

WORKING WITH LOSS AND GRIEF - LINDA MACHIN
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Establishing Theoretical Bearings

In this chapter three areas of theory will be used as reference points (bearings) to guide practitioners in establishing a knowledge base for their clinical work with grieving people.

What determines the shape of grief

- Lifespan development
- The nature of human attachment
- Predisposing factors - vulnerability and resilience
- Culture

What is grief like?

- The symptoms of grief
- Processes of grief
- Complicated grief

Managing grief - a personal journey

- The tasks of adjustment
- Coping
- Making sense of experience

Theories of human development provide a starting point for considering what determines reactions to loss. Nurturing conditions will result in psychological well-being and social competence, and loss is likely to be met with resilience. Conversely, when formative relationships and experiences of the wider social world have been negative there is a greater likelihood of loss prompting vulnerability. Culture as the context of human development plays a significant part in how attitudes to loss are integrated into the

<p>Visible grief, for example: Bereavement Divorce</p>
<p>Obscured grief, for example: Developmental loss such as changing schools Childlessness Disability</p>
<p>Invisible grief, for example: Losses of childhood and old age Loss of cultural identity Poverty</p>

Figure 2.2 The visibility and invisibility of grief

the visible and obvious anguish of bereavement (see Figure 2.2). For professionals, the challenge is to appreciate fully the significance of the wide spectrum of loss in the lives of their clients/patients and to raise the profile of unseen grief.

While the structure for looking at loss, set out in this chapter, provides a base from which to understand the experiences which prompt grief, it is important not to assume there is a universal response to it. The theories of grief and the individual manifestations of it will be considered in the following chapters.

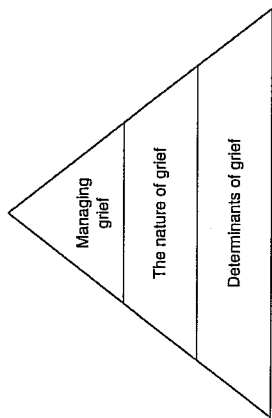


Figure 3.1 Antecedents, experience and tasks of managing grief

beliefs and perceptions of grieving people. A second area of theoretical reflection is upon the nature and characteristics of grief, and its complicating factors. The theories, which most significantly address the issue of loss, are those which focus primarily on bereavement, but their relevance to other loss experiences will be noted. A third theoretical element considers the process prompted by loss, in which grieving people revise their life perspectives and reappraise their own sense of self. Figure 3.1 shows the hierarchy of interconnections between these three theoretical perspectives.

What determines the shape of grief?

In this section four theoretical perspectives will be considered as factors which contribute to how grief is experienced. Firstly, key theories of psychosocial development provide basic concepts about the evolving structure of personality. Secondly, Attachment Theory, which has been central to understanding the nature of separation and loss, will look at relationships as the context of human security or insecurity. Thirdly, consideration will be given to how acquired emotional and social competence, in dealing with life losses, will be evident in a spectrum of responses from resilience to vulnerability. The wider cultural context of experience will be seen as a fourth determinant of the shape of grief.

Lifespan development

There are various theories which describe psychosocial development. Freud's theory (1957) of psychosexual development proposed concepts which have been foundational in the study of personality. The structure of personality proposed by Freud consists of:

- the id – the unconscious and instinctual dimension
- the ego – the conscious and rational dimension
- the superego – the dimension of conscience.

He linked the emergence of these dimensions to the oral, anal and genital phases, which mark the early biological/sexual development of the child. While Freud has had his critics (Frayley and Shaver, 1999) his ideas, which formed the psychodynamic school of thinking, have been highly influential in the evolving concepts of human development. Piaget's theory (1969) of cognitive development has also contributed to insights in human development. His account of a person's evolving thinking processes has been used extensively within education training and teaching. The stages he identifies are:

- learning through activity and engagement with objects and the environment
- the development of language and the consequent emergence of symbolic thought
- the development of logic and an ability to classify objects and solve problems
- the emergence of abstract thinking and an ability to explore problems hypothetically.

The theories of both Freud and Piaget focus on child development but their concepts have also been used to illuminate how the foundational characteristics of personality and cognitive development influence responses and behaviour in adults.

Some theories like that of Erikson (1980), described in the last chapter, provide a lifespan account of human maturation in a sequential or stage form. While influenced by Freud, Erikson was concerned with the social rather than the psychosexual aspects of development, and on the conscious rather than the unconscious. Erikson saw psychological well-being related to the successful management of crises, for example, basic trust versus basic mistrust, autonomy versus shame and doubt, initiative versus guilt, industry versus inferiority, identity versus role confusion, generativity versus stagnation, ego integrity versus despair and disgust. These 'crises' represent developmental tension and contribute to the acquisition of psychological and social competence. His framework has been criticised for being too rigidly structured but he believed that 'crises' can be revisited if not accomplished satisfactorily in the original developmental sequence. The theory has also been challenged for assuming that social institutions and society itself afford a benign background for healthy psychological development (Buss, 1979). Such challenges to theory help to secure refinements which make the concepts more robust (Sugarman, 2001). Havighurst (1972) and his concept of development tasks (Levinson et al. (1978) and their concept of change and consolidation, and Holmes and Rahe (1967), and Reese and Smyer's (1983) notions of life events, have all contributed to a significant literature on lifespan development. Rogers (1961; 1980) provides in his therapeutic legacy a way of understanding the development of self. He conceives of it as a self-actualising tendency, in which there is an innate striving, and capacity, to move towards achieving full personal potential. This movement is dependent upon relationships, both those in normal human encounter as well as those within therapy, to provide the conditions necessary for increasing openness to experience, a focus on living in the moment and a capacity to feel confidence in self. While there are common threads

in the classification of human development, their variable theoretical analysis of the elements which make up key milestones and processes in the life course provide a rich reference point for understanding the factors which influence response to loss (Hendry and Kloepp, 2002; Sugarman, 2001). The concept of life story as development (McAdams, 1997) will be explored more fully, as a theoretical connection with therapy, in the next chapter.

