

Grief Process of the Elderly after the Bereavement of Their Spouses —from the Results of a Survey in Rural Society in Japan—

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要 約

The bereavement of spouses is the most serious trial in one's lifetime. We conducted a survey on the bereavement of people sixty five and over in rural areas in Japan from October '94 to September '95. Findings from this survey are as follows. 1. Elderly bereaved persons in Japan's rural society experience a mild grief process. 2. However, the following cases need social supports; 1) in the case that the elderly bereaved became alone and get little support from their friends and relatives, 2) in the case that they had no time for preparation psychologically because their spouses' death happened suddenly, 3) in the case that they have great difficulty in everyday life, 4) in the case that they are sickly and also have economical anxiety, 5) in the case that they have a strong anger and blame physicians for their spouses' death, 6) in the case that even though they live with their family, their personal relationships are not good. 3. We should start with the present system of visiting nursing as a social support for the elderly bereaved and add a counselling system to it. Still more, some kind of volunteer groups to care for the elderly bereaved and other support groups for them are now needed.

Key words

**bereavement of spouses, the elderly bereaved, grief process,
recovery from bereavement, a rural society**

Introduction

It is said that nothing is so bitter a trial in our lives as to be bereaved of our spouses.¹⁾ In many cases, the bereaved experience mental and physical stress and other related problems after the loss. Some have an extraordinarily long and lingering

grief process. Here, we define grief process as the process of change and recovery that the bereaved go through.

Now what kinds of problems occur when an elderly person loses a spouse? As we reach a ripe old age, the probability of losing our spouse increases. Unexpectedly, however, there was very little data to be

found concerning this subject and the elderly. We conducted a survey to clarify what conditions the aged experience and what kinds of problems they face after their bereavement, and to discuss how they should be supported. In this article, the survey results will be presented and discussed from some important points. This survey was conducted in Toyama, which is a typical agricultural area in Japan. This article will give a clear view of the elderly bereaved living in an agricultural area of Japan, an aging society.

Method

The data of the survey presented in this article were collected from October of 1994 to September of 1995. The subjects were people of both sexes sixty-five and over who had been bereaved of their spouses for seven or eight months, which is thought to be the length of time it takes for the bereaved to recover their composure.

The method is as follows. First, the authors got the list of the bereaved who were registered at the city office of Oyabe, which is a city of about 30,000 people in Toyama Prefecture, an agricultural area. People who met the abovementioned conditions from the list were selected. The authors telephoned them and explained the purpose of the survey to them, and then

visited only those who consented to the survey. One of the authors visited and interviewed them once a week. Interviews averaged one hour in length. During the interviews, they were asked to answer questions prepared in advance, but they also talked freely about their feelings and thoughts. The interviewer took notes during the interviews with their consent.

Results and Discussion

The number of a population of the elderly bereaved sixty-five and over in Oyabe was not grasped. However, thirty-five bereaved people consented to be interviewed in the course of the year. Only one woman refused to be interviewed during the period of the survey. Nine of them were men (25.7%) and twenty-six were women (74.3%). Almost all of their spouses died of illness, irrespective of sex. Accidental death applied only to one participant of each sex. (Table 1) As for the construction of family after the bereavement, 44.4% of the men and 30.8% of the women lived alone. The elderly who were living with a son and his family, with a daughter and her family were 33.3% of the men and 53.8% of the women. For the question that if they had cared for their spouses during their illness, 77.8% of the men and 88.5% of the women said, "Yes". In the case of caring for their

Table 1 The cause of their spouses' death

	widowers (n: 9)	widows (n:26)	total (n:35)
death from an illness	8	25	33
accidental death	1	1	2
total	9	26	35

spouses for three or more months, however, 78.3% of the women had this experience while only 14.3% of the men did.

Health conditions worsened in the cases of 22.2% of the men and 19.2% of the women after the bereavement. The rest felt the same as before the bereavement. (Figure 1) Those whose health conditions worsened had a temporary loss of appetite, loss of weight, insomnia and other problems soon after the bereavement. They had recovered from all of these symptoms except insomnia when the survey was made. One of the men and two of the women still had insomnia when the survey was conducted.

