

Asian Journal of
**HUMAN
SERVICES**

PRINTED 2020.0430 ISSN2188-059X

PUBLISHED BY ASIAN SOCIETY OF HUMAN SERVICES

APRIL 2020

VOL. 18



ORIGINAL ARTICLE

Issues in Spousal Bereavement Support for Elderly Men in Japan

Makiko YAMAUCHI ¹⁾ Miwako HIRAKAWA ¹⁾

1) Hirosaki University of Health and Welfare, Japan

ABSTRACT

This study aimed to review the literature related to elderly men after spousal bereavement in Japan, to clarify the characteristics of grief and trends in life, and to gain insights into the support system and future research issues. Of 13 studies found, two were qualitative and 11 quantitative. Eight studies were conducted on general elderly adults, with a few results focusing on the grief work itself of elderly men at home. Elderly men after spousal bereavement tended to be unable to continue “interacting with neighbors and relatives” as they did before the death of their wives. Together with the “human relations of friends and others made before the death of their wives,” the way of involvement in maintaining these was through a support perspective. In addition, the elderly men desired more support for their “current situation” than “bereavement-related situations,” and their view of support was characterized by the “examination of timing” and “selection of contents” of specific support for solving real-life problems. Elderly men who had provided nursing care before bereavement had a high feeling of emptiness owing to the loss of their career role. As such, the main issues were pre-bereavement support and continuous support after bereavement. No research had focused on the stressors of spousal death, dementia, strength of family and community, and evaluation of support; as such, these areas merit future research.

<Key-words>

elderly men, spousal bereavement, grief process, adaptation to life

Received
March 4, 2020

Revised
March 25, 2020

Accepted
March 27, 2020

Published
April 30, 2020

yamauchim@jyoto-gakuen.ac.jp (Makiko YAMAUCHI; Japan)

Asian J Human Services, 2020, 18:33-47. © 2020 Asian Society of Human Services

I. Introduction

In older age, various experiences of loss accumulate. Elderly people are more likely to experience “loss of mind and body,” “loss of economic base,” “loss of social connection,” and “loss of purpose of living” (Inoue, 1984). The target of “supporting the mind” of elderly adults is spouses and partners: 65.3%, children: 57.4%, and grandchildren: 17.9% (Cabinet Office, 2010).

In Japan, elderly adults living alone aged 65 years or older account for 6,274,000 households, which represents 26.4% of households with persons aged 65 years or older (Ministry of Health, Labor and Welfare, 2017). Research has found no differences between genders in grief response after bereavement (Miyabayashi & Yamakawa, 2005); however, men are more likely to delay grief recovery than women (Sakaguchi, Kashiwagi, Tsuneto et al., 2000; Hitomi, Osawa, Nakamura et al., 2000). Bereaved men are less likely to release their feelings of sadness and improve their mental health (Sakaguchi, Tsuneto, Kashiwagi, et al., 2002). And their mental problems may not be resolved five years after the death of their spouse (Okamura, 1992). In some cases, dealing with bereaved men who take time to recover from grief can be a challenge. In addition, elderly men are generally not adept at performing general housework owing to their living background, and therefore, after the spousal bereavement process, burdens are likely to occur in maintaining daily life, such as housework (Kono, Tadaka, Okamoto et al., 2009). Elderly men who have lived in an era when gender roles were mainly divided are less reluctant to interact with relatives and have less interaction with people and social support compared with elderly women (Okamoto, Kono, Tsumura et al., 2009). Therefore, they are vulnerable to feelings of loneliness (Tadaka, Kono, Kunii et al., 2012). Indeed, elderly men have higher levels of loneliness than elderly men with spouses (Kawai, 1988), and suicide of elderly men who lost their spouses has also been reported (Ide & Senjyo, 2001). Studies have clarified that loneliness can be reduced by social participation, such as engaging in volunteer activities (Okamura, 1994). As being a man is one of the factors that predict confinement (Harada, Sato, Saitoh et al., 2006), elderly men are at greater risk of serious social isolation.

