Death, Grief and Bereavement

Lecture 9

Grief

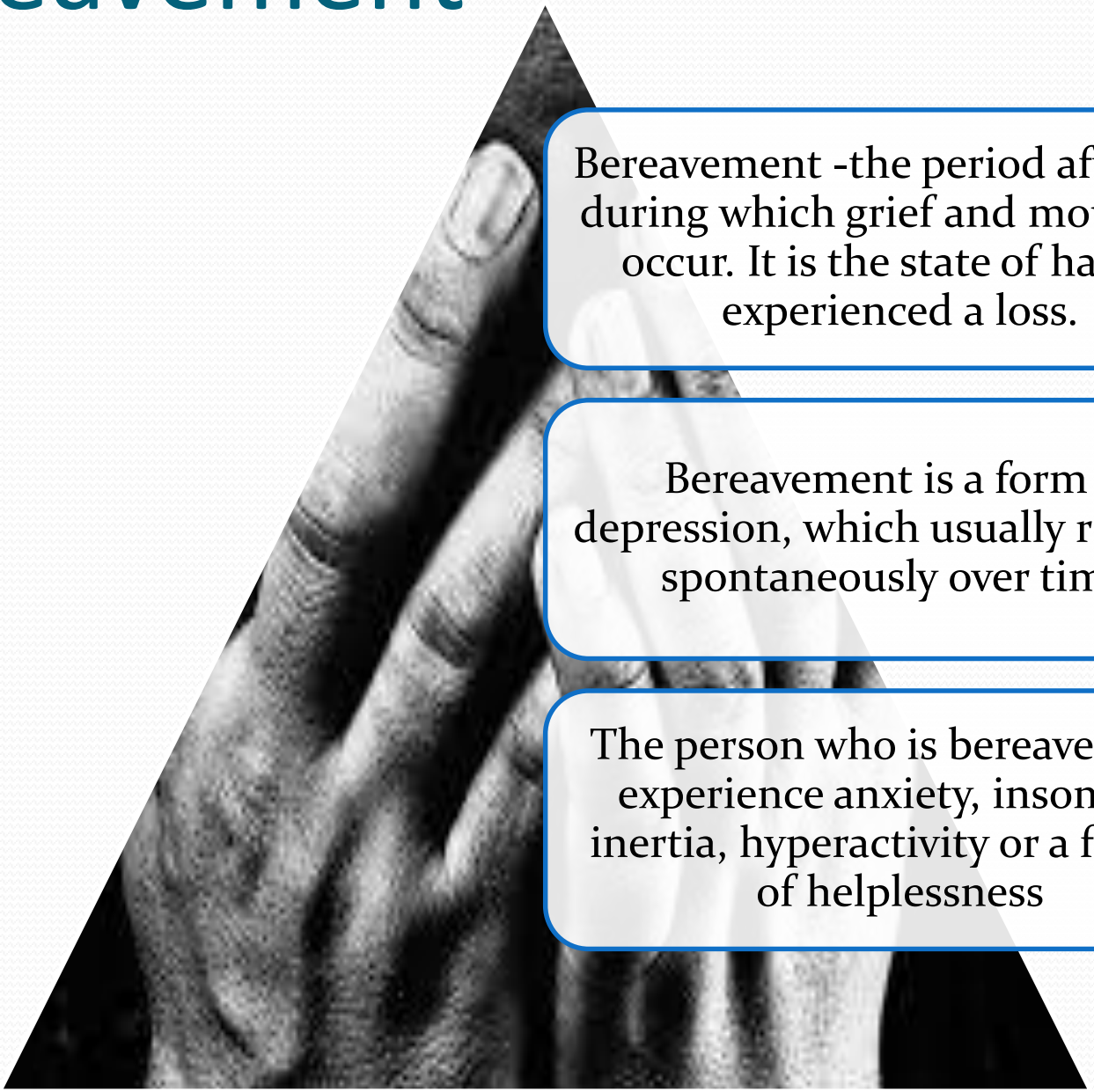
A natural human response to separation, bereavement or loss, in particular the loss of a loved one.

