

Role of Family Care and Support in Experience of Bereavement among Elders: Case Study

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ABSTRACT

Life is a journey, in this every one of us experiences gains and losses. When we gain something significant we experience happiness, but when we lose something we experience negative emotional states like negative affect that is sadness, in some cases depression and in extreme case grief and bereavement. Prolonged grief and bereavement can lead to major depression. Mostly people experience grief and turn to reconcile their original positive energies without any help, facilitator and intervention. Whereas, sometimes some people are not able to reconcile and remain stick to their grief and bereavement state. At this point they need facilitation and special care. Current case revealed the significance of early detection of depressive illness with reference to bereavement among elderly and the role of family care and support in fighting with the said problem. It is concluded there is a need to optimize family support (family support includes siblings, parental, off springs, spouse support) during the period of bereavement to minimize the burden and suffering of family members.

Keywords: Depression; Grief; Bereavement; Primary Care; Family Support;

INTRODUCTION

Natural emotional, cognitive, behavioral reaction to a loss is known as grief. Whereas, it is commonly said that state of having suffered a loss is called Bereavement [1]. Grief's is the process and have a few stages in it. Process of grief is defined by Elizabeth Kubler-Ross. According to her grief follows five stages initial shock which is also known as denial. It happens when a person has lost something significant in his/her life like death of loves one (parents, spouse, sibling, offspring and friend). Shock or denial is followed by anger. It includes the arguments like why only me suffered this loss why not any other person have lost his love one. Then person involves in bargaining which include the struggle to find meaning and reaching out to others. Followed by bargaining depression hold on, in which person feels helplessness, hostility and try to escape the situation he confronts with. Subsequently he accept the loss and try to compromise and adjust prior to resolution of grief. However, grief can be lingered on in some cases and hence become

complicated or abnormal grief that needs a special care, intervention or treatment.

CASE REPORT

History

A 71 years old man recently lost his wife. He married in his early 20's. He had long and loving relationship with his dear wife for over approximately 50 years. His wife deceased after she experienced a brief battle with terminal stage cancer of lungs. His wife also had diabetes mellitus and she was the patient of hypertension too. The person is retired from a reputed government service organization after working there for 32 years. He had two well settled Sons and two daughters (one is working lady at government sector university, the other is studying at university level). All qualified children he had. He has no

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Received: March 06, 2020; Accepted: March 27, 2020; Published: April 06, 2020

Citation: Hafsa SZN, Mushtaq A, Sabi F, Hassan A, Shaheen SR, Afsar F, Younas S, et al. (2020) Role of Family Care and Support in Experience of Bereavement among Elders: Case Study. J Dep Anxiety 9:356. doi: 10.35248/2167-1044.20.9.356

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financial issues as he belonged to Upper middle class and lived in well-known housing society.

When his wife alive, he always used to bring her for regular check-up and medical follow-ups for diabetes mellitus, hypertension and cancer disease. He was the main caregiver of his wife when she was admitted to hospital. And he was on her side when she had passed away. Three weeks after her death, their primary clinician made a call for sorrow and bereavement on telephone. Her younger daughter picked up the call and revealed that he is grieving inside. And he is denying to show any sign of self neglect and self harm. Bereaved man admitted that he was still mourning his wife's death but he believed that he can cope up the situation with the help of his family. A month later primary clinician made a call again for the family in order to know what's going on with them. The elderly's younger daughter again reassured that her father was keeping well.

Symptoms

Physical symptoms: Loss of appetite, difficulty in sleeping, headaches, weakness, pains

Emotional symptoms: Feeling of sadness, guilt.

Social expressions: Feelings detached from others, isolating himself from social contact

Explanation

It was noticed the sorrow and grief in elderly's tone. Then it was requested him to have a meeting. It was noticed that during meeting he (patient or elderly) talked about his wife who passed away. He was remembering and connecting all the memories he had with his late wife for past 50 years. He told that he is guilty because he was thinking he could not take a good care for her, and he could not relieve her pain. He was thinking that he could do more than that but he could not. He also got difficulty in sleeping since his wife passed away. He only could fall asleep for 2-3 hours in every night. He also did not experience hunger pangs or loss of appetite.

