

How People in Old Age Grieve

In this briefing report the historical and contemporary theories modeling grief are critically discussed as well as the interventions that have been developed from the insights provided by the theory.

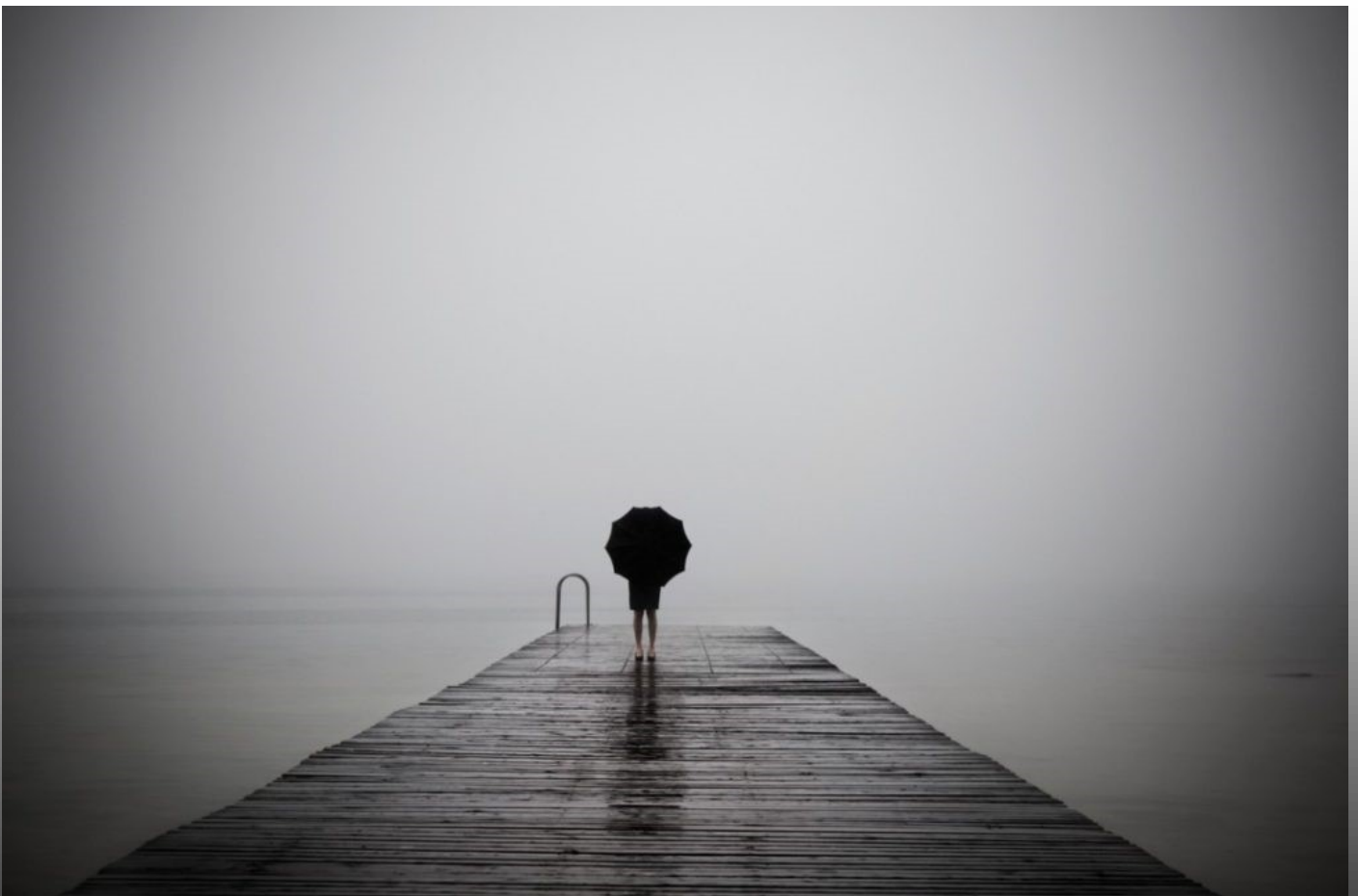




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Introduction

Studies examining the stresses in later life show that the death of a loved one is of the most widespread issues that older adults face (Hardy, Concato & Gill 2002; Murrell et al 1984). Rosenzweig et al (1997) showed that half of all women and 10% of men over the age of 65 have lost a spouse, this number rises to 80% of women and 40% of men once they reach the age of 85. These figures do not account for the loss of loved ones beside spouses, such as siblings or friends. Psychology has developed many theories that attempt to conceptualise the process of grieving and understanding bereavement and how it impacts on old people (Neimeyer & Holland 2015).

