Analysis of Complicated Grief in Older Adults

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INTRODUCTION

When discussing grief and loss, many conversations include older adults due to the frequency with which they encounter death in their relationships. It is not uncommon for an older individual to lose several key relationships and/or family members within a decade or less. This review aims to determine if these repeated losses help an older individual to better grieve for a subsequent death, or if the cumulative effect of multiple losses can spiral an older adult into complicated grief. Other factors such as an expected versus unexpected death, relationship to the deceased, and community support and recognition of a loss may all contribute to whether or not older adults develop complicated grief (Newson, 2011; Schum, 2005). In order to evaluate whether older or younger adults carry a heavier burden of bereavement after a loss, an understanding of grief and complicated grief must first be established.

The United States as an independent society is highly death aversive, leaving those mourning loved ones to cope by themselves and hide their emotions in front of others. While we have been blessed with technologies that can keep us alive in emergency situations, we have avoided learning to accept and to deal with death properly. Although older adults often experience the death of loved ones at a higher frequency than younger adults, we cannot assume that the frequency establishes their readiness or ability to handle these experiences and to grieve successfully (Shah & Meeks, 2012). By discussing the bereavement process as well as different categories of grief, we hope to provide insight into how older adults cope with the death of loved ones, and to suggest possible interventions or resources for bereavement.
DEFINING GRIEF

When trying to understand how older adults cope with loss, it is important for health care professionals to understand the characteristics and events associated with that loss. End of life care and death itself includes terminology that is often confused and misused. By defining these terms correctly, we can better understand and care for older adults suffering the loss of a loved one. Bereavement is defined by the loss itself as an event (DeSpelder & Strickland, 2011). This loss is generally of something or someone close, and does not include the survivor’s response to the loss (Shear, Ghesqueire & Katzke, 2013). This definition may be somewhat confusing, because the term bereavement often implies the process of coping with a loss. Specifically, older adults “experience the widest variety of bereavement in terms of type of relationship to the deceased,” (Shah & Meeks, 2012). As discussed later in this review, a loss can include a job, circle of friends, physical health, and anything that can change a person’s life after the fact.

Grief is defined as the survivor’s response to a loss. This holistic reaction can manifest emotionally as well as physically and spiritually (DeSpelder & Strickland, 2011). Grief symptoms develop and subside over time (Shear et al., 2013). Each person’s grief is unique, and it does not follow any prescribed pattern or trajectory (Shear et al.). Some individuals may experience anxiety or depression, while others could have periods of euphoria as a cognitive response to grief. The emotions related to grief are also very specific to the individual, their relationship with the deceased, and the time and manner of death among other contributing factors. These feelings could include sadness, guilt, or even relief (Shear et al.). Some physical responses to a loss include insomnia or aimlessly
wondering (DeSpelder & Strickland). Belief in a higher power can become a beacon of hope for some who grieve, but it can also come into question for others. In order to best care for our elders, we must consider the wide variety of manifestations of grief that can occur, and we must treat each person’s experience with respect.

While bereavement is a natural event in a person’s life, the grief that follows can have negative consequences in certain situations. Acute grief, also known as “normal grief” in the literature, is a period of grief that includes healthy reactions to the loss of the loved one (Morris & Block, 2012). This process of grief described below includes but is not limited to the experience for older adults. Although each person’s grieving process is unique, there are certain patterns that develop for many. Immediately after the death and the days to follow, many describe feeling numb or wanting to draw away from others (DeSpelder & Strickland, 2011). Some are in denial, and others are in shock. This can be a conflicting time for many, because they must fight the urge to withdraw and instead make funeral decisions and take care of the deceased’s belongings (DeSpelder & Strickland).

The middle stage of grief generally involves anxiety and longing for the deceased. The realization that the loved one is gone has usually occurred, and some people may even replay the final moments trying to figure out what they could have done or said differently (DeSpelder & Strickland, 2011). During the weeks and months following the death of a loved one, support can often be weak and hard to find. Many gather for the funeral, but quickly return to their lives afterward. Trying to rush a person through grief can exacerbate feelings of distress and may cause further isolation (Morris & Block,
Continuing to support older adults throughout their grieving process will help them to discuss their reactions to the death of their loved one and to grieve successfully.

