—the elderly bereaved and their supporters*



DR. ANN CARTWRIGHT BSc., PhD.is Director of the Institute for Social Studies in Medical Care.

A REPORT ON A SURVEY OF THE ELDERLY WIDOWED IN A magazine published by Cruse may seem like coals to Newcastle. But inevitably Cruse is not in contact with all widows and widowers, or even with a random group of the widowed. So this study, of the experiences and attitudes of a random sample of 361 elderly widows and widowers in eight areas of England puts the work of Cruse in perspective. It also gives a picture of the circumstances, feelings and needs of the widowed people.

The most frequent practical problems facing these elderly people in the months following their widowhood were adapting to living alone, coping with new household tasks and adjusting to a lower income. **While many widowers were facing the need to shop and cook for the first time in their lives, widows had to cope with a more negative change: shopping and cooking just for one.**

A third were considering the possibility of moving, but only one in twenty had actually moved in the five months following the death. For the most part they valued their independence and were reluctant to relinquish this by going to live with relatives or friends. Although one in three had homes which they found inconvenient in some way, most of the widowed had lived in their homes for ten or more years and they were attached to their homes and the memories associated with them. After the trauma and upheaval of widowhood few were planning other major changes in their lives.

Money problems, reported by nearly a third, accentuated other difficulties: 79 per cent of those who had such problems and were now living alone said they were finding this difficult to accept compared with 61 per cent in that situation but without money problems.

The most common problem identified by the widowed was loneliness, and this was clearly related to their adjustment. Those who found it most difficult to adjust and were more likely to feel lonely were characterised by being female, comparatively young, in poor health and having mobility problems. They also found it more difficult to occupy their time and again more of them had financial problems. Most widows and widowers obtained emotional, social and practical support from their network of relatives and friends. Children, particularly daughters, played an important part in providing this support. Even though just a small proportion of older widowed people live with their children many more live near them and interact frequently. Frequent contact with someone close to them appeared to relieve some of the feelings of loneliness. But some of the widowed did not have a supportive network and those who felt neglected and those infrequently in contact with others had adjusted less well to their widowhood. A few seem isolated by choice, others by circumstances. Two comments from the 11 per cent who did not see any one person more than once a week were

> **'The people who live round here don't come and see me. Nobody's come and spoken to me today and I don't suppose I shall talk to anyone for the rest of the day'**
>
> **'You could die and nobody would know.'**

The health problems of the elderly widowed are in many ways similar to those of other elderly people but they are accentuated by loneliness and difficulties in adjusting to their altered status. Probably because of this they are more likely to suffer from nerves and depression, sleeplessness and lack of appetite, and certainly these are the symptoms they most often attribute to their bereavement. Their health problems are also exacerbated by inappropriate housing and financial difficulties.

But their general practitioners do not seem to be responding to their social needs and in general these doctors play little part in identifying or easing their difficulties. This conclusion is illustrated by the fact that three-fifths of the general practitioners did not feel it was always appropriate for them to visit an elderly patient when he or she had just been widowed. And even when doctors felt this was the right thing to do less than half of their elderly widowed patients had such a visit. Does this matter? For the most part general practice is based on self-referral by patients initially. On the whole this seems to work reasonably well, but when an elderly person loses their husband or wife the feelings of helplessness and hopelessness associated with bereavement may make it difficult for them to recognise their needs in the first place or to do anything about it if they are aware of such needs. Depression is often associated with apathy and nearly half the elderly widowed said they had problems with nerves or depression - and for almost three-quarters of these the problem had developed since, or been accentuated by, the death of a spouse. If, in addition, they had looked to their husband or wife for advice about whether or when to consult a doctor, this spur will now be missing.

ANN CARTWRIGHT'S account in this issue of Bereavement Care, of the survey of the elderly widowed, which she carried out with Ann Bowling, is a timely reminder that, despite all that has been achieved by Cruse in recent years, the organisation is still only reaching a small proportion of those who may need its help. She suggests various ways in which Cruse could make itself better known, and these need careful consideration by all concerned.

