

B

Bereavement and Loss



Pui Yan Flora Lau
Department of Sociology, Hong Kong Shue Yan
University, Hong Kong, Hong Kong

Synonyms

[Grief and bereavement](#); [Grief and loss](#)

Definition

Bereavement refers to the period during which a person adjusts to the death of a significant loved one (Stroebe et al. 2007; Perng and Renz 2018). Given the irreversible nature of death, bereavement is painful and disruptive. There are different types of bereavement, and the death of a spouse is often considered one of the most stressful but inevitable life transitions. It imposes psychosocial, emotional, and physical challenges on the bereaved (Shin et al. 2018).

Overview

Bereavement, Loss, and Grief

Emotionally, a bereaved person undergoes normal grief in the early stage of bereavement, where emotions fluctuate in an “oscillating” manner (Zisook et al. 2014). There are two forms of

grief: acute grief and integrated grief (See ► [“Emotion”](#)). Acute grief is a preoccupying experience in which the bereaved can develop feelings of disbelief, yearning, longing, and sadness in addition to a full range of other dysphoric emotions such as anxiety, guilt, anger, and shame (Perng and Renz 2018). People experiencing acute grief may exhibit increased urinary and plasma catecholamines, increased heart rate, blood pressure and peripheral resistance, and stress cardiomyopathy. These symptoms are all potentially related to increased sympatho-adrenal-medulla system response (Perng and Renz 2018). The transition from acute grief to integrated grief, a less burdensome but timeless form of grief, usually takes about 6 months (Zisook et al. 2010, 2014). Key features of integrated grief include the ability of the bereaved to understand and accept the death, to function in an adequate manner, and to envision their life as a potentially happy one again (Zisook and Shear 2009).

On some occasions, rather than transitioning between types of grief, the bereaved experiences complicating processes and remains in “complicated grief” (CG), a condition in which individuals experience a chronically intensified state of grief that does not get better with time (Zisook et al. 2014). The mourning process persists, and the bereaved person feels stuck in prolonged acute grief without any sign of transition. Typical symptoms of CG include intense yearning and longing for the loved one; insistent intrusive thoughts about the deceased; inability to accept the loss;

excessive guilt; intense feelings of anger; avoidance of people, places, or reminders of the loved one; difficulty finding meaning in life; and feeling that they should have prevented the loss (Zisook et al. 2014). CG leads to mental and physical health impairment and is associated with increased risk of cancer, cardiac events, sleeping problems, depression, anxiety, suicidal ideation and attempts, and increased mortality (Shear and Shair 2005). It is usually associated with mental health disorders such as major depressive disorder and posttraumatic stress disorder (Perng and Renz 2018). Recent studies suggest that approximately 7–10% of bereaved people experience CG. Older adults are more likely to suffer from CG than younger ones, as indicated by the estimated rates of 9–25% for the former compared to 2.4–6.7% for the latter (Simon 2015). Older bereaved spouses who had happy marriages are most likely to develop CG (Wolff and Wortman 2006).

The effects of bereavement vary depending on factors such as the age of the deceased and bereaved, sex, the situation surrounding the death, the personality traits of the bereaved, the bereaved's dependency on the deceased, and the quality and depth of the bereaved's relationship with the deceased (Moss and Moss 2012). For older adults, bereavement is critical to healthy aging, and they are at greater risk of emotional mental and physical health problems especially when they are socially isolated (Perng and Renz 2018).

Key Research Findings

Widowhood Effect

The widowhood effect refers to an increase in the mortality of those who have recently been bereaved of a spouse. This increase in mortality can account for the greater likelihood of immune-related diseases caused by pathogens, sepsis or chronic diseases, autoimmune diseases such as chronic obstructive pulmonary disease, diabetes, and cancer (Vitlic et al. 2015). Studies show that increased mortality risk is highest within the first 6 months following spousal loss (van den Berg et al. 2011; Vable et al. 2015). Vitlic et al. (2015)

