CASE STUDY OF BEREAVEMENT

Mary is a 68-year-old recent widow in good health. She lost her husband of 43 years, Bill, approximately four months ago. She has been trying to “be brave” and “keep up appearances”, but she has recently felt a complete lack of energy and desire to pursue once enjoyable activities such as gardening and knitting. She was prescribed some sleeping tablets immediately after Bill’s death but she is not sure that they are helping. She feels “woolly-headed”, as if in a fog, and is still not sleeping well. She also feels confused by the amount of conflicting advice she has received from well-meaning friends and family. For example, some people have advised her to sell the property she and Bill shared and move into a retirement community; others have said she must keep the home “so Bill will be close”. What she would most like help with are the little things around the house; pool maintenance and keeping their vintage convertible car running smoothly were strictly in Bill’s domain. She is troubled but is unsure where to turn.

Mary’s case raises a number of issues, the first relating to the issue of diagnosis. What might be underlying Mary’s symptoms of sleep disturbance, a lack of interest in formerly pleasurable activities, and difficulty concentrating? Both a normal grief reaction (given the relative recency of her loss) or a depressive disorder would be prime considerations. Assessing for further symptoms of depression (such as a sense of worthlessness) would help to clarify this. An alternative or even concurrent diagnosis could be of an emerging dementia, given that depression and dementia often occur together. Mary’s recent experience of a significant loss suggests that depression should be explored first.

Another issue that Mary’s case draws attention to is research on the treatment of depression in older adults. If Mary was diagnosed with depression, how could a psychologist help? Research indicates that both cognitive behaviour therapy (CBT) and interpersonal psychotherapy (IPT) would be viable treatment approaches. CBT strategies could include using problem-solving to explore options for helping Mary cope with the practical tasks for which Bill was responsible. The number of positive activities that Mary engages in could be increased to provide greater sources of pleasure. Strategies to gain a better night’s sleep (such as relaxation training) could be pursued. Finally, cognitive restructuring could be used if Mary is experiencing any unrealistic thoughts, such as expecting herself to be able to cope without asking for

assistance from others. From an IPT perspective, treatment would in part focus on optimising Mary's use of her social network as a source of support during her grieving. Any barriers to receiving effective social support (e.g., Mary not sharing her feelings with others and failing to ask for their support so as not to burden them) could be addressed.