

NUTRITIONAL CONSIDERATIONS FOR BEREAVEMENT AND COPING WITH GRIEF

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Abstract: **PURPOSE:** The purposes were 1) to examine the level of nutritional risk among recently bereaved individuals, with or without intervention for grief resolution, and those in coupled relationships and 2) to examine the dietary issues faced by the three groups. **METHODS:** Twenty-two individuals from the above-mentioned categories were selected. Background information was elicited using a questionnaire. Focus group interviews and the Determine Checklist were used to assess dietary issues and nutritional risk, respectively. **RESULTS:** Bereaved individuals, irrespective of whether they had counseling for grief resolution or not, had a moderate risk for poor nutrition (score >3). Although the level of risk was similar between the two bereaved groups, it was significantly different from those in coupled relationships, who had the lowest risk (1.43). Based on the interviews, the dietary issues included: 1) food acquisition, preparation and consumption; 2) difficult meals – place and time; 3) influence of social network/spouse; and 4) food and nutrition information. The food-related issues faced by bereaved individuals were similar, but substantially different from those in coupled relationships. **CONCLUSIONS:** The results show that bereavement counseling does not serve as a gateway to reduced nutritional risk and highlight the need to address food issues in grief resolution interventions.

Key Words: Aging, nutritional risk, elderly, dietary issues, marital status, nutrition, bereavement, grief resolution.

Food has multiple meanings in our society. In addition to providing us with the physiological needs for nutrients, food has psychological and social meanings. In turn, psychosocial factors influence eating and food-related behaviors. Research related to the influence of social factors on eating has been limited, but not equivocal (1). Social environment including social support and coupled relationships has been reported as a stronger predictor of eating behavior and dietary intakes than personality variables (2-7). On the other hand, living alone has a negative impact on dietary quality (8,9). Also, limited research available on the impact of widowhood or coping with grief on nutritional status show that loss of a spouse and the resulting emotional stress and grief have a negative impact on the dietary behavior of individuals and ultimately translate to poor nutritional status and health (11-16).

Interventions such as bereavement counselling and support groups focus on grief resolution, especially as it relates to psychosocial aspects, are reported to improve grief resolution outcomes and reduce the risk of psychological problems after bereavement (17). Although there is agreement that bereavement care should be multidisciplinary in nature (14), in practice, individual and group bereavement counselling seldom address nutritional issues (17-21). While addressing the psychosocial dimensions of bereavement and coping with grief is critical, we do not know whether or not these interventions would in turn have an impact on the nutritional risk of bereaved seniors. Given a lack of research in the area, an exploratory study to examine this issue is warranted. Thus, the purposes of the present study are:

a) To examine the level of nutritional risk among recently bereaved individuals with or without intervention for grief resolution, in comparison to those in coupled relationships.

b) To examine the nutrition and diet-related issues faced by the three groups.

Methods

Participants

The sample size was based on population statistics of those over 60 years of age and the percentage of bereaved individuals (10). Twenty-two individuals over 60 years of age belonging to three sub-groups were involved. The first group (Recently bereaved - with intervention; RB-WI) consisted of a comparable group of eight bereaved seniors who had attended the bereavement counselling group "Widows and Widowers: Taking First Steps" within the last year. This bereavement counselling group addressed psychosocial issues related to bereavement and coping with grief and did not address nutritional issues. The second group (recently bereaved - without intervention; RB-WOI) consisted of seven bereaved seniors who had not attended any bereavement counselling or other related intervention programs. All widowed persons were bereaved within the last four years and had not remarried at the time of the study. The third group (married) comprised of seven individuals in coupled relationships. Only one member of a couple was included in this group. The three groups were comparable in age (mean age = 72 years) and gender-distribution (69% female).

Approximately two thirds of participants reported that they exercised on a regular basis. Among the study groups, a higher percentage of bereaved individuals reported following prescribed or special diets such as a diabetic diet or low fat diet than married individuals. Diet was perceived to be extremely important for their health and well-being. Although a vast majority of individuals (75 to 100%) were aware of the Canada's Food Guide for Healthy Eating, not all followed the suggested guidelines. Compared to married individuals, a higher percentage of bereaved individuals felt that they were either not aware of their nutritional needs or felt that their diet did not meet their nutritional needs. In the study groups, consumption of a vitamin and mineral supplement was reported to be high ranging from 67 to 75 percent.

Table 3 shows the nutritional risk score across the three study groups. Based on the score, it is evident that the married individuals in the study were at low risk for poor nutrition with a mean score of 1.43. The score across the two bereaved groups were similar with mean values of 4.13 and 4.57 for those with and without intervention, respectively. These scores are indicative of moderate nutritional risk, warranting improvement in eating habits and lifestyle. The difference between the bereaved groups with or without intervention was not statistically significant. However, the difference between the two bereaved groups and the married group in their nutritional risk score was significant, $F(2, 21) = 4.73, p < .05$.

Table 3
 Comparison of the Nutritional Risk Score Across Groups

Groups	M	SD	F	p
RB-WI	4.13	1.89		
RB-WOI	4.57	2.70	4.73	0.05
Married	1.43	1.51		

The food and diet-related issues were grouped into four main categories and are reported in Table 4. These included 1) food acquisition, preparation and consumption – change in appetite, lack of motivation, skills related to cooking and shopping; 2) difficult meals – place and time; 3) influence of social network/spouse; and 4) basic food and nutrition information and guidelines. For every main theme of challenges identified, management strategies were also discussed. In the following section, the issues and management strategies are reported.

