the older members of our communities who experience the death of a loved one or a close friend.

An 88-year-old woman came to see me because her only child, her 55-year-old daughter, had died. There were no grandchildren. She had been a widow for many years and had no family left. Though she was in good health, she wanted very much to die. "Why hasn't God taken me?" was the question constantly on her mind. She had expected her daughter to be part of her final years; now, she had no one.

This woman's story is the story for many older-aged grieving people. The deaths of spouses and other close relatives and friends leave many elders wondering why they are still here. Even though the loss of an older adult's spouse is considered by society to be an expected or 'normative' death, the survivor typically enters a world that is strange, lonely and sometimes unwelcoming. The grief of older people is unique because of the many non-death losses that are a part of aging. These include physical changes, changes in family, occupational and social roles, relocation and shifts in mental functioning.

Many older adults have been learning the 'language of loss' over time. In fact, we are all introduced to changes in our bodies very gradually during the initial phase of mid-life. We become aware of the need for various aids that make it possible for us to be able to hear, read, chew, walk or manage chronic pain. Perhaps we have had to cut down on certain foods to curb weight gain or keep cholesterol, blood sugar or blood pressure readings in the normal range. These gentle reminders of the deterioration of our bodies gather momentum as we age and, little by little, scoop away energy and our ability to heal quickly, as well as our overall physical functioning. Of course, it is important to distinguish the symptoms of treatable disease and physical malfunctioning from normal changes – *wear and tear* – that accompany the aging process.

Additionally, not all older people are frail, confused people. The range in physical and cognitive limitation is wide, and many senior citizens lead active and healthy lives. Each case of older-age bereavement must

be viewed in terms of their unique life circumstances. Are they living independently, with family or in a retirement facility with assisted living services? Are they close to family or geographically or psychologically distanced from their children and grandchildren? Are they physically healthy or dealing with chronic medical problems? What level of support are they able to obtain from their faith beliefs and faith communities and/or other continuing social groups? What is their situation in terms of finances, transportation, mobility and nutrition? How lonely are they? To what extent is the nature of their bereavement influenced by their ethnic culture or spiritual/religious belief systems? All these factors influence how older people experience loss or even the threat of loss.

Social Factors Affecting the Grief of Older Adults

Many social issues and conditions have an impact on older people's grief reaction.

Isolation

Limited social contact is a reality for some older adults, regardless of where they live. Even those in assisted living and nursing homes can be very lonely. Seniors living independently may be isolated because of the lack of transportation, limitations on their physical mobility, or the loss of family, friends and neighbors after a move. Even those seniors who live close to children and grandchildren may still feel isolated because the family does not visit often enough.

Disenfranchisement

Older adults are frequently not credited with experiencing the same depth of grief and fearfulness about death as younger people do. I have heard younger members of a family take the view that an elder is 'used to people dying' because he or she has lived for such a long time. This lack of validation can cause the older adult to withhold his or her grief expression, which, in turn, can lead to physical, mental and emotional problems and conditions.

Social Devaluation

In many cultures, older people are highly respected, valued and revered. In the United States, however, the term *elderly* conjures up stereotypical images of people who are frail, unproductive, sexless and unimportant. They typically no longer work; they might need the radio or TV volume turned high and may have





difficulty with walking – they may like to talk about the ‘old days’ and the ‘way we used to do things when I was growing up.’ It’s not simply that their values may conflict with those of the younger generation, but that older people’s values are generally devalued.

We forget that people of advanced years are an invaluable resource – they have stories to tell and wisdom to share. Some of this wisdom consists of their recollection of family members and friends who are deceased, which is lost if not passed on to the next generation.

Families can create opportunities for their elders to impart their memories in ways that involve grandchildren – such as jointly creating journals, family photograph albums and oral histories.

Family Caregivers

When we discuss the older grieving person, we must also discuss the *primary home caregiver*. It is estimated that about 80% of caregiving for the elderly is provided by a family member. Spouses caring for a terminally ill wife or husband living at home make up the majority of home caregivers. Many spouses are often surprised at how dramatically and drastically their relationship changes after one person suffers a heart attack or stroke, or is diagnosed with a life-threatening illness. When the loved one dies, family caregivers may grieve not only the loss of a once-healthy loved one, but also for all they have given up in order to assume the role of caregiver.

Loss of Future. One caregiving spouse lamented that she had lost the future she and her husband had planned for; their dream of spending quality time together as they grew older together was shattered. Some realize this gradually, while others feel it as if they walked smack into a devastating wall of reality. The buildup of resentment and frustration can cause the caregiver to have periodic explosions that can seem ‘out of proportion’ to an outside observer. A visitor may be surprised to hear the anger that pours out, not understanding all the problematic incidents that led up to the emotional release.

Loss of Freedom. Many caregivers don’t notice the limitations on their own mobility because it creeps in subtly and gradually. In time, however, they notice that they are unable to attend family and other events outside of their homes, or even go for a walk, do the shopping, attend a graduation or a wedding.

Caregiver Needs. Caregivers need to have time off. Information about support and respite services of various types can be obtained from your local Office on Aging.

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author of *Helping Grieving People-When Tears Are Not Enough: A Handbook for Careproviders* and *Coping with Workplace Grief: Dealing with Loss, Trauma and Change*. “My column will present material aimed at helping bereaved people understand what is happening to them, what to expect from themselves and loved ones and some ways that others have found helpful for healing.” Listen to his audio series at www.Griefcast.com, www.GriefCareProvider.com jeffreys3@verizon.net

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