Morris and Block (2012) discuss a “wave-like pattern of grief” to help explain some of the emotional variance experienced during grief. Shortly after the loss, a person will experience very intense swings of emotions at high frequencies. As time goes on, these waves of feelings occur less frequently and less intensely. The waves occur because of triggers, which can result from hearing a song or the anniversary or birthday of the loved one (Morris & Block). Understanding these waves as a natural progression of grief can help family and friends to sympathize with those who have lost loved ones. This pattern can also help those who are grieving to predict triggers and allow them to feel more in control of their emotions and responses to loss (Morris & Block).

Because everyone’s experience with grief is unique and dependent upon many factors such as emotional health, community support, and relationship to the deceased, it is difficult to define the duration of grief. While many who work in bereavement services assert that grief does not have an endpoint, health care professionals and even the community must be careful to classify an individual’s grief as “abnormal” if it persists beyond the socially acceptable time of grief (DeSpelder & Strickland, 2011). In our society, discussing death or observing someone who is experiencing grief can be awkward and uncomfortable. In order to minimize those feelings, we have a tendency to judge or to ignore individuals who need extended time to grieve. As previously mentioned, this can be detrimental to the individual who is mourning the loss of a loved one.
While grief is not a finite process, the survivor is expected to restore his or her life with the understanding that the deceased loved one is no longer with them. This can be especially difficult for couples who have coexisted for several decades (Pipher, 1999). Everyday activities such as preparing meals and running errands that have always occurred with the loved one are now expected to continue with just the survivor. As discussed by Shear et al. (2013), it is remarkable and somewhat miraculous that we as humans can cope with a loss and resume “normal life.” Mary Pipher (1999) also considers coping with death equally as remarkable when she writes:

It’s a miracle that people survive the losses of their mates. There are so many widows and widowers, and we tend to underestimate the magnitude of each individual tragedy. In our country we expect people to recover from grief quickly.

(p 171)

While the grief may persist, over time individuals are able to live healthily in spite of the loss. Some people, as Pipher asserts, cannot cope with the death of a loved one. When the process of acute grief manifests into lingering or more severe symptoms, individuals may endure what is considered “complicated grief.” As the name suggests, complicated grief is often a complex set of symptoms or circumstances that is preventing an individual from accepting the loss of a loved one and resuming life’s activities and responsibilities. Just like the entire grieving process, complicated grief is extremely specific for each person.

Complicated or prolonged grief is difficult to define, because it is not yet diagnosable according to the DSM-V. Although many teams of researchers are working on developing a standardized set of criteria, many factors are still in question about what
specifically constitutes complicated grief. In general, complicated grief is similar to acute grief, but the symptoms persist longer than expected. The persistence of these symptoms can develop into an inability to accept the loss, strong and unbearable yearning for the deceased loved one, and guilt (Shear et al., 2013). This list of complications is not comprehensive, as each individual can suffer from different areas of hardship surrounding the death of a loved one. Morris and Block (2012) suggest that some other criteria for complicated or prolonged grief are “confusion about one’s role in life” and “inability to trust others since the loss.” Those suffering from complicated grief cannot easily handle triggers that occur that were included in the “wave-like pattern of grief” discussed above. Triggers may not be frequent but are generally continuous (such as a yearly birthday or anniversary), so they can prevent an individual from reengaging in life and recovering from complicated grief.

Although the discussion of the relationship between complicated grief and depression is thorough, for the sake of brevity this review of grief and bereavement will only mention that there are distinguishable differences between the two conditions (Shear et al., 2013). Individuals suffering from complicated grief present a different set of symptoms than those with depression. Examples of major distinctions in symptomology are pining for the loved one and being stunned by the loss, which are present in complicated grief but lacking in generalized depression (Shear et al.). Treatment for depression instead of complicated grief has proven the need for two distinct diagnoses, because those with complicated grief still pine for the deceased even after treatment (Prigerson et al., 1995). Complicated grief is also different from posttraumatic stress
disorder, because the latter does not include pining for the deceased and the loss of that relationship (Shear et al.).