The terms grief, mourning and bereavement are often used interchangeably - However - different meanings.

Grief - an individual's personal response to loss and has emotional, physical, behavioural, cognitive, social and spiritual dimensions (Greenstreet 2004).

Mourning - is the outward and active expression of that grief. It is through the process of mourning that grief is resolved.

Bereavement



Bereavement -the period after loss during which grief and mourning occur. It is the state of having experienced a loss.

Bereavement is a form of depression, which usually resolves spontaneously over time.

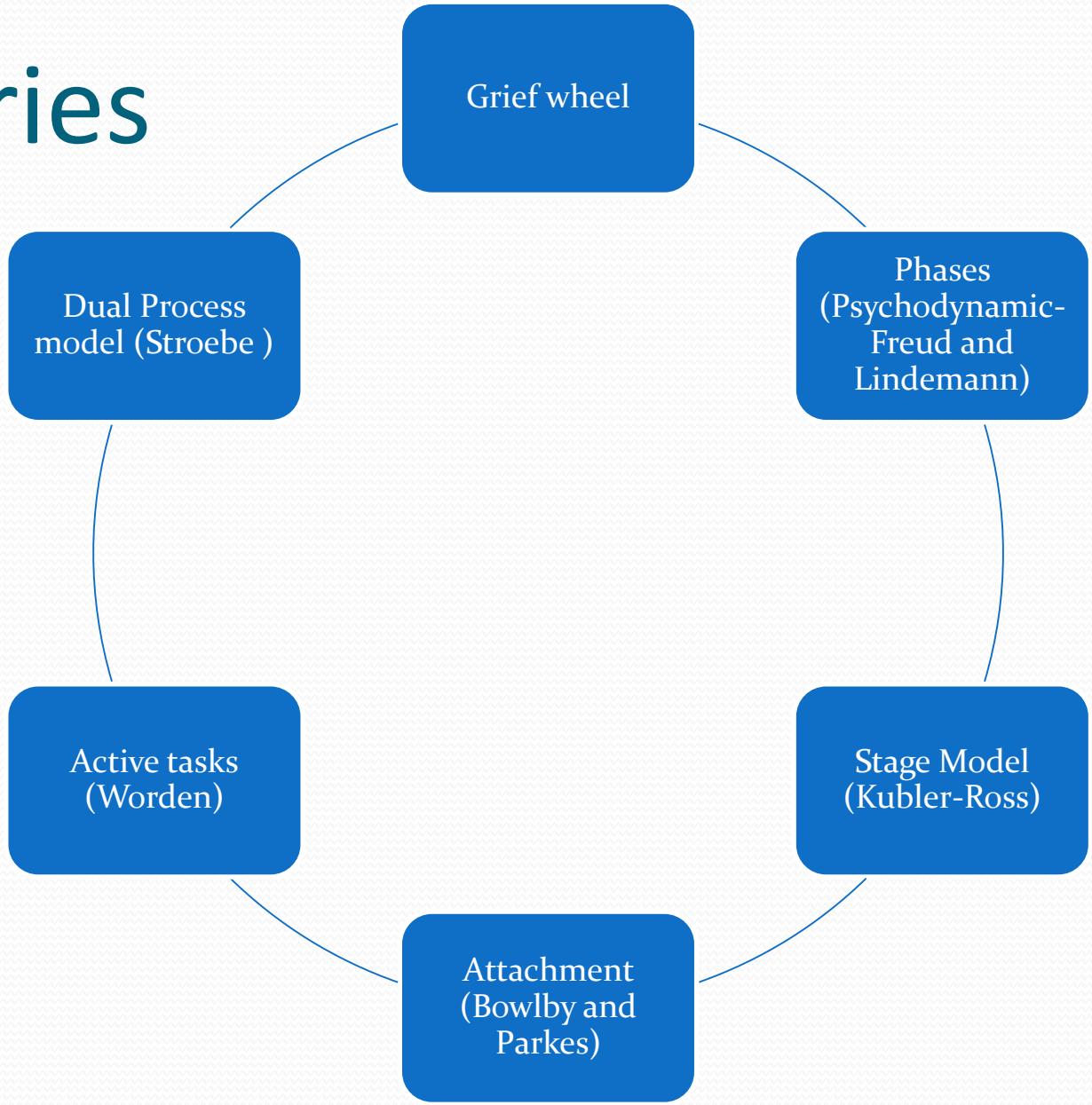
The person who is bereaved may experience anxiety, insomnia, inertia, hyperactivity or a feeling of helplessness