Under these circumstances, elderly men may live with a feeling of inconvenience in life and lack of social relations, in addition to loss of affective objects and roles. In Japan, where living alone as older adults is becoming the standard form of living, the challenge is to introduce a new lifestyle for elderly men while coping with grief after spousal bereavement, from the perspective of preventing confinement and isolation. Therefore, studies focusing on the process of grief and adaptation to lifestyle of elderly men after spousal loss are considered significant in obtaining insights on support for continuing life in their home, where they are comfortable and familiar with everything.

The average life expectancy of Japanese in 2018 was 81.25 years for men and 87.32 years for women. The average life expectancy of women is more than six years longer than

men (Ministry of Health, Labor and Welfare, 2019). Studies on spousal bereavement has tended to focus on women's grief processes in detail, as women have longer life expectancies than men. In addition, many studies have focused on elderly adults in general, examining gender differences, and on the process of grief itself. Few studies relate to the construction and maintenance of the life of elder men at home after spousal bereavement.

II. Purpose of Research

In this study, by reviewing research related to elderly men living at home after spousal bereavement, we aimed to clarify their characteristics and the related trends from the perspectives of adaptation to the process of grief, life adaptation, reconstruction, and support. The goal was to obtain suggestions for support and identify issues for future research.

III. Research Method

1. Document Search Method and Document Selection Process

1) Literature search on Ichushi-Web and CiNii

Ichushi Web and CiNii were used for the literature search. We narrowed down the search to "original papers" and "with abstracts" in which the details of the results were described, and searched for studies in Japan with "full-text." In this study, we searched only Japanese articles because elderly adults living alone are increasing in Japan. The search was performed in December 2019. We extracted data on the characteristics, psychological processes, adaptation, and construction in elderly men after spousal bereavement to outline the changes brought about by the background and circumstances surrounding elderly adults. For target articles, there was no limit on the target search period. We searched for "male elderly" OR "elderly men" OR "elderly AND men" with "bereavement". A total of 87 papers were extracted: 64 from Ichushi Web and 23 from CiNii. Among them, we extracted 61 papers after excluding duplicates from Ichushi Web and CiNii.

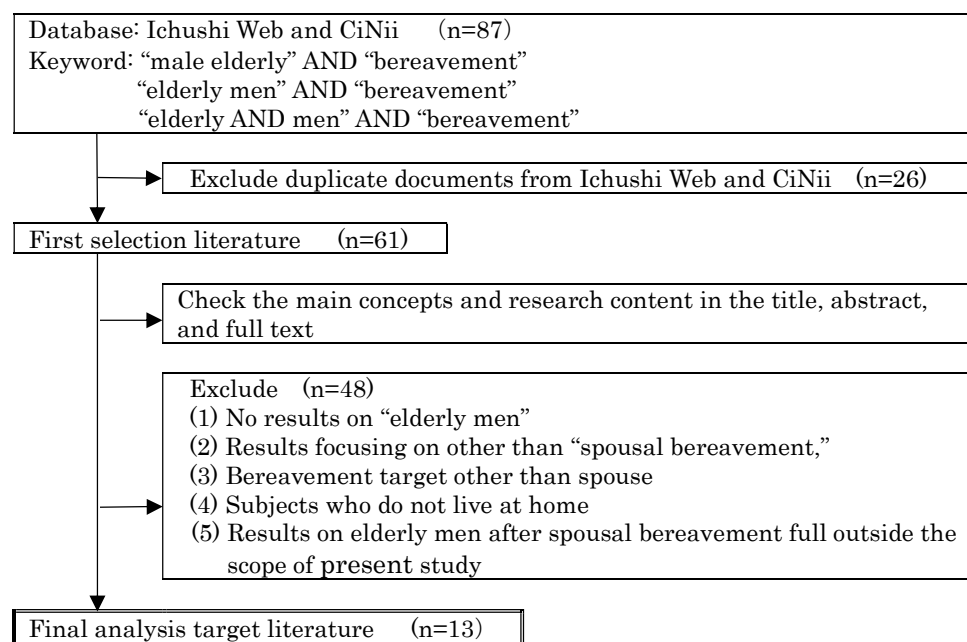
2) Selection of Target Documents

The titles and abstracts of the 61 papers were confirmed, and the main concepts and research contents arranged. The following were excluded according to the research purpose, and finally, 13 papers were analyzed, shown in Figure 1.