SYMPTOMS AND DIAGNOSIS OF COMPLICATED GRIEF

The discussion of and strong desire by the medical community to define and diagnose complicated grief is motivated by the severe symptoms and health risks involved. Suffering from complicated grief can predict the onset of many chronic diseases, such as cancer and hypertension (Shear et al., 2013). Bereaved spouses over age 50 with complicated grief are also twice as likely to commit suicide than those who do not have complicated grief (Shear et al.). Suicide in the older adult population is a public health concern; so tackling the motivation behind the action is a productive step in reducing the incidence. Other physiological markers, such as corticosteroid secretion and sleep patterns, are measurably different in individuals with and without complicated grief (Shear et al.). Some studies have found that even a year and a half after the loss, a number of elders were still suffering from disorders related to sleep, mood self-esteem, and functional ability, all related to their grief (Prigerson et al., 1995). These symptoms can develop into serious public health concerns along with the risk of suicide. Without a specific diagnosis for complicated grief, some older adults (and many individuals in the general population) are being medically treated for depression because symptomology may appear similar to professionals who are not trained to recognize complicated griers. Prigerson et al. have found that while depressive symptoms subside after taking prescription medication, the specific grief symptoms persist. This example of over
medication and misdiagnosis highlights the severe need for a specific protocol for health professionals to follow for patients with complicated grief.

Prigerson et al. (1995) also conducted a study to test a scale to determine level of grief in older adults. Along with the symptoms of complicated grief listed above, this scale also included feeling pain in the area of the body where the deceased experienced pain, hallucinations of the deceased, and envy of others who have not lost a loved one (Prigerson et al.). When the scale was applied to participants with complicated grief, the following measures had the highest correlation with the total score: “…items referred to being stunned or dazed by the loss, feeling bitter over the death, and being preoccupied with thoughts of the deceased to the point of distraction,” (Prigerson et al.). The authors did assert that some of the measures in the scale are similar to the criteria for post traumatic stress, but there are many other articles on the subject that argue against this notion. This score, named the Inventory of Complicated Grief (or ICG), had high validity when determining if an individual’s grief is complicated or uncomplicated.

A more recent study (Newson, Boelen, Hek, Hofman & Tiemeier, 2011) used the ICG developed by Prigerson et al. (1995) to test its prevalence in a larger scale population based study of older adults. This was an effective application of the ICG, because homogeneity of the study sample, such as significantly more female than male participants, was most likely affecting the generalizability of the results. They wanted to know if the measures from the ICG could help pinpoint some of the characteristics of complicated griever (Newson et al.). Newson et al. also found the ICG to be a good indicator of complicated grief. Another interesting notion was that complicated grief needs to be thought of as a continuum of symptoms and severity rather than a defined set
of criteria for each individual (Holland, Neimeyer, Boelen & Prigerson, 2009). This idea is particularly significant for healthcare professionals who are counseling or caring for those with complicated grief, because no two cases will be identical. Psychiatric and psychological specialists cannot dismiss those with minimal symptoms but still enough to affect their daily lives. They also cannot overmedicate or misdiagnose individuals who present many severe symptoms that may be similar to other mental health disorders. While most patients will fall within the middle range of presenting symptoms, those on either end of the spectrum cannot go untreated or misdiagnosed.

Newson et al.’s (2011) larger study also found a higher prevalence of complicated grief for participants in the 75-85 year age range, suggesting that the old-old have more difficulty coping with a loss. This finding is novel, and may be attributed to the quality of the ICG measurement tools. It was also noted by Newson et al. however, that the oldest old, those age 85 and over, possessed resilience to complicated grief and the loss of a loved one. This statistic may be attributed to the exclusion criteria for the study (not as likely to include psychiatric cases). This variance between the old-old and the oldest-old in terms of resilience would be better understood with continued research and investigation. The ICG does not directly ask about other forms of loss that an older adult may suffer, such as a career, life-long home, friend network, physical health, pets, and hobbies. Although this metric is already capable of detecting a higher prevalence of complicated grief in older adults, including the reaction to other types of loss while aging may help to explain the complications of grief.
RISK FACTORS FOR AND CONSEQUENCES OF COMPLICATED GRIEF

