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To cite this article: Daniela Thumala, Bárbara Gajardo, Camila Gómez, Marcelo Arnold-Cathalifaud, Alfonso Araya, Pamela Jofré & Valeria Ravera (2020) Coping processes that foster accommodation to loss in old age, *Aging & Mental Health*, 24:2, 300-307, DOI: [10.1080/13607863.2018.1531378](https://doi.org/10.1080/13607863.2018.1531378)

To link to this article: <https://doi.org/10.1080/13607863.2018.1531378>



Published online: 31 Dec 2018.



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Coping processes that foster accommodation to loss in old age

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ABSTRACT

Aim: Flexible adjustment or accommodation to loss is healthy; however, little is known about how it can be achieved in old age. We sought to identify and characterize effective coping processes for achieving accommodation at this stage of life. Our aim was to foster the activation of the psychological resources of those who must deal with significant losses to which they will inevitably need to adapt.

Method: Qualitative study with a sample of men ($n = 16$) and women ($n = 19$) aged 60 years and up. Information was collected through observation and content analysis applied to 35 in-depth interviews, using Atlas-Ti (v7).

Results: Eighteen coping processes implemented in response to loss were identified and characterized. Although no single process led to full adjustment by itself, the difference between the participants who accommodated and those who lacked accommodation was reflected in the predominance of certain processes. This approach enabled us to identify 13 effective processes, such as the search for meaning and the use of humor, which were generally used by participants who had achieved accommodation. The processes regarded as ineffective, such as avoidance and procrastination, were used more often by those who displayed insufficient accommodation.

Conclusion: It was confirmed that accommodation to losses in old age not only results from “the passage of time”; rather, it can be fostered by people's active efforts. Knowledge of these practices can help practitioners orient mental health interventions for older adults who have difficulty coping in healthy ways and preserving their subjective well-being.

ARTICLE HISTORY

Received 10 June 2018
Accepted 29 September 2018

KEYWORDS

Aging; accommodation; coping; loss; subjective well-being

Background

In old age, more than in other stages of life, people experience a mounting number of losses, such as the death of loved ones, layoffs, cognitive and health deficits, income reductions, and decreased recognition due to prejudices and social discrimination (Woods, 2008; Fairchild & Scogin, 2008; Aldwin, Spiro & Park, 2006; Baltes, 1997). Exposure to these situations can cause maladjustment and significant distress in people's lives.

Some losses are linked to the aging process itself, for instance, those connected to physical decline (Seals, Justice, & La Rocca, 2016). Others are not necessarily a product of old age; however, when they occur during this stage, losses such as a divorce may have a stronger impact than earlier in life. Living alone in old age increases the likelihood of institutionalization (Hajek et al., 2015); in older women, divorce increases their economic vulnerability (Reinharz, 2018; O'Rand, 2018). Many older adults, however, recover more or less effortlessly after significant losses and keep good levels of life satisfaction (George, 2010; Fernández, Herrera, & Valenzuela, 2014; Woods, 2008; Cartensen, Miklels, & Mather, 2006; Fernández-Ballesteros, 2004). This phenomenon, labeled the “the well-being paradox of old age”, confirms that well-being is still possible in late stages of life, even when faced with major difficulties (Cartensen et al., 2006; Fernández-Ballesteros, 2004). These findings encourage us to pay close attention to the effective actions that older adults implement in order to reestablish their personal well-being.

The recovery of well-being after sustaining losses can be supported through coping processes, that is, specific intrapsychic or behavioral actions aimed at managing stress (Taylor & Stanton, 2007). Evidence has been found of their importance for the preservation of physical and mental health (Bjørkløf et al., 2018; 2016; Gao, Newcombe, Tilse, Wilson, & Tuckett, 2014; Maschi, Viola, & Morgen, 2013; Taylor & Stanton 2007; Lazarus & Folkman, 1984). Specifically, flexibly adjusting one's preferences to the available options—accommodation—(Brandtstädter & Renner, 1990; Brandtstädter, 2009; Brandtstädter & Rothermund, 2002; Skinner, Edge, Altman, & Sherwood, 2003) has been shown to be closely linked to the recovery of good levels of well-being after losses (Wrosch, 2011; Brandtstädter, 2009; Freund, 2008; Thumala, 2014).