- (1) Those with no research results referring to "elderly men" as the subject of analysis, such as those limited to women and those for general elderly adults whose sex is not identified
- (2) Those with research results focusing on "bereavement," the search term, other than

“spousal bereavement,” such as children and parents.

- (3) Those with target age groups excluding elderly adults. Studies with participants not limited to elderly adults as cohort were included, so long as the average age of the study participants reflected elderly adults.
- (4) Those with target participants not residing at home.
- (5) Those with results on elderly men after spousal bereavement that fall outside the purpose of the present study.



<Figure 1> Process of Selection of Target Documents

2. Method of Analysis

We analyzed the trends and issues in the research on elderly men living at home after spousal bereavement using the following procedure.

- 1) For each study, the author name, publication year, research purpose, research design, subjects, and number of subjects were extracted.
- 2) Based on the previous section (Selection of Target Documents), the studies were tabulated by year of publication, and the study designs classified into qualitative and quantitative.
- 3) The research participants and methods were extracted.
- 4) We read the results of the study carefully and extracted parts related to the psychological processes and living conditions of elderly men after spousal bereavement. We noted the commonalities in psychosocial characteristics and tendencies.

IV. Results

1. Changes in Number of Studies over Time and Trends by Research Method

Thirteen studies have been published since 2000, four of which in 2005 alone. Two (15.4%) of the studies used a qualitative design, whereas 11(84.6%) used a quantitative design.

2. Trends by Participant and Content

Of the 13 papers, five (38.5%) included only elderly men after spousal bereavement, three (23%) included men who were not elderly adults after spousal bereavement, and five (38.5%) included non-spousal bereavement. By carefully reading the results, we extracted parts related to the psychological processes and living conditions of elderly men after spousal bereavement, and confirmed the viewpoint of support based on their characteristics and trends, shown in Tables 1 to 3.

1) Support from Grief and Related Factors

Among elderly adults who lost their spouse, women have worse mental health than men, whereas spirituality was stronger in women than men (Ikuta & Tanaka, 2012). Men with experience of spousal bereavement may show grief reaction more than three years after bereavement (Suzuki & Takikawa, 2005b). If the spouse had been hospitalized for a long time, the grief reaction tends to be strong, and grieving is made worse by fatigue and insomnia. Those who had shared in the care of their families report a greater sense of loss. Long-term hospitalization is one of the factors that increase grief after bereavement.

The case of an elderly man after the death of his spouse revealed that losing his role as husband shock his identity (Higashi & Nagata, 2005). As given in Table 1, his maladaptive coping mechanisms highlight the necessity of recognizing changes in identity that are caused by losing a spouse and of avoiding delayed expression of emotions, which could lead to isolation. Regarding bereavement reactions, people have reported feelings of self-responsibility and anger, with a majority feeling both (Miyabayashi & Yasuda, 2006). Studies have also reported people who turned their anger at the deceased, relatives, or others, and at medical professionals. One study with a majority of elderly female participants reported feelings of remorse and anger in bereaved elderly adults. As such, this tendency is regarded as a common emotion among men.

2) Practical Support in Real Life

Compared with emotional support, people receive less instrumental support. For example, cooking classes for men are expected to provide opportunities for going out, expanding friendships, and providing practical living support, such as for housework (Miyajima & Kitayama, 2011). One study focused on elderly widowers living alone who experienced difficulties in readjusting to life following bereavement, particularly in the

area of housework. One study, conducted on elderly men living alone who experienced difficulties in readjusting to life following bereavement, reported that invitations to interact with others through meals can help in the recovery from grief (Nabatame, Mizuno & Sakai, 2018).

