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Transformative Learning to Resolve Grief among Bereaved Older Adults in Urban Indigenous Communities in South-South Nigeria

CHRISTIANA N. IJAH, JOHN M. PATRICK
University of Port Harcourt, Nigeria

Abstract. This study examines how older adults resolved grief when bereaved of their spouse in urban indigenous communities in South-South Nigeria. The study was anchored on transformative learning theory by Mezirow. The study as guided by three research questions. Which are: What is the extent of grief among older adults on the loss of spouse? What are the effects of grieving among older adults who lost their spouse? How do older adults learn to resolve grief of bereavement of a spouse? The mixed research approach was adopted. Questionnaire was use to collect quantitative data which were analyzed using descriptive statistics. Qualitative data were collected using semi-structured interview. Using purposive sampling technique, 270 older adults from 65 years to 80 years in urban indigenous communities in Port Harcourt, Rivers State South-South Nigeria were selected. 210 were administered the questionnaire, but only 205 questionnaires were properly filled and returned while 60 persons were interviewed. The findings of the study were among that older adults inspect of their experiences about life, had very deep grief when their spouse died, that they suffer such effects like obsessive thinking, sleeplessness most of the times, extreme fatigue, weight loss, hallucination, numbness and shock on the death of their spouse, and that the degree of the effects of grieving varies and depends on the circumstances of the deceases. The study also reveals that the grieving process is in line with the transformative learning. It was concluded that that perspective transformation can occur among older adults following the death of their spouse.

Keywords: Transformative learning, Grief, Bereavement, Older Adults.

1. Introduction

'*.....until death do you part' and ''...let no man put as asunder.*" These are some of the common phrases in a wedding ceremony. But having married for years into an old age, the invisible hands of death come to put the marriage asunder and separate the couples permanently. Losing a spouse is a daunting experience that entails a painful adaptation process. Death is a permanent and extreme form of loss; it brings an unbearable pain and consequently grief. This is most horrible among older adults who are said to be very vulnerable and emotional. Older adults are most grieved with the death of their love ones which could be their spouse, child, grandchild, relatives, or an old childhood friend. In some African culture, a bereaved is expected to mourn for a certain period of time and within this period is not allowed by culture to do certain types of social, economic and physical activities. The length of time for mourning depends on the closeness and the attachment of the death to the bereaved, the cultural praxis and whether deceased died suddenly or after a long and protracted illness. The period of mourning is quite traumatic and coming out of the emotional trauma is very challenging. Grieving is a necessary emotional release on the death of a loved one. Not everyone expresses the same amount of grief when they are bereaved.

Grieving is a process; the process entails three main phases. This process is not necessarily linear, but is sometimes overlapping. The phases are: a process of gradual separation from the deceased, acceptance of the loss, and adaptation to the new reality (Kersting, Brähler, Glaesmer, & Wagner, 2011). The first phase is characterized by shock and denial of the loss, often accompanied by sense of emotional numbness, shock, disbelief, feeling of guilt, and anger. The first phase is also called early reaction. The second phase is called acute grief. This second phase may begin with the cognitive and emotional acknowledgment of the reality of the loss. It is characterized by intensive preoccupation with the loss along with elevated levels of cognitive, behavioral, somatic, and social

manifestations of distress. Some of the experiences in the second phase include memory loss and insomnia (insomnia not being able to sleep), extreme fatigue, abrupt changes of mood and loss of appetite, flawed judgment and thinking, stint of crying. The corollary of these manifestations is weight loss or gain, a variety of symptomatic health problems, lethargy, and reduced productivity, hallucination (hallucination: feeling, hearing, seeing the deceased and irrational resentment). The third phase is called leveling-off period. During the final phase of the grief process, the bereaved experience sadness with feeling of nostalgia, some pleasant memories of the deceased, even tinged with humor while gradually making meaning of the loss, learning to adjust and cope with the permanent loss.
The process of grieving is in tandem with Mezirow's (2011), transformative learning theory. The overriding concepts of the transformative learning process as enunciated by Mezirow are the disorienting dilemma, critical reflection, and new lived perspectives. Mezirow argued that an adult passes through 10 phases of meaning making at the end of which the adult learner undergoes a perspective transformation. A perspective transformation often occurs as result of acute personal or social crisis such as death of a loved one, divorce, a incapacitating and fatal accident, war, job loss, retirement. Apart from these few examples mentioned by him, this form of learning and meaning making has been applied in different circumstances and in diverse societies and groups.

