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Member's Editorial

A Time to Grieve

Be-coming widowed is surely among life's most traumatic events. The sorrow of losing a spouse is unique in the human experience; gone is a partner and lover, helpmate and adviser. The fact that death can be anticipated – when it occurs at an advanced age or after a long illness – makes bereavement no less painful.

Part of the pain is emotional. I have heard people say that "they thought they would never get over it," so deep was their grief. And part of the pain has to do with our sense of self: without our life-long partner, it becomes necessary to redefine our place in the world. When one has been part of a couple for a very long time,



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the adjustment can seem impossible.

How do we handle the loss? How do we manage everyday tasks we used to do together? How do we regroup to face the world anew?

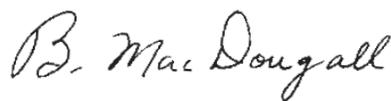
First, we need time to grieve and heal. The death of a spouse affects us emotionally, physically, spiritually. We need time to assimilate the loss and work through grief.

Then, there are practical decisions. We may have hesitated to make plans because we were reluctant to talk about death. Yet planning can reduce confusion, worry and legal entanglements. Couples who have faced the situation by

working out in advance funeral details, wills, financial planning, and alternative living arrangements are convinced that they have made adjusting to widowhood much easier for the spouse who will survive. Making such plans lets you talk things through with your most trusted adviser – your spouse.

Finally, we need support for the transition, to deal with grief and adjust to new circumstances. Family and friends can form an invaluable network for emotional support and practical help; support groups and professional help are also available.

Making the effort to go on after the death of a spouse is an individual struggle requiring great courage. But given time and the right kind of support, seniors can face the many changes spousal loss brings and find new paths to enjoy what life has to offer.



Bernice MacDougall
NACA Member
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Bereavement: A Life Passage

We call widowhood an expected life event for several reasons. When we're younger, widowhood seems distant and abstract but as we age, it starts to appear more concrete: friends or siblings are widowed, our spouse becomes seriously ill, we reach the age said to be a Canadian's average life expectancy.

Most marriages end with the death of one of the spouses, usually when both partners are in their senior years. Widows and widowers accounted for 6.4% of all Canadians age 15 and over in 1996 but for 32.5% of everyone age 65 and over.¹

A woman's story

Widowhood can happen to both men and women at any age, but because women generally live longer than men, 80% of the 1.5 million widowed people in Canada are women. More than 75% of them are age 65 or older. The absolute numbers are just as striking: more than 1 million widows over age 60 and 208,000 widowers.

Along with their longer life expectancy, women tend to marry men a few years older than themselves and are less likely to remarry after being widowed or divorced.² Women's average age at widowhood and average duration of widowhood are also rising.

Not only are the numbers different for widows and widowers, so are the lifestyles. **Barry McPherson** studies individual and population aging. He reports that women are more likely than men to have a large peer group for social and emotional support. They also tend to have closer ties with their children, especially daughters. Though men are no less vulnerable to grief, widowers are more likely to be isolated from their families. Widowed men are generally older and in poorer health, but they also tend to have greater financial resources and opportunities for remarriage if they choose. These differences may narrow as women with higher levels of education, job experience, and financial resources age and become widows.³

Bereavement experiences vary widely. Adjusting to widowhood usually involves an initial period of shock and numbness, then a time when pressing practical matters are a priority. Working through the grief process may take two years or more, while redefining an individual and social identity and settling into a new way of life often take a few years longer.

What is 'normal' grief?

Grief is the human response to significant loss. Grief does not follow a fixed timetable or list of symptoms. Normal feelings include shock, numbness,

sadness, anger, remorse, resentment, guilt. You may hear the voice of the person who died, have flashbacks to the funeral or to moments before the death, or think you see the person on the street. Difficulty concentrating and remembering is common, as are irrational thoughts and changes in sleep patterns and appetite.

This severe emotional distress may take months to dissipate. Then, periods of feeling better may be interrupted by renewed sadness. Even when things seem to be getting back to normal, the heartache may return when you realize that the new 'normal' is not the same as the old 'normal' – the death of a long-time partner changes things forever.

For some, bereavement starts before death. Learning that a spouse has a terminal illness or dementia often prompts anticipatory grief. When death comes, the bereaved person may feel relief, sometimes accompanied by guilt or remorse about the quality or source of care the spouse received before death.