<Table 1> Literature targeting only elderly men after spousal bereavement

| Author | Purpose | Research method (1) Target (2) Method | Results | Perspectives and issues of support indicated |
|--------------------------|---|--|---|---|
| Suzuki et al. (2005a) | To clarify the factors related to grief and to consider ways of nursing for adapting to life after spousal bereavement. | (1) 50 men (1–5 years after spousal bereavement) (2) Self-reported questionnaire survey by mail, the grief scale that translated Japanese version of RGEI. | *Grief reaction after bereavement confirmed after more than three years. *If the spouse had been hospitalized for more than a year, the grief reaction was strong. * Sense of loss was strong if they shared caring responsibilities in their family. | Necessity of long-term support during hospitalization because prolonged hospitalization will be among the factors related to grief. |
| Suzuki et al. (2005b) | To identify factors related to loneliness in men who have experienced spousal bereavement. | (1) 79 men (1–5 years after spousal bereavement) (2) Self-reported questionnaire survey by mail, Japanese version of the revised UCLA loneliness scale. | *Loneliness weakens year after year. *Loneliness was high for those reluctant to interact with relatives, had less than four friends, were caring alone, and did not wish to remarry. | Necessity of support by strengthening emotional ties and social networks to prevent isolation. |
| Miyajima et al. (2011) | To clarify personal growth and related factors in bereaved elder men. | (1) 55 elderly men aged over 60 years (living at home after spousal bereavement) (2) Interview survey by home visit, scale of growth from bereavement experience. | *Growth is not related to bereavement-related situations. *Growth is related to the current situation. *People receive less instrumental support compared with emotional support. | Growth is acquired over time, driven by friendships and family roles. Necessity of providing a place to provide specific life support, such as housework; for example, cooking class for men. |
| Nabatame et al. (2018) | To clarify triggers and the process of continuing to participate in meal programs. | (1) six elderly men living alone (participating in a meal program) (2) Semi-structured interview, qualitative analysis using M-GTA. | *They experienced difficulties in readjusting, considering invitations, repeatedly hesitating and consenting, healing through meals and the warmth of people, and requiring assistance for living alone. | Support for those living alone by providing opportunities and invitations to interact with others through meals. |

Note: UCLA; University of California, Los Angeles. RGEI; revised grief experience inventory. M-GTA; Modified Grounded Theory Approach.

<Table 2> Literature including non-elderly adult men after spousal bereavement

| Author | Purpose | Research method (1) Target (2) Method | Results | Perspectives and issues of support indicated |
|-------------------------------------|---|--|--|---|
| Kawaai et al. (2004) | To clarify whether bereavement recovery predicts successful aging. | (1) 184 bereaved people (including 75 men). (2) Interview survey conducted three times in 15 years. First:subjective well-being and depression scale and loneliness scale. Second:depression scale and loneliness scale. Third:GHQ and lively scale. | *Mental health was poor if loneliness increases or remains. *Happiness increases if loneliness decreases. | Loneliness as a predictor of mental health and well- being, issue of involvement for recovery from loneliness. |
| Miyaba yashi et al. (2006) | To clarify the meaning of self-reproach and anger from bereavement. | (1) 57 elderly adults after spousal bereavement (including seven men) (2) Questionnaire survey, visual measurement scale. | *93% of the participants experienced self- reproach and/or anger, and 60% had both. * Half were angry at the medical staff. | Necessary for medical staff to confirm the effectiveness of coping reports to relieve anger and examine relations with restlessness, doubt, and distrust. |
| Ikuta et al. (2012) | To clarify the factors related to mental health in elder adults who lost their spouse in comparison with elderly adults with living spouses. | (1) 208 elderly adults (including 84 men, of whom 16 experienced spousal bereavement) (2) The Japanese version of GHQ28, Japanese version of WHOQOL-SRPB. | * Compared with elder men, elder women had better mental health; spirituality was strong after spousal bereavement. | Elderly people have various mental problems and complex spirituality structures, requiring evaluation of bereaved care assessment methods and improvement of care strategies to improve QOL. |

Note: GHQ; The General Health Questionnaire. WHOQOL-SRPB; World Health Organization
Quality of Life Spiritual Religious and Personal Belief.