This brief account of developmental theories provides the conceptual structures upon which the complexities of individual relationships, attitudes and response to life losses, and cultural perspectives will be added.

The nature of human attachment

The quality of early relationships contributes crucially to the way in which human beings develop. Bowlby (1980; 1984), while following in the psychodynamic tradition, focused on relationships and developed a theory of attachment, which represented a 'new psychological paradigm' (Holmes, 1993: 66). This 'new paradigm' looked not only at the formation of attachment bonds in infancy but at the impact of this bond when significant relationships are subject to separation or loss.

Bowlby believed that 'observations of how a very young child behaves towards his mother, both in her presence and especially in her absence, can contribute greatly towards our understanding of personality development' (1984: 3). Bowlby's concept of attachment makes the connection between the individual and his/her social world and has been highly influential not only in the field of child psychology but for subsequent research, theory and practice in the study of grief and bereavement.

Bowlby and his fellow researchers began to identify the patterns of attachment through empirical study, looking at the way mothers and their children relate to each other (Ainsworth et al., 1978). Fundamental to the development of the theory was the notion of the 'secure base', the climate within which attachment could most readily flourish.

A young child's experience of an encouraging, supportive and co-operative mother, and a little later father, gives him a sense of worth, a belief in the helpfulness of others, and a favourable model on which to build future relationships. Furthermore, by enabling him to explore his environment with confidence and to deal with it effectively, such experience promotes his sense of competence ... not only do these early patterns of thought, feelings and behaviour persist, but personality becomes increasingly structured to operate in moderately controlled and resilient ways, and increasingly capable of continuing despite adverse circumstances. (Bowlby, 1984: 378)

From birth the human infant will assimilate qualities of help and harm within his/her immediate environment. With increasing maturity that environment can be behaviourally manipulated by the infant to maximise the availability of nurturing and minimise the occurrence of alienation from care.

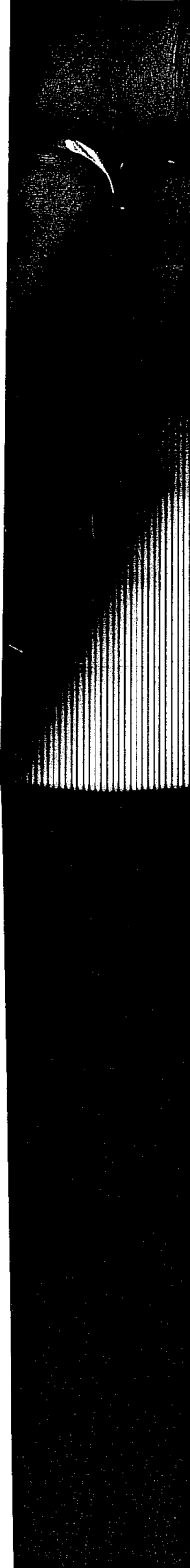
Bowlby's colleagues, Ainsworth et al. (1978), examined the nature of the relationship between mothers and their infants and identified patterns within their interaction. Their work contributed significantly to the development of Attachment Theory as a basis for understanding the structure of personality, in general, and as a response to separation/loss, in particular. They undertook an experiment in which the conditions of separation were simulated in a 'strange situation'. This was a standardised laboratory procedure devised in 1964 to explore, through a longitudinal study, the infant/mother relationship during the first year of life. It consisted of a seven-stage protocol:

- 1 The mother and infant were left in a strange room (that is, one unknown to the child) with toys.
- 2 The mother and infant were joined by a female stranger.
- 3 The mother left the infant with the stranger.
- 4 The mother returned and the stranger left.
- 5 The mother left the child alone.
- 6 The stranger returned to the room.
- 7 The mother returned to the room.

Ainsworth observed different responses to the 'strange situation' which lead to the classification of different attachment styles. In group A (avoidant attachment), the child avoids contact with the mother when reunited with her, and seems more interested in objects than people. In group B (secure attachment), the child is distressed by the mother's disappearance but is readily comforted by her when she returns. The child is then able to continue exploring the environment. In group C (ambivalent attachment), children react strongly to separation but are not easily comforted upon reunion. They may show either anger or passivity and fail to engage in exploratory behaviour. A fourth pattern, group D, was later identified by Main (1991) as disorganised-disorientated, where children react in a confused and disorientated way on reunion with their mother.

The characteristics, which define the opposite positions of secure and insecure attachment, were used to define the equivalent loss response as normal and pathological. The securely attached child (group B) is seen as one who is more able to tolerate uncertainty, is more sociable and more able to control emotions. While the insecurely attached child (groups A, C and D) shows anxiety in the face of uncertainty, is less able to relate to others and manages emotions less effectively, either by over-controlling them or under-controlling them. The pattern of reaction to separation (or its threat) is established, reinforced and/or modified as the child develops and grows, but in common with psychodynamic theory the initial experience of attachment is seen by its earliest proponents as foundational to the development and structure of personality and loss response.

Bowlby's theory has been the base for considerable research and conceptual advances in relation to adult attachment. In the last decade, no single area of research in personality/social psychology has attracted more interest than the application of attachment theory to the study of adult relationships' (Simpson and Rholes, 1998: 3). However, some authors, such as Birtchnell (1997), contend that Attachment Theory is essentially child-centred and not readily adaptable to adult relationships. Clearly, adult attachment is



fundamentally different in that it is based on care-giving and sexuality that is reciprocal, unlike the care-giving and -receiving of carer and child.