Compounding this may be 'shadow grief' resulting from losses experienced before the spouse's death – perhaps the death of a parent or child, or even less easily recognized losses, such as reduced independence, declining health, or damaged self-esteem arising from changes accompanying aging.

Finding support

During the initial mourning period it is important to recognize that

- ◆ each person has the right to grieve in their own way and their own time
- ◆ most people return to daily routines after 2 to 4 months, but healing often takes longer
- ◆ help to deal with grief is available if wanted
- ◆ persistent, debilitating grief may require professional help

The initial shock has worn off. Urgent matters have been settled. This time can be especially difficult. Friends and family have gone back to their lives, but the bereaved person sees only emotional turmoil ahead. This is when it is especially important, says grief counsellor **Cheryl McQueen**, to find ways to *ventilate, validate, vocalize, and normalize* your grief. The one thing not to do is *minimize* your grief.⁴

For some, help to vocalize, validate and normalize grief comes from a support group. This has two main benefits. First, group members help newcomers see their feelings as a valid and normal response to loss – they're not unusual or crazy! Second, ventilating and vocalizing – talking openly about sadness, anger and other feelings – is the first stage in reaching an

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understanding of the loss and how it's affecting you. A support group is a confidential, friendly setting for talking with others who've had similar losses, finding emotional support, and sharing ideas about working through grief and coping with life.

Local seniors' centres or councils will likely have the names of bereavement support groups. Or talk to your family doctor, spiritual adviser, or mental health professional.

If you have trouble opening up to strangers, a support group may not be for you. Or perhaps you feel that attending a support group is a sign of weakness or inability to cope on your own. In this case, a trusted friend or spiritual adviser may be able to provide compassionate listening. Professional counselling or therapy might be helpful. Or personal work in the form of reading and writing about grief, contemplation, meditation or physical activity may help resolve grief.

And make no mistake – whether done in a group or in a more private way, grieving is hard work, demanding physical, emotional and spiritual energy. But one way or another, grief must be resolved, for unresolved grief erodes our mental and physical health and eventually our capacity to function as independent human beings.

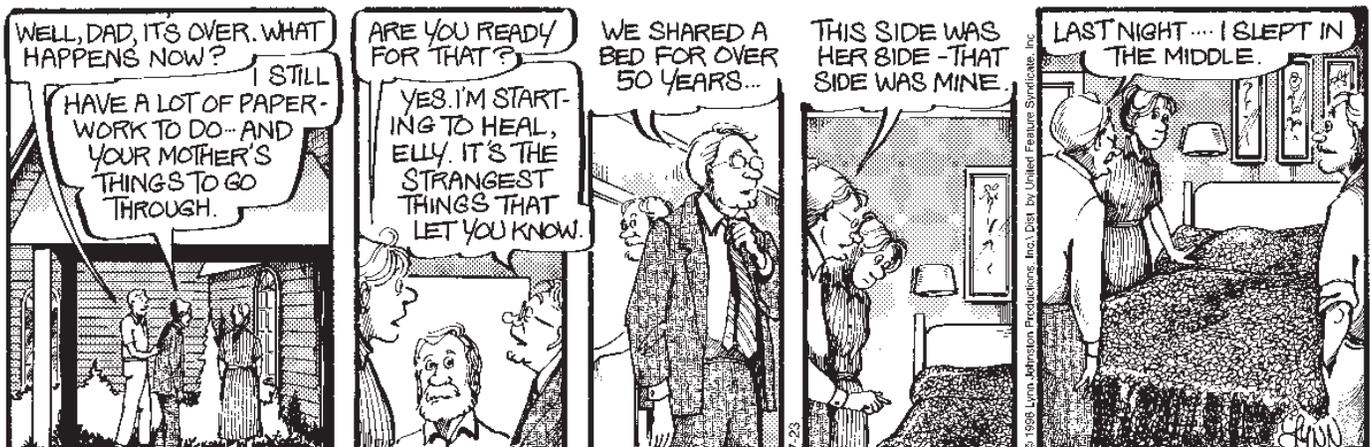
Consequences and adjustments

Not only do men and women have different chances of being widowed, some studies suggest they also experience bereavement and adjust to widow(er)hood differently. The stereotypical view is that women have to shoulder new obligations for managing money and maintaining house, yard and car, while men have to learn how to boil an egg and maintain social contact with family and friends.