Mezirow's transformative learning has been applied widely in adult learning such as in conflict resolution by Fetherston and Kelly (2007), in the making of scientist-environmentalist by Walter (2013), and stories of transformative learning edited by Kroth and Cranton (2014) in which series of stories of transformative learning were recounted by contributors in the areas of psychological dilemmas, transformation in response to loss and trauma, transformation through educational experiences, transformative learning and social change, transformative learning and spirituality. None of these stories focuses on the experiences of older adults following their loss of spouse. Also, most studies on grieving focuses on mothers or parents who lost their children and not older adult cohort specifically. The age of participants in all of the studies on transformative leaning and bereavement were between young to middle adults. Some of the research works that come to the fore are Akerman & Statham (2014); Bogensperger, & Lueger-Schuster (2014) and Enez, (2018). It is against this backdrop that this study seeks to examine the extent of grief among older adults when they lost their spouse, the effects of the grieving and how they resolved grief in urban indigenous communities in Nigeria. Older adults do have a long traumatic experience if not well managed could result in their own untimely death or undermine their health and relationship with people. It is also argued that it is far healthier for people to release and express their grief (Goldstein, et al. 2018); but knowing the intensity, dimensions, and how they come out of such experience is important for counselors, adult educators, and care givers as well as older adults in management of grief arising from bereavement. How can one seek to explain older adult's experiences in times of grief and how they learn and copy with changes in life when bereaved of spouse using the prism of transformative learning theory of Mezirow? Thus, this study hopes to fill the gap on the limited research on transformative learning to resolve grief among bereaved older adults. In doing this, three research questions guided this study. These are: What is the extent of grief among older adults on the loss of spouse? What are the effects of grieving among older adults who lost their spouse? How do older adults learn to resolve grief of bereavement of a spouse?

2. Research Methodology

The research method adopted for this study is the mixed research design. Both the quantitative and qualitative research designs were adopted. The questionnaire was used to collect quantitative data relating to research question one and two, while we used semi-structured interview to collect qualitative data. We used the qualitative design because it allows us to understand how the participants resolved their grief as a result of loss of spouse. Furthermore, we used the qualitative research design in this study because of its flexibility to allow for the pursuit of research in diverse contest and multi-method strategy as observed by Silverman and Patterson (2022). Using the purposive sampling method, we selected 270 older adults from 65 years to 80 years in urban indigenous communities in Port Harcourt, Rivers State South-South Nigeria. Indigenous communities are aboriginal people who are the natives in a metropolis. Four indigenous settlements in Port Harcourt metropolis were used in this study. The communities are Abuloma, Amadi-Ama, Elekahia, and Nkpolu-Oroworukwo. Our choice of the older adult cohort is based on the fact that they of experience physical and cognitive difficulties that may undermine their ability to cope in times of grief over the loss of their spouse.

We used questionnaire and semi-structured interview for data collection. The questionnaire has two sections. Section A contains the demographic background of the respondents. Section B is divided into two parts. Part one addresses research question one and response option are Yes or No, while part two of Section B is a self-structured four-point likert instrument with the following weighted options: Strongly Agree 4, Agreed 3, Disagree 2, and Strongly Disagree 1. Of the 270 participants in this study, 210 were administered the questionnaire, but only 205 questionnaires were properly filled and returned. We set out to have one-on-one interviewed with 60 bereaved older adults, 15 persons each from the four indigenous communities. However, only 51 people granted us interview. A semi-structured interview guide was used to collect data for research question 3. However, the interview guide was used to also compliment the quantitative data in research question one and two. The following are examples of the interview questions: How long did you feel grieved and why did it get to that extent? How did you react when aware of his or her dead? What were the essential task you find difficult to perform when you your bereaved? Do you have any health challenges when you were bereaved and what were the challenges? How did you cope with grief? For those who could not understand English Language, the questionnaire and the interview questions were interpreted in the local language and their responses were interpreted to us. The interviews were recorded and transcribed

The face and content validation were used to validate the questionnaire and the interview schedule. Two professional counselors and one adult educationist helped to validate the instruments. To determine the reliability of the questionnaire, the test-retest method was used. The validated questionnaire was administered to a pilot study group of 20 bereaved older adults in two different times in an interval of two weeks. The participants in the pilot study were not part of the sampled study group. The data collated in the pilot study were correlated using the Pearson Product Moment Correlation statistics. The calculated co-efficient was 0.78 which indicates that there was high level of consistency in the response of the pilot group and so the instrument is considered reliable.