<Table 3> Literature including bereavement other than spousal bereavement

| Author | Purpose | Research method (1) Target (2) Method | Results | Perspectives and issues of support indicated |
|-----------------------|--|---|---|--|
| Hitomi et al. (2000) | To examine the factors related to the caregiver's grief recovery process up to two years after bereavement. | (1) 117 caregivers who cared for elderly adults (including 20 men, seven of whom were husbands) (2) Anonymous questionnaire by mail. | *The recovery process from grief two years after bereavement in elderly adults were particularly slow in men. | Predictive interventions in grief recovery, such as memorial services, support for self-help groups, and specialized therapeutic interventions. |
| Kawaai et al. (2005) | To clarify receipt of social support and perception of helpful support in bereavement. | (1) 262 Tokyo residents aged over 45 years (including 116 elderly men) (2) Classification of received support, calculate support receipt rate, and benefit rate. | *Spousal bereavement patterns show low benefit assessment rate despite high support receipt rate. | Necessary to consider the support to provide depending on the bereavement target. |
| Katsura et al. (2006) | To clarify the relation between the family caregiver's sense of accomplishment, satisfaction, and emptiness and pre-bereavement factors. | (1) 86 caregivers (elderly adults home bereaved from 2.5 months to 1.5 years) (2) Questionnaire survey by mail. | * The elderly the caregiver, the higher the caregiver's sense of achievement and satisfaction with care and death care. *Husbands' emptiness was high owing to loss of role of nursing care. | Necessity of support before bereavement (e.g., coordination between the caregiver and the care recipient), caregiver health management, and respect for the caregiver's purpose of life. |
| Katsura et al. (2007) | To clarify the life of and changes in elderly people who need home care during and after nursing care. | (1) 93 elderly caregivers bereaved within the last 2.5 months to 1.5 years (including eight men) (2) Questionnaire by mail. | *Regarding living conditions, "hobbies and interests," "roles other than carer at home," "neighborhood association activities," and "frequency of going out" increased. | Necessity to establish a support system that covers the period from the start to the end of nursing care. |
| Okamoto et al. (2009) | To clarify the withdrawal status of elder adults at home who experienced family bereavement. | (1) 72 elderly experienced spousal and family bereavement in one year (23 men) + 72 control group (2) Comparative study. | *Men who experienced bereavement have no one to consult with in their family or friends compared with women. *Men who experienced bereavement have less intention to use public services. | Necessity to develop a special community-based care program for bereaved elderly men. |

3) Life Support Utilizing Coping of Elderly Men

Development and growth of elderly men's feelings derived from the bereavement process are unrelated to situations directly associated to bereavement, such as depressed mood, difficulties in life, and receiving support. Rather, feelings of growth were related to their current situation, such as current number of friends, their role in the family, and frequency of going out to learn to enjoy living alone (Miyajima & Kitayama, 2011).

4) Support from the Perspective of Loneliness and Isolation

As for the social support for bereaved men, this group needs people who could run errands for them, who would care for or take care of them when they fall ill, and who would speak to them in a disaster. In addition, many elderly men report having no intention of using government services (Okamoto, Kono, Tsumura et al., 2009). Bereaved elderly men tend to become socially isolated before building new relationships after retirement. Loneliness from spousal bereavement tends to diminish with the passage of years after bereavement. However, those who are reluctant to interact with relatives, have less than four friends, have cared for their spouse themselves, and have no hope of remarriage have high loneliness (Suzuki & Takigawa, 2005), revealing the factors related to loneliness in elderly men. From the perspective of successful aging, sex differences are not mentioned. An increase in loneliness or high loneliness after bereavement leads to poor mental health. However, if loneliness decreases after bereavement, happiness increases (Kawaai & Sasaki, 2004). Loneliness is a predictor of mental health and well-being, and involvement and efforts to recover from loneliness have been a challenge. In spousal death, the rate of benefit evaluation is low even if the rate of receiving support is high, such as "consolation and encouragement" (Kawaai, Sasaki & Homma, 2005), indicating the need to consider support content and timing.

5) Support for Adaptation to Life after Loss of Caregiving Roles

From the caregiver's perspective, women have more caregiver counselors and more emotional support to help them after bereavement, and less for men (Hitomi, Osawa, Nakamura et al., 2000). In men, grief recovery is easily delayed.

