

Living Through Mourning

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Mourning vs. Depression

By Paivi M. Outinen, RN, LCSW

Grieving individuals often question whether their feelings, thoughts, and behaviors are "normal." The bereaved frequently express fear of "going crazy" or being labeled as mentally ill. Grief and clinical depression share common characteristics which creates doubt and confusion in the mind of the bereaved and his/her family members. While grief and depression have many similarities, they also have differences.

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At-Risk Elderly

By Scott W. Bradley, MSW, CT, NCPsyA

When we hear of suicide, we tend to think of young people as we are constantly confronted by teenage suicide in the news. What is more common, but not publicized, is elderly suicide. Elderly suicide is 1.5 times higher than the average population's suicide rate, and elderly people usually succeed at committing suicide. The most vulnerable to suicide are elderly white males over 75 years old, and they are at the greatest risk if they are widowed, living alone, or away from the rest of the family. Male suicide compared to female suicide increases greatly after the age of 85, when they are the most isolated from family, friends, church, etc.

Some of the social factors for elderly suicide are loss of a job (economic stability and self-worth), loss of a spouse (not a couple anymore), and physical loss (vision, mobility and hearing).

When people lose these resources, they have a difficult time adjusting, which can lead to depression and stress. In general, the signs for depression are much the same with everybody, but some of the unique signs for an elderly person are withdrawal, lethargy, apathy (don't want to do anything), and also somatic complaints (physical, bodily functions). To counter stress and depression, many elderly people choose alcohol. Alcohol abuse in elderly people is particularly dangerous because much smaller quantities tend to damage internal organs quickly.

There are clues to watch for if you think someone is depressed and contemplating suicide. If an elderly person makes a statement about suicide, take them seriously and get some help. You might notice some behavioral changes, such as stockpiling pills, changing their will with intensity, giving away personal possessions, or going to the doctor when they just went. If you are at all suspicious, find a qualified psychiatrist or counselor and seek their advice. If you are not sure who to call, call us and we will try to find the appropriate professional to help you. 🦋

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Mourning vs. Depression *cont'd*

Grief is a normal response to loss. There are many psychological, social, and physical factors that influence the bereaved and the grieving process. One's personality and cultural, familial, and religious heritage color how one grieves.

Some of the common experiences that grieving individuals report are:

- Fatigue
- Changes in sleep and appetite (either sleeping and eating more than usual or much less than usual)
- Lack of interest in previously enjoyed activities
- Lack of joy, lack of future orientation
- Confusion, poor memory
- Hallucinations (sensing the deceased person's presence, seeing the loved one and feeling that they are being touched)
- Somatic problems or preoccupation with one's health
- Feelings of dependency or withdrawal from others
- Anxiety and various fears

The above are part of normal grief reactions. Pathological process might need to be investigated if the bereaved continues to experience these symptoms for a prolonged period of time, if the symptoms resurface after a year or two from the loss, or if the symptoms prevent him/her from functioning in daily life.

A clinically depressed person might experience many of the above-mentioned symptoms. One of the main differences between grief and depression according to Worden is that "...in grief reaction, there is not the loss of self-esteem commonly found in most clinical depressions" (Worden, 1982). The bereaved is pre-

occupied with the deceased while the depressed individual is more focused on oneself. Both might feel hopeless and have suicidal thoughts. The bereaved most often would express a desire to join the loved one and to avoid the pain of separation while the depressed individual will express more general hopelessness, lack of purpose for one's life, and desire to "leave it all behind." The bereaved rarely acts on suicidal feelings according to Rando (Rando, 1984). While depressed persons often feel isolated in spite of others trying to reach out to them, the bereaved person might try to assure family and friends that their caring makes the struggle to live worthwhile.

Grief and clinical depression share common characteristics which creates doubt and confusion in the mind of the bereaved and his/her family members.

Persons who are more vulnerable for developing clinical depression as a response to loss are individuals who have:

- History of depression
- Previous unresolved grief
- Persons with an ambivalent or conflictual relationship with the deceased
- Inadequate coping skills, concurrent crises/stressors, and lack of social support


Most bereaved individuals do not develop depression as a response to loss. But it is natural that the bereaved, as well as the close circle of family and friends, worry

whether the grieving process is progressing without complications. Most people are impatient and expect the grieving "to be done with" within the first year if not sooner.

No one can force grief into a time table no matter how much one wishes to do so. Grieving will take time. Both the grief process and many episodes of depression can be successfully worked through. Professionals can and should be consulted if one is concerned that a normal grief process has turned into a clinical depression.