The data collected to answer research questions 1 and 2 were analyzed using the descriptive statistics and the data were presented in tables. The interviews were recorded and transcribed. For the analysis of the responses from the interviewees, we used the constant comparative method which involves the process of coding and recoding data in qualitative research. This method develops and connects categories by comparing incidents in the data with different incident, incidents with categories, and categories with different categories (Creswell, 2005 and Silverman, & Patterson, 2022). We read the interview transcripts and notes while writing down the notes in the margins with regard to the research questions. We compare the notes of one set of data with another set of data looking for patterns. Through these comparisons, tentative categories of feeling were developed: emotionally overwhelmed; bout of anxiety anger and guilt; troublesome thinking patterns; withdrawal syndrome, health problem; and difficulty in handling task. With these categories we examine the grief processes and how each of these categories was resolved.

3. Results

A total of 270 older adults participated in the study, 210 were administered questionnaire and 60 were interviewed, but five were excluded due to incomplete questionnaire response and fifty-one granted interviews resulting in the final sample of 256 older adults. Of these number, 55% (n=141) were female, 44% (n=115) were male. In terms of educational background, 6.3% (n=16) had university education; 58.9% (n=151) had secondary education, 14.8% (n=38) had primary education while 19.9% (n=51) had no formal education. The average age of the participants is 73.6 years.

Table 1: Extent of Grief among Older Adults on the Loss of Spouse.

S/N	Items	N	%
	Very deep grief	145	70.7%
	Deep grief	25	12.3%
	slight grief	18	8.9%
	Very Slight grief	7	3.4%
	No grief	10	4.8%

Table 1 shows the extent of grief among older adults when they lost their spouse. The table shows that 145 respondents representing 70.7% of the respondents have very deep grief on the death of their spouse, 25 respondents representing 12.3% of the respondents have deep grief, 18 respondents representing 8.9% have slight grief, 7 respondents representing 3.4% and only 10 respondents representing 4.8 have no grief. The table shows that older adults grieve when they lost their spouse.

The participant in this study were also asked in the interview section how long they felt grieved and why did it get to extent. There was diverse response on the extent of the period of grieve. Most of the

respondents said with 5 to 7 years and that why they mourned for that long period was because they never expected they will lose their spouse so suddenly that the death was a shock and traumatic. One of the respondents in the interview section stated: it was a bombshell which created a wound in my heart that is difficult to heal.

Table 2: The Extent of effects of grieving when an older adult spouse died

S/N	Statement	VHE (%)	HE (%)	LE (%)	VLE (%)
1	Had Inability to concentrate and obsessive thinking	83 (40.4)	74 (36.0)	27 (13)	21 (10.2)
2	Having Insomnia (sleeplessness most of the times)	55 (26.8)	79 (38.5)	42 (20.4)	29 (14.1)
3	Had loss of appetite, taste or smell	31 (15.1)	23 (11.2)	66 (32.1)	85 (41.4)
4	Having a feeling of anxiety	43 (20.9)	35 (17.0)	72 (35.1)	55 (26.8)
5	Had Extreme fatigue	59 (28.7)	78 (38.0)	56 (27.3)	12 (5.8)
6	Had weight loss	83 (40.4)	62 (30.2)	22 (10.7)	38 (18.5)
7	Had hallucination (feeling of hearing & seeing the deceased	71 (34.6)	69 (33.6)	33 (16.0)	32 (15.6)
8	Had emotional numbness and shock	41 ((20.0)	73 (35.6)	63 (30.7)	28 (13.6)
9	Having sense of anger	28 (13.6)	46 (22.4)	41 (20.0)	90 (43.9)
10	Having feeling of guilt	34 (16.5)	51 (24.8)	78 (38.0)	42 (20.4)
11	Having irritation or withdrawal syndrome (awkwardness)	36 (17.5)	53 (25.8)	62 (39.2)	54 (26.3)
12	Having difficulty in handling essential task	42 (20.4)	30 (14.6)	110(53.6)	23(11.2)