Meanwhile, changes have been reported in elderly adult caregivers who completed caregiving with bereavement (i.e., the person receiving care died): in "mental vitality," such as hobbies and enjoyment, and "personal activities" and "social activities," such as outing frequency and town activities (Katsura & Sasaki, 2007). The results are not for spousal bereavement, and not specific to elderly men. However, they affirm the strength of the elderly adult's ability to adapt to life. Moreover, the older the caregiver is, the greater the caregiver's sense of achievement and satisfaction with care and end-of-life care (Katsura & Sasaki, 2006). As such, elderly men tend to have the highest average score of emptiness from the loss of caregiving roles. For this reason, pre-bereavement support helps increase post-bereavement achievement and satisfaction and adaptation to life with minimal emptiness.

V. Discussion

1. Perspectives of Support from the Trends in Research

Eight of the 13 studies targeted elderly adults in general, and few studies focused on the grief work itself of elderly men at home. Nonetheless, all of the studies analyzed presented various aspects and perspectives related to bereaved elderly men.

We sorted the 13 studies as follows: research related to grief reaction and the factors, such as personal growth from bereavement experience and its influencing factors (Miyajima & Kitayama, 2011), recovering from bereavement from the perspective of successful aging (Kawaai & Sasaki, 2004), feelings of guilt and anger (Miyabayashi & Yasuda, 2006), influencing factors related to grief (Suzuki & Takikawa, 2005a), influencing factors related to loneliness (Suzuki & Takigawa, 2005b), mental health status of elderly people who have lost their spouse in comparison with those who have not (Ikuta & Tanaka, 2012), transformation of identity (Higashi & Nagata, 2005); research related to bereavement experience as a caregiver, such as factors related to the caregiver's grief process (Hitomi, Osawa, Nakamura et al., 2000), changes in life during and after caregiving (Katsura & Sasaki, 2007), satisfaction of caregiving, and satisfaction and emptiness (Katsura & Sasaki, 2006); and research focused on post-bereavement life and support, such as support for living alone through food-related interaction (Nabatame, Mizuno & Sakai, 2018), usefulness of receiving support (Kawaai, Sasaki & Homma, 2005), and isolation. The studies indicate that support for elderly men is not limited to nursing but rather closely related to the family and community where they live. In particular, additional research is required from the viewpoint of living support that can eliminate inconvenience and confusion in the daily life of elderly men.

We did not find studies related to the stressors of spousal bereavement nor on the grief process or lifestyle adaptation of elderly adult men with dementia. Moreover, associations with depression were not examined. Grief is a normal response, but if bereavement is regarded as a stressor that causes disability, then attention must be paid to its association with stressors in elderly men and dementia. In general, the lower the social support, the more severe and prolonged the grief reaction becomes. Therefore, researchers must accumulate knowledge on the strength of the family and the community surrounding elderly men from a social point of view as well as obtain objective information on support. Strategic evaluations also need to be performed.

2. Support for Elderly Men after Spousal Bereavement Derived from Research Outcomes

In spousal bereavement, coping with "life and life orientation," which focuses on life and living without the deceased, correlates with mental health (Sakaguchi, Kashiwagi & Tsuneto, 2001). After spousal bereavement, elderly men face two issues: emotional coping with the loss itself and coping with secondary problems, such as rebuilding one's life and solving real-life problems (Muroya & Tajima, 2013). Elderly men tend not to be good at

performing household chores and building relationships that are different from interpersonal relationships before retirement. As such, solving real-life problems is a part of the grief process.

1) Coordination of the Elderly Men's Human Relationships

Elderly men after spousal bereavement tend to lack opportunities for and range in activities because they cannot continue to interact with their neighbors and close friends as they did before bereavement. However, those who have many friends have less psychological and social effects, such as loneliness and grief (Suzuki & Takigawa, 2005; Miyajima & Kitayama, 2011). Additionally, friendships established before spousal bereavement can reduce men's psychological burden. Therefore, it is necessary for elderly men to maintain both "interactions with neighbors and close relatives that the wives had previously performed" and "human relationships such as friendships established before bereavement."