Situational characteristics about the death including expectedness, relationship to the deceased, and age of the survivor can all impact the social support received by the griever. When identifying risk factors for complicated bereavement, Schum, Lyness, and King (2005) found that being male, younger than 46 years old, and having previous psychological pathologies and poor physical health all contribute to an individual’s risk. Newson et al. (2011) did not find a statistically significant difference in gender of those with complicated grief when using the ICG. Lower income was also related to complicated grief, as well as divorce (Newson et al.). When considering a situational context, an unexpected loss and a lack of control surrounding the loss are high contributors to complicated grief (Schum, Lyness, & King, 2005). If the survivor served as a caregiver for the deceased, his or her likelihood of poor personal health and depressive symptoms long before the death occur are common. Depending on the strain of care giving, these symptoms could plateau or wane after the death of the loved one (Schum, Lyness, & King). When comparing older adults to the rest of the population, they experience death of loved ones more frequently and served more often as caregivers to their loved ones who are now deceased. Research has shown that younger adults present more extreme grief reactions than older adults, but this is most likely due to the likelihood of the unexpectedness of the death (Shah & Meeks, 2012). Some individuals also assume that loss of a partner in late life is stressful but not traumatic for the survivor, but research has shown a PTSD reaction in about 10% of survivors within a year of the death (O’Conner, 2010). While some older adults can develop a resiliency when coping with death due to the number of deaths encountered, there are distinct exceptions to this
idea. Relationship to the deceased, as discussed next, is one of those exceptions (Newson et al.).

The relationship to the deceased can also dramatically impact the grieving process. Older adults “experience the widest variety of bereavement in terms of type of relationship to the deceased,” (Shah & Meeks, 2012, p. 1). Newson et al. (2011) discovered that loss of a child, loss of a spouse, or loss of multiple people including a spouse were high indicators of complicated grief. This finding was significant for targeting subpopulations of grievers when attempting to treat complicated grief. Interestingly, loss of an adult child can be even more difficult but less recognized than the death of a young child (de Vries, 2001; Schum, Lyness, & King, 2005). The compounded effects of losing an adult child and lack of recognition and support from the community can cause an older adult to develop complicated grief. The death of a spouse is another difficult relationship to grieve. For older adults who are married for forty years or more, it is difficult to remember life before a spouse and even harder to create a new life after losing him or her. Another complication to spousal loss is the intimacy, or lack thereof, within the relationship. For those people who are heavily dependent upon their spouse, losing that person is shown to exacerbate one’s chance of having complicated bereavement symptoms (Schum, Lyness, & King). Not only is the spouse no longer alive, but even the smallest task such as preparing lunch or zipping up a dress can be reminders of the loss (de Vries). Other activities that have always been performed by the deceased spouse such as cooking, filing taxes, or cutting the grass are also difficult to face and learn to do successfully alone for the first time in the survivor’s life.
The social support for those who are grieving a loss can dramatically impact well-being and the mourning process. Schum, Lyness, and King (2005) have found that consistent high levels of social support prevent a survivor from developing complicated grief. It is also possible that expectedness of the death can influence the social support of the survivor after a loss. If, for example, a young mother loses her husband, many friends in the community may gather to help prepare meals and take care of the children. An older adult mother losing her husband, however, may seem more expected and less in need of support. Interestingly, those who are divorced may have a decreased social support network, which can contribute to the development of complicated grief after the loss of a loved one (Newson et al., 2011). Social support from friends and family can also subside too soon after the loss. As stated previously, many people will gather shortly after the event and the funeral, but they quickly return to their lives and leave the survivor alone to deal with their grief. A third contributor to low social support following a loss is if the individual relied primarily on the relationship to the deceased individual as a primary source of community. This dependency was discussed earlier in regards to relationship to the deceased and as a risk factor for complicated grief, but this dependent type of relationship can also influence adequate social support after a loss (Schum, Lyness, and King, 2005). Dependency can occur at any age, but it may be more severe for older adults and their spouses who have shared lives for many decades. Widowers, for example, are less likely than widows to re-establish social connections and a framework of consistent community in their lives after losing their spouse. This may be attributed in part to the wife initiating and motivating the husband to participate in social events; once that motivation is gone, the widower cannot make a decision to socially engage (Byrne &
Raphael, 1997; Crummy, 2002). Graneheim and Lundman (2010) discusses that as a person’s friend group diminishes and family members are busy with personal matters, older adults must rely on themselves. This temporary or lack of support from an individual’s community can exacerbate tendencies of isolation and a reluctance to ask for help, both of which can contribute to complicated grief.