Several studies have identified a link between accommodation and the ability to adapt to changes (Brandtstädter, 2009; Brandtstädter & Rothermund, 2002; Vulpe & Dafinoiu, 2012; BethReady et al., 2015), which has a positive impact on mental health (Lazarus & Folkman, 1984; Skinner et al., 2003). This happens in cases in which repeatedly trying to change undesired or unexpected conditions can be useless or inappropriate, drain one's resources, or threaten the attainment of more important goals. Thus, “going with the flow”, an approach that characterizes accommodation, can be a good choice (Aldwin, Skinner, Zimmer-Gembeck, & Taylor, 2011). In contrast, poor accommodation to uncontrollable situations, such as losses, is related with lower levels of subjective well-being (Thumala, 2014).

Accommodation, in any case, is not a desired state: it is only activated as a possibility when certain goals or conditions become unachievable (Brandtstädter & Rothermund, 2002). Just as one cannot simply choose to forget something, one cannot be forced to accommodate, but the actions implemented can facilitate or hinder the attainment of this goal.

Accommodation does not equal resignation; instead, it involves adopting a realistic position that enables people to stop clinging to unattainable goals and find satisfaction in their present situation (Brandtstädter & Rothermund, 2002). In general, it is associated with a rather calm attitude that can be described as wise (Brandtstädter, 2009), a kind of “genuine acceptance, gracious acquiescence (...) not just a state of resignation or grudging compliance” (Skinner, 2007 in Aldwin et al. 2011:569), which highlights its healthy nature.

Among the coping processes that foster accommodation, researchers have identified, for instance, reappraising losses in a positive way, trying to find positive aspects, or shifting resources to new, feasible goals (Haase, Heckhausen, & Wrosch, 2013), adopting a broader perspective, embracing empathy, compassion, gratitude, humility, truthfulness, self-discipline, and willpower (Greve & Strobl, 2004), comparing one's situation with that of others who are suffering more, or focusing on the positive aspects of one's life (Connor-Smith, Compas, Wadsworth, Thomson, & Salitzman, 2000 in Aldwin et al. 2011). Skinner et al. (2003) highlight the importance of acceptance, distraction, cognitive restructuring, and minimization as specific processes connected with accommodation, although they add that it can also be achieved through actions not included in their review. As can be observed, no consensus exists regarding which coping processes can be used to successfully achieve accommodation. The evidence about such processes in older adults is even less conclusive.

If we consider the sustained global increase in the number of older adults, whose life span is steadily increasing, it is evident that we need to produce knowledge that can better inform the mental health interventions aimed at older people who find it hard to recover their well-being after a loss. Clinical experience shows that many of them say they “know” they must adapt to the losses related to aging, but they also wonder “how” they can achieve this goal. This study sought to address this need.

Aims

We sought to identify and characterize effective coping processes for achieving accommodation to the losses experienced in old age. In order to do this, we organized the study around the following questions: What are the coping processes that older adults implement in response to losses that they consider to be significant? Which of these processes effectively foster the achievement of accommodation? How does the accommodation state attained relate to their subjective well-being (SWB)?

In addition, we sought to identify effects attributable to the participants' sex and age category, since the literature warns that these variables can affect the processes being examined (e.g. Ramos & Jordao, 2014; Meléndez,

Mayordomo, Sancho, & Tomás, 2012; Tamres, Janicki, & Helgeson, 2002; Bailly, Joulain, Hervé, & Alaphilippe, 2012).

Method

Design

The study adheres to a constructivist epistemology (Maturana, 1983; Von Glasersfeld, 1996). From this perspective, we recorded how older adults express their experiences of coping with significant losses and their level of adaptation to them. We employed a qualitative design in which interviews were regarded as resources for *second-order observation* (Luhmann, 1991; Arnold-Cathalifaud, 2004).

