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Emotional Well-Being in a Widowed Woman with Alzheimer's Disease:

A Case Report from Institutional Geriatric Care

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ABSTRACT

Life inside an institutional care home can be emotionally demanding for many older adults. The transition often brings a sense of lost independence, fewer social connections, and a quiet but persistent feeling of being removed from one's earlier life. These difficulties become even heavier when an elderly person is also grieving the death of a spouse while coping with the early stages of cognitive decline.

This case report explores the emotional journey of a 78-year-old widowed woman living in an old-age home, diagnosed with mild Alzheimer's disease and experiencing long-standing grief-related depression. Over an eight-week period, she received a carefully planned psychosocial counselling programme that addressed her grief, encouraged reminiscence, introduced a predictable daily routine, and trained caregivers to communicate with her more sensitively. Gradually, she began to show clearer emotional balance, increased participation in activities, and a more stable sense of well-being.

Her experience highlights how thoughtfully tailored psychosocial support can make a meaningful difference in the lives of elderly individuals residing in long-term care facilities.

KEYWORDS: Alzheirmer's, Bereavement, Depression, Institutional Geriatric Care.

1. INTRODUCTION

People don't always think about how common depression is in older folks living in care facilities, but it is. From the outside, these facilities may look busy, but many of the people who live there are quietly dealing with the emotional weight of leaving the homes and routines they relied on for decades. The transformation can be shocking. They may lose small things they used to take for granted, including how they planned their mornings, the freedom to move around their own space, or even just the feeling of being "at home." This might make them feel less sure of who they are.

This change is harder for people who have just lost a partner. When someone is grieving, grief might settle into the corners of their life. When this happens at a time when their social circles are already getting smaller, it can feel much lonelier. Cognitive decline, such early Alzheimer's, makes things even harder to deal with. Many people find that the emotional stress and the cognitive problems make each other worse, which makes it much harder to adjust.

This article tells the tale of an elderly widow who lived in a long-term care facility and how personalized counselling helped her go through her grief and slowly regain her emotional balance.

2. LITERATURE REVIEW / RELATED WORK

Alzheimer's disease affects memory, thinking, emotional control, and the ability to bounce back. Researchers have found that those who are less cognitively flexible have a harder time dealing with big changes in their lives, such the death of a loved one (Livingston et al., 2017). It's even worse to be in an institution. Studies demonstrate that persons who live in long-term care facilities feel more alone, have less control over their lives, and feel less like they belong in social groups (Gaugler & Zarit, 2001).

Therapeutic therapies, including memory therapy, organized routines, and training caregivers in effective communication, have shown successful in improving the emotional well-being of individuals with dementia. According to Woods et al. (2018), remembering things that happened in the past might help keep your emotions in check and give you a sense of continuity in your identity. This case fits very well with these observations and shows how useful these kinds of methods may be in regular geriatric care.

3. CASE DESCRIPTION

After her husband died, Mrs. X, who was 78 years old and a widow, had been living in an old-age home for a little over a year. The caregivers wanted psychological help since they saw that the person was getting more withdrawn, depressed, and had a changing appetite. She normally ate by herself in her room and didn't join in on group activities too often. Her everyday life was mostly unstructured, and she spent a lot of time sitting still or lying in bed.

Clinical assessment revealed some disorientation to time, although her orientation to person and place remained unaffected. Memory testing pointed to mild Alzheimer's disease. The Geriatric Depression Scale (GDS-15) test showed that she was moderately to severely depressed. She often talked about how lonely she felt, how scared she was of being forgotten, and how unsure she was of her place in the community. Her sleep patterns were still strange, and there were days when she didn't want to groom or bathe. She expressed a constant feeling of having no purpose.

4. INTERVENTION

For the purpose of meeting her mental and emotional requirements, she participated in a rigorous psychosocial counselling program that lasted for eight weeks. Following are the components that were incorporated in the intervention:

1. Emotional Support for One Who Is Bereaved

Mrs. X was able to discuss her recollections of her spouse and her unresolved feelings of sadness while she was participating in the sessions. The counsellor guided these conversations with great care, providing her with the opportunity to discuss loss at a pace that was suitable for her physical and mental capabilities. This phase was cantered about validating and reassuring feelings that were being experienced.

2. Therapy for the Purpose of Remembering

It was utilized to assist the individual recall things in a more organized manner by providing them with a personalized memory box that contained images, personal artifacts, and things that were familiar to them. The goal of these sessions, which were held twice a week, was to fulfil the following objectives: to foster emotional continuity; to reduce feelings of disorientation; to evoke good memories; and to make individuals feel less isolated.

According to Woods et al. (2018), this approach is fully validated in the research that has been conducted on dementia care for the purpose of improving mood and establishing identity.

a. Stabilization Of Routines And Behavioural Activation

Getting some morning sunlight, going for short walks, participating in music hour, making crafts with a group, and relaxing in the evening were some of the simpler activities that were outlined on a visual calendar that was based on pictures.

In order to avoid making her feel overburdened, the objective was to gradually incorporate her in these activities.

b. Instruction of staff members

in the art of communicating in a manner that is supportive Caregivers and attendants were given a short briefing on how to:

- speak slowly and quietly
- present instructions in steps
- validate feelings instead of correcting memory
- encourage involvement without putting pressure on them
- keep daily routines the same

Through this coordination, both the consistency of care and the emotional stability of the patient were improved.

c. Experiences that are significant to you as an individual

Mrs. X was instructed to engage in creative activities that were not particularly challenging but were familiar to her, such as folding paper, colouring mandalas, or participating in light activities in the community. Because we wanted individuals to feel like they were contributing and that they belonged, we chose these chores.