Central to this new dimension of research has been two questions. How far does the attachment style of infancy persist beyond childhood (Hazan and Shaver, 1987) and to what extent are attachment styles properties of individuals or of relationships (Feeney, 2000)? These questions address the issues of attachment, as either an enduring trait which is located within the individual or as susceptible to modification within diverse and changing adult relationships. The development of the study of adult attachment, while maintaining its conceptual roots within classic theory, has focused upon the nature of close relationships in adulthood and upon the consequences of loss (Kirkpatrick and Hazan 1994; Rholes Simpson and Stevens, 1998; Umberson and Terling, 1997). Shaver and Hazan (1988) observed strong parallels between attachment style in infancy and adult romantic love. They used the 'love styles' of Lee (1988) and linked them to attachment styles. Secure attachment was seen to be associated with passionate love (eros) and selfless love (agape); avoidant attachment was associated with game-playing love (ludus); and ambivalent attachment was associated with possessive and dependent love (mania). Bartholomew (1990; Bartholomew and Horowitz, 1991) who made a significant breakthrough in the work on adult attachment developed these ideas further. Using the Bowlbian concept of the 'internal working model', that is, an inner representation of self and others, a four-category classification of attachment was proposed based upon two dimensions, self-view and other-view, on a positive-negative continuum (see Figure 3.2).

MODEL OF SELF

		negative	
		positive	negative
MODEL OF OTHER	positive	Secure Comfortable with intimacy and autonomy	Preoccupied Ambivalent and overly dependent
	negative	Dismissing Denial of attachment	Fearful Fear of attachment, avoidant and socially avoidant

Figure 3.2 Bartholomew's four-category classification of adult attachment style (1990)

According to Parkes (1991), the findings of his studies on attachment indicated that the patterns of attachment formed in childhood influence the bonds of adult life and that these, in turn, effect the pattern of bereavement in distinctive and logically comprehensible ways. More contemporary writing suggests that strong empirical evidence

does not exist to predict that security in childhood is correlated with adult security (Thompson, 2000). This is a continuing debate which is central to the ongoing research in the field of attachment theory.

However, what is clear is that relationships, their meanings and consequences for self-perception are key to the nature of grief responses.

Predisposing factors – vulnerability and resilience

What can be seen from the theories of lifespan development, and from Attachment Theory are the potential hazards in negotiating the acquisition of psychological and social competence and well-being. Where there is a failure in achieving competence and well-being, the capacity to deal with loss and change (stressful events) is likely to be seriously compromised. While it is very clear that some life experiences are stressful (Holmes and Rahe, (1967) identified a list of 43 life events likely to cause stress), it is equally clear that a stressful event does not produce the same reaction in everyone. Stress is activated by an external event, which demands personal reappraisal and adjustment to changed circumstances. The coping process which follows 'begins with a person and his or her belief, values, goals, and resources for coping, and an event or condition that signals a change or threatened change in the status of a valued goal. The person appraises the personal significance of the event or condition (primary appraisal) and his or her options for coping (secondary appraisal)' (Folkman, 2001: 565). A limited capacity to manage this process will reveal some measure of vulnerability, while personal resourcefulness is likely to activate resilience.

Figure 3.3 shows the interface between psychological aspects, positive and negative, and the absence or presence of social resources – stress factors, which contribute to

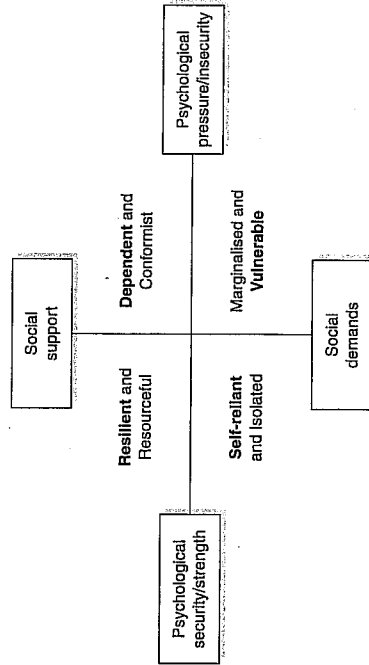


Figure 3.3 The balance of stressful events – psychological and social resources and limitations

potential resilience or vulnerability. A degree of vulnerability (isolation) may result from a situation where social demands exist in spite of psychological strength, or where there is adequate social support but some psychological pressure or insecurity (dependence).

Bowlby and his colleagues have already provided a template for the quality of relationships (attachment styles) which produces vulnerability in the face of loss and change. Parkes reports that there is clear evidence of negative parental influences' (2001: 39) in bereaved adults referred for psychiatric treatment. Some were people who lacked trust in themselves, had been anxious/ambivalent children and had conflicting relationships as adults. Others lacked trust in people and were seen to have been avoidant children for whom closeness in relationships was a problem. Parkes sees those people who were deemed to have been disorganised as children, that is, showing some of the characteristics of both anxious and avoidant attachment responses, as the most deeply unhappy, trusting neither themselves nor others.

Seligman (1992) suggests that negative perceptions about self and the world one inhabits can result in 'learned helplessness'. He identifies three factors which characterise explanations people may attribute to bad events, and which produce learned helplessness.

- 1 **Permanence** – a pessimistic belief that bad events are always going to affect life.
- 2 **Pervasiveness** – a disappointment, failure or setback in one area of life is used to confirm a belief in helplessness in many situations.
- 3 **Personalisation** – loss of self-esteem results from blaming oneself when things go wrong.

Vulnerability is generated by perspectives which undermine the capacity to meet life contingencies with equilibrium, and by circumstances which make excess demands upon personal resourcefulness. Understandably, practitioners in many fields of health and social care have focused predominantly upon the needs of those people who have demonstrated vulnerability.

However, a significant new theoretical focus has emerged which identifies the way in which people do meet life adversities successfully. It is the concept of positive psychology and has been concerned with human qualities of resilience. Seligman uses the three definitions which characterise learned helplessness to explore its opposite, resilience.

- 1 **Permanence** – helplessness is resisted when the effects of negative events are seen as temporary.
- 2 **Pervasiveness** – helplessness is resisted when bad events are seen as specific to a situation and not universal.
- 3 **Personalisation** – self-esteem is not damaged when bad events are attributed to external factors not self.