argued that bereavement in older individuals is likely to result in problems with immunity. For example, compared with non-bereaved adults, older widows had poorer natural killer cell function and neutrophil superoxide production. However, the mechanisms through which widowhood leads to increased mortality risk remain unclear (Vable et al. 2015). Vable et al. (2015) explored the potential causality of the widowhood effect by exploiting the timing of the exposure-outcome relationship. Their research included 8,508 respondents age 50 or above, of whom 7,330 were married, 396 were recent widows (i. e., 0–2 years before outcome assessment), 380 were near widows (0–2 years after outcome assessment), and 402 were future widows who anticipated the death of their spouse. The research showed that near widows had the poorest health, with worse mobility, more depressive symptoms, and worse word recall than continuously married respondents. However, the research also illustrated that some symptoms associated with widowhood, such as changes in physical mobility, elevated depressive symptoms, and worse word recall, were evident prior to spousal bereavement. This suggests that not all of the health outcomes of widowhood come after widowhood. The research also found that women approaching widowhood experience worsening physical and cognitive health, whereas men do not (Vable et al. 2015).

Why does the widowhood effect exist before bereavement? Vable et al. (2015) suggested a number of mechanisms. First, there tends to be less self-management in the period leading up to spousal bereavement, which may explain why health declines prior to bereavement. Second, the caregiving burden leads to the deterioration of health, which can include mobility impairment, depression, incident heart disease, stroke, and hypertension in older adults (Vable et al. 2015: 7). The widowhood effect may thus be the result of caregiving burden rather than the grief following spousal bereavement. Third, anticipatory grief, where the bereaved experience grief before the death of the spouse, may occur. This would explain the worse mental, cognitive, and instrumental activities of daily living (IADL) outcomes among near widows.

Loss, Social Integration, and Depression

Depression of older adults is strongly linked to higher levels of disability, morbidity, and mortality, increased healthcare costs, and poorer quality of life (Blazer 2003). Widowhood and social integration, including aspects of social support (i.e., help and assistance from family and friends), social networks (i.e., ties to family and friends), and social engagement (i.e., participation in social activities), are recognized as factors affecting depressive symptoms among older adults (Hong et al. 2009) (See ► [“Social Support”](#)).

The social integration of older adults is crucial for reducing depression at various stages of bereavement (Cacioppo et al. 2010). For instance, Forster et al. (2018) explored the effects of loss and bereavement on older adults and the ways in which social networks affect depression. The research included a sample of 1,265 respondents ranging in age from 75 to 99 years with a mean age of 80.78. Of these, 571 respondents (72.9%) were female, and 15.1% had a loss experience within the last 6 months. This research suggested that the loss of a spouse leads to restricted networks for older adults resulting from their reduced contact with people. Most of the oldest respondents had a restricted social network after bereavement and were much more likely to develop depression than those who maintained an integrated social network (Forster et al. 2018: 99).

Monserud and Wong (2015) explored the relationships between depressive symptoms, widowhood, gender, and social integration using a nationally representative sample of older Mexicans. This study considered why some research has indicated that widowhood and/or the transition to widowhood can be more distressing for men than for women, who tend to adjust better psychologically (Choi and Bohman 2007; Cornwell 2011), whereas other studies have argued that the short- and long-term effects of spousal bereavement on depression can be similar for men and women (Schaan 2013).

The social integration perspective suggests that social support, social networks, and social engagement can benefit older adults' well-being and facilitate their psychological adjustment to

the death of a spouse (Berkman and Glass 2000) (See ► [“Social Support in Bereavement”](#)). Monserud and Wong (2015) found that for older Mexicans, emotional support from children was linked to smaller increases in depression over time, while financial and practical support led to larger increases in depression because financial dependence implies inefficacy and violates the traditional gender role of men, who are considered the breadwinners. In terms of the social network, co-residence with children was associated with smaller increases in distress only for recently widowed men and continuously widowed women (See ► [“Residential Happiness”](#)). Embeddedness in social ties did not necessarily have beneficial implications for older adults' depression because co-residence can lead to greater interpersonal conflict and increased demands on older people, which can harm their mental health. Regarding social engagement, church attendance was linked to larger increases in depression among recently widowed women, but volunteering was associated with smaller increases in depression among women who had been widowed longer. In sum, their study found that the links between social integration and depression were contingent on gender and the duration of widowhood.