For the question, "What is most painful for you now?", many people mentioned their poor physical health. In most cases, however, they had experienced chronic health problems because of their age before the bereavement, so their physical condi-

tions had no special relationship to their bereavement. As for psychological aspects, loneliness ranked first, irrespective of sex. (Table 2) The followings are some of their remarks.

"When I have nothing to do, I can't help thinking about my life. I was very lonely during New Year's Holiday this year." (male, 75, living alone)

"I feel lonely. Nights seem very long." (male, 77, living alone)

"I feel lonely as I feared. I talk to him, but he does not respond." (female, 73, living with her son)

As for the men, regrets, worries about insomnia and anxiety or feeling of helplessness followed after "loneliness". Women had similar tendencies. The followings are some of their remarks of regret.

"At night, when my family is fast asleep, I sometimes wish I had done various things for her." (male, 71, living with his daugh-

Fig 1 Health conditions after the bereavement

widowers (n: 9)	a: 2 (22.2)	b: 7 (77.8)
widows (n: 26)	a: 5 (19.2)	b: 21 (80.8)

a: change for the worse (): %
b: no change

Table 2 The most painful things or feelings at this time

widowers	loneliness (7), regrets (3), worries about insomnia (3), feeling of helplessness (2), inconvenience of daily life (2), "the feeling is indescribable" (1)
widows	loneliness (15), feeling of helplessness (3), regrets (3), worries about insomnia (3), anger (1), inconvenience of daily life (1)

(): the number of people, plural answers

ter, her husband and three grandchildren)

"I didn't understand my husband's feelings. From now on I want to share his interest in some matters." (female, 74, living with her son, his wife and three of her grandchildren)

However, these regrets were not so serious. They probably came from a deep attachment to their deceased spouses.

Anxiety or feelings of helplessness were mentioned by those who had been left alone in their homes, and had been having financial problems or being sickly themselves. As for insomnia, in most cases, they had had it since before the bereavement.

Seven women did not especially mention pain or feelings of bitterness. After the bereavement most of them were filled with relief after many days of caring for their spouses. At the same time, they felt satisfied with having taken the best possible care of their husbands. One of them said, "How wonderful it is to be free!", released from a long-term care situation.

To make sure, they were asked, "Do you often remember your deceased spouse ?" All of the men said, "Yes, often". Of the women, 84.6% said, "often", 7.7% said, "sometimes" and only one said, "seldom". One of the women said, "I try not to remember him." (Figure 2)

In response to the question, "When do you remember your deceased spouse ?", the most common answer, irrespective of sex, was like this, "When I pray in front of our family Buddhist altar". Other answers were "When I wake up at night", "When I am alone", "When I go to bed at night", and "When I see his (or her) belongings or when I want to do what he (or she) liked to do". There was no difference in the answers between men and women, and the women who said that she seldom remembered her husband said, "Because he was not at home every day, I have nothing to look back on about him." (Table 3)

For the question that if there was anyone to whom they could talk about their personal feelings with, all the men except one answered, "Yes", while 24 women answered, "Yes". Only one of the women said, "No", and one man and one woman said, "I don't want to talk about myself." (Table 4)

For the question, "To whom do you talk about your feelings ?", the most common answer, irrespective of sex, was their friends or neighbors. Next came their daughters, for both men and women. Their sons ranked third. Some of them mentioned their daughters-in-law. Their daughters were their support.

Fig2 "Do you often remember your deceased spouse ?"

widowers (n: 9)	a: 9(100)				
widows (n: 26)	a:22(84.6)	b: 2 (7.7)	c	d	c:1(3.9) d:1(3.9)
	a: Yes,often c: seldom	b: sometimes d: I try not to remember him	(): %		

Table 3 "When do you remember your deceased spouse?"

widowers (n: 9)	" when I pray in front of our family Buddhist alter" (4), " when I wake up at night " (2), " when I go to bed at night" (1), " when I am free " (1), " when I feel inconvenience with housework " (1)
widows (n:26)	" when I pray in front of our family Buddhist alter " (9), " when I am alone " (4), " always " (2), " when I go to bed at night " (2), " when I wake up at night " (1), " when I go to our farm " (1), " when I see his belongings " (1), " when I do what he liked to do " (1), " when I have a meal or take bath " (1), " when I watch TV " (1), " when my relatives have become indifferent to me " (1), others (2)