One source of literature on resilience has emerged from studies of survivors of the Holocaust. In spite of such extreme, dehumanising experiences and suffering, many people have survived with remarkable psychological integrity and this has led theorists to recognise that, 'Resilience is an innate self-righting mechanism that assists people

in redirecting their lives onto an adaptive path following disadvantageous or stressful circumstances' (Greene, 2002: 4). Three common elements characterise resilience (Machin, 2007b):

- 1 **Personal resourcefulness** – involving qualities of flexibility, courage and perseverance.
- 2 **A positive life perspective** – in which there is optimism, hope, a capacity to make sense of experience and motivation in setting personal goals.
- 3 **Social embeddedness** – in which support is available and there is the personal capacity to access it.

The psychological and social resources available to cope with stressful life events and the perspectives towards those events are highly influential in shaping whether the grieving process will be met with resilience or vulnerability.

Culture

Cultural traditions and perspectives lead to diverse attitudes to life and death experiences, and to the meanings attributed to them; they are socially constructed (Kastenbaum, 1993). Traditions may be based on particular religious beliefs, or none. Attitudes may be shaped by whether life risk and death are familiar and everyday realities, or whether mortality is held at a distance by medical science and affluence.

The management of social change through social ritual provides a bridge between the individual and the culture of which he/she is a member. Death ritual for Van Gemneep (1909) serves as a rite of passage and fulfils three objectives: psychologically, ritual gives a framework in which grief can be expressed; philosophically, it affords a base from which to make sense of experience; and socially, it provides for shared experience and the re-integration of the mourner. The decline in traditional ritual in the West, robs many people of meaningful opportunities to give social expression to their grief but it has also resulted in people devising their own forms of ritual to give meaning to their loss.

Culture is the context in which loss is experienced (Vachon and Stylianos, 1988). Family systems and social support networks determine the nature of what has been lost through the death of another but also the nature and extent of available support (Gelcer, 1983; Jordan, 1992). Culture, therefore, is a powerful component in determining the experience of grief.

Summary

In this section factors which determine the likely shape of grief have been explored. Lifespan development and attachment relationships provide the background against which resources and perspectives to deal with difficult life events will produce a propensity for learned helplessness or a capacity for resilience. Culture provides a context in

which these factors operate and a further dimension in which experiences of loss needs to be understood.

What is grief like?

Having explored the factors which help to determine likely grief reactions, this section will look at the nature of responses to significant life losses. Bereavement is one of the most profound types of loss and has been central to the literature on grief. However, many of the elements of grief will be evident in other losses. Marris was writing at the time of many of the early theorists but as a sociologist looked not only at bereavement but at the impact of other losses such as slum clearance. He formulated the idea of the 'conservative impulse', a process in which people resist change, and noted that 'The impulse to preserve the thread of continuity is thus a crucial instinct of survival. But its characteristic expression is more anxiously intuitive than conscious or deliberate' (1974: 17). Parkes made a comparative study of bereavement and the loss of a limb (1996) and has also co-edited a book reviewing the impact of other losses (Parkes and Markus, 1998). It is important for practitioners to be able to make the link between theories of bereavement and other life losses.

The symptoms of grief

Grief is a multifaceted response to loss. There are physical, emotional, cognitive, behavioural and social reactions, which have been identified as typifying normal grief (Stroebe et al., 2001).

- Physical – loss of appetite, sleep disturbances, loss of energy, somatic complaints, increase in illness and disease, etc.
- Emotional – despair, anxiety, guilt, anger, depression, sense of loneliness, etc.
- Cognitive – preoccupation with thoughts of the deceased, self-reproach, hopelessness, difficulty in concentration, etc.
- Behavioural – crying, tiredness, agitation, increased alcohol (medication, drug) consumption, etc.
- Social – withdrawal, changes in relationships, etc.

It is important to note that these symptoms have been identified within Western research and practice. Variations will occur within other cultures.

Processes of grief

Integral to his study of attachment, Bowlby's work contributed significantly to the development of grief theory. An important focus within his work, *Loss: Sadness and*

Depression (1980), related to mourning the death of a close relationship. The earlier observation of children's reactions to their mother's absence was developed into a systematic account of the 'phases of mourning'. Bowlby described the phases as follows:

- Phase of numbing that may be punctuated with intense distress.
- Phase of yearning and searching for the lost person.
- Phase of disorganisation and despair.
- Phase of greater or lesser reorganisation

Bowlby (1980) makes it clear that the duration and sequence of these phases is very individual. It is interesting that he used the term 'oscillation' to describe the likely movement backwards and forwards between the phases, anticipating a key concept within one of the contemporary theories of grief, the Dual Process Model (Stroebe and Schut, 1999), which is discussed later. Parkes worked with Bowlby at the Tavistock Institute and his studies in bereavement (1996) provided data in support of the phases of grief – 'Bowlby and I published a descriptive classification of the phases of grief (Bowlby and Parkes, 1970). This classification has given rise to a great deal of controversy and spawned a number of alternative classifications. The sequence was never intended to be more than a rough guide, and it was recognised from the start that people would move back and forth through the sequence rather than following a fixed passage' (Parkes, 2001: 29–30).

A similar systematic account of grief was proposed by Kubler-Ross (1970) in respect of terminally ill patients and arose from listening to patients tell their end-of-life stories. Her stage model, consists of:

- Stage one – denial and isolation.
- Stage two – anger.
- Stage three – bargaining.
- Stage four – depression.
- Stage five – acceptance.

The work of Kubler-Ross has received a lot of attention, both for the model she developed and also due to the fact that, in uncovering the grief experienced by terminally ill people, she promoted a new openness to talking with the dying. This has powerfully influenced the study of grief and the therapeutic responses made to it. As with the Bowlby/Parkes model, there has been criticism of the rigidity of the stages conceptualised by Kubler-Ross. The arguments of rebuttal are the same in her case as for Bowlby and Parkes; the stages were never intended as a linear timetable. In spite of the contemporary criticisms of these models, the identification of the symptoms of grief and the articulation of a dynamic process following loss, have provided a significant conceptual background against which theoretical and research developments have taken place.