This paper will critically discuss these theories as well as interventions that have been developed from those theories, examining which would be best for the increasingly elderly population of the world.

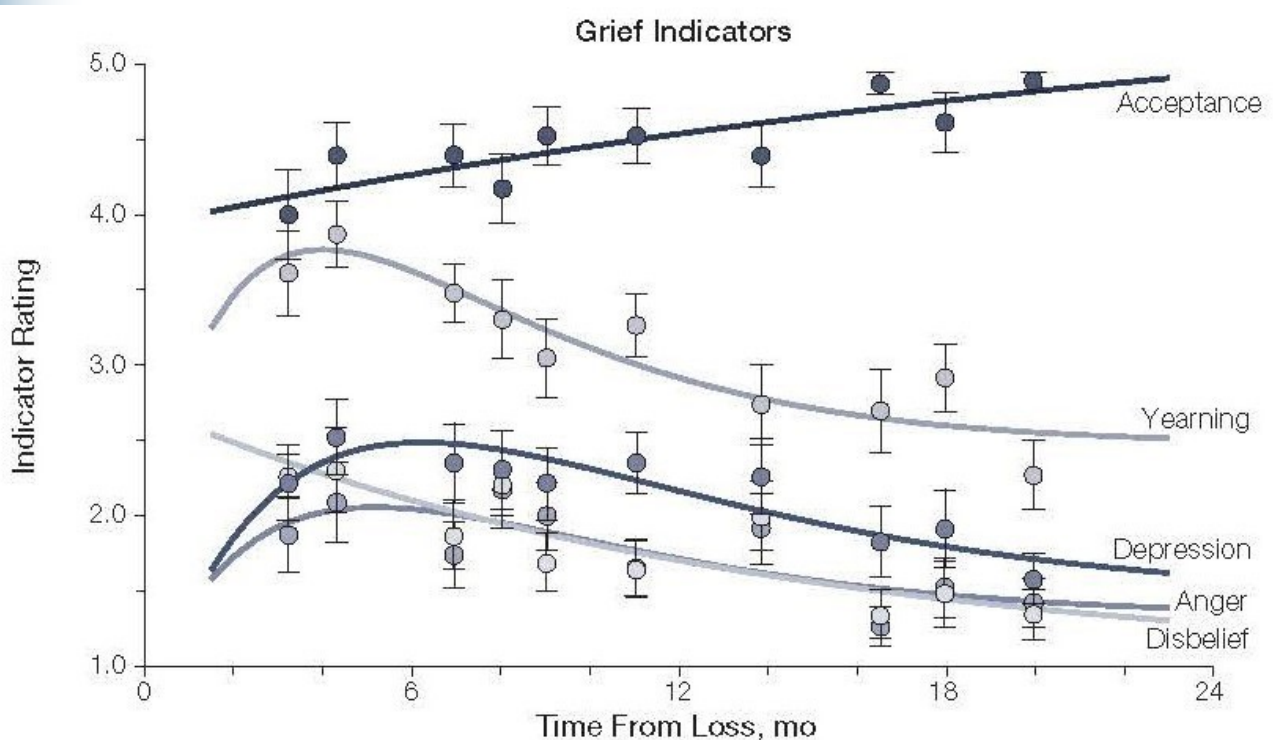


Stage Theory

Downe-Wamboldt & Tamlyn (1997) showed that the belief that grief progressed in stages was widespread amongst professionals, beginning with shock or denial, then anger, protest, depression and finally, ideally reaching recovery, acceptance or some other similar phrase. However, contemporary research seems to indicate that this model may not be an accurate representation of grief. Maciejewski, Zhang, Block & Prigerson's (2007) results showed that although the traditional stages (disbelief, yearning, anger, depression, acceptance) progressed in the correct order the degree to which participants reported feeling them was not.