Older men are more likely than women to hesitate in participating in interactions in a meal program, which has been shown to bring healing with the sharing of food and the warmth of people (Nabatame, Mizuno & Sakai, 2018). Elderly men have less interaction with people after spousal bereavement (Okamoto, Kono, Tsumura et al., 2009). As such, "opportunities" and "places" they can easily access to participate in the neighborhood will contribute to their interaction with the community. In addition, their interest in cooking can stimulate pleasure.

2) Involvement with Consideration for Content and Timing of Support

The situation at the time of bereavement affects feelings of growth in elderly women (Miyajima, Bessho & Hosoya, 2004). However, such feelings of growth from the experience of bereavement in elderly men are not related to "situations related to bereavement"; that is, the specific situation is relevant. Despite the high level of support received, such as "comfort and encouragement," men report low levels of benefits (Kawaai, Sasaki & Homma, 2005). The timing and content of support need to be based on factors that increase these bereaved men's feelings of growth. Losing a spouse means losing one's role as a husband. Such a loss affects the identity. The coping behaviors of an elderly man stabilizing have been reported (Higashi & Nagata, 2005). A future research topic is to clarify whether the coping behaviors are common to all elderly men after spousal bereavement.

3) Selecting Support that can Reduce the Burden and Difficulties in Daily Life

After spousal bereavement, in addition to grief, elderly men face inconveniences in life. If they can solve these daily problems, their capability to manage their lifestyle rhythm, such as eating habits, sleeping habits, and activities, can contribute to their stability. In addition, their stability is considered to be a factor promoting grief work for elderly men.

For elderly men, it is important to receive timely and appropriate support that addresses their individual needs, including emotional (behavior to address emotional aspects, such as bereavement and anxiety), instrumental (actions that provide practical resources and information to address problems at hand), and compassionate support (friendship activities to comfort the mind) (Kawaai, Sasaki & Homma, 2005).

4) Involvement in Life Adaptation after Loss of Caregiving Role

In elderly caregivers, bereavement as the end of caregiving changes their mental health, as well as personal and social activities (Katsura & Sasaki, 2007). The ability to adjust to a new life after both “family death” and “loss of care role” is expected to be an issue in elderly men. However, the average score of emptiness associated with the loss of the caregiver role is highest for husbands (Katsura & Sasaki, 2006). In many cases, public care support is often terminated owing to the death of the cared person. As such, a challenge is in providing continuous support.

VI. Limitation

In this study, we searched for papers with keywords related to “spousal bereavement” and “elderly men,” but few studies were specifically on “elderly men.” There may be a lack of validity and accuracy in the selection of related keywords. After carefully examining the results of the studies, we extracted the parts related to the psychological processes and living conditions of elderly men after spousal bereavement, and then investigated the characteristics and trends to classify the commonalities of support perspectives. The results of this study may have selective bias, as the procedure involved the subjective judgment of the researchers.

VII. Conclusion

Elderly men want more support in their current situation than in bereavement-related situations. From a support perspective, we should consider the specific timing and content of support to ensure that the actual issues are addressed.

Few studies have focused on Grief process including phase and period, and adaptation to life in elderly men living at home after their spouse’s death. Further research is needed from a comprehensive perspective.

To the best of our knowledge, no study has investigated spousal bereavement stress factors, grief in elderly men with dementia, family and community strength, and support evaluation. As such, these areas merit future research.

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as of April 1, 2020

ASIAN JOURNAL OF HUMAN SERVICES

VOL.18 April 2020

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Presidents | Masahiro KOHZUKI & LEE, Sun Woo

Publisher | Asian Society of Human Services
#1Floor Ohara Bill, 2-11-5, Takezaki-Town, Shimonoseki-City, Yamaguchi-Prefecture, 750-0025, Japan
E-mail: ashs201091@gmail.com

Production | Asian Society of Human Services Press
#1Floor Ohara Bill, 2-11-5, Takezaki-Town, Shimonoseki-City, Yamaguchi-Prefecture, 750-0025, Japan
E-mail: ashs201091@gmail.com

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