Table 4
 Emerging Themes of Diet-related Issues
 Across the Three Groups

Themes	RB-WI	RB-WOI	Married
1a. Food Acquisition, Preparation, & Consumption issues			
i) Changes in appetite			
a) Related to emotional status	X	X	-
b) Related to chronic condition	-	-	X
ii) Lack of motivation (time and effort)	X	X	-
iii) Skills related to shopping and cooking for one	X	X	-
2a. Difficult Meals -- Place and Time issues			
a) Memories surrounding meals/cooking	X	X	-
b) Lifestyle-related: too busy, retirement	-	-	X
3a. Influence of social network/spouse			
a) Spouse's like/dislikes/health influence choices	-	X	X
b) Re-establishing social networks helps	X	X	
c) Using social network to motivate spouse	-	-	X
d) Cook up extra when I have company (portions)	X	X	-
4. General Nutrition and Food-related issues			
a) Meeting needs?		X	X
b) Lack of variety		X	
c) Interpreting Canada's Food Guide to Healthy Eating		X	X

1a. Food acquisition, preparation, and consumption issues

Under the theme of food acquisition, preparation, and consumption, three main issues were discussed. The identified issues include change in appetite, motivation, and cooking and shopping skills.

Change in appetite. Although change in appetite was reported in all three groups, the nature of change was different across the bereaved and married groups. Bereaved individuals with or without intervention reported change in appetite relating to their inability to consume the same amount of food they consumed before bereavement or their emotional status including depression. However, married individuals reported change in appetite as a result of an onset of a chronic condition such as diabetes.

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compared to those in coupled relationships. A second purpose was to identify the nutrition and diet-related issues faced by these three groups. To this end, 22 individuals (mean age = 72) representing the three groups were selected. The groups were similar in age, gender distribution, years married, and years widowed (only for bereaved groups).

The results of the present study showed that the level of nutritional risk as estimated by the determine checklist among the bereaved individuals was higher than those in coupled relationships. Similar findings have been reported in the literature (11). Specifically, they showed that widowhood changed the social environment, social meaning of eating, dietary behavior, and nutritional intakes, compared to married individuals. This finding is not surprising in light of the fact that bereavement substantially alters the social and psychological value of eating. Also, earlier studies have indicated that living alone, emotional stress, and lack of social support affected dietary quality (3, 7, 9). However, it is surprising that there was no difference in the level of nutritional risk between the two recently bereaved groups, whether or not they have had grief resolution intervention. The finding is significant in light of bereavement care in current practice. Bereavement care or grief resolution interventions such as support groups or individual counselling focus on issues such as the meaning of grief, stages of grief resolution and support services in the community and these programs are reported to have a positive impact on the psychosocial outcomes (17-20). However, nutritional and dietary issues are seldom addressed in these programs, although widowhood brings about several nutrition and diet-related challenges that could predispose an individual to be at risk for poor nutrition. The observed similarity across the bereaved groups might simply suggest that nutritional issues and challenges brought about by widowhood are not addressed in grief resolution programs. As a result, there is no difference in the level of nutritional risk across these two groups. Also, the results show that psychosocial grief resolution interventions do not serve as a gateway to better nutritional status.

A second purpose of the study was to examine the nutrition and diet-related issues faced by these three groups. The identified issues were grouped under four main themes: Food acquisition, preparation, and consumption issues; difficult meals – related to place & time; influence of spouse and social network; and issues related to general nutrition and food. These issues have been reported in bereavement literature (11-13, 15, 16, 20). In the present study, there were similarities and differences in the themes across the three groups. Each of the main themes was identified in all three groups. However, the nature of the issues under each theme differed. For example, change in appetite was identified as an issue related to food acquisition, preparation, and consumption in all groups. While this was related to emotional status in the two bereaved groups, the same issue was related to chronic disease in the case of those in coupled relationships. Interestingly, there was no

difference in the issues identified by the bereaved individuals, whether or not they had intervention to cope with grief. This finding supports the earlier finding in the similarity in level of nutritional risk across these two groups. Perhaps, the issues identified are similar because these issues are not identified and addressed in bereavement support groups.

In addition to identifying the challenges or issues, the participants identified nutritional management strategies that could help deal with the issues. In all three groups, use of convenience foods both commercial and home-made, along with convenience appliances such as toaster ovens was reported. These findings have practical significance for use in bereavement support groups.

Discussing the nutritional issues and management strategies among bereaved individuals, one of the focus group members indicated that:

I used to cook to please, and now I am cooking to survive. We used to converse throughout the meal either about something that has happened during the day. That was what created a void. I now fill that void by playing music because I'm now becoming adjusted to living alone – not reconciled to it, but adjusted to it.

This participant has succinctly highlighted that while they may not get used to the loss, they will have to adjust to the changes the loss has brought about in their lives. Studies have showed that widowhood brings about several negative nutritional self-management strategies such as skipping meals, reduced home food production, and less dietary variety (15,16). Bereavement and coping with grief bring several challenges, which warrant suitable management strategies. In practice, bereavement support groups and individual counseling seldom focus on dietary and nutritional issues. The present study further highlights the need for the inclusion of nutritional issues in bereavement counseling sessions. As indicated earlier, there is a lack of research in this area. Further studies involving larger sample and different length of widowhood should be explored. Also, to date, only one study has reported the actual nutritional intake of bereaved seniors. It is hoped that the findings of the present study will serve as catalyst for further studies to gain better understanding of the role of widowhood on the nutritional health of individuals and to address nutritional challenges in bereavement support initiatives.

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