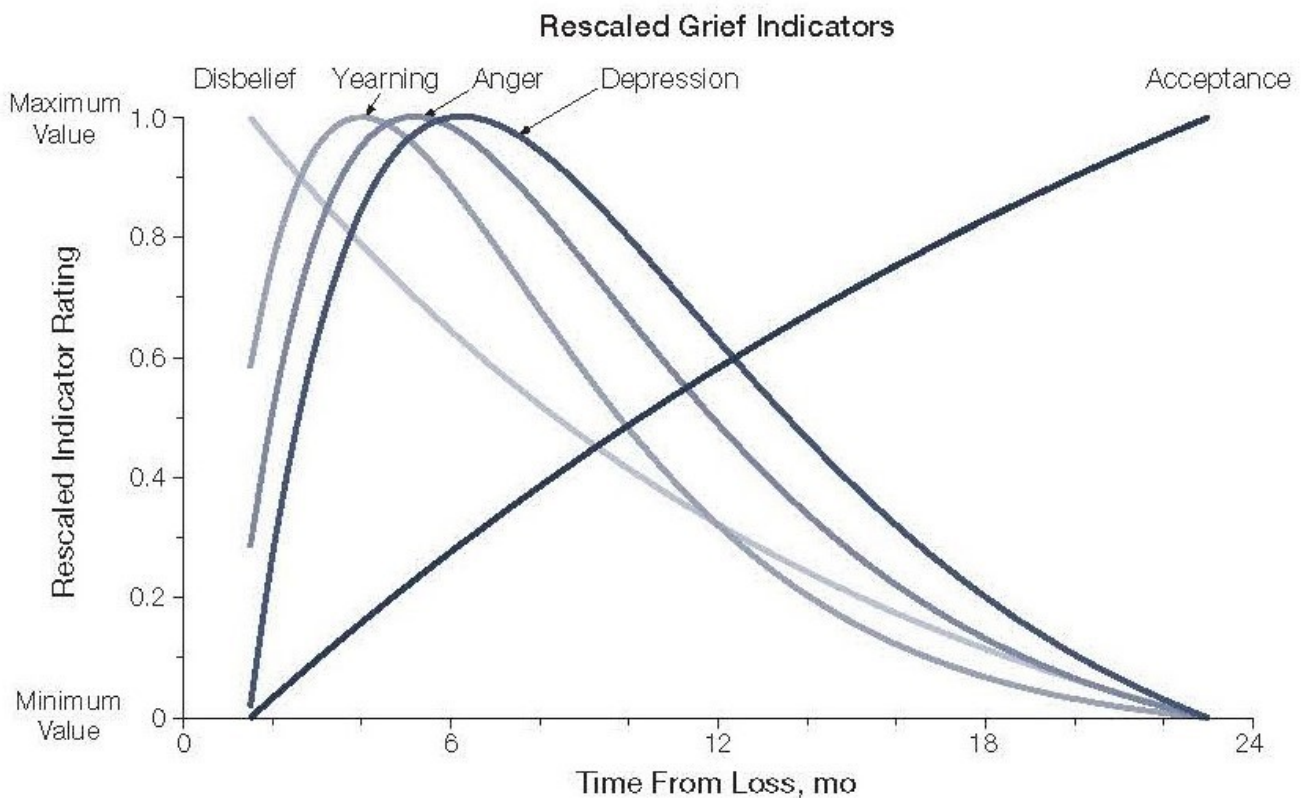


The researchers asked participants to answer items which measured disbelief, yearning, anger, depression, acceptance from 1 to 24 months post loss. The measurement participants scored highest on throughout the process was acceptance even at the beginning of the measurement process.



Stage Theory

In order to perceive in which order the stages occurred the researchers restructured their graph to show when each element reached its highest score.



This does not account for what dominant emotion a bereaved person may feel at any point during the grieving process. A flaw of this research is that it only measured using the five stages they expected to see, allowing for the possibility of more stages unmeasured by the researchers. From the participants perspective they are being asked to describe their feelings but only being given 5 metrics with which they are expected to summarise the entirety of their feelings about the loss of their loved one, there may have been many other complex emotional factors at work rather than simply 5 stages. Overall this casts doubt on the validity of stage models as a method of modelling the grieving and bereavement process.



Grief Work

Stroebe (1992) showed that it was commonly believed in western culture that grief needed to be “worked through” in order to be properly processed and avoid complicated grief. This belief may be unfounded in psychological research (Wortman & Silver (2001). The concept of “grief work” originates with Freud (1957) who believed that grief and bereavement were a process of detachment where the bereaved detach and withdraw from the world in order to detach from the deceased, thus ending their bond with them (Freud 1957).