Table 4 "Do you have anyone to whom you can talk about your personal feelings"

	" Yes "	" No "	others	total
widowers (n:9)	8	0	1	9
widows (n:26)	24	1	1	26
total	32	1	2	35

Table 5 "To whom do you talk about your feelings"

widowers	friends or neighbors (6), daughters (4), sons (2), brothers or sisters (1), daughters-in-law (1)
widows	friends or neighbors (11), daughters (8), sons (6),brothers or sisters (4), daughters-in-law (3),sons-in-law (1)

():the number of people , plural answers

A man, 75, who lived alone said happily, "My daughter comes to see me with a meal once or twice a week. She does some chores my wife used to do for me." (Table 5)

For the question that if their views of life had changed after the bereavement, most of the people, irrespective of sex, answered "No". One man and seven women answered "Yes". Their change of view was not

dramatic, but to such an extent that, "Because I saw the way my husband died peacefully, I'm not scared of death" (female, 77, living with her eldest son, his wife and her grandchild), or "I came to feel that I was very old after my husband died" (female, 81, living alone).

For the question that if they believed in any religion, 100% of the men and 92.3% of the women answered, "Yes". Only two women answered, "No". Eight men were Buddhist and one man was a follower of a 'new religion'. Twenty-three women were Buddhist and one woman was a follower of Shintoism. In Toyama Prefecture, the majority of people are traditionally Buddhist, and this survey shows that tendency. As for the difference in the strength of their beliefs between before and after the bereavement, one man and four women said, "stronger than before the bereavement". There was no difference for the others. No one said, "weaker", and many of those who said, "no difference", said, "I practice my religion only as a social ceremony."

For the question, "How do you want to live your life from now on?", there was almost no difference in their answers between men and women. The most common answers were, "I want to be in good health

and live a normal life", "I want to get along well with my family and friends, without giving them troubles", "I want to live a peaceful life without worrying" and so on. Some people wanted to take some type of lessons or travel.

For the question, "How do you want to die?", almost everyone said, "I want to die peacefully without suffering from a long illness and giving my family troubles."

Finally, the followings are the authors' opinion as to what extent those surveyed had recovered from grief when the survey was made, seven to eight months after the bereavement. In the authors' judgment, 33.3% of the men and 38.5% of the women "had almost recovered". (Figure 3) This judgment was based on the following points.

- 1) Whether they had accepted their spouses' deaths both mentally and emotionally.
- 2) Whether they had almost recovered from depressive responses, such as loss of appetite, insomnia, a feeling of exhaustion and other problems.
- 3) Whether they could take an objective view of the bereavement of their spouses without being caught up in mourning, even if they still had such

Fig 3 Recovery extent from grief
(seven to eight months after the bereavement)

widowers (n: 9)	a: 3 (33.3)	b: 6 (66.7)	
widows (n :26)	a:10 (38.5)	b:10 (38.5)	c: 6 (23.0)

a: almost recovered b: not yet recovered (): %
c: not experienced much grief from beginning

feelings.

- 4) Whether they had begun to adapt to life without their spouses and come up with some ideas to spend their time meaningfully.
- 5) Whether they could solve their psychological conflicts, if they had any, and were constructing their new self-images or identities without their spouses.

Considering all these points, the authors have come to the previously mentioned results. However, many of those who "had almost recovered" had had some difficulties, such as a feeling of exhaustion, insomnia, strong feeling of mourning for two or three months after the bereavement. It was only after half a year that they had recovered their composure.

On the other hand, 66.7% of the men and 38.5% of the women had not yet recovered in our judgment. This difference in the sexes was not significant (by χ^2 test), because of the small number of men in the survey. However, it is an interesting result. Even in the case of those who had not yet recovered, it was not so serious. There was no case which applied to what Parkes et al. calls "pathological grief".²⁾ They could recover as time passed.

In the cases of women, 23.0% had not experienced much grief from the beginning. Some of them experienced loss of appetite or a feeling of exhaustion for a short period after the bereavement, but they had recovered soon and spent their lives feeling satisfied with having taken good care of their husbands. One of the women said, "I think my husband was happy. Why should I feel sad?"