One common but interesting side effect of loss in late life is loneliness. While it is obvious that loneliness is inevitable as older adults are losing loved ones and important pieces of their identity, research has shown that loneliness can have a sort of two-pronged effect. In a study of individuals 85 and older, Graneheim and Lundman (2010) were able to track the effects of loneliness on individuals after a loss. When interviewing the participants, the researchers realized that loneliness among the very old was complex because it included relationships in the past, present, and future. They first discussed living with the losses and feeling abandoned. Loneliness occurred as participants felt as if they were left here on earth alone, and also when they realized that “They were often the last person of their generation” (Graneheim & Lundman, p. 435). Along with loss, participants felt abandoned. This emotion is a consequence of the cumulative losses suffered by older adults as discussed above. Losing their hearing or vision or becoming weak in the legs was associated with loneliness, because individuals could not act as independently as they once had (Graneheim & Lundman). Participants expressed that they felt forgotten as well as had a significant fear of abandonment (Graneheim & Lundman). Some felt a desire to participate in social activities and family gatherings, but they were no longer invited. These negative emotions in response to loneliness caused older adults to further disengage.
CUMULATIVE LOSS

Another component of aging that can contribute to complicated grief is the idea of cumulative loss. As a person ages, many changes can occur, and they are often in the form of loss. Careers end, friends may grow apart, disability may require people to move out of their lifelong homes, pets pass away, and physical health can deteriorate. While one of these isolated events may not have significant effects on an individual, coping with the cumulative effect of these losses and a system of support can be difficult.

Another type of loss that does not receive sufficient recognition from society is the death of a pet. For older adults living alone, a household pet may serve as the primary source of immediate and consistent socialization. If counselors and the community do not recognize the grieving for a deceased pet as a validated process, many who are in bereavement do not receive the support and advice that they need. By not allowing these individuals to grieve properly, the grief is disenfranchised and can go unresolved or can develop into complicated grief (Cordaro, 2012). If unresolved grief in an older adult persists after the death of a pet, that individual may be less equipped to mourn the death of a friend or family member. Also, having a pet can establish a sense of security and serve as a buffer against stress, so if an older adult loses a pet in the midst of losing several other arms of their support system, such as family members and friends, the consequences of complicated grief can become severe and significantly decrease the individual’s quality of life (Cordaro).

In a discussion of Jewish communities forced to move out of Gush Katif in 2005, the researchers who interviewed these individuals discussed the effects of multiple losses of social resources (Dekel & Tuval-Mashiach, 2012). Sense of belonging is the first
component discussed, and they write that people who feel as if they belong to others and to a community are better adjusted, free to express their identities, and that the community can serve as a barrier to outside threats and difficulties that may occur. This idea can be easily translated to the lives of older adults, because it is common to lose a sense of community if their career ends or they move to another area. If close friends or a spouse passes away, that is another vital part of that person’s community that is taken from them. If a best friend dies who was the survivor’s main source of social support, the survivor now suffers from unsatisfying social support, which is a risk factor for complicated grief (O’Conner, 2010). If this community was developed decades prior to its loss, it may seem impossible for the survivor to start over and create a new support system.

Dekel and Tuval-Mashiach (2012) also discuss the idea of alienation, or an estrangement from meaningful social connections. One interesting component or manifestation of alienation that they mention is normlessness. This term represents an individual feeling that they do not relate to a community and that their values and priorities do not align with those of the community’s. While this term was used in the context of Jewish people being forced out of Israel, many older adults could most likely relate to these emotions as well. For example, if a recent widow has lost her husband of 50 years and her health is simultaneously deteriorating, she may need to move in to a residential community for support. Many older adults must face the option of relocating to an assisted living or skilled nursing facility due to a decline in health (Lofqvist et al., 2013). This dual loss of both physical health and the home environment is another example of cumulative loss that many older adults experience. If the widow mentioned in
the above example must leave her friends, her experience of cumulative loss is further complicated. While everyone living in the community is her age, the woman may feel disconnected from the residents and they may be very different from her previous social support system. She may enjoy travelling and writing books, but the other residents stay close to home and enjoy different activities. While subtle to an outsider, this discrepancy can easily create the sense of normlessness described above.