The practice of repeated reviews of the loved one’s death, confronting and experiencing the pain of their loss in order to detach from the deceased (Sanders 1999; Rando 1993; Worden 1991) does not seem to be supported by evidence.

Grief Work



Wortman & Silver (2001) could find no research that tested the value of “working through” the loss of a loved one as a method of avoiding complicated grief, reducing the degree of pain experienced or the length of time spend grieving. Wortman & Silver examined parents who had lost a child to Sudden Infant Death Syndrome (SIDS) and showed that those who spent more time trying to make sense of the death or actively processing it in the first three weeks were more distressed 18 months later than those who had not. This seems to contradict the grief work model which predicts that those who confront the painful questions and review the death should process the death better than those who did not. Similarly, Nolen-Hoeksema et al (1997) examined gay men who had lost their partners to AIDS and showed that those who thought about their life without their partner and the changes to their lives as a result of their loss had a more positive morale shortly after the death of their partner but they also showed more persistent depression over the 12 months following the loss. This, again, seems to show that trying to “work through” the grief of losing a loved one is not an effective strategy for managing grief.

Two-Track Theory

This model conceptualizes grief as having two tracks that a bereaved person must negotiate simultaneously. The first is biopsychosocial functioning, factors such as the person's physical health, their capacity to work, their behaviour socially and their overall mood, the second is the bereaved person's relationship to the deceased, during life as well as their relationship after the loss (Rubin, 1999; Rubin, Malkinson, & Witztum, 2003). From a practitioner's perspective this model has an advantage over most others as it can model issues that interfere with a participant's biopsychosocial functioning as well as issues that interfere with a participant's relationship to the deceased (Rubin, Malkinson, & Witztum, 2011).