This is the outline of the results given

from our one-year survey. Following points become clear from this study.

A. On Recovery from Grief

1. Some features in the cases where the bereaved had not yet recovered from grief at the time of the survey.

The following features were observed in the cases where they had not recovered from grief in seven or eight months after the bereavement. It is said that it normally takes one year to recover from grief,³⁾ but we saw some cases of recovery in seven or eight months. There was little difference between men and women, so we will discuss this, irrespective of sex.

1) the case of a spouses' death in an accident or sudden illness

We will discuss this case first. In these cases, the bereaved cannot make a satisfactory recovery from grief, because they are not prepared for their spouses' deaths. As Parkes, C.M., Weiss, R.S., Stroebe, M.S., Stroebe, W., Hansson, R.O. and many other researchers have pointed out, the reason is thought to be that the shock is greater to the survivors and remains longer than in other cases.⁴⁾

A (male, 69) lost his wife in a traffic accident while he was away on a trip and was not with her when she died. He said, "The shock was beyond description." The feeling of loss continued still fresh in his mind, and he barely endured his mental anguish with works of agriculture and construction. He said, "If I didn't have something to do, I would become neurotic." Although his depression had lessened, he needed much time to construct a new self-image without his wife, because he was engulfed by grief.

2) the case where life after the

bereavement is full of difficulties

In this situation the bereaved cannot make a satisfactory recovery either. In such cases, the bereaved have to bear a double psychological burden. The loss of their spouses alone is a great shock to them. With great difficulties in their lives, their sufferings are compounded, and their lives are more difficult. At the same time, they cannot help wishing their dead spouses would return to them, although they know it is impossible. It is also difficult for them to prepare themselves for new situations without their spouses.⁵⁾

In case of A, which was mentioned above, in addition to his wife's sudden death, the difficult task of caring for his mother, 89, which his wife had done until her death, fell on him. He could not ask his son's wife to help him because she was busy with her job. It can be assumed that it will take him a long time to recover from grief.

3) the case where the bereaved themselves have serious illness

This case is also a difficult case.

B (male, 66) had suffered from bladder cancer since before the bereavement. Ten days after his wife died of a brain tumor, he was hospitalized because of a recurrence of cancer and was in the hospital for five months. When he was interviewed, he had an artificial bladder and stayed home under medical treatment. He lived with his 44-year-old single son. He grumbled, "When my son is away in the daytime, I have to do everything for myself." Then he said, "I am in poor health, and I can't taste anything when I eat. I am trying to make an outward display of spirit, but I can't help remembering my wife all day. My heart sinks."

In this way, if the bereaved themselves

have serious illnesses, it is not easy to recover from grief, because their health problems absorb all their energy for reconstructing their new self-images.

4) the case where the bereaved are dissatisfied with the treatment at the hospital.

This also tends to delay the process of recovery.

C (female, 72) was angry that when her husband's condition took a sudden turn for the worse, the doctors did not give him necessary treatment, leading to his death. Moreover, the husband of her daughter, who lived with her, had disappeared for long time. She was under pressure to support her family after her husband died. She told about her uneasy feelings. "I try to make an outward display of spirit, but I am worried about my family if I get sick", she said. Her husband's death was all the more regrettable to her, and she could not repress her indignation with the doctors. It still seemed difficult for her to accept her husband's death emotionally.

5) the case where the bereaved have no heirs in addition to feeling of helplessness with living alone

Also in this case, the process of recovery was not satisfactory.

D (female, 75) was forced to live alone in a big house after her husband's death. She was filled with loneliness rather than relief from the hardships of caring for her husband for fifteen years. Her insomnia continued after his death, and she always thought about her deceased husband. She said, "I still don't feel like going out." She had no regrets about caring for her husband, and some of her brothers and friends came to see her after the bereavement, but she had no children, and her sufferings had become greater because there was no heir.

In Japan's rural areas, the 'family name', which is a symbolic relic of the feudal age, is still regarded very highly.

6) other cases: the cases where the bereaved live alone and have some economic anxiety, where they don't have good human relation with their families living with them, or where they are by nature unsociable.