Table 2 shows the extent of effects of grieving when older adults lost their spouse. Out of 205 respondents, 40.4% of the respondents had very high extent of the inability to concentrate and obsessive thinking when they lost their spouse, while 10.2% had very low extent of inability to concentrate and obsessive thinking. 26.8% of the respondents had very high extent of insomnia while 14.1% had very low extent. 15.1% of the respondents had very high extent of Loss of appetite, taste or smell while 41.4 had very low extent. Table 2 also shows that 20.9% of the respondents had very high extent of a feeling of anxiety when their spouse died while 26.8 had very low extent. 28.7% had very high extent of extreme fatigue, while 5.8% of the respondents had very low extent. 40.4% of the respondents had very high weight loss when their spouse died, while 18.5% had very low extent. On the Hallucination (feeling of hearing & seeing the deceased), 34.6% had very high extent while 15.6 had very low extent. 20% had very extent of emotional numbness and shock while 13.6% had very low extent. On Sense of anger, 13.6 had very high extent while 43.9 had very low extent. 16.5% of the respondents had very high extent of feeling of guilt while 20.4 had very low extent of feeling of guilt. Furthermore, the table shows that 17.5% of the respondents had very high extent of irritation or withdrawal syndrome (awkwardness) while 26.3% had very low extent of irritation or withdrawal syndrome and 20.4 had very high extent of difficulty in handling essential task while 11.2 had very low extent of difficulty in handling essential task.

In complimenting the questionnaire instrument, interviews were conducted. When asked what was the immediate reaction on the death of their spouse? The majority of the respondents felt emotionally overwhelmed, crying and yearning for the deceased, they said they had sudden and abrupt change in mood. It was a shock and devastating one. One of the participants clearly expressed her experience: '…When I lost my husband unexpectedly, I was initially numb, I couldn't even cry at first when the doctor confirmed him dead, I was so overwhelmed that at times, I could not believe my husband was dead. It was like a bombshell my heart bled a wound was created which took long to heal. A man also recounts his experience ''. … my wife's death was devastating and traumatic she was not just a wife but friend, sister and my mother, we share 36 years together, now I most times feel lonely, a better part of body had been taken away'' most of the participants also experience a bout of anxiety, anger and guilt when they lost their spouse. The circumstances of the death are what makes the grieved angry or guilt. One of the women interviewed said she was so angry with herself when her husband died and the anger was prolonged, the sense of anger comes each time she reflects on the circumstances of his death, she felt she can replay the events and rewrite the script to prevent his death. She said she also felt guilty asking herself what she has done wrong that would warrant the death of her husband and for God to allow her to suffer. Some of the bereaved had troublesome thinking patterns, their thought become erratic and illogical, some of the bereave imagine that the deceased spouse can be heard or seen, some also lost sense of concentration or to remember things. One of the participants said this: sometimes I when having conversation, my minds sometimes is not there, it tends to wonder about, moving round reflecting about the death of my husband. The loss of concentration is itself distressing. This loss of concentration result in health challenges. Some of the respondents pointed

out that they have health problems such as loss of appetite, weight and sleep. One of the participants reported that following the death of her husband, she had sleepless nights, she wakes up at the same time he passed on every night thinking about his death and how can she survive without him. Some of the participants reported having depression and were diagnosed of hypertension and other illness associated with depression. In respect of difficulty in handling essential tasks, participants identified some essential tasks they could not do which their spouse helped out. This they consider as the real challenge of the death of their spouse, role and responsibility gap that arises as a result of the death of one's spouse, handling matters that were previously handled by their spouse. One of the female participants said this, ''….my husband does a lot of things which I cannot do such as on/off generator, power change over, fix minor electrical fittings such as change bulb, bank transactions, and assistant in the store to get stocks, school runs. Each time I am faced with any of these issues, I remember my late husband.'' Another female participant expresses a contrary and seemly gloomy picture of her new order after her husband's death, ''My priority is only me now, I do not have to put another person first, I did when my husband was alive…he was the domineering person in our relationship and everything was centered around what he wanted to do, he chose his work which I assisted him, we were together every day, now my priority is only me.'' On the other a male participant also narrated his challenges, ''when I return home after long and stressful activities in the office, I find it difficult to prepare food to eat, my children are all grown and had left the house, am alone. On several occasions I nearly have burnt my apartment I left port on the gas burning and slept off in the parlor, doing the house shopping has been a daunting one, in the open market some of the women selling will insult you if your price below their market price''.