Figure Out GDS-15 scores

We employed the Geriatric Depression Scale—Short Form (GDS-15) to look for signs of depression in the patient. This is a validated screening tool that is frequently employed in geriatric mental health research and therapeutic settings. The GDS-15 has 15 yes/no questions that are aimed to find emotional, cognitive, and behavioural symptoms of depression in older people.

Each answer gets either 1 point or 0 points, depending on whether it shows evidence of sadness. If you say "yes" to a question that is written negatively, such "Do you feel your life is empty?" you gain one point. If you say "No" to questions that are written in a positive way, like "Are you in good spirits most of the time?" you gain one point.

We found out what we needed to know simply talking to people in person once a week. The interviewer read each question out loud to make sure the patient understood. If they needed extra time, they were given it because they had a little trouble thinking. The typical clinical approach was followed for scoring:

5. RULES FOR SCORING

- A sad answer receives 1 point.
- No answer for depression = 0 points

- The total score might be anything from 0 to 15.
- 0 to 4: Normal
- 5 to 8: Mild depression
- 9 to 11: Moderate depression
- 12 to 15: Severe depression

Weekly GDS-15 scores were used to keep track of how the patient's mood changed over time and to see how she responded to the psychosocial intervention

Eight-Week Intervention Timeline and Clinical Observations

8-Week Psychosocial Intervention Timeline

Week 1 → Rapport building and grief validation

- Frequent crying episodes
- Highly withdrawn, minimal engagement

Week 2 → Introduction of Memory Box

- Begins responding to familiar photographs
- Slight softening of emotional distress

Week 3 → Daily routine shaping initiated

- Visual schedule introduced
- Mild increase in activity

Week 4 → Structured reminiscence sessions

- Improved emotional stability
- More receptive during counselling

Week 5 → Encouragement for group participation

- Attends one activity
- Appetite begins to stabilise

Week 6 → Staff training in supportive communication

- Sleep improves
- Fewer episodes of helplessness

Week 7 → Increased meaningful engagement

- Cooperative with care
- Smiles more; occasional conversation

Week 8 → Routine well-established

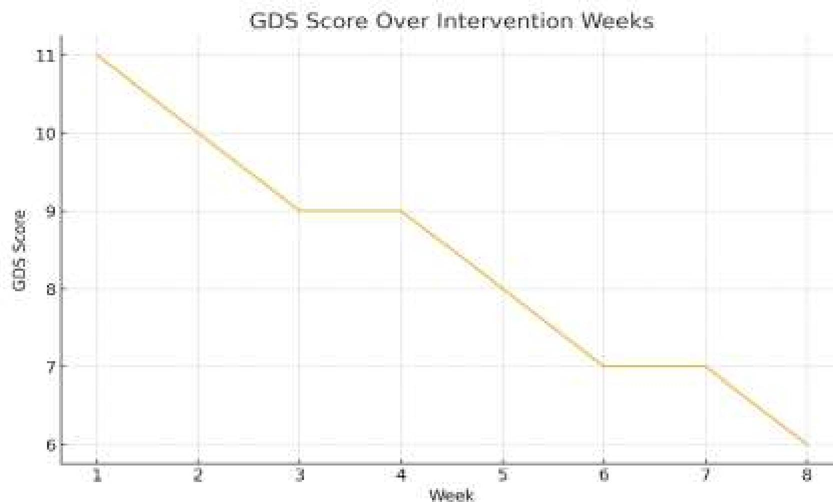
- Regular participation in group activities
- Reports "feeling lighter and less alone"

Overall Outcome: Progressive decline in depressive symptoms, reflected in GDS-15 reduction from 11 to 6 across eight weeks.

Table 1. Weekly GDS-15 scores Across the Intervention Period

Week	Total GDS-15 score	Severity
Week 1	11	Moderate–Severe Depression
Week 2	10	Moderate Depression
Week 3	9	Moderate Depression
Week 4	9	Moderate Depression
Week 5	8	Mild Depression
Week 6	7	Mild Depression
Week 7	7	Mild Depression
Week 8	6	Mild Depression

The steady decline in GDS-15 scores reflects progressive emotional stabilisation and improved engagement over eight weeks.



6. OUTCOME

By the end of the eight-week program, Mrs. X had clearly improved her emotional state. She cried a lot less often, and she started going to small group activities at least twice a week. Her appetite got better, she slept better, and she was more willing to help with everyday care. Staff members saw that she smiled more often and started short discussions with other residents. Even though her cognitive problems didn't go away, she kept saying that she felt "lighter" and "not as alone."

7. DISCUSSION

Mrs. X's emotional issues show how hard it is to live in an institution when you've lost someone close to you and can't focus. Alzheimer's disease makes it harder to adjust, so it could be hard to deal with the death of a loved one or big changes in your life. Even though life at an institution is safe and supportive, it could make patients feel even more alone. This is especially true for people who have just lost someone they loved.

The therapies utilized in this example are analogous to those employed in other research concerning mental health in older persons. After recollection therapy, patients feel more like themselves and more stable emotionally. Structured routines and behavioural activation, on the other hand, make things more predictable and create goals that are easy to attain, which is good for your health. This case demonstrates that tailored psychosocial support can significantly influence mental health, even when long-term care may not be the optimal option.

8. CONCLUSION AND FUTURE SCOPE

People over 65 who are mourning and have Alzheimer's disease have to deal with a lot of hard feelings. This instance demonstrates that strategically organized psychosocial therapies founded on grieving validation, consistent stability, and supportive communication can significantly enhance emotional functioning. Institutional environments can be helpful, but only if care practices are personalized to each person's background and abilities

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