Loneliness emerges as the besetting problem of the elderly bereaved and it is hardly surprising that nearly a half of the widows and widowers who were interviewed thought that it might help to meet other people in the same situation. However, I cannot agree with Ann Cartwright that it is the role of Cruse to meet this need. If Cruse were to succeed in attracting to its meetings all the widows and widowers who might want to make contact with other bereaved spouses it would, to judge from these figures, have to accommodate about 25,000 members at each branch meeting!

But, of course, there already exist numerous clubs for the elderly, many of whose members are widowed. Hence, it is not difficult for elderly widows and widowers to meet others who are similarly bereaved, and Bowling and Cartwright's survey showed that 43 per cent of them do make use of such clubs.

It is for this reason that Cruse should give priority to the provision of counselling. By reaching out to the minority of bereaved people who have special needs, and by training others to do the same, Cruse may do little to relieve loneliness but it can prevent and alleviate some of the difficulties in adjusting to bereavement that can give rise to depression and deterioration in physical and mental health. This is not to say that social activities are unimportant. The best solution is for Cruse to see the social activities which it provides as a bridge across which the elderly widowed members can pass on their way to more permanent sources of social engagement. There is clearly an enormous need for this kind of help. There is also a danger that the size of the need could swamp our resources and Branches need to guard against it distracting them from the unique service of bereavement counselling which distinguishes Cruse from most other organisations.

C.M.P.

In addition to the emotional barriers of indifference and inertia that may inhibit the elderly widowed from consulting their doctors there were, for a sizeable minority, the practical problems of immobility: five per cent could not go out on their own and a further 11 per cent could only do so with difficulty.

So if most general practitioners are unwilling to take the initiative and either contact their elderly widowed patients themselves or arrange for an appropriate member of their team to do so, there is a real danger that the most vulnerable will not get the help they need. Those who are isolated - physically, emotionally or socially - will not be identified. In consequence their problem will become intensified. One form of isolation is likely to lead to another: the physically isolated may accept their situation passively and drift into social isolation or excessive dependence on a single relative, friend or neighbour if one is available; the emotionally isolated may cut themselves off from relatives or friends who might help. A vicious circle will accentuate difficulties to a point where they may become irreversible.

Turning to the role of Cruse, we asked the widowed if they thought it might help to meet other people who had lost their husbands or wives. Almost half said yes. One in six of the widowed said they knew an organisation existed, only one in a hundred knew its name. Those who did not know of such an organisation were asked if they thought it would be a good idea to have such an organisation: two-fifths were in favour, a third did not think it a good idea, a quarter were uncertain or made other comments. Several of those who did not think it was a good idea indicated that they were well supported by family and friends although no significant differences emerged with our indices of family support:

> **'I've got the family. I'm not a mixer, it wouldn't be for me.'**
>
> **'You usually know enough people in your own circle'.**
>
> **'I'd rather be on my own, everyone's friendly enough round here.'**

Others said they did not want to hear about other people's problems.

> **'I was talking to a woman the other day who had lost her husband and she made me feel very depressed, talking about her family. I didn't say anything to her but I thought"I don't want to hear your problems I've got enough of my own".'**
>
> **''I had a friend who came round here and drank three schooners of my sherry. All he did was sit and talk about his wife and cry. I felt a damned sight worse when he left.'**

(continued on next page)

*Life after a death· a study of the elderly widowed by Ann Bowling and Ann Cartwright, Tavistock Publications, October 1982.

Only one widow in our study had actually been in contact with Cruse and she had not joined them although she said she might do so in the future.

Clearly Cruse is unsuccessful in making itself known to many of the people it aims to help. There were branches in or near five of our eight study areas so the problem is not just inadequate geographical cover. The organisation apparently tends to rely on publicity through television documentaries and feature articles in magazines and newspapers to attract its members. But, as with the general practitioners, if it is to reach the widowed who are lonely, isolated and possibly apathetic a more active approach is needed. Local organisations could identify some of the widowed through death notices in local newspapers although this might give a bias towards the middle class and better off. Alternatively they might approach the registrar of deaths in their areas. This leads to another rather different suggestion:that the marital status of men as well as women should be recorded on the non-confidential part of the death certificate. This would eliminate a sexual inequality as well as enabling widows to be identified at the time of their bereavement.