Also in these cases, it was not easy for them to escape from their grief. On the economic side, the rural areas of Toyama are wealthier than other parts of Japan. However, because many of the elderly live almost only on a pension, they experience some economic anxiety. In some cases, economic anxiety intensified grief, which made it difficult to recover from grief. With economic anxiety, what Freud, S. called "mourning work" will be suspended.⁶⁾ It is possible for them to look deep into themselves only when they can secure their livelihood.

2. Some features in the cases where the bereaved had almost recovered from grief at the time of the survey

Next we will discuss the features of the cases where they had almost recovered from grief in seven or eight months after the bereavement. Also in these cases, there was little different between men and women, so we will discuss this, irrespective of sex.

1) the case where preparation for their spouses' deaths was possible because of a long illness, or their spouses died peacefully

These features were observed in most of those who had made a satisfactory recovery. Preparedness for their spouses' deaths is very important to accepting bereavement emotionally, and a peaceful death is a comforting factor for the survivors.⁷⁾

2) the case where their families, friends

and neighbors support them both practically and emotionally

Most of those who had nearly recovered from grief at the time of the survey had this kind of human support. Especially the practical and emotional supports of their neighbors and friends were a great comfort to the elderly bereaved. During the short time when the researcher visited and interviewed them, their neighbors often came to see them and bring them food. As for their children, their daughters seemed more reliable. There was no difference here between men and women. Moreover, their grandchildren's encouraging words were the best present for the elderly bereaved.

3) Even if they live alone, if they have this kind of support, they recover from their grief comparatively early.

If the elderly live alone after the bereavement, in addition to loneliness, various factors, such as daily inconveniences, helplessness, and economic anxiety can make the process of recovering from grief difficult. However, if they have the support, as mentioned above, they can adapt to new situations comparatively easily, even living alone.

E (female, 75) lived alone after the loss of her husband. After the bereavement, her legs weakened suddenly, and she was inconvenienced because she had to do the chores her husband had done for her. She said, "My daughter who lives nearby sometimes stays with me at night, and some of my neighbors often come to see me, so I'm not very lonely." Still more, once a month, members of the Buddhist women's club visit her. She said, "I want nothing more." She regarded bereavement as natural because of her old age, and she wanted to die in the hospital. In this way, she accepted the

reality and tried to face up to a new situation calmly.

In a typical agriculture area like Toyama, close friendships with neighbors still remain, and it functions as a strong support system when an individual faces a crisis. This was confirmed through the survey. The agricultural areas in Japan are being urbanized, but close human relationships like these are our inheritance and worth maintaining.

4) In many cases, especially women are satisfied with having cared for their spouses for a long time, which gives them a psychological relief.

This fact was shown in the reports by Parkes, C. M., and many other researchers,⁸⁾ and has also been confirmed by the survey we conducted.

F (female, 78) cared for her husband at home for nine years. Immediately after the bereavement, she had such a strong feeling of exhaustion that she could not attend his funeral. She recovered in about a week, and she was filled with gratitude for her husband. She said, "He held my hand and thanked me before he died. I still remember the feel of his hands, and my son, who lives with me, thanks me for my care and supports me. So, I feel no pain because I have been bereaved." While regrets after the bereavement are one of the causes of the survivors' great pains, satisfaction with having done their best to care for their spouses leads to peace of mind.

5) They are free of economic anxiety.

First of all, financial stability is the minimum requirement for getting over a difficult situation. In my survey, those who were making a satisfactory recovery were free of economic anxiety.

6) Their faith supports them, although

there is difference in degree.

It is true that if we have an unshaken faith, it becomes easier for us to face up to difficult situations.⁹⁾

G (female, 73) was once a midwife. She had believed in Jodo sect of Buddhism since before the bereavement of her husband. After the bereavement, she lived alone with her mentally handicapped son. She lived her life, supported by reading books on Buddhism. Naturally she felt lonely, but she accepted the reality calmly. She said, "I want to live a long life for my son and myself, supported by my faith. I have lived a very happy life."

Incidentally, Toyama is famous in Japan for its people's strong faith in Buddhism.