How do the bereaved overcome all of these? Overcoming these during the grieve period is transformative in nature. How long does it take to overcome it. Participants gave divers responses; for some it takes a few months, for many a year or two may pass before they notice themselves feeling better. Some even need more time. When asked how they cope with their grief, some of the measures they adopted were: having support from family, friends, work colleagues, and religious organisations. Family members, work colleagues, and the religious are always around, giving consolation, helping to do some house chore, engaging the bereaved in discussion to avoid loneliness, isolation and to avoid the mind going round and round reflecting on the deceased. Counselling from the religious, family members, friends and neighbours who have passed through this journey helped to come out of the grief period. The participants were of the view that with the presence of family members, friends, work colleagues and the religious they were able to avoid self-destructive habits such as the use of alcohol and drugs. Some said they try to force themselves to have plenty of sleep and have relaxation. Some participants said they try to engage in other activities that tends to temporarily distance them from the pain, such as learning new skills, engaging in recreational activities, reading (the Bible for the Christians and Koran for the Muslims, novels and other secular books of interest), attending religious activities regularly, taking vacation relocating to a friend or relations house, resume a normal routine as soon as possible and keeping positive activities. One of the participants express her feeling about her husband death, "my husband's death made me feel that we don't know how long we will be here on earth and we should try to make the best of everyday because we don't know what tomorrow will bring.' The participant had never had this sense of life before her husband dead, so the dead of her husband brought about this transformation.

4. Discussion

The study reveals that when older adults lose their spouse, they have a very deep grief. 70.7% of the respondents in this study attest to this. It is awful to lose a spouse and it is difficult to get over it because of the shared experience and the meaning the older adults attributed to the death of their spouse. The finding of this study tends to be contrary to assertion of Holland, Currier, and Neimeyer (2006) that elders who have been true lifelong learners and gained from previous transformational growth, bereavement may be less painful to endure, and that older adults are resilient grievers, and show only transient symptomatology to loss and quickly reestablish their psychosocial functioning and equilibrium. Our findings do not agree with the position of Holland et al (2006). Aldwin, Sutton, Chiara, and Spiro (1996) asserted that the older adults due to a greater accumulation of experiences of gains and losses, they may be more adept at adaptation and coping. Others argue that successful adaptation to past losses in turn facilitates the construction of expanded worldviews to interface subsequent life losses. However, Moss, Moss, & Hansson, (2001), and Parkes, (2001) observed that there also exists the possibility of bereavement overload while Norris & Murrell (1990) observed that cumulative negative effect can cause very deep and prolong grief.

The study reveals that the effects of grieving among older adults are inability to concentrate and obsessive thinking, sleeplessness most of the times, extreme fatigue, weight loss, hallucination, numbness and shock. The findings of this study corroborate the assertion of Moon (2008) that it is evident that grief and bereavement in old age can be experienced in a multiplicity of ways due to the vast permutational nature of humans' individual differences. So, some them will have sleeplessness, weight loss, hallucination, numbness and shock. The finding shows that participants expressed significant distress to the disorienting dilemma of death events. One of the female participants described the response to her husband's sudden death: "I had…a shock type of reaction." She compared her shock reaction in the course of her bereavement for her husband to a particular past loss event. Our finding is in line with Morgan's (1994) shock and devastation, and Bowlby and Parkes cited in Moon (2008) loss event and numbness and Mezirow's model of Transformative learning, which is perceived as being rather linear and phasic, designates disorienting dilemma as the first step.

The study shows the divers and varying levels of the effects of bereavement among older adults on the death of their spouse. Death, grieving, and the state of bereavement are all potent life markers that the bereavement literature confirms as tremendous life-impacting forces (Attig, 2004; Schaefer & Moos, 2001; Wong, 2000). Grief theorists had shown how the whole person (sense of self) is disrupted by a death event as it brings about a diverse range of reactions and responses. This disruption is the disorienting dilemma which Mezirow identified as the first step in the transformative learning process. The study also reveals that the loss of appetite, taste or smell as well as feeling of anxiety was not a common effect of the grieving period. This study reaffirms that perhaps older adults can control their emotional outburst and reduce some of the common effects of grieving. This finding tends to corroborate the observation of Gilden, cited in Moon (2008) that older adults may be incline to accept death based on intrinsic religiosity and so the effects of grieving will reduce and there may be no loss of appetite, taste, smell, and feeling of anxiety. Similar view has been echoed by Fry (2001) that the older adult who may fare better in grief as they possess personal meaning for life, optimism for the future, and devotion to religion. According to Fry these are predictors of psychological well-being and coping strategies.

