

Coping with Bereavement

By Robert O. Hansson and Margaret S. Stroebe

The death of a loved one can be devastating. Most older adults adapt with time, however, and uncomplicated bereavements do not typically require professional intervention; naturally occurring family and community supports are the more useful coping resource. Some individuals, however, experience a grief of greater intensity or duration and may be candidates for professional intervention (Hansson and Stroebe, 2007).

The symptoms and course of an older person's grief generally parallel those seen in younger populations. However, older people are likely to exhibit greater variability in their reactions, and predictions of health consequences are more problematic, given concurrent (perhaps interacting) effects of natural aging and any disease process (Bowling, 1994). Until recently, researchers and practitioners devoted little attention to understanding the implications of aging in responding to grief—for example, risk factors associated with the contexts of late life, problematic and protective developmental factors, or demands for coping (Carr, Nesse, and Wortman, 2005; Hansson and Stroebe, 2007). Such factors are critical to understanding effective coping.

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Finally, to identify the normal course of physical and emotional symptoms, bereavement researchers have typically assessed symptoms two, three, perhaps five years after the death occurs. With older bereaved people, however, it is important to think longer term about potential outcomes that could contribute to disability (Stroebe et al., 2006; Verbrugge and Jette, 1994).

CONTEXTUAL INFLUENCES

Contextual factors associated with late-life bereavement can affect appraisal, coping skills, and risk for poor adaptation. Death in older couples is usually more predictable, given a chronic illness or condition, than in younger couples. The death of an older partner may also follow a lengthy period of caregiving, which for some bereaved caregivers may compound the stress experienced after the partner's death, but for others allows anticipatory adaptation and a sense of relief as this burden is lifted. Older partners may have more to lose in bereavement than younger ones, including not only their attachment to a lifelong partner, but also long-standing social roles, financial security, and independence.

Concurrent stressors can also add to the risk of a problematic outcome. Widows, especially, are likely to experience economic insecurity. Support systems are likely to become smaller. Family and friends who might provide support may themselves be older and frail (Lopata, 1996).

PROBLEMATIC AND PROTECTIVE DEVELOPMENTAL PROCESSES

Age-related changes in physical health and functioning can increase vulnerability and reduce adaptive reserves for coping with bereavement, as for any stressful life event (Aldwin and Gilmer, 1999). Such changes often lead to diminished self-confidence, restrictions on mobility, and increased social isolation. These changes can also lower the utility of previously adopted coping strategies, with approaches that were once focused on finding solutions to particular problems, now giving way to approaches based more on accommodation and acceptance of a difficult situation (Aldwin, 1991). In late life, the importance of having a support environment with social and physical characteristics that match the older person's needs increases.

Some age-related processes, however, are likely to facilitate adaptation. For example, many older adults experience a leveling, or dampening, of affect—especially of negative emotional responses to life events such as bereavement. They tend to be more emotionally moderate in their responses (Lawton, 1996), and they often begin to narrow their social networks to include a greater proportion of emotionally close people (Carstensen, Gross, and Fung, 1998). Indeed, with life experience, many older people acquire a certain expertise and perspective regarding effective coping strategies (Aldwin, 1991).

THE DUAL-PROCESS MODEL

The dual-process model of coping with bereavement (Stroebe and Schut, 1999) provides a framework for understanding the adaptive challenges faced by older bereaved people. This model acknowledges a range of emotional and practical “tasks of adaptation,” categorized as loss-oriented or restoration-oriented. Loss-oriented tasks focus on the lost attachment relationship. Examples are understanding the meaning of the loss and its emotional impact,

revisiting memories, and experiencing pain. In contrast, restoration-oriented tasks deal with stressors that are secondary to the loss. A widow may have to identify new roles and relationships, new activities, new skills for managing independence, and, more immediately, she may need to attend to unfamiliar tasks such as paying the bills. The dual-process model proposes that most bereaved people will need to oscillate between these two domains, addressing emotional issues, then redirecting focus to handle pressing practical challenges, then at some point returning to emotional processing, and so on.

The potential complexity of such a process can be seen in the case of a physically and mentally frail older widow who had recently lost her more capable husband and then suffered the additional sudden loss of her only daughter in an auto accident, requiring that she assume caregiving responsibilities for a grandchild. Coping with her grief (loss-oriented task) for her own loss and for that of the grandchild would likely be compounded by the difficulties in finding the strength to deal with additional tasks (restoration-oriented) associated with raising her grandchild and role changes (the end of her role as mother of a living child and a new role caring for her grandchild). Symptoms of grief would likely be exacerbated by anxiety about coping, and the loss of her only daughter (previously her only source of caregiving support) could further increase her anxiety, hopelessness, sense of being overwhelmed, and difficulty in planning.

The dual-process model, then, provides a structure for sorting the emotional and practical coping tasks to be faced, and demonstrating their place in adaptation. The problematic and protective developmental influences described above then allow predictions of which tasks may be more or less challenging for older bereaved people. For example, health and financial security may become increasingly problematic, requiring more coping efforts, while changing patterns of emotional response may protect against bereavement-related trauma. The dual-process model should thus be helpful to practitioners in guiding assessments of the status and support-intervention needs of an older bereaved individual. ❧

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