The foundational theories and models owed their perspective to the psychodynamic school of thinking. The emphasis upon intense, introverted, emotion-focused activity and the notion of recovery was predicated upon undertaking 'grief work' (Freud, 1957). It asserted that the process of detachment frees the bereaved person to rediscover their

full psychological resourcefulness. It is a view that has been reinforced by the medical concept of grief (Averill and Nunley 1993) in which grief, like illness, is seen as a process requiring recovery. The traditional concept of 'grief work' as an emotional pathway to 'getting over' a loss was challenged by Wortman and Silver (1989), who pointed to a lack of empirical evidence to support this view.

Further research followed, and cross-cultural evidence emerging from Stroebe's (1992-93) work suggested that inhibited or repressive coping styles did not result in a breakdown in physical or mental health in those societies which practice limited mourning periods. The research of Bonanno et al. reaches the same conclusion that 'avoiding unpleasant emotion might not be such a bad thing' (1995, 975). This has important implications for practitioners who have based their therapeutic approach on traditional assumptions about the need to confront emotion and foster its expression.

In contrast, other traditions continue to focus on the deceased, rituals reinforce an ongoing connectedness to the person who has died (Rosenblatt, 1993), and the process of detachment implicit in grief work does not occur. Practitioners over the years have also observed situations in which persisting focus on the deceased has occurred but where, by any other measure of mental health, the bereaved person would not be deemed to be responding pathologically to their loss (Rosenblatt, 1996). The empirical evidence which challenges the notion of detachment asserts that the 'Continuing Bond' is more than a revisiting of memories but is a fuller integration of the person of the deceased and the meanings held in the relationship with them (Klass, Silverman and Nickman, 1996). This is a perspective which has long been incorporated within many cultures and is characteristic of feminine styles of grieving (Stroebe et al., 1996).

Contemporary thinking, in challenging the dominance of the notion of grief work, seeks to embrace wider elements of grief, and more diverse expressions of it, recognising that cognitive, social and cultural dimensions have a place in the lexicon of reactions to loss. The challenge has resulted in a new and influential contemporary concept of grief, the Dual Process Model, developed by Stroebe and Schut (1998). The model gives equal recognition to the process of cognitive and social adaptation to loss, restoration orientation, as to rumination on painful emotions, loss orientation. Diversion from feelings, which had previously been seen as avoidance and/or pathological, is now embraced within a broader definition of grief and viewed as part of the mechanism of adjustment. Stroebe and Schut see the movement between loss orientation and restoration orientation, in their Dual Process Model, as one of oscillation; a balancing of psychological and social realities by grieving people (see Figure 3.4).

A comparable theoretical formulation can be seen in the work of Horowitz et al. (1979) who saw painful life events impacting upon the individual either through intrusive thought and affect (loss orientated) or by avoidant responses (restoration orientated). Similarly, Martin and Doka (2000) describe two types of reaction to loss: that of intuitive grievers whose focus is primarily on painful feelings (loss orientated), and that of instrumental grievers who channel energy into activity (restoration orientated). These characteristics form a spectrum of grief reactions with a blended variation - reflecting the greater symmetry between the cognitive and affective responses of the individual' (Martin and Doka, 2000: 32), which is comparable to the notion of oscillation.

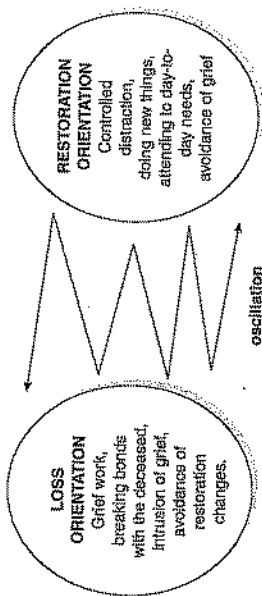


Figure 3.4 The Dual Process Model of grief (Stroebe and Schut, 1999)

A significant conceptual shift has taken place, in which the theoretical dominance of grief work formulated within the psychodynamic tradition, has given way to understanding grief from the position of new empirical and cross-cultural evidence. This new perspective provides a way of recognising individual responses to loss as part of a spectrum of styles rather than a polarity between healthy and unhealthy, normal and abnormal.

Complicated grief

The classification of complicated/pathological grief was linked, in the psychodynamic tradition, to the grieving manifestations of insecure attachment. Evidence of excessive intensity or duration of grief, or too little intensity or duration in loss response, were linked to anxious attachment or avoidant attachment styles, respectively. Contemporary research is revising the previous categorisation of absent or delayed grief as pathological, seeing them instead as variable styles of coping which for many people is an effective way of adjusting to loss (Bonanno et al., 1995). As greater recognition is given to the complex phenomenon of interconnecting elements - affect, cognition, coping, etc., as part of normal grief, definitions of problematic/complicated grief have become elusive. The complexity of disentangling and defining complicated grief has been evident in its absence from any official diagnostic manuals or as a defined clinical syndrome. However, debate continues about whether complicated grief is a psychiatric disorder and whether it warrants classification as a separate condition from traumatic grief (Prigerson and Jacobs, 2001; Stroebe and Schut, 2005-06). The symptoms often used to describe pathological grief overlap with other conditions such as depression, anxiety and Post-Traumatic Stress Disorder. Middleton et al. concluded that 'In many instances it may be more valid to view grief as a risk factor for such disorders than to view such disorders as manifestations of pathological grief' (Middleton et al., 1993: 59).