Loss, Loneliness, and Intervention

People who are widowed in old age are more likely to experience loneliness than their married peers (Dahlberg et al. 2018). Loneliness was found to be a common challenge for bereaved older adults, but those who had a wider network of friends were less affected (Utz et al. 2014) (See ► [“Loneliness”](#)).

In view of the situation where most of the studies on bereavement interventions have only examined grief and depression, Chow et al. (2019) compared the effects of loss-oriented bereavement group intervention-Chinese (LOBGI-C) and dual-process bereavement group intervention-Chinese (DPBGI-C) on grief, anxiety, emotional loneliness, and social loneliness among 125 widowed older adults and found that DPBGI-C is statistically more superior to LOBGI-C in reducing grief, anxiety, and

loneliness in widowed older adults. While the sole focus of the loss orientation of the LOBGI-C may draw the research participants' attention to their unique relationship with the deceased in which it is a more personal and internal process, the sharing of restoration-oriented coping processes associated with DPBGI-C intervention helps to create a social support network among participants, thus reducing the sense of social loneliness among older bereaved adults (Chow et al. 2019).

Loss and Life Satisfaction

Life satisfaction refers to an individual's cognitive evaluation of how satisfied he or she is with life, including past, present, and future events (Durayappah 2011). Bratt et al. (2017) explored the impact of various types of familial losses on life satisfaction and whether there were any gender differences within bereaved groups. The study used a random sample of 1,402 respondents, including 817 (58%) women and 585 (42%) men aged 60–96 from the Blekinge part of the Swedish National Study of Aging and Care (SNAC-B). The results showed that among older adults, having lost a child, spouse, or both a child and a spouse had a negative association with life satisfaction (See ► [“Purpose in Life Among Older Adults”](#)). Gender differences were found within all bereaved groups, with bereaved men having lower life satisfaction than bereaved women. More older women than men in the child-spouse bereaved group perceived the loss of a child as the most negative life experience, while men were more likely to regard the loss of a spouse as the most negative experience (Bratt et al. 2016). The decline in life satisfaction for men can be explained as follows: First, it is difficult for some older men to learn to manage tasks that used to be completed by their spouse, and this may decrease their life satisfaction. Second, because men tend to receive more emotional support in a marriage than women, they are more at risk of health problems after losing a spouse due to the absence of emotional support, insufficient nutrition, and drinking and smoking habits (Hansson and Stroebe 2007; Bratt et al. 2017). Research has also shown that there is a

greater lack of social support among widowers than widows (Hansson and Stroebe 2007), which could explain the gender difference in life satisfaction after the loss of a spouse.

Loss of a Family Member and Weight Loss

Weight loss, in particular the lowering of the body mass index (BMI), is associated with infection, depression, hip fractures, and decreased quality of life (Huffman 2002; Alibhai et al. 2005). Mercan et al. (2016) investigated the relationship between BMI and the loss of a parent, sibling, or spouse for people aged 65 or above using data from the Health and Retirement Survey in the United States. People who had lost their spouse had a 42% higher likelihood of BMI loss than those who had not experienced such loss (Mercan et al. 2016). BMI loss is strongly associated with nutritional risk in bereavement for a number of reasons. First, widowers tend to eat alone and to have fewer homemade meals and more unbalanced diets (Mercan et al. 2016). Second, sadness, loneliness, and depression may lead people to develop a low appetite and suffer from malnutrition. Third, the caregiving process before death also plays a role. If the bereaved person did not provide care before the spouse's death, they may be more likely to lose weight because of guilt.

Loss of a Family Member and Cognitive Decline

Using the 1996–2012 waves of the Health and Retirement Study (HRS), a nationally representative longitudinal survey of respondents aged 50 or above, Shin et al. (2018) argued that widowhood in later life was significantly associated with cognitive decline. The total cognition scores of the older bereaved decreased over time following spousal loss. However, a higher level of education and having at least one living sibling were found to be protective factors against cognitive decline. In particular, the presence of living siblings could increase opportunities for social activities, which help to maintain cognitive health through social and mental engagement. These findings suggest that human and social resources play important roles in dealing with the increased levels of stress

and sadness arising from bereavement (Shin et al. 2018).