“She cries, he sighs” is how one counsellor sums up

differences in male and female grieving patterns.⁵ British researchers suggest that disparities arise from social expectations: it is acceptable for women, but not for men, to cry and express grief openly, which helps them work through and get beyond grief.⁶ But in another study of bereaved people, both men and women said missing their spouse was their biggest problem; at the same time, both women and men thought that the biggest problem for the opposite sex would be learning to cope with practical matters formerly handled by the spouse who had died.⁷

As if grief is not enough to deal with, death precipitates dozens of chores – settling the estate, applying for death benefits, filing insurance claims and tax returns, notifying various authorities. Then there are decisions about where to live and with whom, how to handle new responsibilities and, for many women, how to live on a lower income.⁸



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Planning and information gathering can ease the adjustment process for the surviving spouse, at least as far as practical matters are concerned (see box). Planning may not allay the emotional impact, but it can help avoid compounding grief by reducing the number of decisions needed at a time when decision-making is hard.

Spouses can also plan financially to enable the surviving spouse to afford the preferred living arrangement. Keep the house or move to an apartment? Move closer to family or friends? Or stay close to familiar shops and transportation routes, a church or synagogue, a social club or seniors' centre?

Staying healthy and independent

Living arrangements are often crucial to the surviving spouse's ability to remain healthy and independent. Seniors now account for more than a third of all Canadians living alone, and more than 70% of them are widows. Women age 65 and over are more than twice as likely as men to live alone.

Researchers do not agree on whether widowed individuals are more likely to become ill or die; findings have been contradictory. Since most widow(er)s are older and live alone, it is difficult to isolate these factors from the effects of being a widow,

The Manitoba Senior Citizens' Handbook offers the following checklist of things to do in advance that will facilitate the immediate tasks of a bereaved spouse:

- ◆ Make a will.
- ◆ Prepare a personal record listing the locations of the following:
 - birth and marriage certificates
 - social insurance number, Old Age Security number
 - pension records, including private and Canada/Quebec Pension Plan and armed services record if any
 - will and power of attorney
 - funeral and burial plans
 - bank accounts, rrsp's or rrifs, bonds, stock certificates, insurance policies, loans, credit cards, other financial records
 - safety deposit box and keys
 - mortgages, deeds and leases
 - tax records
 - the name of your lawyer, accountant, financial adviser, stock broker, insurance broker, bank contact, person who holds your power of attorney
- ◆ Make funeral and burial or cremation arrangements.
- ◆ Before death, talk and make decisions about organ or body donation if appropriate.

Manitoba Council on Aging

especially because good health is a product of many factors, including socio-economic status, personality, and health behaviours, beliefs and attitudes.

We do know that health is jeopardized if living alone leads to social isolation, loneliness, and depression. Health may deteriorate, with depression, insomnia, irritability and weight loss becoming problems in the first few years after a spouse's death, particularly if vitality had already been undermined by

months or years of caring for a terminally ill spouse. Other threats to mental and physical health include inadequate nutrition, increased use of alcohol or drugs, and deteriorating sanitary or safety conditions in the home.⁹

The choice of living arrangements also influences the social networks and activities in which a widow(er) can participate. The social supports

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that underpin seniors' general health and well-being – family, friends, clubs, volunteer activities, services, self-help groups – take on added significance when seniors are bereaved, particularly if children and other close relatives (especially siblings) live far away, an increasingly likely situation in today's mobile society.

Conventional wisdom suggests that widow(er)s living in rural areas might be more isolated and lonely because children have moved away, health, recreation and social services are sparse and inaccessible, and public transportation is lacking. But several researchers have found evidence to the contrary. In a study of older widows living in and around Fredericton, New Brunswick, **Deborah van den Hoonard** found that those who had lived all their lives in the same rural area had the most resilient support network. Their

life-long friendships weathered bereavement. Their friends still called, invited them to events, offered lifts. But urban widows reported feeling excluded or forgotten by friends; similarly, rural widows who were not life-long residents of the area became socially isolated because their status as outsiders was reinforced by the loss of their husbands.¹⁰

No matter where you live, long-term adjustment to widowhood involves profound change for men and women whose identity and social position revolved around being a member of a couple. Widowhood is the loss of not only the most important person but also the central relationship in your life. When van den Hoonard asked widows to talk about spousal loss, they often began by talking about marriage – emphasizing that the nature and magnitude of the loss could not be grasped without understanding the

relationship that preceded it. Women found being part of a couple natural and effortless; learning to be single required conscious effort on the part of the widow and those interacting with her.¹¹

With hard work and appropriate support, the transition is possible and eventually even enjoyable. Life seldom closes a door without opening a window, and many people experience widowhood as an opportunity for growth and independence – a chance to pursue new interests, to make new friends, to acquire new skills in decision-making and managing their lives.¹² Widowhood can be not the end, but the beginning of another stage of life's infinitely varied journey.