Stroebe et al. (2001) suggest that pathological/complicated grief should be culturally defined. This allows for diversity and deviation to be seen as relative rather than absolute, and definitions of complicated grief conceptualised within a culture-specific

framework. Walter argues that complicated grief is a socially constructed concept and arises from 'our (friends, relatives, professionals) concern as much as the mourner's psychology, and can be understood as an interaction between the two' (2005-06: 78)

In spite of the problems of defining complicated grief, it is clear that the costs of bereavement in terms of health can be extreme. Bereaved individuals suffer elevated risks of depression, anxiety and other psychiatric disorders, somatic complaints and infections and a variety of other physical illness' (Stroebe et al., 2001: 8). Persistence of these physical and psychological symptoms is seen by Roos (2002) as typifying chronic sorrow. Her articulation of the state of chronic sorrow is different from traditional accounts of chronic grief, which is seen to be pathologically persistent. Key to the concept of chronic sorrow is recognition that in some circumstances loss is ongoing and there is no prospect of resolution or healing. Roos defines these as living losses, for example, bringing up a child with a severe disability, giving up a child for adoption, having a chronic and deteriorating illness, a person presumed dead but where there is no body, a missing person, living with abuse, etc. It is clear from these examples, that many of the losses described in Chapter 2 are likely to incur chronic sorrow and this is especially the case for categories of disenfranchised grief. A significant characteristic of chronic sorrow is the role of fantasy, of what could have been or what should have been. Activation of the fantasy intensifies painful emotions, as the disparity between the fantasy and current living reality can be cruel and wounding' (Roos, 2002: 27). Anger may be an especially dominant reaction while the 'revision of the assumptive world' (Parkes, 1993) is a task likely to produce continuing anguish and disappointment.

The increased incidence of morbidity and mortality in grieving people suggests that more important than defining pathological or abnormal grief is the identification of those factors which increase risk of a poor outcome. Two key factors contribute to potential risk. Firstly, the predisposing vulnerability/resourcefulness of the grieving person, and, secondly, the nature of the external circumstances, which have resulted in loss. The first of these factors is created by life events and personality, which have developed either to give resilience and effective coping mechanisms in the face of experience of loss, or not. The second dimension of risk is created by the nature of the actual bereavement or loss experience (Sanders, 1993). When the two elements are juxtaposed the factors of stress (Folkman, 2001; Lazarus and Folkman, 1984) will test the strength/weakness of the person's resource base.

Sanders (1993) has identified a number of factors which she sees as contributing to risk:

- **Sudden unexpected deaths**, including suicide, murder, catastrophic circumstances and stigmatised deaths, such as AIDS etc. Other losses might include sudden onset of illness, separation, etc.
- **Ambivalence and dependency** in a relationship where anger or self-reproach contribute to unfinished business and where a dependent partner is left, there is an increased likelihood of anxiety and a general inability to cope, for example, in bereavement, divorce, etc.
- **Parental bereavement**, the devastation of losing a child produces varied grief reactions in mothers and fathers which may make mutual support problematic.
- **Health before bereavement/loss** - for example, mental or physical health problems that pre-date a loss or bereavement are likely to add to the stress of managing grief.

- **Concurrent crises** which compound the stress produced by bereavement may arise from multiple bereavement, or other losses such as unemployment, divorce, financial problem health problems, etc.
- **Perceived lack of social support**, as well as actual inadequate social support, contribute to loneliness and a reduced capacity to adapt to the loss.
- **Age and gender** - while the sudden death of a husband produced a greater negative effect in younger women, being older resulted in an initial lower intensity of grief but the longer term was a further debilitating factor in ageing. The gender differences in reaction to spousal bereavement point to greater evident distress in widows but men may suffer from a greater inability to access the social support that they need, leading to isolation
- **Reduced material resources** compound the vulnerability arising from loss and may lead to poor adjustment and increased health problems.

The study of risk factors has been taken forward by an appraisal of current research in this area (Stroebe and Schut, 2001) and by a proposition that an integrative risk factor framework should be developed rather than specific factors considered in isolation (Stroebe et al., 2006). Stroebe et al. argue that such a framework 'builds on a general cognitive stress, appraisal and coping model (Lazarus and Folkman, 1984) and a compatible bereavement-specific stress model, namely the Dual Process Model of coping (Stroebe and Schut, 1999)' (Stroebe et al., 2006: 2443). Within the framework, five key components constitute a pathway through grief:

A: the nature of the stressor - for example, loss stresses such as predictability or unexpectedness of a loss, the quality of lost relationship etc. together with secondary restoration stresses such as; adjustment to changes in everyday life.

B: interpersonal resources - the demands and resources at a social and cultural level, pessimism, etc.

D: appraisal and coping processes - coping is understood as 'constantly changing cognitive and behavioural efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person' (Lazarus and Folkman, 1984: 14). Oscillation is considered a fundamental regulatory process of adaptation (to exclusive a focus on either loss- or restoration-oriented stressors will not lead to health adaptation to loss)' (Stroebe et al., 2006: 2447).

E: outcomes - all the preceding factors (A-D) impact upon outcome.

This framework provides the basis for future research and has links to the concept and methods of assessment proposed in this publication (see Chapter 6).

Summary

In this section, evolving theories of grief and contemporary thinking about loss and bereavement have been considered. The movement to recognise diversity in response to loss has emerged from wider culturally based definitions of grief. Consequently, previous accounts of loss response, which were regarded as pathological, have been embraced within a wider concept of normality. Nevertheless, complications in grief do occur but

they need to be understood in terms of complex interconnecting personal, social and coping risk factors. Current theorists (Stroebe et al., 2006) are arguing for an integrated approach to appraising risk in which the mediating factors are taken into account alongside the loss or bereavement, which has prompted the stress. This represents an area for more research and one in which practitioners may have a role as they explore the most effective ways of assessing heightened vulnerability in grieving people and identifying those most in need of support.

Managing grief – a personal journey

Having looked at the predisposing factors which influence how grief is experienced, and at the characteristics of grief itself, it is important to look at the personal journey through grief. For practitioners, 'What needs to be examined ... is the content of the cognitive activity in coping with loss. What positive and negative meanings, reappraisals, and attributions underlie the ability to regulate grieving and make progress through ones grief?' (Stroebe and Schut, 1999: 220). This lies at the heart of adjustment, coping and meaning-making.