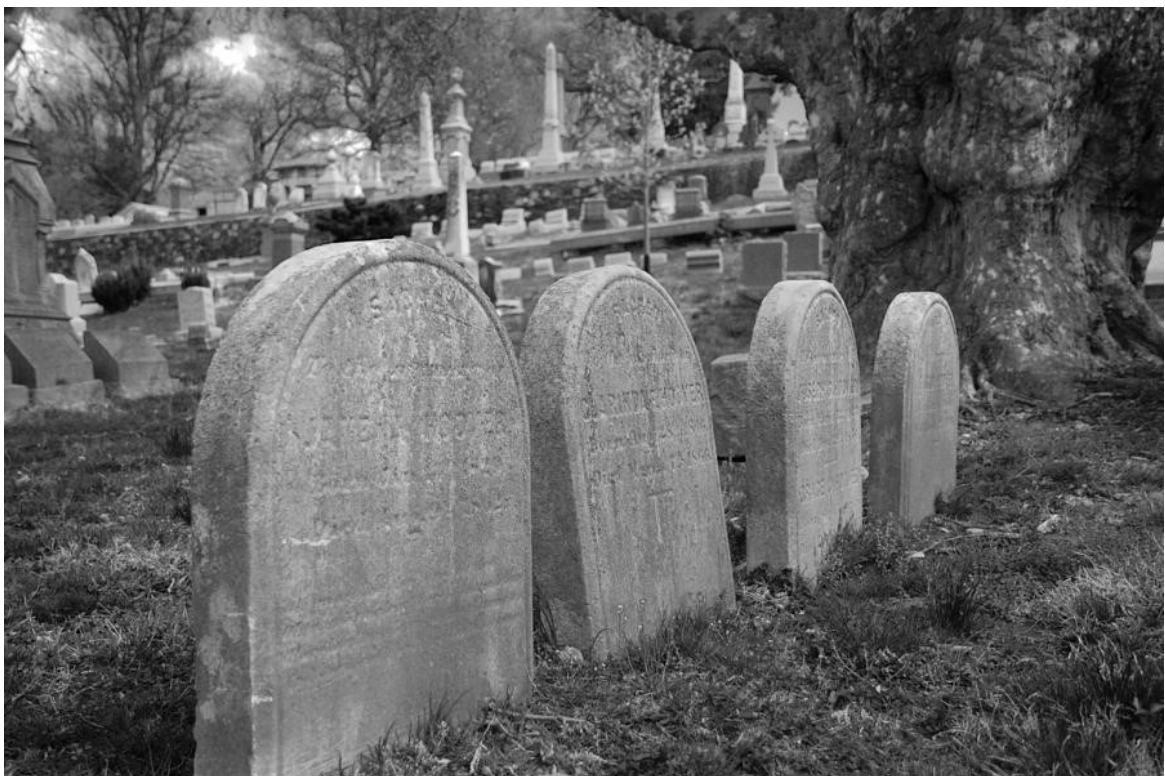
Two-Track Theory



Certain behaviours that maintain a relationship with the deceased have been reported to lead to more positive grief outcomes (Datson & Marwit 1997; Field et al., 2003; Hedtke & Winslade, 2004). Using the deceased as a source of inspiration and values to live by after their death seems to be associated with a reduction of negative impacts due to bereavement (Hedtke & Winslade, 2004). Reporting feeling the “presence” of a lost loved one as well as being able to have inner conversations with the deceased person also seem to be associated with a reduced negative impact due to bereavement (Datson & Marwit 1997; Field et al., 2003).

Two-Track Theory

Research also shows that some other behaviours do not seem to have the same positive effects on the outcomes of grief (Field, Gal-Oz & Bonnano, 2003; Field, Gao & Paderna 2005). Field et al (2003, 2005) show that proximity seeking behaviours, such as, the presence of the possessions of the deceased needing to be present in order for the bereaved to feel close to their lost loved one as well as frequent visits to the graveyard where the deceased is buried are associated with more negative grief outcomes. Field et al (2003, 2005) also stated that bonds that resulted in unwelcome sensory hallucinations of the lost loved one's presence as well as preoccupation were associated with negative grief outcomes. It seems therefore that there is a deciding factor on whether a behaviour maintaining the relationship between the bereaved and the deceased is beneficial to mourners, this factor may be how the loss interacts with the bereaved person's sense of self-narrative (Neimeyer, Baldwin & Gillies 2006).



Narrative Theory

Neimeyer (2001) defines the narrative approach to grief management as an attempt to reconstruct or reaffirm the bereaved world of meaning which has been challenged by the loss. Neimeyer & Holland (2015) state that the self-narrative of the bereaved is frequently undermined by the loss of a loved one. The self-narrative, as described by Neimeyer (2004), is the cognitive-affective-behavioural structure which organises our daily “micro-narratives” into a “macro-narrative” that spans our entire lifetime. The “macro-narrative” guides our actions on our social stage, establishes our goals as well as our characteristic range of emotions and grants us our evolving sense of identity. Janoff-Bulman & Berger (2004) detail how the death of a loved one could compromise core assumptions that act as a foundation to a bereaved person’s sense of self as well as assumptions that form the core of their world view. The death of a loved one, in this model, is not something that is recovered from but something that becomes a part of the bereaved person’s self-narrative, and changing it, whether those changes be minor or major (Neimeyer & Holland 2015).



Narrative Theory

Evidence to support the narrative theory can be found in Coleman & Neimeyer's (2010) research. They found that older widows who didn't find meaning early in the bereavement process showed greater symptoms of depression as well as symptoms of grief in the first few years after the loss. Coleman & Neimeyer also found that those widows who were able to traverse the unwelcome transition by finding meaning in the loss reported higher levels of joy, pride as well as wellbeing 48 months later.



Reworking Continuing Bond

Using the meaning reconstruction model (Neimeyer 2011) and the two-track theory (Rubin et al 2011) a number of intervention techniques have been developed in order to rework the bond between the bereaved and the deceased rather than trying to end the bond. Gamino (2012) suggests the use of a family photo album in facilitated review as a method of accessing positive memories of the life with the loved one and consolidating them as a form of reflective procedure. Hedtke (2012) suggests encouraging patients to tell the stories of their loved one to receptive people as a method of allowing the relationship to develop a resistance to social banishment and taboo. Shear et al (2005) states that the inclusion of these methods in grief therapy protocols are demonstrably effective and that they may be particularly effective when used with older adults, as maintaining their relationship to loved ones lost is particularly relevant to them.



Neimeyer et al (2006) examined how continuing bonds impacted on complications in bereavement and seemed to show that simply maintaining the bond to the deceased was not enough. Neimeyer et al's findings suggested that those with strong continuing bonds with the deceased can be predicted to have higher levels of separation distress as well as traumatic distress but only if the bereaved could not make sense of the death. Neimeyer et al's (2006) research seems to state that in order for a continuing bond to be beneficial to the bereaved then the bereaved must make sense of the death and find meaning in it.