International Year of Older Persons

For Further Reading...

The literature on widowhood and bereavement is extensive, ranging from academic studies to personal accounts. The following titles provide insights and counsel for those going through bereavement.

Caine, Lynn. *Widow*. New York: Bantam Book, 1977.

Lewis, C.S. *A Grief Observed*. San Francisco: Harper, 1994.

Martin Matthew, Anne. *Widowhood in Later Life*. Toronto: Butterworths, 1991.

Wylie, Betty Jane. *Beginnings: A Book for Widows*. Toronto: McClelland & Stewart, 1997.

Other sources of printed material or reading lists: your doctor or health centre, bereavement support groups, seniors' centres, members of the clergy, specialized grief counsellors, a funeral director, public library, provincial or territorial seniors' council or advisory body, and organizations and web sites listed on the next page.

For More Information...

Atlantic Canada

Community Contact for the Widowed
c/o Spencer House
5596 Morris Street
Halifax, N.S. B3J 1C2
(902) 421-6131

Nova Scotia Directory of Palliative Care and Support Services
The Senior Citizens' Secretariat
4th Floor, Dennis Building
1740 Granville Street,
P.O. Box 2056
Halifax, N.S. B3J 2Z1
(902) 424-0065 or
1-800-670-0065

Seniors' Bereavement Groups
c/o Alana Essery,
Island Hospice
5 Brighton Road
Charlottetown, P.E.I. C1A 8T6

Seniors Resource Centre
Bereavement Program
Suite W240, 120 Torbay Road
St. John's, Nfld. A1A 2G8
(709) 737-2333 or
1-800-563-5599

Quebec

Albatros 04
(20 groups in Quebec)
Head Office
2325, 1st Avenue
P.B. 801
Trois-Rivières G9A 5J9
(819) 375-3323

Canadian National Organization
for the Widowed, Montréal Branch
4823 Sherbrooke Street West,
Suite 230
Montréal H3Z 1G6
(514) 487-6165

Ontario

Bereaved Families of Ontario
562 Eglinton Avenue East, Suite 401
Toronto M4P 1P1
(416) 440-0290
(there are local chapters in many
Ontario regions)

Bereavement Services–Support
and Education
18 Suter Crescent
Dundas L9H 6R5
(905) 628-6008

Ontario Funeral Service Association
320 North Queen Street, Suite 130
Etobicoke M9C 5K4
(416) 695-3434 or 1-800-268-2727

Western Canada

The Grief Centre
Winnipeg YM/YWCA
301 Vaughan Street
Winnipeg, Man. R3B 2N7
(204) 989-4100

BC Bereavement Foundation
Box 535530
984 West Broadway
Vancouver, B.C. V5Z 1K7
(604) 738-9950

Society for the Retired
and Semi-Retired
15 Sir Winston Churchill Square
Edmonton, Alta T5J 2E5
(403) 423-5510

Web Sites

Bereaved Families of Ontario
(www.inforamp.net/~bfo): extensive
site with self-help resources guide,
reading lists, articles, links to
chapters throughout Ontario.

The Manitoba Senior Citizens'
Handbook (Manitoba Council on Aging):
(www.crm.mb.ca/crm/other/genmb/msch/)
advice on "Coping with Death"; on
the Creative Retirement Manitoba site.

Ontario Funeral Service Association
(www.ofsa.org): general information
and pamphlets to help with funeral
planning and related issues.

Canadian Medical Association
(www.cma.ca): articles on death and
grief and a list of depression
symptoms, but site is directed mainly
to practitioners.

American College of Physicians
(www.acponline.org): guide on
caring for cancer patients at home
includes 8-page section on grief.

Grief Talk home page
(www.grieffalk.com): personal stories
and grief support resources, books
and tapes; based in Mississauga,
Ontario.

www.widownet.com and
griefnet.com: U.S.-based sites with
information and support resources for
widows and widowers, including
opportunities to talk online with
others who are bereaved.