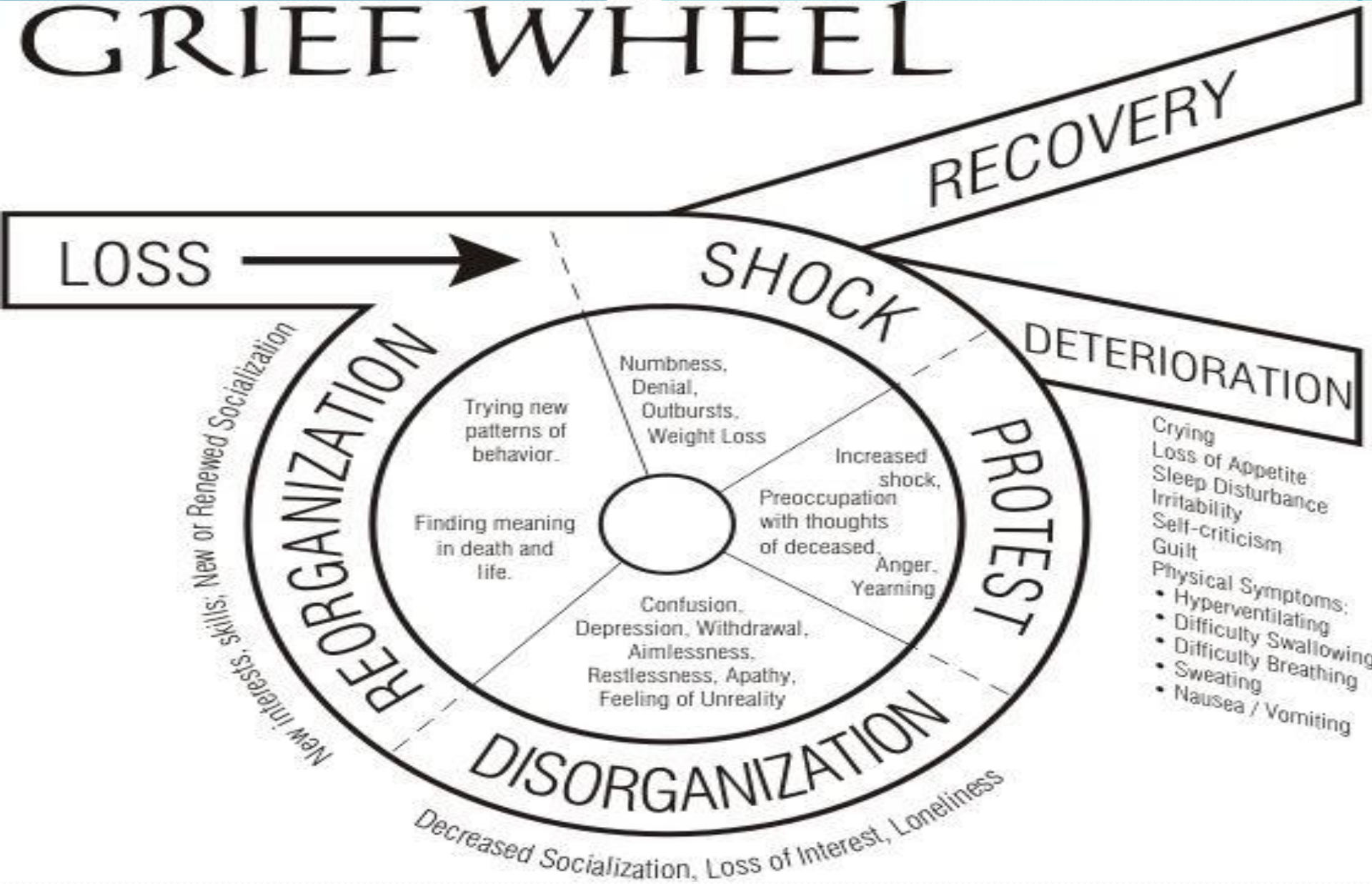
Grief, mourning and bereavement

Grief, mourning and bereavement may be affected by personality, culture, religion, the nature of the relationship with the deceased person and the way in which he or she died.

Stroebe et al (1993) defined bereavement as a state of loss, triggering a grief reaction that manifests in a set of behaviours known as mourning.

Theories


Grief wheel
Phases (Psychodynamic- Freud and Lindemann)
Stage Model (Kubler-Ross)
Attachment (Bowlby and Parkes)
Active tasks (Worden)
Dual Process model (Stroebe)



The 'grief wheel' is often used to describe the process and stages involved in grief, suggesting that it is rarely a static process.

Phase Models: Freud (1961)

Grief is a solitary process - **mourners withdraw from the world** so that detachment from the deceased could be a gradual process.

The psychological function was thought to release the individual from his or her **bond** with the deceased.

This was achieved by looking back at the past and **reliving memories** of the deceased person.

Detaching from the deceased involved working through the loss so that the grief could be overcome. This was often termed '**grief work**'.

Freud (1961)

This focus on letting go of, or detaching from, the deceased to accommodate grief is still debated among theorists (Payne et al 1999).

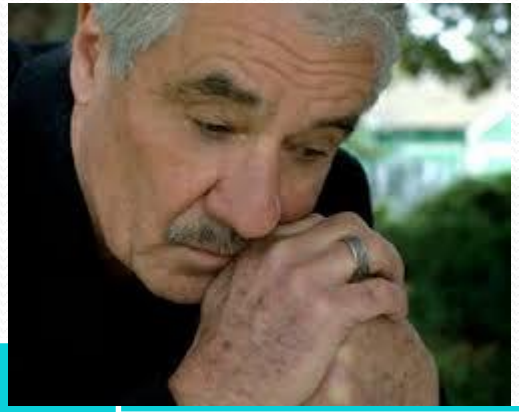
Freud's (1961) theories about grief were based on **clinical experience with people who were depressed.**

