EDITORIAL

Most deaths in the developed world now occur in old age. It follows that this is the time at which people most frequently suffer bereavement, and many of those who seek help from organisations for the bereaved are in this age group.

Despite this, much of the research on bereavement carried out in the past focused on younger bereaved people, or made no distinction between younger and older members of the populations considered. More recently this omission has been rectified by a number of excellent studies including those reported in Lund's book , *Older Bereaved Spouses* (London, UK: Hemisphere, 1989). Although this points out that 'The overall impact of bereavement on the physical and mental health of many older spouses is not as devastating as expected', several studies reveal that 10–17% of older spouses will develop clinical levels of depression during the first year. There is also evidence that elderly people who become depressed often remain depressed for longer than younger bereaved people. As most married women will one day be widows, this represents a considerable burden.

In this issue we publish a review of the field by two pioneers, Miriam and Stanley Moss, with papers by Steve Scrutton, who works in a residential home, and Judy Clark, a warden of sheltered housing. Between them, they provide a keen insight into the special problems of this age group and indicate the help needed.

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The impact of family deaths on older people

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Most clinical and research literature on bereavement examines family deaths, but there is a paucity of concern about the impact of these losses on old people. Furthermore, professional literature on old age tends to all but ignore death. We suggest that the lack of interface between gerontology and thanatology is a reflection of the devaluation of the elderly and their grief. This offers a challenge to the counsellors and caregivers of older people.

GENERAL THEMES

Although efforts to understand bereavement in old age have focused on widowhood, here we examine deaths of other family members which should not be overlooked. When long-term bonds have been significant in life, the impact of the death must also be significant.

Basic to the understanding of bereavement of older men and women is the fact that they are a heterogeneous group. There tend to be considerable individual differences in the expression of emotional upset, in the way that people think about the death, and in the impact of the loss on their day-to-day behaviour. Several general themes have emerged, however, which are of central concern to many older people. Two have particular relevance to counsellors who may work with elderly bereaved people:

- bereavement in the elderly occurs within the context of multiple and sequential losses
- an old person's grief is often disenfranchised.

EDITOR'S NOTE

Ken Doka's book, *Disenfranchised Grief* ', drew our attention to the fact that there are many life situations in which grief is ignored or its implications minimised. In this paper two noted American gerontologists argue that this is often the case in old age, a time when losses of many kinds are to be expected.

Multiple losses in old age

Old age is a time of many losses. In addition to the death of a spouse, elderly persons are often confronted by the death of age peers (eg siblings) as well as by kin from older and younger generations (parents and children). Also, many other losses potentially occur in old age: decline of physical health and mobility; loss of independence; reduced income; separation from familiar home or community surroundings; and a shrinking social network. Thus there may be a diminution of resources for meeting the stress of family bereavement.

Multiple, sequential deaths often occur in families. It may be that mas-

tery of previous losses strengthens one's ability to cope with later losses. After having experienced parents' deaths, as well as the death of other significant persons over the life course, one becomes acquainted with grief. Perhaps a sense of efficacy develops that facilitates future coping[2]. Conversely, the reaction to a new loss can be exacerbated by evoking intense feelings about earlier losses[3]. The impact of multiple losses can lead to bereavement overload, and thus weaken resilience. This may be particularly true when deaths are seen as off-time, sudden, and very close together. To date, research in non-clinical populations does little to unravel the impact of multiple deaths. The counsellor should try to explore and to understand the meaning of a death within the context of other losses.

Disenfranchised grief

In general, in the USA and many other western countries, bereaved people of all ages are encouraged to control expression of their emotions and to deny their grief. Societal ageism tends to devalue older people *vis à vis* younger people, and to devalue their bereavement as well. Doka[1] has described disenfranchised grief as related to a loss that is not, or cannot be, fully socially supported.