Reconstructing Meaning

Neimeyer, Burke, Mackay & Stringer (2010) describe this intervention as the process of encouraging a bereaved person to try to find meaning in both the loss itself as well as how they live their lives from the point of loss onward. It has its basis in the narrative theory and has many potential forms of application, for example analogical listening (Neimeyer 2012a) or virtual dream stories (Neimeyer, Torres & Smith 2011). Lichtenthal & Neimeyer (2012) described what might be the most direct application of the meaning reconstruction model in journaling protocols.

Reconstructing Meaning

Lichtenthal & Cruess, (2010) reported that participant directed to complete a writing task showed an intervention effect on posttraumatic stress, depressive and prolonged grief symptoms up to three months after completion. They also reported that over time the physical health of their participants had improved in every treatment group. Though Lichtenthal & Cruess had many encouraging results their study was not without limitations. Their participants were primarily healthy bereaved undergraduates who did not report much distress or symptoms of prolonged grief disorder, this raises questions regarding the intervention's ability to effectively deal with patients who do report high levels of distress or symptoms of prolonged grief disorder. To their credit they also reported that the participants perceived directed meaning-making interventions as more effective than non-directed writing and that using journaling protocols may be particularly effective at allowing the bereaved to find meaning in their loss. This also means that because journaling is seen in a positive light it may be particularly effective for particularly vulnerable people.





Conclusion

In conclusion, the stage model and the grief work model do not seem to be the most effective ways to combat the negative aspects of grief. More contemporary theories such as the two-track model recommend maintaining the bond between the bereaved and the deceased. This however does not seem to consistently improve the circumstances of the bereaved and may in some cases negatively impact the mourner (Field, Gal-Oz & Bonnano, 2003; Field, Gao & Paderna 2005). According to the research of Neimeyer, Baldwin & Gillies (2006) the self-narrative of the mourner is what determines if their relationship with the deceased has a positive or negative impact on them. This suggests that future research should focus on the narrative model, with particular emphasis on developing new interventions and refining the interventions that have already been discussed. Particular care must be taken to make sure the interventions are appropriate for the elderly population as they are particularly likely to lose those closest to them.

References

- Coleman, R. A., & Neimeyer, R. A. (2010). Measuring meaning: Searching for and making sense of spousal loss in late-life. *Death Studies*, 34(9), 804-834.
- Field, N. P., Gal-Oz, E., & Bonanno, G. A. (2003). Continuing bonds and adjustment at 5 years after the death of a spouse. *Journal of consulting and clinical psychology*, 71(1), 110.
- Field, N. P., Gao, B., & Paderna, L. (2005). Continuing bonds in bereavement: An attachment theory based perspective. *Death studies*, 29(4), 277-299.
- Freud, S. (1957). Mourning and melancholia. In *The Standard Edition of the Complete Psychological Works of Sigmund Freud, Volume XIV (1914-1916): On the History of the Psycho-Analytic Movement, Papers on Metapsychology and Other Works* (pp. 237-258).
- Hardy, S. E., Concato, J., & Gill, T. M. (2002). Stressful life events among community-living older persons. *Journal of General Internal Medicine*, 17(11), 841-847.
- Hedtke, L. (2012). *Bereavement support groups: Breathing life into stories of the dead*. Taos Institute Pub..
- Janoff-Bulman, R. (2004). Posttraumatic growth: Three explanatory models. *Psychological inquiry*, 15(1), 30-34.
- L. DATSON SAMUEL J. MARWIT, S. U. S. A. N. (1997). Personality constructs and perceived presence of deceased loved ones. *Death studies*, 21(2), 131-146.
- Lichtenthal, W. G., & Cruess, D. G. (2010). Effects of directed written disclosure on grief and distress symptoms among bereaved individuals. *Death Studies*, 34(6), 475-499.
- Lichtenthal, W. G., & Neimeyer, R. A. (2012). Directed journaling to facilitate meaning-making. *Techniques of grief therapy: Creative practices for counseling the bereaved*, 165-168.
- Maciejewski, P. K., Zhang, B., Block, S. D., & Prigerson, H. G. (2007). An empirical examination of the stage theory of grief. *Jama*, 297(7), 716-723.
- Murrell, S. A., Norris, F. H., & Hutchins, G. L. (1984). Distribution and desirability of life events in older adults: Population and policy implications. *Journal of Community Psychology*, 12(4), 301-311.
- Neimeyer, R. A. (2001). *Meaning reconstruction & the experience of loss*. American Psychological Association.
- Neimeyer, R. A. (2004). Fostering posttraumatic growth: A narrative elaboration. *Psychological inquiry*, 15(1), 53-59.
- Neimeyer, R. A. (2011). 21 Reconstructing Meaning in Bereavement. *Maggie Watson*, 247.
- Neimeyer, R. A. (Ed.). (2012). *Techniques of grief therapy: Creative practices for counseling the bereaved*. Routledge.
- Neimeyer, R. A. (Ed.). (2012). *Techniques of grief therapy: Creative practices for counseling the bereaved*. Routledge.
- Neimeyer, R. A., & Holland, J. M. (2015). Bereavement in later life: Theory, assessment, and intervention. In *APA handbook of clinical geropsychology, Vol. 2: Assessment, treatment, and issues of later life*. (pp. 645-666). American Psychological Association.