Although this particular article does not directly deal with the normal or expected losses of older adults in the United States, the effects of loss are equally as damaging to the individual and can provide insight into the process of bereavement. Losing a support system and a sense of normlessness can be common to older adults who suffer several losses in a short span of time while aging. Each loss served as support for the individual, so now life can seem lonely and hopeless. The idea of cumulative loss and slowly but steadily losing each component of support and community is unique to elders, and can exacerbate complications of grief and decrease one’s quality of life. More research needs to be devoted to understanding the consequences and effects of cumulative loss on older adults in the community, and what measures can be put in place to supplement the lives of those who have lost their support system.

**TREATMENT**

When considering treatment and even diagnosis and understanding of complicated grief for older adults, evaluating characteristics of the individual’s life beyond just the symptoms are imperative. Shah and Meeks (2012) suggest that considering pre-loss emotional and mental health is a good indicator of complicated grief
outcome. Preexisting depression for example, can help distinguish between complicated grief and bereavement-related depression after a loss. Other factors that increase one’s risk of complicated grief after a loss are long mental health histories and multiple previous losses (Shah & Meeks). Education and financial status are also influential variables when considering complicated grief (Koren & Lowenstein, 2008). These factors can also worsen underlying psychological conditions that existed separate to and before the loss.

The importance of cultural consideration was also stressed when evaluating individuals with complicated grief. Some cultures respond better to grief at a societal level. For example, the Jewish culture performs customs after death, such as the kaddish prayer and sitting shiva, that provide the mourners with routine and expected social support from within their community (DeSpelder & Strickland, 2011). Other cultures that do not have a prescribed method of supporting survivors may put an individual at higher risk to develop complicated grief and require treatment (Shah & Meeks). These findings are significant, because culture is a major portion of personhood. Without taking an individual’s society into account, healthcare professionals are overlooking potential untapped resources or holes in care that need to be filled with professional treatment.

When trying to treat individuals with grief symptoms and complicated grief, a proper method and protocol must be developed. This will be almost impossible however, until a defined diagnosis for bereavement and complicated grief exist in the literature. One study found that while family doctors were most widely sought out for support after a loss, they were ineffective at reducing grief symptoms, such as pining for the deceased. Support from religious leaders decreased the severity of depression, and support groups
reduced grief severity (Ghesquiere, 2012). This is a significant finding, because both methods of support are successful, but for different psychological issues. Older adults with complicated grief will have better success by attending therapy support groups than relying solely on a physician or religious leader. (Ghesquire). Physicians can also help patients by recognizing the need for and increasing referrals to the respective method of support that best suits a patient (Ghesquiere).

Another study conducted a randomized control trial to determine the effectiveness of group therapy (Supiano, 2012). Individuals who received specific complicated grief group therapy experienced significant improvements in complicated grief symptoms versus participants who received general grief group therapy. Although this study was limited with a small sample size of 55, these findings suggest that group therapy aimed at the specific issues of complicated grief can help to relieve these symptoms.

Focusing on the loss during therapy as well as talking through and reliving the loss can help an individual with complicated grief (Pipher, 1999). This finding can directly relate to social support following a loss. Many friends and family avoid talking about the deceased for fear of triggering an emotional response or dampening the mood of the event (de Vries, 2001). Educating friends and family to talk about the loss as informal therapy can greatly benefit the relationship with the survivor as well as the role of social support in general. One of the major symptoms of the disorder is an obsessive thought pattern or consumption with the loss, so addressing the issue during therapy is paramount to recovery and maintenance of normal acute grief (Shear et al., 2013).