Therefore his understanding of grief and loss may be **limited to this specific group** and may not be applicable to the general population.

However, Freud's (1961) ideas to confront grief to allow detachment have **remained a feature** of subsequent theory and practice.

Phase models: Parameters for 'normal' and 'pathological' grief

Duration, intensity and changes in social functioning



Five distinct phases, including:

- Somatic disturbance, for example, tightness in the throat, shortness of breath or choking.
- Preoccupation with the image of the deceased.
- Guilt, for example, reviewing behaviour that occurred before the death for evidence of negligence and/or failure.
- Feelings of hostility or anger.
- Difficulty in carrying out everyday routines.

Lindemann (1944)

Lindemann (1944)

Grief work, the psychological process of coping with a significant loss, required the bereaved person to become **emotionally detached from the deceased** person and adapt to a new environment in which the deceased was not included.

Subsequent studies have confirmed these findings (Parkes 1964, Bowlby 1980).

Criticisms of Grief Work

Stroebe (1992) - one has to confront the experience of bereavement to come to terms with death and avoid detrimental health consequences, such as sleep disturbance, loss of appetite, absent mindedness and social withdrawal. This is sometimes difficult and not achieved.

Stage models: Kübler-Ross (1969)

Five Stages of Grief

- Denial.
- Anger.
- Bargaining.
- Depression.
- Acceptance.