Sample and settings

Thirty-five community-dwelling elderly people took part in the study: 8 men and 11 women at an early aging stage (60–74 years) and 8 men and 8 women at a late stage (75+ years). They were recruited through a convenience sampling procedure and participated voluntarily. They lived in urban areas and had middle SES, both of which are characteristics of most of the elderly in Chile (Ministerio de Desarrollo Social, 2015).

The interviews were individual, lasted approximately one hour, and were conducted by the lead researcher or one of the research team's trained interviewers. Interviews were carried out in an intimate and comfortable space for the interviewees. Most of them took place in their homes; however, some subjects chose another space that they found preferable.

Data collection

A semistructured interview script was used to address the topics included in the study: losses sustained in old age, strategies used to cope with said losses, accommodation to the losses sustained (or failure to accommodate), and SWB (subjective well-being). The script was tested on a 3-subject pilot sample and then adjusted for administration in the present study.

Regarding the losses reported by the interviewees, although no numerical limits were set, we focused on those identified as the most significant ones. These were grouped using the classification of losses in old age proposed by Thumala (2014). To identify their coping processes, we asked the participants to describe in detail the intrapsychic or behavioral actions in which they had engaged after their losses. Specifically, they were encouraged to narrate what they think/thought, do/did, and feel/felt when dealing with said losses. To determine whether they had successfully accommodated to the loss (or had yet to do so), we asked the interviewees to state if the initial feelings of distress had largely abated or if they remained stable or had increased. In addition, we evaluated the presence (or absence) of a state of tranquility in response to losses, as well as the level of SWB, which was classed as high, regular, or low depending on reported life satisfaction and the predominance of positive or negative

affects (Diener, 2009). These aspects were examined via questions such as those exemplified in Textbox 1.

Textbox 1	
Thematic areas and examples from the semistructured interview script	
Thematic area	
Losses experienced	What are the hardest changes you've experienced as you age? What are the main losses you've experienced as you age?
Coping processes	How have you tried to overcome/cope with this loss? What would you say helps/helped you (or not) cope with it? What do you do/have you done about it? What has helped and what hasn't? What thoughts or ideas help you? What thoughts don't?
Accommodation state	What feelings or emotions come up when you remember [your loss]? What do you do or think about when these feelings come up? What do you think has changed in you after [your loss]? How do you evaluate the way you've coped with [your loss]? What evidence is your answer based on? Have your priorities in life changed after [your loss]? How?
SWB	How satisfied are with your life? In general, how do you feel about your life? How do you feel about your past, present, and future? Regarding your mood, how do you feel most of the time? (possible answers include "fine", "so so", or "bad").

The interview started with a short period of open-ended conversation to promote rapport; afterward, personal information was requested for identification purposes. Then, the interviewer requested authorization to record the conversation and then introduced the purpose of the interview, orienting the conversation via the guiding questions. To delve deeper into the topics and collect as much information as possible, other questions were asked based on the interviewees' narratives. At the end of each interview, the interviewer made notes on aspects that he/she thought would be useful for the data analysis phase.

Ethical considerations

All the procedures applied were approved by the Ethics Committee, Faculty of Social Sciences, Universidad de Chile. Interviewees signed an informed consent. To ensure their protection, we excluded people with recent losses. Those who showed signs of depressive symptoms during the interviews received guidance on how to get professional help.

Analysis

The interviews were recorded and then transcribed following the norms defined by Mergenthaler and Stinson (1992). The information produced was examined using content analysis (Krippendorff, 1990), using Atlas-Ti (v7). To ensure validity and reliability, coding was checked in cross review sessions, with any discrepancies found being solved by the whole research team.

The analysis was focused on identifying the significant losses that the participants associated with their old age, characterizing and categorizing the coping processes employed, and qualitatively estimating the participants' attainment of accommodation (or failure to accommodate) and their SWB level.