The study shows that the process of grieving is in line with the transformative learning process. For instance, from the study, the grief process entails the following elements: loss event and numbness, yearning and searching, despair and disorganization, reorganization, and reintegration. When compare to Transformative Learning, the grieving process takes the same other with the empirical elements and order of transformative learning. Thus: shock and devastation are to the loss event and numbness phase; pain and rejection is to the yearning phase; immobilization and depression is to the despair/disorganization phase; gaining confidence, exploring options are to the reorganization phase; decision making and establishment of independence is to the reintegration phase. The finding of this study also corroborates Mezirow's (2011) version of perspective transformation cited in his study of widows, which specifically emphasized elements of disorienting dilemma, life assumptions, critical reflection, and transformation of life assumptions. Here we find the death of their spouse causing disorienting dilemma with an attendant shock, and disbelief among the participants in this study. Like the man whose wife's death was devastating and traumatizing. Also, the woman who could not believe her husband was dead suffers from. The study also shows a perspective change in all of the research participants, including changes in sense of self, attitudes, and life choices.

From our study what brought about transformative learning is the acute distress, reflection, emerging sense of change in perspective. The women who reported that her priority is only herself now has a change of perspective. Similarly, for the women whose husband does most of the things which she cannot do, the inability to do those things when it now confronted and no one to do it her thinking of how to do them and the action to do it is a complete process of the transformative process. Here they all have passed through the process of TL such as disorienting dilemma, self-examination with feeling of guilt, critical assessment of socio-cultural assumptions, Recognition that one's discontent and the process of transformation are shared and that others have negotiated a similar change, Exploration of options for new roles, relationships, and actions, Planning of a course of action, Acquisition of knowledge and skills for implementing one's plans, Provisional trying of new roles, Building of confidence and self-confidence in new roles and relationships; and A reintegration into one's life on the basis of conditions dictated by one's new perspective. (Mezirow, 2011). According to Cranton (2013) perspective transformation is a structural reorganization in the way that a person looks at himself and his relationships and the world. Consequently, the study shows that the changes in

behavior among older adults due to the death of spouse is based on the way they looked at themselves and their new role in life. The study reveals that most of the bereaved older adults resort to religious activities and are supported by the religious to overcome their grief. This finding is in line with Wolff and Wortman (2006) that religious beliefs may ease the sting of death, and facilitate finding meaning in the loss, by providing a ready framework of beliefs for incorporating negative events. Through such framework the older adult sort for meaning of death and life after the loss of a spouse. Through such meaning they have perspective transformation.

5. Conclusion and Recommendations

From the findings three overarching conclusion can be reach. First, that the loss of spouse among older adults can result in deep grief and disorienting dilemma irrespective of their experience and having several death episodes in life and accumulated wisdom on how to deal bereavement in life. It can also be concluded that the loss of spouse can result in several grieving effects and that these effects depend on individual life experience resulting in varying degree or extent of the impact the loss of spouse on the life of the bereaved. It can also be concluded that the degree of grief depends on the circumstance of the death. Based on our findings we therefore conclude that older adults mourn and grief deeply on the death of their spouse; that perspective transformation can occur among older adults following the death of their spouse; and that transformative learning is sharped by the relationship of the deceases to the bereaved.

The finding of this study may be used by adult educators and educational gerontologist in particular to further their own knowledge base concerning the commodious capacity of older adult learners to engage in transformative learning and lifelong learning. Most essentially, the study will enable adult educators to learn their own way in discovering what truly matters to elders in in time of grief. Adult educators may also apply the findings from my study in constructing learning programmes for older adults, taking into account the likelihood of an oscillatory processing pattern as well as how reflection may be done in old age – that social discourse and dialogue may not always be the prescribed method to nurture transformative experiences in elders.

Educational gerontologists, to be more specific, may more explicitly synthesize issues late life grief into learning activities for elders. Holding deliberate and planned discussions on these topics need not be relegated only to religiosity and trained professional counsellors. Also, not all death and grief talks require psychological counseling and facilitation, other social activities and self-directed learning is needed.

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