Loss of a Family Member and Cortisol Levels

Levels of cortisol, a stress hormone, are powerful indicators of physical health. For example, high levels of urinary cortisol are associated with greater mortality from heart disease for older people, whereas low levels are associated with fatigue (Vogelzangs et al. 2010). Elevated cortisol levels are also associated with compromised immune systems, premature aging, and earlier onset of age-related conditions such as cardiovascular disease, osteoporosis, type II diabetes, and functional decline (Glaser and Kiecolt-Glaser 2005). Studies have shown that bereavement leads to an increase in cortisol level, which will eventually lead to physical health deterioration. For example, Richardson et al. (2013) investigated the extent to which spousal loss is associated with cortisol at 6 and 18 months post-bereavement. They studied a two-stage area probability sample of 1,532 married individuals aged 65 or above from the Detroit Standard Metropolitan Statistical Area and found that spousal caregiving, spousal loss, and emotional reactions following the loss activate the HPA system and further are associated with elevated cortisol levels (Richardson et al. 2013).

Cortisol is positively associated with age, and gender moderates the association (Richardson et al. 2013). Although older women typically exhibit higher cortisol levels than older men, men have greater stress reactivity to cortisol than women. In the context of bereavement, widowers who felt unprepared for their wives' deaths demonstrated more emotional numbness, shock, heightened anxiety, and CG than those who expected the death (Hauksdottir et al. 2010).

Future Research Directions

What needs to be done in future research? With regard to grief after bereavement, it is crucial to investigate how primary care providers can support patients through the latest evidence-based

practices (Perng and Renz 2018). According to Perng and Renz (2018), primary care providers (PCPs) should consider how to promote a primary care environment that better supports the bereaved (See ► [“Stress and Coping”](#)). Such a care environment can include grief education and resources, in addition to medical records that clearly detail significant losses (Perng and Renz 2018: 294).

On the gender dimension, as shown in previous studies, bereaved older men seem to be more affected in the bereavement process (Glass et al. 2006). It has also been shown that men can be more affected by the relevant changes in social integration after a spousal loss. Future research needs to address older men's experiences after the loss of a spouse (Bratt et al. 2016) and the ways in which men's social networks can be further developed for their own sake. Moreover, studies have identified greater mortality risk for bereaved men than women (Moon et al. 2011; Shor et al. 2012). Future research should identify the mechanisms through which gender differences in mortality are produced.

The research findings of Vable et al. (2015) suggest that interventions aiming to mitigate the widowhood effect should begin prior to spousal bereavement. Identifying the cause and mechanisms of the widowhood effect is important for the development of interventions to alleviate excess mortality (Vable et al. 2015: 3). Furthermore, future research should focus on widowhood and cognitive decline and should seek to explain the ways in which widowhood will lead to cognitive decline. Researchers can also develop intervention programs that arrange informal support groups at the community level for the bereaved and encourage family members, especially siblings, to provide emotional support to prevent isolation during bereavement (Szabo et al. 2016; Shin et al. 2018) (See ► [“Psycho-social-behavioral Intervention”](#)). Finally, it is important to identify the mechanisms of the observed protective effects of higher educational attainment and having living siblings against cognitive deterioration.

Cross-References

- ▶ Emotion
- ▶ Loneliness
- ▶ Psycho-social-behavioral Intervention
- ▶ Purpose in Life Among Older Adults
- ▶ Residential Happiness
- ▶ Social Support
- ▶ Social Support in Bereavement
- ▶ Stress and Coping