Finally, the effectiveness of the participants' coping processes was estimated by comparing the processes employed by those who had managed to accommodate with those of the participants who had not achieved this goal by the time of the interview. As a result, characteristic and recurrent processes observed in the participants resulted in two classifications (1) effective–attained accommodation; and (2) ineffective–lacked accommodation.

Results

Most participants (10 from younger cohort; 9 from older cohort) regardless of sex and age, stated that their most significant losses were related to health and/or physical ability, described as a major decline in physical, sensory, or psychomotor skills, or a perception of having less energy or muscle power - *"I can't walk like I used to, I even feel bad when I'm on the street because sometimes I lose my balance, that makes me feel annoyed, worried, because I know there's no way to solve this"* (Woman, 80 years old). The second most prevalent losses (2 from younger cohort; 5 from older cohort) concerned the death of loved ones - *"my mother and my brother are already dead (...) of course those things affect me, I mean, sometimes you feel more alone"* (Woman, 74 years old). The third most prevalent losses were linked to the quality of meaningful affective relationships (2 from younger cohort; 2 from older cohort) and social integration (4 from younger cohort). The former refer to perceived negative changes in each person's most relevant relationships - *"being left alone, when your children leave"* (Man, 63 years old); the latter allude to a feeling of not belonging and lacking social recognition beyond one's family, due to aging - *"I realized I had no choice because nobody would give me a job anymore"* (Man, 72 years old). Lastly, the participants (1 from younger cohort) mentioned material losses, which consist in negative changes in their physical or economic situation - *"the hardest thing was to lose my economic status, because I made good money when I was younger but I've gradually lost it and I'm getting poorer"* (Woman, 71 years old). Although all the losses reported had happened during the participants' old age, the exact period elapsed after the events varied. In any case, none of them was recent.

Regarding accommodation, most of the interviewees (13 from younger cohort; 12 from older cohort) had achieved it. The attainment of this goal was determined when the participants reported feeling tranquil and "at peace" with their loss, when displeasing emotions –such as pain, sadness, or anger– had decreased significantly and sometimes the loss was interpreted as an opportunity for personal growth and becoming a *"better person"*. High levels of SWB were reported by participants in this state. Participants who lacked accommodation reported relatively intense unpleasant emotions connected to their loss, including anger, pain, resentment, and anguish. In some cases, depressive symptoms were observed, such as constant sadness, irritability, hopelessness, and the

abandonment of pleasurable activities. In this state, the SWB levels reported were regular or low. No connection was observed between the attainment of accommodation and the time elapsed after a loss. For instance, there were participants that had not achieved accommodation despite several years having passed.

It should be noted, however, that some of the participants (6 cases) who had not achieved accommodation manifested this in a slightly different way. They reported feeling relatively tranquil regarding their loss, but acknowledged that they needed to make constant efforts to counter the feelings of distress connected to it, which signaled their lack of accommodation. In these cases, memories of the loss triggered moderately intense displeasing emotions that lasted for a relatively short time; therefore, their SWB levels were not affected.

During the interview phase, certain coping processes were repeatedly mentioned, especially by those who had attained accommodation. This enabled us to reach data saturation for the processes found to successfully lead to accommodation. However, with respect to the ineffective processes –mostly used by participants who had yet to attain accommodation– data saturation cannot be said to have been reached due to the limited sample size.

The coping processes found to be effective for achieving accommodation were:

- *Anticipation*, that is, performing actions aimed at preparing for future losses. This process involves making decisions and/or performing certain actions aimed at buffering their negative effects.

"There comes a time when you say 'it's time to retire, before they retire me' (...) it's time to retire, to retire with honors" (Man, 77 years old).

"I already have two married daughters and [name] is also going to start her own life (...) I accept that they have to form their own families" (Woman, 61 years old).

- *Acknowledgment*, that is, being able to differentiate the desired state from reality - "seeing things the way they are". It involves active efforts to adjust one's expectations to reality, considering the impossibility of reverting losses and their effects while also seeking well-being within one's possibilities.

