

**Family Factors that Affect
The Resolution of Grief
In Older Persons**

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Statement of the Research Problem

This research study examined family factors that affect the resolution of grief in widows and widowers 60 years of age or older. A family systems approach was used, looking at intergenerational relationships, and how they helped or hindered the grief process, one to six years after the death of a spouse. Special focus was given to the differences between men and women, and between younger subjects, age 60 to 74, and older subjects, age 75 and older. Olson's Circumplex Model of Families, Faces III Inventories, was used as the framework. The primary factors that the Circumplex Model measured were cohesion and adaptability in families. Additional factors related to family relationships and communication patterns were examined.

Difficulty in the resolution of grief was the dependent variable in this study. Resolution of grief was defined as the working through of the grief and mourning processes as measured by Faschingbauer's Texas Revised Inventory of Grief, and the level of depression measured by Yesavage's Geriatric Depression Scale. Scores with high unresolved grief, and/or high depression scores indicated difficulty in resolving grief. This study viewed the grief scores and depression scores separately, as these factors had a correlation of $r = .18$, showing no significance.

The author undertook this study after identifying the fact that the bereavement literature generally excluded the elderly. When it did focus on them, the elderly were identified as anyone 60 and over, with no recognition that persons 60 years old were quite different than those 80. Men, for the most part, were ignored in the bereavement literature, and older men were not identified as a separate group. In her clinical work in mental health settings, the author clearly saw the impact of bereavement on the elderly, and felt that it was not significantly recognized or addressed.

The primary intention of this research was to study the bereavement experience of the older adult after the death of a spouse, in a family and intergenerational context. The second goal was to study the impact of bereavement on the older person, on his or her mental health,

and to examine the differences between older and younger seniors, and between men and women.

Research Questions

The overall problem addressed in this research was: Which family factors affect the resolution of grief in older adults? It was operationalized by twelve questions focusing on different factors which might impact on grief resolution. The first two questions used Olson's FACES III as their basis. The first question was: How do measures of adaptability and cohesion in the relationship between the widowed person and the children or siblings impact on the resolution of grief? Adaptability referred to the ability of the family system to change in response to stress. Cohesion referred to the emotional bonding in families. The next question was: how do the measures of adaptability and cohesion as reported by the surviving spouse in regard to his or her perceived marital relationship impact on the resolution of grief?

The third question addressed dependency in the marital relationship as it impacted on grief resolution. The fourth question looked at whether a close relationship with a grandchild affected the resolution of grief. The fifth question was: Does the lack of surviving siblings, or children have an impact on the resolution of grief?

The next three questions focused on communication ability. Question six asked: Does the existence of a confidant, someone to whom the subject can talk openly, and who will listen and understand, affect the ability to resolve grief? Question seven asked if the ability to talk to siblings or children about the loss impacted on resolution of grief scores, and question eight asked if the ability to talk to someone outside the close family had an impact.

Question nine addressed the gender of the surviving spouse, and question ten looked at age differences and the resolution of grief. Socio-economic factors were focused on in question eleven. In question twelve, additional factors such as length of marriage, length and type of illness, type of death, cause of death, current losses, health, and mental health history were also examined as to their impact on the resolution of grief.

Methodology

The subjects were 60 men and women between the ages of 60 and 88 who had been widowed between one and six years. Fifty per cent of the subjects had been married over 50 years. They were residents of the greater New York metropolitan area, and primarily of Jewish background.

A structured questionnaire was developed using Olson's FACES III's Family Inventory, with additional questions related to dependency, communication with family members and friends, other relationships, aspects of the illness of the spouse, depression and grief. Subjects were obtained mainly through social service agencies and senior citizen centers. The questionnaire was administered in person by the researcher and a trained research assistant; this process took about an hour and a half.

A one-way analysis of variance was performed with each factor. The independent variables of various factors formed categories, but the grief and depression scores were linear in type. In some instances, linear regression, correlation and Pearson's r were calculated. Data analysis was done using the SPSS/PC+ 4.0 package.

Results

Variables that predicted increased difficulty in resolution of grief were: couple scores that were high in cohesion, with high connectedness or enmeshment, $p = .007$; adaptability, with scores high in the chaotic range, $p = .035$; and dependency, $p = .0313$. Scores related to the relationships with siblings or children were not significant. The variable that predicted lower depression scores was that referring to the existence of a confident other than a close family member, $p = .002$.

A profile was developed of the widowed person who was more successful in the resolution of grief: one who showed moderate ability to talk to his or her children about the loss, coupled with great ability to talk to or confide in an "other," not a close relative. Those who either were unable to talk to their children, or who talked a great deal to them about their loss, did not fare as well. One additional factor that predicted lower scores of unresolved grief was that of participation in a support group during the period in which the spouse was ill. Those who participated showed a significantly lower score than those with no services.

Women had the highest depression scores, and when subjects were grouped by age and sex, the women in the younger age group, 60 to 74, had the highest scores in both difficulty in grief resolution and depression. The women in the 75 and older group had lower unresolved grief scores, but still had moderately high depression scores. Men over 74 had grief scores very close to the younger women, but their depression scores were quite low. Men in the 60 to 74 year range had moderate unresolved grief and depression scores. Although the women showed the highest depression scores, the men in the 60 to 74 year range seemed to be at risk for depression. This is a group which had to deal with what they saw as an unexpected death of their spouse, having thought that their wives would outlive them.

Utility for Social Work Practice

The research undertaken here points the way to a deepening understanding of the complicated bereavement experience for the older adults in our lives and practice. It is hoped that this research will encourage social workers to recognize the importance of understanding how older adults cope with loss, with a focus on intergenerational relationships, and with specific recognition of the differences between men and women, and between the younger and older seniors. Recognition should be given to the fact that the subgroups of older adults grieve differently. It is important to understand that it is very difficult for older persons to cope with the loss of the most beloved person in their life, no matter how emotionally strong they have been in their past. Even with the most supportive family, older widows and widowers often need additional help. Depression is frequently a factor in recovering from grief, and women are the most vulnerable. It is essential that the profession sensitize itself to this, so that proper clinical care can be provided. Ways should be developed to reach out to the male widowers, since they often do not engage in the same senior activities as older women.

The result that showed that those subjects who received group support during the time prior to the spouse's death had lower unresolved grief scores confirms the importance of group intervention. It is essential for social workers to provide this type of service, since it has so dramatic an effect. This research bolsters the importance of preventive work in the field of bereavement. The fact that the existence of an "other," to whom the senior can confide and talk to openly, as well as participation in a support group, enable the older adult to deal more successfully with grief, can be seen as supporting the importance of bereavement counseling for older adults.

The social work profession should embrace this form of intervention, for it is usually social workers who are there when the older adult loses a spouse: in the hospital setting, the senior center, supportive housing programs and Meals on Wheels programs. Groups organized on site in senior centers, or counseling provided to home bound seniors, just to listen, can be extremely helpful, as this research indicates. This is a situation where a "little" can go a long way, possibly preventing the development of severe clinical depression.

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