The potential role for Cruse was illustrated by the widowed who reported being shunned by friends who felt uncomfortable in their presence, or who were unwilling to let them express their grief. Some comments were:-

'You still feel on your own (even though I live with the family). There can be a roomful of people, nobody seems to want to bother with you. They're frightened of saying his name.'

'People round here don't want to talk about it. They are hard. They say "Don't cry", but I can't stop crying.'

'When you're a widow and you start talking about it they're not interested. That's why I've not cried, I've just been a frozen thing. People turn away if you tell them your troubles.'

'If a social worker or somebody could come and have a chat with you. It's like cutting off your own arm in a way. If somebody could tell you "You'll get over it".'

In its search for ways of matching needs and sources of help Cruse may find it fruitful to contact other organisations with different but possibly complementary groups of clients such as single parent families. Cruse and Gingerbread could have much to offer each other.

In their new lives the widowed need to find a purpose and meaningful activities - but what is acceptable and stimulating for one may be depressing and unhelpful for another. The widowed, like others, differ widely in their needs and desires for company, for solitude and for all types of activity.

REVIEWS

Most of us in Britain are not fully familiar with bereavement work being down in the USA, and the publications arising from this. Here, Professor Michael A. Simpson MB.,BS.,MRCPsych. DPM, a member of the Cruse Council, lists some recent works.

BEREAVEMENT CARE MANUAL M. Laffanzi and D. Coffelt, Boulder County Hospice, Boulder, Co. 1979. A 70-page manual describing the Boulder Hospice bereavement care programme reviewing functions, goals, selection and training procedures,methods, continuing education and staff support, including documents used in the programme, job descriptions, record-keeping forms.

BEREAVEMENT SUPPORT GROUPS Alice S. Demi, Grief Education Institute, Denver, Co. 1981, 82 pp, $12.50. A manual for support group leaders by someone with long experience in this field.

LIVING WITH LOSS Ronald W. Ramsay and Rene Newbergen. Wm. Morrow, New York 1981. Not a major breakthrough, but a useful popular account of 'Guided Confrontation Therapy' which the Dutch psychologist uses in managing pathological grief reactions.

WHEN YOUR CHILD DIES Finding the Meaning in Mourning Nancy Corney Stevenson and Cary Higley Straffon Philomel Press, C/o St. Paul's Episcopal Church, 2747 Fairmount Boulevard, Cleveland Heights, OH 44106, 40 pp, $3.00. A booklet by two bereaved mothers reviewing grief, its effects on family and friends, with some references.

THE WIDOWER Jane Burgess Kohn and Willard K. Kohn, Beacon Press, Boston, 1978, 192 pp, $8.95, $4.95 paperback. The only book, so far, about the needs of the widower

WIDOWHOOD Henry P. Brehm and Helena Z. Lopata, Praeger, New York,1981, 200 pp $17.95. A study of the economic and social circumstances of widows and orphans and how recent social policies do not meet their needs. Makes recommendations on policy needs.

MOTHERHOOD AND MOURNING Perinatal Death. Larry G. Peppers and Ronald J. Knapp, Praeger, New York, 1980, 184 pp $18.95

PET LOSS A Thoughtful Guide for Adults and Children, Herbert A. Nieburg and Arlene Fischer. Harper, New York, 1982, 155 pp, $10.95. As for many people the relationship to a pet is their major significant relationship attention to the grief following such a loss is appropriate.

WHEN PREGNANCY FAILS Families coping with Miscarriage, Stillbirth and Infant Death, Susan Borg and J. Lasker,Beacon Press, Boston, 1981, 250 pp, $12. 95. $6.95 paperback. One of the best of recent books on this subject.