"Right, I can't do it, but I do as much as I can, I don't ask more from myself" (Woman, 65 years old).

"You can't live off expectations, you must live in the real world" (Man, 75 years old).

- *Distraction*, that is, focusing on things other than the loss and shifting one's attention to less painful situations or gratifying activities that eventually make it possible to manage.

"I find distractions, I go to my room and start knitting or arranging my closet, that sort of thing, so I can forget about it a little" (Woman, 82 years old).

"Going out (...) I talk to people, I laugh (...) so that cheers me up" (Man, 71 years old).

- *Accepting one's emotional experience* by not refusing to feel the displeasing emotions linked to the loss, trusting that the passage of time will help reduce their intensity.

"I'd cry on the street all the time. It was a process, but there's less pain now, it has gradually abated" (Woman, 61 years old).

"Sometimes I get angry because of that, but I get over it quickly" (Man, 64 years old).

- *Regulating one's emotions*, striving to modify displeasing affects associated with the loss by adopting an active approach to regain well-being.

"When I don't feel like doing anything, that's when I 'brainwash' myself and say 'no!' I encourage myself" (Woman, 67 years old).

"We used to go to the cemetery every Sunday, until one day I said 'I think this is not good for us, so let's just go once a month (...) I need to carry on living'" (Man, 77 years old).

- *Looking for meaning* by redefining one's loss, considering the positive aspects of one's current situation, or trying to understand it, seeking to explain "why" something happened.

"It was just meant to be, that was the right time for her to go" (Man, 71 years old).

"There's nothing worse than living life angry, you don't live in peace, but, you know? the secret is to understand things, if you understand, anger goes away, it's simple" (Woman, 89 years old).

- *Using humor* by highlighting a funny or ironic aspect of the loss. This involves looking at the loss from a perspective that lessens its emotional impact.

"So I'd joke, I used to sing that song about the crippled woman (sings and laughs) so I see it that way now" (Woman, 65 years old).

"And so I'd joke, I'd say 'hey, you shut up because you're dimmer than a candle' and everyone laughed, that kind of jokes, I was there ten days" (Man, 76 years old, talking about his hospitalization).

- *Seeking—and accepting—social support* from one's environment, both within one's family and outside of it. This includes generating new affective networks and strengthening current ones.

"My friends are good because we share our sorrows. Sharing your pain with others also helps you overcome those... those little depressions" (Woman, 65 years old).

"My children helped a lot too, they all came to the cemetery, attended the mass, and they helped a lot later on" (Man, 77 years old).

- *Relying on spirituality*, placing one's trust on a transcendent or divine will, which can be religious or non-religious.

"Just the Lord's mercy, I give everything to Him (...) because He says that we should give our burdens to Him. That has brought me a lot of peace after my husband's death" (Woman, 74 years old).

"You need to trust that God does things for a reason" (Man, 97 years old).

- *Establishing new options* by constructing alternative goals or adjusting current ones to the available possibilities.

"Doing projects to get some money to go out, and, like I told you, volunteering" (Woman, 71 years old).

"I take my time now, I used to get to the square in 10 minutes, now I need about an hour, I know I have to walk slowly, the doctor told me I had to take it easy" (Man, 82 years old).

- **Planning actions or tasks aimed at reducing the impact of the loss.**

"I use my small pension wisely, it's enough, I don't spend much" (Woman, 67 years old).

"I have a very good medical plan, so I get frequent checkups, and that helps me stay physically healthy" (Man, 88 years old).

- **Continuing to engage in pleasurable activities and/or finding new ones despite the loss.**

"I usually take courses (...) because staying at home staring at the ceiling all day, that's depressing" (Woman, 71 years old).

"They say 'why do you keep working?' and I say 'what do you want me to do, get up in the morning and do nothing all day?' I feel fine (...) as time passes, you start getting more interesting and more complex work" (Man, 71 years old).

- **Solving problems by attempting to modify elements derived from the loss that are negative but controllable.**

"I try to come up with solutions to my issues... I couldn't tie my shoelaces, and what did I do? I bought shoes with a velcro strip" (Woman, 74 years old).

