

Teach me to say goodbye

Mourning in elderly people

3



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Life adjustments in the elderly

Change and loss:

From the age of 65, there are significant life changes in areas such as work —with retirement—, health or emotional well-being —with the death of loved ones. Therefore, the ability to continuously adapt is also key, at this stage...

"Living implies passing through a series of bereavements". (L. Grinberg)



Ageing and disease:

With age, the emergence of pathologies in older people increases along with the need for new adjustments, although **ageing is not always associated with a drop in health or illness.**

Loneliness:

It is a risk factor in the elderly; the greater the loneliness perceived, the greater the psychological vulnerability (with the increase in depressive symptoms that this entails).

As time goes by, it is becoming increasingly necessary to have **familiar and welcoming environments** that offer security and facilitate communication with other people. This is normally provided by family, friends, the usual circle, the neighbourhood, neighbours, nursing home or day-care centres.

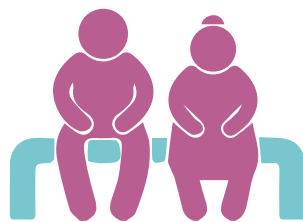
Isolation, **especially if imposed (such as in emergency health situations)** exacerbates the experience of loneliness, emotional suffering and encourages the emergence of trauma, fear and psychological vulnerability.

Anxiety about death:

In the elderly, proximity to death is accepted more naturally than in younger people. However, feelings of sadness and concern may occur in specific cases or circumstances such as isolation or physical, socio-economic or family dependency (e.g. "fear of being a burden").

Psychological equilibrium theory:

For psychology, adults and elderly people at the end of their lives **need to accept their life experience as they have lived it**, believing that they did their best at any given time, and thus achieving greater satisfaction as a vital balance.



Experience of mourning in elderly people

- "Empty nest": when children leave home.
- Retirement: vital readjustment to a new role.
- Changes in family income (pension, retirement, etc.).
- Changes in place of residence: living with children, going to a nursing home, going to day-care centres, etc.
- Changes in your health or your partner's health (loss of vision, smell, mobility, etc.).
- Divorce, widowhood and/or loss of friendships.

With ageing, physical, psychological, social and family changes are faced that require significant adjustment processes.



Widowhood effect

The widowhood effect:

When one member of the couple dies, the **risk of dying or worsening health of the spouse** increases by 66% in the first three months of widowhood.

Support:

In light of such circumstances, family, social and economic support and quality healthcare are incredibly important.

Secondary losses:

When someone dies, it not only entails the loss of the loved one, but also the alteration of the vital universe that the person helped to create, and therefore **adjustment will be necessary in various areas**.

Positive adaptation:

The effort to adapt to the new situation and to address the bereavement is sometimes accompanied by another effort: **assuming new responsibilities by taking an active role**. If this is done voluntarily, it can help the person develop highly **positive feelings of self-efficacy**.

New roles:

Widows have greater capacity to adapt than widowers, upholding household activities and having the support of children for instrumental and administrative procedures, and friends and neighbours for emotional support (social support).

Symptoms that may emerge:

- Stress, anxiety or sadness.
- Sleep disturbances, loss of appetite, somatisation, thoughts on loop, etc.
- Reduced social relations.
- A feeling of loneliness and lack of affection.
- Confusion of roles.
- Uncertainty around thinking about the future.
- Pathological vulnerability (increased risk of disease).

Women are the group most affected by widowhood due to their greater life expectancy.

Ageing positively: breaking false myths

False myths

- The elderly have memory problems.
- All old people get sick.
- Sexuality is of no interest in old age.
- The elderly are alone and isolated.
- Elderly people do not contribute anything to society.
- Old people are unable to learn.
- Social networks and the internet are not for the elderly.
- Elderly people do not participate in social changes or activities.

Real details

- Most elderly people have good health and can carry out their daily activities.
- Ageing is not synonymous with depression.
- Age alone is not a risk factor for depression.
- More than 41% of people over 65 use the internet.
- People over 65 are the most participatory political group in Europe (more than those of younger ages).

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Activities

Share moments to chat, recall anecdotes, look at photos and videos again, etc.



We recommend spending time with our elders, especially if they are going through the mourning process.



Accompany them and enjoy activities that the elderly person likes.

Encourage their participation in group activities: socialising or meeting other people in the same situation.



Supervise routines: rest, bathroom, medication and food.



Have an active life: sport + correct nutrition and hydration + quality social and family relationships.



Generate spaces for loneliness: rest, introspection, reading, etc. In short, respect their intimacy.

You can access them here