References

- Alibhai SM, Greenwood C, Payette H (2005) An approach to the management of unintentional weight loss in elderly people. *Can Med Assoc J* 172(6):773–780. <https://doi.org/10.1503/cmaj.1031527>
- Berkman LF, Glass T (2000) Social integration, social networks, social support, and health. In: Berkman LF, Kawachi I (eds) *Social epidemiology*. Oxford University Press, Oxford, UK, pp 137–173
- Blazer DG (2003) Depression in late life: review and commentary. *J Gerontol A Biol Sci Med Sci* 58(3): 249–265. <https://doi.org/10.1093/gerona/58.3.m249>
- Bratt A, Stenstrom U, Rennemark M (2016) Exploring the most important negative life events in older adults bereaved of child, spouse, or both. *Omega (Westport)* 76(3):227–236. <https://doi.org/10.1177/0030222816642453>
- Bratt A, Stenstrom U, Rennemark M (2017) Effects on life satisfaction of older adults after child and spouse bereavement. *Aging Ment Health* 21(6):602–608. <https://doi.org/10.1080/13607863.2015.1135874>
- Cacioppo JT, Hawkley LC, Thisted RA (2010) Perceived social isolation makes me sad. 5-year cross-lagged analyses of loneliness and depressive symptomatology in the Chicago health, aging and social relations study. *Psychol Aging* 25(2):453–463. <https://doi.org/10.1037/a0017216>
- Choi NG, Bohman TM (2007) Predicting the changes in depressive symptomatology in later life: how much do changes in health status, marital and caregiving status, work and volunteering, and health-related behavior contribute? *J Aging Health* 19(1):152–177. <https://doi.org/10.1177/0898264306297602>
- Chow AYM, Caserta M, Lund D et al (2019) Dual-process bereavement group intervention (DPBGI) for widowed older adults. *Gerontologist* 59(5):983–994. <https://doi.org/10.1093/geront/gny095>
- Cornwell B (2011) Independence through social networks: bridging potential among older women and men. *J Gerontol B Psychol Sci Soc Sci* 66(6):782–794. <https://doi.org/10.1093/geronb/gbr111>
- Dahlberg L, Agahi N, Lennartsson C (2018) Lonelier than ever? Loneliness of older people over two decades. *Arch Gerontol Geriatr* 75:96–103. <https://doi.org/10.1016/j.archger.2017.11.004>
- Durayappah A (2011) The 3P model: a general theory of subjective well-being. *J Happiness Stud* 12(4): 681–716. <https://doi.org/10.1007/s10902-010-9223-9>
- Forster F, Stein J, Lobner M et al (2018) Loss experiences in old age and their impact on the social network and depression – results of the Leipzig Longitudinal Study of the Aged (LEILA 75+). *J Affect Disord* 241:94–102. <https://doi.org/10.1016/j.jad.2018.07.070>
- Glaser R, Kiecolt-Glaser JK (2005) Stress-induced immune dysfunction: implications for health. *Nat Rev Immunol* 5(3):243–251. <https://doi.org/10.1038/nri1571>
- Glass TA, De Leon CF, Bassuk SS et al (2006) Social engagement and depressive symptoms in late life: longitudinal findings. *J Aging Health* 18(4):604–628. <https://doi.org/10.1177/0898264306291017>
- Hansson RO, Stroebe MS (eds) (2007) *Bereavement in late life: coping, adaptation, and developmental influences*. American Psychological Association, Washington, DC
- Hauksdottir A, Steineck G, Furst CJ et al (2010) Long-term harm of low preparedness for a wife's death from cancer – a population-based study of widowers 4–5 years after the loss. *Am J Epidemiol* 172(4): 389–396. <https://doi.org/10.1093/aje/kwq147>
- Hong SI, Hasche L, Bowland S (2009) Structural relationships between social activities and longitudinal trajectories of depression among older adults. *Gerontologist* 49:1–11. <https://doi.org/10.1093/geront/gnp006>
- Huffman GB (2002) Evaluating and treating unintentional weight loss in the elderly. *Am Fam Physician* 65(4): 640–650
- Mercan MA, Barlin H, Cebeci AF (2016) Late-life bereavement: association between familial death and weight loss among elderly in the United States. *Omega (Westport)* 74(1):3–15. <https://doi.org/10.1177/0030222816649082>
- Monserud M, Wong R (2015) Depressive symptoms among older Mexicans: the role of widowhood, gender, and social integration. *Res Aging* 37(8):856–886. <https://doi.org/10.1177/0164027514568104>
- Moon JR, Kondo N, Glymour MM et al (2011) Widowhood and mortality: a meta-analysis. *PLoS One* 6(8):e23465. <https://doi.org/10.1371/journal.pone.0023465>
- Moss MS, Moss SZ (2012) Meaning of the death of an elderly father: two sisters' perspective. *Omega (Westport)* 66(3):195–213. <https://doi.org/10.2190/OM/66.3.a>
- Perng A, Renz S (2018) Identifying and treating complicated grief in older adults. *J Nurse Pract* 14(4): 289–295. <https://doi.org/10.1016/j.nurpra.2017.12.001>
- Richardson VE, Bennett K, Carr D et al (2013) How does bereavement get under the skin? The effects of late-life spousal loss on cortisol levels. *J Gerontol B Psychol Sci Soc Sci* 70(3):341–347. <https://doi.org/10.1093/geronb/gbt116>