The tasks of adjustment

In the influential book, *Grief Counseling and Grief Therapy*, Worden (2003) identified the tasks necessary for grieving people to complete, whether or not therapeutic help is offered. It implies that people are actively engaging with the grieving process rather than passively submitting to it. The tasks have evident links with other theoretical models of grief, particularly the Dual Process Model (Stroebe and Schut, 1999), and the concept of Continuing Bonds (Klass, Silverman and Nickman, 1996). Figure 3.5 demonstrates the points of connectedness between these theories, which allows the mourning tasks to be seen in their dynamic form rather than as a linear process.

The four tasks of mourning (Worden 2003) describe the grief journey:

- 1 The sense of disbelief which accompanies the initial impact of loss has to be overcome if the grieving person is to adjust to the consequences of the loss. In some circumstances it may be difficult to accept the reality of the loss. In the case of the absence of a dead body, grief may be suspended for years in the hope that the person may return. Difficulty in accepting the reality of a loss is especially problematic in non-bereavement losses such as divorce, where perhaps for the deserted partner there may be unrealistic hopes of reconciliation. Worden asserts that, 'You cannot handle the emotional impact of a loss until you first come to terms with the fact that the loss has happened' (2003: 27). Stroebe and Schut (2001) suggest that the task needs to include acceptance of the changed world after a loss as well as the loss itself. Attig (1996) sees this as an active process of 'relearning the world' in which personal reference points have been changed by the loss of someone or something of significance.

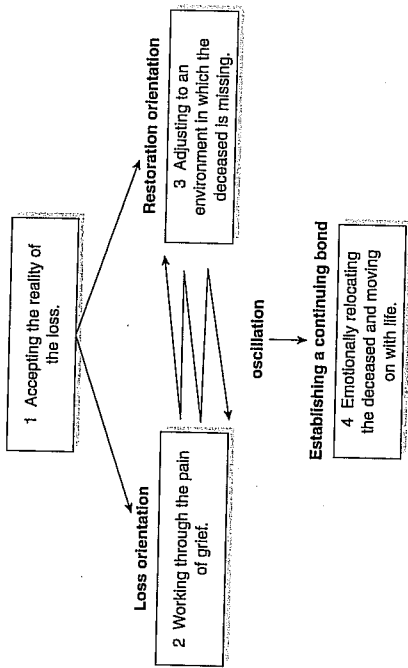


Figure 3.5 Integrating the theories of mourning (Worden, 2003) with the concepts of grief in the Dual Process Model of grief (Stroebe and Schut, 1999) and the notion of Continuing Bonds (Klass, Silverman and Nickman, 1996)

- 2 When the anaesthetic qualities of numbness and disbelief begin to subside, the full force of grief will be felt in the despair, guilt and anger, etc., which follow. Working through the pain of grief is a process, which echoes the imperative of grief work. For many people the powerfulness of their emotions in an otherwise powerless situation is a distressing element of grief, which has to be processed. It is a loss-orientated focus (Stroebe and Schut, 1999). Anger and guilt may have to be articulated in order for them to be dissipated. However, as discussed earlier, the need to focus on distress, in order to satisfactorily manage grief, is contended by Bonanno (2001). In some circumstances very painful experiences which are too difficult to process, for example, surviving the Holocaust, some forms of abuse, etc., can be negotiated and managed by suspending emotional engagement. Adjusting to an environment in which the deceased (or lost person or object) is missing is a third task and equates with restoration orientation in the Dual Process Model of grief (Stroebe and Schut, 1999). This task demands attention to the practical aspects of day-to-day living in which new skills may have to be acquired, and new roles, directions and goals established. These elements of adjustment are not merely compensations for what or who has been lost but are revisions in the sense of self following a major loss. The feeling of personal disorientation may be considerable when a significant person has died or deserted a relationship, or a person is faced with a life-changing disability. This task, although focused upon practical issues, calls for considerable emotional as well as personal adjustment and is indicative of the need to move between loss and restoration orientation.
- 4 With the emergence of a new emphasis in adjustment to loss, based on the concept of Continuing Bonds, the task of emotionally relocating the deceased (or lost person, object, etc.) as part of the process of moving on with life, is seen differently from that of leaving the deceased behind. It is about finding a new location within the thoughts, memory and

meaning of the grieving person, which serve to integrate the past with the present in a way that is emotionally and cognitively satisfying to them. It is also a task in which new roles, identities and relationships have to be fully reintegrated into life. Essentially, it is not a return to how life was before the bereavement, as changes brought about by the loss cannot be reversed, but it is 'negotiating a meaningful life without the deceased' (Wortman and Silver, 2001: 421).

Coping

The way in which people undertake these tasks is very individual. It will relate to their acquired coping styles, and their attitudes to difficult life events, whether bereavement or some other major life loss. According to Lazarus and Folkman (1984) and Folkman (2001), these pre-existing coping mechanisms and perspectives will become operational in the face of stress and be used to appraise the nature of the threat or challenge. If the threat is perceived as harmful, problem focused (restoration orientation) and emotion focused (loss orientation), coping strategies will be variably used to manage the shifting reality and consequences of the stress/loss (Stroebe et al., 2006).

Evidence has emerged of the role that positive emotion plays in sustaining the coping process during the period of adjustment to loss and change, and of it leading to a positive outcome (Bonanno, 2001; Folkman, 2001). Positive emotions are seen to afford some relief and diversion from the distress of dealing with an ongoing stressful situation. Respite comes with perceiving, even in everyday events, something positive. Positive affect/emotion results in a capacity to redefine and focus on positive meaning within life-changing and stressful events. Folkman found that when people adopted a problem-focused coping approach, such as engagement with practical caregiving, it gave a greater sense of control in circumstances where a person might otherwise feel out of control. The research of Bonanno and Keltner (1997) also concluded that minimising negative emotion facilitates clearer problem-focused coping, which more readily invites the support of other people. The significance of this link between a positive perspective and a positive outcome will be picked up in the next chapter looking at therapeutic engagement with loss and bereavement.