"My shoulder is giving me some trouble, but I'm glad because it's improving with acupuncture" (Man, 70 years old).

The coping processes found to be ineffective for achieving accommodation were:

- **Avoidance**, which consists in shifting attention away from the loss and refusing to acknowledge it, even denying it or acting "as if" it had not happened.

"I asked people not to tell me anything (...) because that makes me hurt more" (Man, 78 years old).

"Well, I've always been a bit like Scarlett O'Hara, like 'not today, I'll think about that tomorrow' I mean, I try to ignore things" (Woman, 71 years old).

- **Rumination**, keeping one's attention focused on the loss

"Tossing and turning, thinking (...) 'I could have said goodbye, I could have kissed her, I could have seen her off' that sort of thing" (Man, 77 years old).

"Not being there, I can't shake off that feeling, I still think I should have been there" (Woman, 66 years old).

- **Complaining to a spiritual entity**, demanding relief or changes in one's current living conditions.

"I talk to Him (God). I tell Him You are my husband, You must give me everything I need" (Woman, 61 years old).

"I ask the Lord to give me that, I've asked Him for a long time and He's forgetting about it" (Woman, 67 years old).

- **Wishful thinking**, or reliance on baseless fantasies that will provide ideal solutions to problems derived from the loss.

"I still think I'm gonna win the Loto¹ one day" (Woman, 71 years old).

"Money! You need to have money (...) maybe I'll win the lottery one day" (Woman, 82 years old).

- **Procrastination**, repeatedly postponing actions that could reduce the negative impact of the loss.

"It's a drag, yes, I think after I (...) I'm gonna go back to the gym" (Woman, 71 years old).

"I'd say 'no! why should I use a cane!?' and that was my mistake, because if I'd started using it when I first needed it, my leg would still be fine" (Woman, 61 years old).

It should be noted that all participants, regardless of whether they had attained accommodation, displayed a combination of several of the processes described. They differed in terms of the most characteristic and predominant coping processes reported. Those who managed to accommodate were more aware of their loss, inasmuch as they anticipated and recognized it more frequently while also resorting to distraction. Those who displayed a lack of accommodation –despite managing to acknowledge their loss and using distraction– also tended to resort to avoidance and rumination, unlike the other group, where these processes were nearly absent.

Participants who had attained accommodation displayed a more balanced use of affective coping strategies such as accepting their painful emotional experiences and regulating their emotions. These interviewees mentioned periods during which they allowed themselves to experience their pain and distress, alternating them with attempts to regulate their emotional states. Those who had not attained accommodation engaged in some of these processes very frequently, which appeared to keep them from achieving this goal. For example, there were participants that engaged in constant attempts to regulate their emotions, which required sustained efforts to avoid feeling overwhelmed by feelings of distress and preserve their SWB.

Participants who had attained accommodation tended to reinterpret their loss by searching for meaning and using humor. Indeed, humor was only reported by these interviewees. It should be noted that, in participants who lacked accommodation, the search for meaning was hampered by their interpretation of their losses as unfair. These views were associated with difficulties forgiving life itself, others, or themselves (self-recrimination) for past actions related to their losses and valuing other positive aspects of their lives.

With respect to social or spiritual support, the search for and/or acceptance of social support was more common among the participants who had attained accommodation. They also displayed more reliance on a spiritual dimension, manifested through their trust in a transcendent power or meaning, the search for understanding, and their acceptance of the painful events endured. Complaints addressed to a spiritual entity were more frequently observed in participants who lacked accommodation and manifested themselves through demands and, sometimes, through anger due to feeling victims of undesired or unfair events.

Finally, regarding coping processes which could be linked to the reorganization of the participants' lives after a loss, those who had attained accommodation displayed a greater ability to establish new choices in response to their suffering, make plans, continue to engage in pleasurable activities, and focus on solving problems. Those who had yet to achieve accommodation used these strategies less often; instead, they employed processes such as wishful thinking and procrastination, which were practically absent from those who had managed to accommodate.