Psychotherapy is also recommended for older adults, even though this population may be reluctant to seek out such services. Many have also held preconceived notions
about the ability of an older adult to respond to such treatment. More recent research has been able to prove that older patients respond well to psychotherapy (Shah & Meeks, 2012). This is significant, because many scientists of the previous era, such as Freud, considered older adults unable to learn new things. New findings indicate that older adults are in fact good at recalling emotional information even with some memory impairment, and that many are motivated to make a change (Shear et al., 2013). These advances in awareness about psychotherapy are positive and encouraging for our elders.

**COPING MECHANISMS AND POSITIVE OUTCOMES OF GRIEF**

A positive reaction to loss that was discussed during interviews with participants was living in confidence (Graneheim & Lundman, 2010). Being comfortable with a small but close social network, having faith in God, and living in the present were all characteristics of those who did not view loneliness as a negative attribute. Several interviewees even discussed feeling a sense of freedom and autonomy after a loss (Graneheim & Lundman). As discussed earlier with social support, the intimacy and nature of the relationship most likely contributes to whether or not an individual will feel a sense of freedom after losing a loved one. For those older adults who are empowered by their loneliness or solitude, their newfound independence and ability to make decisions can help to preserve identity and give a new meaning to life (Graneheim & Lundman).

While complicated grief is not specific to a particular age group, there are some coping mechanisms that have proven to be successful for older adults. Religion and religious attendance are major contributors to successful grieving after the loss of a loved one (Shear et al., 2013). Believing in a higher power and having hope as well as
developing a social network from attending services or activities can help older individuals to grieve without developing persisting or crippling symptoms. Reducing leisure activities after the loss of a loved one was also correlated with higher rates of depression among older widows after the death of their husbands (Shear et al.). The direction of this affect is questionable, but most leisure activities involved socialization, so it would still behoove a survivor to continue leisure activities after a loss. Positivity and focusing on positive emotions was also a helpful in coping with a loss and remaining healthy. Helping behavior, or simply doing for others, in older adults was also correlated with better grief outcomes after a loss (Shear et al.). These coping mechanisms can be useful during bereavement treatment, or even with a loved one who has recently suffered a loss. Although these activities or behaviors were correlated for better success in older adults, they will likely also apply to all other age groups to some extent.

CONCLUSION

Although some research exists about bereavement and grief and their possible complications after a loss, the general population and many healthcare providers are still unaware of the importance of caring for those in bereavement. By understanding the terminology and nuances between different mental health conditions that have similar complaints and emotions, healthcare professionals can better care for specific grief-related symptoms. Developing defined criteria for complicated grief, as well as a standardized protocol for diagnosis and treatment, is the proper next step in advancing and promoting care for grievers. This change will be facilitated once complicated grief and bereavement are considered diagnoses apart from depressive-related conditions.
More research needs to be conducted on the best methods of treatment for older adults with complicated grief. Their symptoms as well as responses to therapy are unique, and they must be understood when developing a treatment. According to current literature, group therapy specific to complicated grief (versus general grief) is most effective when treating older adults. Public health professionals must encourage physicians, the most sought after yet ineffective resource for support, to refer patients to viable group treatment therapies for optimal success after a loss.

It is difficult to determine conclusively whether older adults are more likely to suffer from complicated grief than younger adults. I assert that they are more likely to develop complicated grief or bereavement, because they are more susceptible to many risk factors such as multiple losses and cumulative loss than their younger counterparts. The discussion of cumulative loss while aging, not including the loss of people, is imperative when looking at the mental and emotional health of an older adult in their later years. Although these changes may occur more subtly, we cannot overlook their ability to compound the effects of grief. Although younger individuals may not have personally experienced as much loss as older adults do, we must not ignore the potential to cause harm and decrease quality of life.

The consequences of unresolved complicated grief are severe for older adults, and they can even become detrimental to their health and can shorten life. Finding a way to integrate complicated grief therapy with coping with cumulative loss would give older adults the best chance of maintaining quality of life until the end of life. Overall, developing complicated grief is ultimately dependent upon the individual. While older adults are faced with many losses and changes while aging, some individuals are resilient
and able to adapt successfully. It is important that future research pinpoint situations that may prevent or hinder our elders from coping with loss.
References


