Conclusion to *Living with Grief: Loss in Later Life*

Kenneth J. Doka  
*The College of New Rochelle, kdoka@cnr.edu*

**Follow this and additional works at:** [http://digitalcommons.cnr.edu/facpubs](http://digitalcommons.cnr.edu/facpubs)

**Part of the [Gerontology Commons](http://digitalcommons.cnr.edu/facpubs)**

**Recommended Citation**


This Book Chapter is brought to you for free and open access by Digital Commons @ CNR. It has been accepted for inclusion in Faculty Publications by an authorized administrator of Digital Commons @ CNR. For more information, please contact [lfazzino@cnr.edu](mailto:lfazzino@cnr.edu).
LIVING WITH GRIEF

LOSS IN LATER LIFE

HOSPICE FOUNDATION OF AMERICA
EDITED BY KENNETH J. DOKA

Foreword by U.S. Senator John Breaux, Chairman, Senate Special Committee on Aging,
Introduction by Jack D. Gordon, Chairman, Hospice Foundation of America
As a whole, the chapters in this book affirm two significant points. The first is that older bereaved persons do, in fact, have unique needs that professionals must address in order to provide effective services. Professionals must take into account the varied perspectives of each aging cohort or generation. There are private and public experiences that have shaped each generation's relationships and views of the world. Naturally, these perspectives will also shape their sense of loss. For example, among the present oldest cohort, women may not be as likely to have worked outside the home. The loss of a spouse may then have severe financial repercussions and produce specific fears that may not necessarily appear in younger generations.

Professionals should also consider the individual circumstances of older clients and the ways that these factors may complicate the experience of grief. For example, the frailty of very old persons may inhibit their participation in rituals or other forms of grief support. It may be disruptive to social relationships and networks and make them far more vulnerable to stress. In some cases, they may have been dependent on a now-deceased spouse, causing secondary losses of their remaining independence and ability to remain in their own home. They may experience other forms of multiple losses, such as a number of significant deaths within a short span of time. They may be distant from their support system—residing in retirement communities or nursing homes, inaccessible to their closest confidants. Or it may be that it is their closest confidants, loved ones, and friends who are inaccessible or who have died.
Our chapters also affirm the significant strengths of older persons. Most likely they have experienced some sort of loss earlier in their lives that gives them a sense of understanding of grief, an appreciation of the grief process, and recognition of their own resilience. They can often draw informally from their networks, giving and receiving support. In a sense, their very awareness of finitude may insulate them from the extreme shock of sudden loss. It could be said that their age, in itself, suggests that they are survivors.

The above factors should not deter professionals from offering sensitive support. As we have shown, the needs of older persons who experience grief are significant and affect the lives of all generations. Most of all, professionals should understand one essential truth: Even as we help, we can learn much from the wisdom and the strength of our elders.