With respect to sex- and age-related differences, both men and women of all ages tended to attain

accommodation. Still, some significant differences were found regarding the coping processes employed. In men, planning and humor were frequent effective processes, while avoidance emerged as a common ineffective process. As for women, engaging in spiritual activities and looking for meaning were usual effective processes, whereas rumination and wishful thinking were the predominant ineffective ones. With respect to age groups, problem-solving, the identification of new alternatives, and the search for meaning were more common in the early stage (60–74 years old). In the late stage (75 years old and up), relying on spirituality was found to be more usual. Avoidance emerged as a more common ineffective strategy in the early aging stage; while rumination emerged as more ineffective strategy in the late stage.

Lastly, certain effective coping processes were found to predominate depending on the type of loss reported. Physical losses tended to be tackled via problem-solving, the identification of new alternatives, the continuance of pleasurable activities, and the search for and acceptance of social support. The death of loved ones was observed to be connected with the search for and/or acceptance of social support. Another coping process used was regulating one's emotions. Participants who had lost significant affective relationships tended to search for and/or accept social support and identify new alternatives. The loss of social integration was predominantly addressed via distraction, the search for and acceptance of social support, the identification of new alternatives, and the continuance of pleasurable activities. Lastly, regulating one's emotions was found to be a relevant process for dealing with material losses.

Discussion

Results indicate that no individual coping process determines the achievement of accommodation. The difference between the interviewees who had accommodated and those who lacked accommodation was mainly based on differences in the predominance of certain processes over others. Thus, taking into account these differences, thirteen coping processes were classed as effective. These tended to be the most typical, relevant, and commonly used by participants who had attained accommodation, such as the search for meaning and the use of humor. In contrast, the five processes that we found to be ineffective –such as avoidance and procrastination– were the most recurrent in participants who lacked accommodation. It appears that not all coping processes are equally relevant for achieving accommodation –for instance, anticipation may have a smaller impact than the search for meaning– but it is still relevant to differentiate them to facilitate a more in-depth examination in future research.

Although all the interviewees had experienced significant losses and had performed actions in response to them, not all of them had achieved accommodation. Reaching this state was not exclusively related to the time elapsed; for instance, there were participants that had experienced their loss several years previous but had yet to accommodate. Sex, age and type of loss did not play a relevant role either. Our analyses indicate that the recovery of well-being is linked to the use of effective coping

processes. In other words, accommodation resulted neither from the type of loss sustained nor by the participants' age and sex, but from the way in which they dealt with loss: *"I must get through this (...) if I can't change the world, well, I'll adapt to the world then!"* (Woman, 65 years old). This brings to the fore the power of individuals over their well-being and improves the chances of success for a therapeutic intervention. The use of processes classed as effective and the avoidance of those found to be ineffective sheds light on "how" older adults can accommodate to their losses and recover their well-being.

However, it is important to distinguish *coping processes* from the *subjects* who activate them. Our study focused on identifying effective processes for attaining accommodation; therefore, we paid close attention to those that were the most recurrent and typical in the people who achieve this goal. Nevertheless, aside from differentiating these processes, we must consider the complexity of the psychic systems of the individuals (Luhmann, 1991) who deploy them. The specific coping processes used in response to the same loss can vary among individuals, since these choices are influenced by people's life trajectories and their social and cultural contexts. For instance, searching for meaning can be a useful choice for some people, whereas others may find it absurd to deal with a painful event in that way, preferring other coping processes instead. Therefore, our findings can provide guidance to people who have suffered a loss or wish to help others who are trying to get to grips with a painful situation; nevertheless, they cannot be regarded as a sort of "one-size-fits-all" recipe for accommodation.