References

- Neimeyer, R. A., Baldwin, S. A., & Gillies, J. (2006). Continuing bonds and reconstructing meaning: Mitigating complications in bereavement. *Death studies*, 30(8), 715-738.
- Neimeyer, R. A., Burke, L., Mackay, M., & Stringer, J. (2010). Grief therapy and the reconstruction of meaning: From principles to practice. *Journal of Contemporary Psychotherapy*, 40, 73-83.
- Neimeyer, R. A., Torres, C., & Smith, D. C. (2011). The virtual dream: Rewriting stories of loss and grief. *Death studies*, 35(7), 646-672.
- Nolen-Hoeksema, S., McBride, A., & Larson, J. (1997). Rumination and psychological distress among bereaved partners. *Journal of personality and social psychology*, 72(4), 855.
- Rando, T. A. (1993). *Treatment of complicated mourning*. Research Press.
- Rosenzweig, MD, MPH, A., Prigerson, PhD, H., Miller, MD, M. D., & Reynolds III, MD, C. F. (1997). Bereavement and late-life depression: Grief and its complications in the elderly. *Annual review of medicine*, 48(1), 421-428.
- Rubin, S. S. (1999). The two-track model of bereavement: Overview, retrospect, and prospect. *Death studies*, 23(8), 681-714.
- Rubin, S. S., Malkinson, R., & Witztum, E. (2003). Trauma and bereavement: Conceptual and clinical issues revolving around relationships. *Death studies*, 27(8), 667-690.
- Rubin, S. S., Malkinson, R., & Witztum, E. (2012). *Working with the bereaved: Multiple lenses on loss and mourning*. Taylor & Francis.
- Rubin, S. S., Malkinson, R., & Witztum, E. (2012). *Working with the bereaved: Multiple lenses on loss and mourning*. Taylor & Francis.
- Sanders, C. M. (1999). *Grief: 7% mourning after* (2nd ed.). New York John Wiley & Sons.
- Shear, K., Frank, E., Houck, P. R., & Reynolds, C. F. (2005). Treatment of complicated grief: a randomized controlled trial. *Jama*, 293(21), 2601-2608.
- Stroebe, M. (1993). Coping with bereavement: A review of the grief work hypothesis. *OMEGA-Journal of Death and Dying*, 26(1), 19-42.
- TAMLYN, B. D. W. D. (1997). An international survey of death education trends in faculties of nursing and medicine. *Death studies*, 21(2), 177-188.
- Winslade, J. (2004). Lorraine Hedtke, MSW, ACSW, CISW (Vitas Hospice).
- Worden, J. W. (2018). *Grief counseling and grief therapy: A handbook for the mental health practitioner*. Springer Publishing Company.
- Wortman, C. B., & Silver, R. C. (2001). The myths of coping with loss revisited. *Handbook of bereavement research: Consequences, coping, and care*, 405-429.

Narrative Model

Coleman & Neimeyer's (2010) research also supports the narrative model. Coleman & Neimeyer showed that older widows who found it difficult to draw meaning from their loss early during the bereavement process also reported higher rates of depression and grief symptoms in the first years after the loss. Those widows who displayed less difficulty in finding meaning in the loss of their loved one reported more pride, joy and wellbeing up to 48 months after the loss.

Instead of expecting a bereaved person to pass through stages or to detach from their deceased loved one the narrative model posits that grief is not something that is cured or worked off, it is something that changes and becomes a part of the self-narrative of the bereaved (Neimeyer & Holland 2015).