Bereavement Services–Support and
Education (www.bereavement.net):
reading lists and support resources;
series of four booklets by Cheryl
McQueen, grief counsellor, to help
people work through the first year of
bereavement.

TLC Group site
(www.metronet.com/~tlc) and
WEBster's Death, Dying and Grief
Guide (www.katsden.com): articles,
discussion groups, many links to
general and specialized resources.

Tips List

For seniors who are grieving

■ There is no 'right' or 'wrong' way to grieve. Grief has many dimensions and is different for each individual.

■ Look for help that suits your needs and temperament: church, support group, books, the Internet (see "For More Information").

■ If after six months you're still unable to function in daily life, you may need professional help. Signs of depression include marked change in appetite and/or sleep patterns; loss of energy, interest and pleasure in things; feelings of worthlessness or hopelessness; inability to concentrate; irrational or obsessive thoughts; suicidal thoughts. These can be part of normal grieving, but if they persist, seek help.

■ Find out what helps you work through grief: reading books or poetry, keeping a diary or journal, talking out loud or writing a letter to the person who died, physical activity, such as punching a pillow or beating a rug, talking about your spouse with those who knew him/her.

■ Postpone major lifestyle decisions until you feel strong enough to make them.

■ Recognize that the death of a spouse can revive unresolved grief from long ago – the death of a parent, perhaps, or an infant child.

■ Anticipate difficult times – holidays, birthdays, anniversaries – and plan how to deal with rekindled memories and feelings.

■ Let others know how they can help and accept help when it's offered.



For family and friends

■ Grief can't be hurried. Bereaved people need to grieve in their own way and time.

■ Offer practical assistance for as long as it's needed. Deliver a casserole, walk the dog, shovel the walk, pick up groceries or dry cleaning, offer a lift – and not just for the week or two after the funeral!

■ Bereavement support is supposed to help counter the adverse effects of losing a spouse. The wrong kind of support is worse than no support at all. Avoid offering unwanted advice or urging the bereaved person to "Move on with your life" or "Put it behind you".

■ Include the bereaved person in social invitations, even if she/he refuses at first.

■ Don't shy away from talking about the person who died. Follow the bereaved person's lead.

■ Use phrases like "I'm sad for you", "I'll listen if you want to talk", and "I'll call tomorrow to see if you need help" instead of "I know how you feel", "Death was a blessing", and "Call me if I can help".

Notes

- 1 Except where noted, all figures are from Statistics Canada, *The Daily*, 14 October 1997, "1996 Census: Marital status, common-law unions and families"; and Catalogue no. 93F0022XDB96005, the Nation Series (1996 Census data).
- 2 Martin Matthews, A. *Widowhood in later life* (Toronto: Butterworths, 1991), p. vii.
- 3 McPherson, B.D. *Aging as a social process. An introduction to individual and population aging*, third edition (Toronto: Harcourt Brace & Company, Canada, 1998), p. 215.
- 4 See "Web Sites" for how to download McQueen's booklets on working through grief.
- 5 The TLC Group. "She cries-he sighs, gender differences and grieving patterns" (Dallas: The TLC Group, 1995). Available at www.metronet.com/tlc.
- 6 Bierhals, A. J. et al., "Gender differences in complicated grief among the elderly", *Omega* 32/4 (1995-96).
- 7 Davidson, K. "How older men and women reconstitute their lives after widowhood", Third European Congress of Gerontology, *Ageing in a changing Europe: Choices and limitations* (1995).
- 8 Martin Matthews states that older women, especially widows, are the poorest of all groups in the older population, and increasing age increases the risk of poverty for unattached elderly women.
- 9 McPherson, p. 218.
- 10 Kestin van den Hoonard, D. "Older women's experiences of widowhood", project conducted through the Third Age Centre of Fredericton, New Brunswick, with funding from the National Health Research and Development Program, Seniors' Independence Research Program and Canada's Drug Strategy, Health Canada (Fredericton: 1997), p. 7. Martin Matthews (p. 73) cites other studies supporting the view that rural support networks may be sparser, but the quality and longevity of social relationships helps compensate for this.
- 11 See Martin Matthews, pp. 27-28.
- 12 See, for example, Lehman, Ellard and Wortman, "Social support for the bereaved: Recipients' and providers' perspectives on what is helpful", *Journal of Consulting and Clinical Psychology* 54 (1986).

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