Consider sibling death, for example. Probably the most common kin death experienced by an older person is that of a sibling. In a large random USA sample, 10% of people aged 68 and over had had a sibling die in the previous year[4]. The bond with a brother or sister is often the longest family tie, yet those who are expected to be most affected by the death are members of the sibling's nuclear family – spouse or children. Thus there are few social supports for the bereaved elderly sibling. There is evidence that an older person whose sibling has died in the previous year will have lower self-rated health than one who has lost a spouse[4]. Siblings' perception of a shared genetic legacy can have a profound effect on the survivor's sense of self with an increasing threat of personal finitude (seeing their own death as more possible). Additionally, our research has suggested that sibling death may evoke a shift in the sense of family and a need to renegotiate family ties[5].

The death of an adult child is an all-too-frequent experience for elderly persons, particularly the death of an adult son for an aged mother. It is probably as true now as it was two decades ago, that of all women aged 65 and over with a living son, there is a one-in-four chance that the son will die before the mother[6]. Parents are expected to die before their children, and an adult child's death tends to shatter the parent's world view. There is often a deep sense of survivor guilt: 'I should have died, not my child.' When a child dies, the old person loses not only the immediate sense of connection but also the child's current or potential support and practical assistance. There is evidence that bereaved elderly parents are in poorer health and are more depressed than the non-bereaved population[7]. In a nursing-home sample, grief often persisted for decades after the loss of an adult child[8]. Although society recognises the untimeliness of the child's death, again, the depth of the elderly parent's loss is generally seen as secondary to that of the surviving spouse and child.

Also not to be overlooked is the increasingly common phenomenon of the death of the parent of an elderly person. In the USA, 10% of persons aged 65 or over have least one living parent. Grief over the death of the very old is in itself disenfranchised [9]. Thus, when an old person mourns the death of another old person there is a sense of double disenfranchisement of both the bereaved and the deceased. Clinical evidence from those attending support groups suggests that older people who have never been married and who feel that their grief is disenfranchised by their family and friends tend to have intense and persistent reactions to the death of a parent.

Old people often internalise societal expectations that their grief is less important than the grief of others[10]. They may express less grief than younger people not only because their grief is socially less acceptable, but also because as older people they expect to have repeated losses. Their grief may be tempered because they feel relieved and strengthened that they have survived, again being able to say 'It wasn't me!'.

COUNSELLING ISSUES

Although we have no evidence that older people have psychiatric problems in response to the recent death of a sibling or of a parent, nevertheless we suggest that these losses do have considerable personal significance. The death of an adult child, however, may be particularly problematic for the surviving parent[7]. When counsellors provide help to grieving younger family members, they should also recognise the grief of the elderly. The counsellor who acknowledges the older person's grief over these losses is basically confirming the value and selfhood of that person. Thus a counsellor can maximise support by exploring the impact of multiple losses and by enfranchising the grief reaction of the bereaved older person.

References

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FORTHCOMING EVENTS

Fifth International Conference on Grief and Berevement in Contemporary Society (with the 19th Annual Conference of Association for Death Education and Counselling). 25-29 June 1997. Washington DC, USA. Further details from ADEC Central Office, 638 Prospect Avenue, Hartford, CT 06105-4250, USA. ☎ (860) 586-7503. E-mail ADECoffice@alo.com.

Paediatric Palliative Care Conference. 14 March 1997. Edinburgh, UK. Contact Conference Secretariat, Index Communications Meetings Services, Crown House, 28 Winchester Road, Romsey, Hampshire SO51 8AA, UK. ☎ 01794 511331/511332.

London Evening Lectures: five meetings for busy professionals. 15 January-19 February 1997. London, UK. Apply to Cruse Bereavement Care, 126 Sheen Road, Richmond TW9 1UR, UK. ☎ 0181 940 4818.

Death, Dying, Bereavement and Loss: 10-week integrated training course. 5 March-14 May 1997. London, UK. Details from Jackie Buckler, Cruse Bereavement Care (Kensington and Chelsea), 7 Thorpe Close, London W10 5XL, UK. ☎ 0181 964 3455