7) Those who keep diaries and reflect on themselves or who are interested in various matters and try to join in social activities recover early.

H (male, 81) lived alone after the bereavement. He had some hobbies like Noh chants. He kept a diary every day and was socially active. He did not seem to do this consciously to avoid grief. It could be inferred from his attitude that he was making an effort to deal positively with a new situation. Of course his sons supported him, but it is likely that his positive attitude made it easier to get over this difficult situation.

In this way, it is assumed that personality has a great effect on the process of recovering from grief. It is also assumed that keeping a diary is an effective way to calm the mind and take an objective view of problems.

B. The General Features of the Grief Process of the Elderly

As far as the authors met and

interviewed directly, the elderly bereaved in a rural area in Japan, the grief of the elderly in a rural area caused by the bereavement of their spouses was generally milder than that of people in their prime of life in another survey by Zandt et al.¹⁰⁾ There was no sex difference in this. Therefore, as mentioned above, there were not many cases where their health worsened after the bereavement.

There are several reasons for this.

1) A great majority of the aged regard the bereavement of their spouses as a natural incident because of their old age. So the bereavement did not change their view of life.

2) Most of the aged are not in a position to support their family budget because of their old age. It must not be overlooked that the bereavement had little influence on the financial side of the survivors.

3) Comparatively close personal relationships still remain in this area, which might be a feature of rural Japan. Close personal relationships are sometimes troublesome, however, in these cases, it seemed to function as a useful support system.

It is not certain whether these features are true of the aged in an urban area, because the authors have never made a similar survey in an urban area. However, the same tendencies were observed, according to the results pointed out by several researchers.¹¹⁾

Conclusion

The authors have described the results and discussed points of the survey on the grief process of the elderly bereaved in rural society in Japan. From this survey it became clear that their grief process is mild. However, in the following cases, it is

certain that a public program such as crisis intervention is necessary.

1) the case where they live alone after the bereavement with little support from their friends and neighbors

2) the case where they are not prepared for the bereavement because of its suddenness

3) the case where they have some difficulties in their lives, for example, with caring for their handicapped children or their high aged parents

4) the case where the bereaved themselves are sickly or where they have economic anxiety

5) the case where they have a strong anger and blame physicians for their spouses' deaths

6) the case where they are unsociable or where they have a lot of problems with personal relations, even if they live with their families

As a public support system, first of all, it would be desirable to expand the existing system in which an expert visits the person for nursing and to introduce counseling by nurses in that system. Counseling for the bereaved has not been developed in Japan, and it would be necessary to set up a training course for counselors. It should be considered to organize a mutual help society for the elderly bereaved. Still more, some kind of volunteer groups to care for them and other support groups are now needed. The project should also supply public funding to those persons who are experiencing financial difficulties.

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高齢者における配偶者死別後の悲嘆過程 —農村社会での調査結果を踏まえて—

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要 旨

配偶者との死別は人生の中で最も厳しい試練であると言われている。しかしこの種のテーマを扱った実証的研究は乏しく、とりわけ、高齢者のそれは皆無に近い。そこで著者は94年10月から95年9月まで、配偶者と死別した65才以上の高齢者に聞き取り調査を実施した。調査地域は富山県の農村部で、配偶者と死別後7-8ヵ月が経過した頃に訪問を実施した。調査結果から得られた所見は次の通りであった。1. 高齢者の死別後の悲嘆過程は一般的に若年者のそれよりもマイルドである。2. しかし次のようなケースでは社会的サポートを必要とする。即ち、1) 死別後独居となって、家族や友人からの支援がほとんど無い場合。2) 配偶者が急死したために心の準備ができなかった場合。3) 日常生活に多大な困難がある場合。4) 死別者自身に深刻な健康問題があったり、経済的に不安のある場合。5) 配偶者への治療に不満を持ち、医師に怒りを感じている場合。6) 性格的な問題があったり、家族と同居していても、関係が良好ではない場合。3. これら的高齢者の支援のためには、現存の訪問看護システムに死別カウンセリングを導入したり、高齢死別者自身の自助グループの結成援助等さまざまな取り組みが必要とされよう。

キーワード

配偶者死別，高齢死別者，悲嘆過程，悲嘆からの回復，農村社会