Reconstructing Meaning

The Meaning Reconstruction method is described as an intervention in which mourners are encouraged to find meaning in the loss of their loved one and how it has changed their lives for the future (Neimeyer, Burke, Mackay & Stringer 2010). Based on the Narrative Model Meaning Reconstruction is an intervention that can take many forms, such as virtual dream stories (Neimeyer, Torres & Smith 2011) or analogical listening (Neimeyer 2012a). The most direct application of the principles found in the narrative model are the journaling described by Lichtenthal & Neimeyer (2012). People who were asked to partake in a directed writing task showed significantly less symptoms of posttraumatic stress, depression and prolonged grief up to three months after completing it (Lichtenthal & Cruess, 2010). Lichtenthal & Cruess, (2010) also showed that the physical health of their sample improved as the treatment went on, but this perhaps reveals some of the limitations of the study.

The researchers used bereaved undergraduates who were primarily healthy as participants who did not show high levels of distress or prolonged grief disorder. This creates uncertainty whether interventions based on meaning reconstruction would be effective with people who have prolonged grief disorder or where experiencing a lot of distress. On the other hand Lichtenthal & Cruess, (2010) also showed that the participants of their study felt that meaning-making interventions were more effective than other writing interventions, suggesting that they perceived the meaning-making protocol as more effective. This factor could be particularly useful with vulnerable populations such as the elderly.



How People in Old Age Grieve

Psychological theories of Grief and how they interact with the elderly

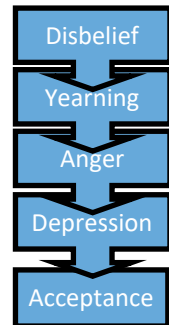


By Gruff Evans

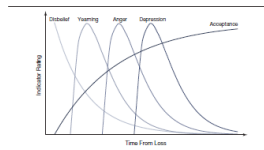
Stage Model

The stage model has been widely believed by both professionals and the public to be the best model that psychology has to conceptualize grief (Downe-Wamboldt & Tamlyn, 1997; Kubler-Ross, 1969).

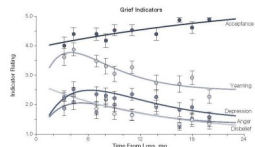
Research shows that the Stage model is not supported by the evidence (Maciejewski, Zhang, Block & Prigerson, 2007).



The researchers developed a graph of what the stage theory predicts a mourning person would feel in the months following the death of a loved one.



But their results showed that this prediction was not accurate.



Though they showed that if they rescaled the graph to show when each variable reached its peak that they did so in the predicted order this does not account for the fact that they only asked about these five variables. This meant that there could be more stages or the participants would have expressed their emotions in a way other than five stages if given the opportunity.



Grief Work

The other widely held belief surrounding grief is that it must be “worked through” (Stroebe, 1992). This idea stems from Freud’s (1957) concept “Grief Work”. Freud believed that grief was a process of detachment where the bereaved would withdraw from the world and end their bond with their dead loved one (Freud, 1957). Similarly to Stage theory the evidence does not seem to support the concept of “Grief Work” (Wortman & Silver 2001).

Evidence showing that “working through” the grief of losing a loved one reduced the amount of time spent grieving or the overall amount of pain or discomfort experienced could not be found (Wortman & Silver 2001).

Nolen-Hoeksema et al (1997) also cast doubt on the value of grief work when they showed that men who had lost their partners and had thought how the loss would change their lives showed a more positive morale than those who hadn’t shortly after their partners death, they also showed more persistent depression in the following 12 months.

This shows that the practice of grief work does not seem to be effective for alleviating some the negative aspects of grief.

Narrative Model

A newer more contemporary approach is the Narrative model, which sees the process of grief management as a way of reaffirming or reconstructing the self-narrative of the mourner (Neimeyer 2001).

The self-narrative is the our daily “micro-narratives” organised by a cognitive-affective-behavioural structure into the “macro-narrative” of our lives as a whole (Neimeyer 2004). The “macro-narrative” is what determines the actions we take in our social lives, allows for our evolving sense of identity as well as guides what our characteristic range of emotions is and what our goals in life are.

The research of Janoff-Bulman & Berger (2004) show how the loss of a loved one can impact the foundational assumptions that are vital elements in a person’s sense of self as well as the core of their worldview.