With respect to the social image of old age, we are interested in highlighting the agency of older adults regarding their accommodation. We agree with Niemeyer (2002) and Worden (2010) when they say that the working through of a loss –grief– can be facilitated by active processes. The interviewees achieve accommodation by combining processes, for instance, those connected to "letting go" or "releasing" something –such as recognizing their loss or searching for meaning– with others aimed at modifying aspects that they can still control, such as problem-solving. Therefore, it is possible to acknowledge physical deterioration while implementing compensatory actions to lessen its impact, such as exercising or following medical advice to retain proper functionality and quality of life. Older adults' use of these processes challenges "ageist" prejudices that regard them as people caught in a stage of life *"when one believes there is nothing left to do"*.

The fact that most participants attained accommodation confirms the notion that it is possible to overcome situations with a high emotional toll, such as losses, while preserving a high level of SWB. In this regard, it is relevant to mention the link between accommodation and SWB. Unsurprisingly, we observed high SWB in participants who had attained accommodation and regular or low SWB in those who had not. However, some interviewees (6 cases) who had not achieved accommodation displayed certain characteristics that suggest that this association is not fixed. These people constantly struggled to avoid feeling overwhelmed by the distress resulting from their loss. They managed to moderate their emotions and maintained a SWB that they reported to be high, not regular as we

would have expected. Given that SWB refers to a person's overall assessment of his/her life –which takes into account multiple aspects apart from how he/she deals with loss– we observed that its association with accommodation is not necessarily linear. In addition, it cannot be considered to be unidirectional either: SWB can be affected by a person's state of accommodation while also promoting or limiting the implementation of processes that may or may not foster it, which configures a circular relationship. Thus, for instance, one participant reported feeling increasingly “bitter” as, after 17 years, he was still angry with the woman who had left him and had no intention of forgiving her. In this case, doing “*more of the same*” –validating his anger derived from past events without wanting to forgive– made accommodation difficult, therefore reducing his SWB. Doing something different, more effective –like finding a reason to be able to forgive or “let go”– would require efforts that would probably be hindered by his low SWB. This is an example of how reciprocal reinforcement can prevent behaviors from changing while keeping distress active. Based on these observations, we can infer that mutual influence (but not determination) exists among coping processes, accommodation, and SWB. When these relationships are unhealthy –for instance, when ineffective coping processes, a lack of accommodation, and decreased SWB interact– determining which part of this “vicious circle” should be the focus of an intervention constitutes a major psychotherapeutic challenge.

In this regard, it is relevant to highlight the systemic effect of accommodation. This state is engaged in a circular relationship not only with SWB, but also with the other dimensions of personal experience. This can be illustrated by the example about physical deterioration mentioned above: active processes such as solving problems (following medical advice) or looking for support (accepting care and thanking those who provide it) have a highly positive impact on people's health and interpersonal relationships, which generates a “virtuous circle” with accommodation.

Certainly, the qualitative and cross-sectional design used in this study makes it impossible to draw stronger conclusions and restricts their applicability. However, the research conducted can be a good starting point for broader clinical studies on the processes involved in accommodation, regarded not as a static or final state, but rather as an ongoing process. A second aspect to consider is to increase sample size to incorporate other variables potentially connected with the tendency to privilege certain processes over others, such as personality traits, SES, education level, or social integration.

Despite their preliminary nature, we hope that these results will elicit discussions and new research that can inform initiatives for promoting mental health and strengthening psychological resources in older adults, while also providing more specialized and evidence-based guidance to practitioners helping them cope with the losses of old age.

Conclusion

The study highlighted the importance of coping processes for achieving accommodation to loss in old age and preserving good SWB levels. Results show that the attainment of accommodation is only weakly linked to the type of loss, the time elapsed, sex, or age. Rather, the achievement of accommodation is related to the coping processes

deployed in response to loss. In the mental health domain, these findings open up new possibilities for designing prevention and intervention programs aimed at older adults who find it difficult to cope with the inevitable losses of old age in a healthy manner.

Note

1. A Chilean lottery-type game.

Disclosure statement

No potential conflict of interest was reported by the authors.

Funding

This work was supported by Fondecyt Initiation 11150355 and FONDAF Program Grant 15150012, Comision Nacional de Investigacion Cientifica y Tecnologica (CONICYT).

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