Making sense of experience

For grieving people, making sense of experience is coping with the emotional, physical, social, spiritual and intellectual consequences of loss by transforming the chaos into a newly meaningful order. In some societies, the collective meaning derived from religion or philosophy provides the individual with personal meaning, which is shared through ritual and a supportive sense of community. Where society has become fractured into diverse belief systems the journey of grief is more isolated, and the struggle for meaning has to be undertaken individually. What is clear is that significant life losses evoke spiritual awareness and yearning for meanings which transcend everyday explanations (Martin and

Doka, 2000). In searching for these explanations religion is concerned with particular beliefs about the nature of life, the meaning of suffering, humans in relation to god(s), and the practices which accompany these doctrines. These beliefs may provide comforting continuity with the past and scriptural guidance provides answers to fundamental questions of life and death. Conversely, a loss experience may challenge previously held beliefs and create a crisis in faith. Unlike religion, spirituality is not centred upon systematised dogmas or practices but is focused on the essence of life and its meaning, which could be regarded as seeking the apex of self-actualisation (Maslow, 1987).

The personal journey demands a revision of the inner representation of those views of life which had previously provided a predictable notion of the world and one's place in it, but which no longer fit the changed circumstances brought about by loss. The framework for understanding these concepts of acquired personal meaning, has been variably described by Bowlby (1980), as an 'internal working model', by Parkes (1996) as the 'assumptive world' and by Marris (1974) as the 'structures of meaning'. They describe, in slightly different ways, the cognitive mechanisms which are operationalised in response to loss. Martin and Doka suggest that 'the reconstruction of meaning in the face of loss may become one of the most critical aspects of the grieving experience. ... Loss can create an intense spiritual crisis that challenges all of an individual's core beliefs, necessitating re-evaluation, if not a reformation' (2000: 19). Central to the process of re-evaluation is the recovery of a sense of coherence, which may become visible through the changing narrative account of loss (Dallos, 2006). Antonovsky (1988) suggests that a sense of coherence develops across the lifespan, and where it exists there is a capacity to recover balance in the face of disturbing experience. He identifies three elements which make up coherence:

- 1 **Comprehensibility** – where cognitive sense is made of experience by arriving at a perspective which has order, consistency, structure and clarity.
- 2 **Manageability** – where both personal resources and social support are adequate for the demands being made within a (loss) situation.
- 3 **Meaningfulness** – where cognitive and emotional processes are used to discover meaning in an experience (of loss).

Ways of achieving meaningfulness are developed in Meaning Reconstruction Theory (Neimeyer and Anderson, 2002); a complex and demanding process which lies at the heart of the grieving agenda. This theory argues that it is necessary to conserve as much as possible of the meaningful life view, from before the loss. Alongside this, it is necessary to construct new meanings and a new sense of self (revise the internal working models, assumptive world and structures of meaning) which fit more appropriately with the changes that have taken place. Reconciling old and new meaning is itself a task of reconstruction. Joseph and Linley see this as 'adversarial growth' (2005: 125) in which growth can occur when revised assumptions, which come from the tension between old perspectives and new circumstances, result in the world and self being seen in a positive way – 'finding a silver lining of existential benefit in the dark cloud of bereavement' (Neimeyer and Anderson, 2002: 61). A revised identity comes gradually as latent resources and experiments with new roles and ways of being take shape.

Summary

The challenge to adjust, cope and find meaning in loss is the often lonely journey demanded of grieving individuals. These may be tasks which are undertaken with therapeutic support. Chapter 4 explores meaning-centred psychotherapy (Frankl, 1959) and the concepts of positive psychology, which has emphasised the growthful potential for resilience. This theme will also be the focus of Chapter 8.

Conclusion

In this chapter, theory has been used to help understand how human development and variable experiences across the life course determine responses to loss. Psychodynamic theory has been foundational in the study of loss, separation and bereavement and within that tradition Attachment Theory has continued to make a central contribution to what is known about human love and loss (Parkes, 2006). Contemporary ideas have challenged the dominant focus on the psychological component of grief work and have broadened the perspectives on loss to include an appreciation of the diversity of cognitive, social and cultural variations. Theory also addresses the individual processes of managing grief. The tasks of mourning and stress theory examine frameworks for travelling the journey of loss. The personal process of managing grief is one of coping, adjusting and meaning-making. All of these elements are visible in the stories people tell of their grief and loss. How practitioners can listen to and engage with those stories will be explored in the following chapters.

4

Establishing Therapeutic Bearings

This chapter explores therapeutic ways of working with grieving people. It will also consider the role of practitioners whose professional activities bring them into contact with grieving people but whose work does not carry a psychotherapeutic function, for example, doctors, nurses and generalist social workers, etc.

The last chapter addressed in detail the significance of Attachment Theory in defining the link between relationships and the development of security in the formative years, and in adult bonds. Recognising the power of secure relationships to act as a catalyst for positive experience and the successful management of change, the primary consideration for practitioners is to replicate that security in the context of their care-giving.

The humanistic approach to counselling, developed by Rogers (1961, 1980), suggests the principles on which such security might be established. In this facilitative therapeutic climate, personal stories of loss can be told and the impact of grief revealed in a shared client-counsellor journey. Attention to stories and narrative has developed as a particular focus for engaging with the concerns brought to counselling (McLeod, 1997). The narrative perspective will be used in this chapter to provide a structure for listening to accounts of loss and grief. A range of therapeutic approaches will be integrated within the narrative structure, and the concept of positive therapy will also be used to examine the ways in which resilience can be nurtured. Writing, music and art will be examined as techniques to facilitate clients in the telling of their story. These issues are examined through the following four themes:

- 1 The therapeutic starting point –
 - Using Attachment Theory to understand the nature of a secure therapeutic base.
 - A person-centred way of being with the client.
 - A practical example – ways to provide a secure base when giving 'bad news' or undertaking discussions about life-changing events/situations.
- 2 The therapeutic process –
 - The narrative structure of the story of loss.
 - Working with the narrative process.