- Schaan B (2013) Widowhood and depression among older Europeans – the role of gender, caregiving, marital quality, and regional context. *J Gerontol B Psychol Sci Soc Sci* 68(3):431–442. <https://doi.org/10.1093/geronb/gbt015>
- Shear K, Shair H (2005) Attachment, loss, and complicated grief. *Dev Psychobiol* 47(3):253–267. <https://doi.org/10.1002/dev.20091>
- Shin SH, Kim G, Park SB (2018) Widowhood status as a risk factor for cognitive decline among older adults. *Am J Geriatr Psychiatry* 26(7):778–787. <https://doi.org/10.1016/j.jagp.2018.03.013>
- Shor E, Roelfs DJ, Curreli M et al (2012) Widowhood and mortality: a meta-analysis and meta-regression. *Demography* 49(2):575–606. <https://doi.org/10.1007/s13524-012-0096-x>
- Simon NM (2015) Increasing support for the treatment of complicated grief in adults of all ages. *JAMA* 313(21):2172–2173. <https://doi.org/10.1001/jama.2015.105>
- Stroebe M, Schut H, Stroebe W (2007) Health outcomes of bereavement. *Lancet* 370(9603):1960–1973. [https://doi.org/10.1016/S0140-6736\(07\)61816-9](https://doi.org/10.1016/S0140-6736(07)61816-9)
- Szabo A, Stephens C, Allen J (2016) Construct validation of Wenger’s support network typology. *J Gerontol B gbw126*. <https://doi.org/10.1093/geronb/gbw126>
- Utz RL, Swenson KL, Caserta M et al (2014) Feeling lonely versus being alone: loneliness and social support among recently bereaved persons. *J Gerontol B Psychol Sci Soc Sci* 69B(1):85–94. <https://doi.org/10.1093/geronb/gbt075>
- Vable A, Subramanian SV, Rist P et al (2015) Does the “widowhood effect” precede spousal bereavement? Results from a Nationality Representative Sample of Older Adults. *Am J Geriatr Psychiatry* 23(3):283–292. <https://doi.org/10.1016/j.jagp.2014.05.004>
- Van den Berg GJ, Lindeboom M, Portrait F (2011) Conjugal bereavement effects on health and mortality at advanced ages. *J Health Econ* 30(4):774–794. <https://doi.org/10.1016/j.jhealeco.2011.05.011>
- Vitlic A, Lord JM, Carroll D et al (2015) Increased risk of infection in bereaved older adults: from broken heart to broken immune system. *Adv Neuroimmune Biol* 6(1):25–30. <https://doi.org/10.3233/NIB-150106>
- Vogelzangs N, Beekman AT, Milaneschi Y et al (2010) Urinary cortisol and six-year risk of all-cause and cardiovascular mortality. *J Clin Endocrinol Metab* 95(11):4959–4964. <https://doi.org/10.1210/jc.2010-0192>
- Wolff K, Wortman C (2006) Psychological consequences of spousal loss among older adults: understanding the diversity of responses. In: Carr D, Nesse R, Wortman C (eds) *Spousal bereavement in late life*. Springer, New York, pp 81–115
- Zisook S, Shear K (2009) Grief and bereavement: what psychiatrists need to know. *World Psychiatry* 8(2): 67–74
- Zisook S, Simon NM, Reynolds CF et al (2010) Bereavement, complicated grief, and DSM, part 2: complicated grief. *J Clin Psychiatry* 71(8):1097–1098. <https://doi.org/10.4088/JCP.10ac06391blu>
- Zisook S, Iglewicz A, Avanzino J et al (2014) Bereavement: course, consequences, and care. *Curr Psychiatry Rep* 16:482. <https://doi.org/10.1007/s11920-014-0482-8>