Signs that might indicate complicated or unresolved grief:

- Absence of grief, the bereaved denies that death occurred
- Developing symptoms of the illness that the deceased died of
- Developing psychosomatic illness or illnesses
- Noticeable changes in relationships with close family and friends
- Intense and prolonged anger towards persons connected to the care of the deceased
- Persistent agitation, insomnia, bitterness, feelings of worthlessness
- Suicidal tendencies

If you or a loved one feel you may be experiencing complicated or unresolved grief, please call Scott Bradley at 973-665-1782 for a free consultation. 

REFERENCES:

<http://www.sdsma.org/aboutsdsma/publications/documents/Bereavement.pdf>

Rando, Therese A. Grief, Dying, and Death, Clinical Interventions for Caregivers. Champaign, Illinois: Research Press Company, 1984.

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Q&A

Ask Our Bereavement Specialists

I have so many people telling me what I should do to get over this grief. I am so bewildered. How do I make the best decision for myself?

Most likely your friends mean well. Their advice-giving might make them feel less helpless, as well as give them the feeling that they are helping you. They would like you to be in less pain over your loss, although sometimes their motivation might be their own discomfort with grief and their thoughts of death. Our society also wants us to hurry along no matter what process we are engaged in. People put artificial timelines on grief. Everyone grieves in their own way or according to their own timeline. Decision making can be difficult particularly in the early part of grieving.

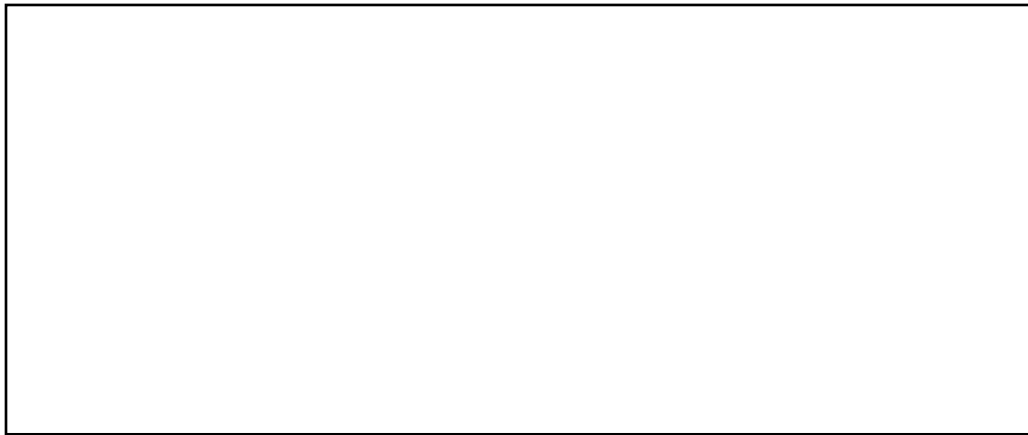
If you don't feel that any of their suggestions are of interest to you, just thank them for their concern and state that you are not yet ready to try new things. If you feel that you would like to try some of your friend's suggestions, do it when you are ready.

It's been a year now since the death of my wife. She recorded all the greetings to the voicemail on our home phone and my cell phone. I love to hear her voice when I call those numbers, but others are very uncomfortable hearing her voice. Many have told me to update the messages. What should I do with the greetings?

Listening to your wife's voice on the recordings seems to give you comfort and to keep the connection alive with her memory. Others might not share that experience. Hearing your wife's voice, as if from beyond the grave can be surprising and anxiety-producing to your family and friends. It is at least an unpleasant reminder of death every time they call your phone. This can even discourage people from keeping in touch with you by phone. You might investigate the possibility of transferring those messages to a separate file or device where only you can access them when you want to listen to your wife's voice.

I'm having the most difficult time getting things done. The accountant and attorney keep bugging me to get the estate paperwork done but I just keep procrastinating. I feel so incompetent and unorganized when I see all the work just piling up on the dining room table.

It's normal for the bereaved to have difficulty completing tasks. You're likely to feel exhausted while grieving the loss of a loved one, and your memory may be compromised as a symptom of grief. You also may be doing tasks that are new to you and take more time to accomplish. Please give yourself a break and know tasks will just take a lot longer than they might have in the past. If you really need to get something done, tell the "task master" to give you a deadline or due date and that should help a lot.



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