Besides this his daughter revealed that her father did not meet his friends and family members and neither goes outside home after her mother's death. He started enclosed him in his room. He left alone at home when everybody goes outside for work or getting their jobs done. Elderly used to visit the graveyard 3-4 times a day. He visited his wife grave at sunrise and he left her grave only after sunset. He could not realize the time and place and what he was doing. Elderly admitted in front of doctor that he was hopeless and denied any desire to end his life. One more thing is important to note here, he had no medical history before the death of his wife.

He had poor eye contact during consultation (due to crying his eyes got red). He was completely changed appearance wise. He did not look like as he appeared before his wife's death. Because his hair was not combed properly and not properly dressed up. He appeared tearful, sad and depressed. He talked more slowly and quietly than before his wife's death. He denied any suicidal intention. His blood pressure was also remain intact around 126/70. His lower BP got down. With the permission of patient,

her daughter was contacted to discuss ways to help him. She knew that her father visited her mother's grave several time in a day and she thought it was normal to do it. She also told that her father would not burden her and other family members with his feelings.

DIAGNOSIS

A diagnosis of major depression was made for him. And he was referred to physician to start antidepressants. He was also given supportive counselling to encourage him to express his feeling. It was reassured him that he had best and did best to save his wife. Family members (sons and daughters) also informed about the diagnosis of major depression and were advised to ask them to help with taking care of their father.

DISCUSSION

Bereavement period is stressful for anyone. All of us experience bereavement and react it in different ways according to our culture and ethnicity. Mostly people overcome grief, but in 9-10% of cases grief prolonged and become complicated grief [2]. Symptoms of prolonged or complicated grief include crying, preoccupation of thoughts about the person who died, yearning. These symptoms exist for six months. Sense of hopelessness also develops in this type of grief [3].

Headaches, pain, palpitations also occur as somatic symptoms, but it is hard to identify symptoms of grief separately from the general medical condition of elders. Because in old age they experience several somatic symptoms, although incidence of complicated grief is low among general population that is 4.8% [4]. A study revealed that those between the ages of 75 and 84 years have a high risk to develop complicated grief as compared to a younger old age group. Other things associated with complicated grief are more severe, which includes anxiety disorder (17.2%) depressive illness (9.7%), poor quality of life and risk of suicide [5]. Bereavement can also compromise the cognitive functioning of elders. A study found that elders who bereaved performed poor in terms of their attention, information processing and verbal fluency. Differences in cognitive functioning were found to be significantly associated with mood of the bereaved [6].

People who grieving, they find difficulty asking family members for help. In highlighted case patient did not want to burden his family with his feelings. Family members also tend to misinterpret or underestimate the severity of the distress associated with grief and dismiss these psychological symptoms [7]. In the current study patient's daughter did not know the seriousness and warning of her father's emotional reaction that he had a serious need of medical and psychological assistance [8]. Among the risk factors that may contribute to experience a complicated grief include caregiver stress, low socio-economic status, poor social support. Many researchers believe that a proportion of bereaved people need active interventions like brief interventions [1,8].

Depending upon the severity patients may receive bereavement counselling or may be prescribed with antidepressants. For those who are high risk of complicated grief study indicated that

preventive intervention in the counselling form is effective when bereavement period onset. Counselling not only helps to identify emotional, social needs but also facilitates the person who grieved to express his feelings about the loss to facilitate them to resolve their grief. Three important factors have been recognized as referral criteria for bereavement counselling. First is the nature of death (expected, unexpected, and traumatic). Second is social support the bereaved received. Third, abnormal reactions to death, like prolonged or intense grief.

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