The model was devised as a means of understanding and coping with dying and was based on Kübler-Ross'work as a psychiatrist with dying patients.

Criticism of this model

One limitation of stage or phase models is that they follow a fairly **set pattern** whereas, in reality the stages or phases **often overlap or occur non-sequentially.**

Corr (1993) stated that Kübler-Ross' (1969) work was organised around **clinical impressions**, not empirical data.

Corr (1993) argued that the five stages resemble **defence mechanisms and are too linear, rigid and passive** to be used in the complex processes of grief and bereavement.

Grief in the individual with life-limiting illness is often misinterpreted and applied to bereavement.

While the person who is dying may grieve for the **loss of his or her future** and a shortened lifespan, the bereaved person mourns the death of the deceased and the life shared with that person.

Attachment theory: Bowlby's (1973)

His theory of attachment emphasises the importance of human attachments and bonds that are developed early in life.

Grief evolves through a sequence of four overlapping, flexible phases. These are:

Shock. → Yearning and protest. → Despair. → Recovery.

Bowlby's (1973)

It provides an explanation for the common human need to form strong **affectionate bonds** with other people and the emotional distress or reactions caused by the involuntary severing of these bonds and loss of attachments.

Bowlby (1973) relied on childhood experiences to explain bereavement reactions in adulthood.

He viewed attachment as a mutual relationship, occurring as a result of long-term interactions, which starts in infancy between a child and his or her parents and later between adults.

These bonds and attachments remain active throughout the life cycle.

Parkes' (1998) (similar to that described by Bowlby): four phases of bereavement

- Shock or numbness.
- Yearning and pining.
- Disorganisation and despair.
- Recovery.

Here Grief is the transition of the bereaved person from 'incomprehension and denial, through a distressed state of confrontation with reality and finally to some form of resolution' (Parkes 1998).

These phases are not always linear, but could be experienced several times as a result of reminders of the loss or a trigger such as an anniversary.

Parkes (1996)

Grief is not a state, but a **process** that does not involve symptoms that begin after a death and then fade away, but rather a succession of phases that merge into and replace each other.

Parkes (1986) focused on the **emotional and physical responses to a death**, emphasising the prevalence of anxiety, searching behaviour, anger and guilt, and the necessity of working through those feelings to adapt to the death.

Worden (1991)

A different approach to loss by setting tasks that have to be worked through if grief is to be resolved.

The emphasis moves from passive phases of grief to active tasks of mourning.

Task one – to **accept** the reality of loss.

Task two – to **work through and experience the pain** of grief.

Task three – to **adjust** to an environment without the deceased person- **embrace new roles** and adjust to the changing dynamics of their environment. Often the full extent of what this involves, and what has been lost, is **not realised until some time after the loss.**

Task four – to **withdraw emotionally** from or relocate the deceased and **move on**. Relocation requires that the bereaved person forms an ongoing **relationship with their memories** of the deceased in such a way that they are able to continue with his or her life.

Limitations

- Not based on empirical study, drew on a body of existing bereavement literature as well as his own clinical practice as a grief counsellor and researcher

- Rando (1986) - limitations of its application to parental grief: parent vs child, widows etc. For parents, their child is an extension of self and, unlike bereaved widows who can perhaps remarry and reinvest in another relationship, a child is irreplaceable.

Advantages and disadvantages of stage and phase models

Advantages

Stroebe *et al* (2004) suggested that the stage or phase models are more about the **dynamic process of coping**. The grieving person works through his or her grief **actively, rather than experiencing it in a passive way**, which represents the reality for most individuals who grieve.

Although the shift in emphasis is from passive to active in these models, in some respects the grieving process draws on attachment theory, recognising the way in which people make strong affectional bonds with each other and acknowledging the emotional reactions that may take place when these bonds are broken, such as sadness, helplessness, loneliness, numbness and self-reproach.

Disadvantages

Not everyone will undertake Worden's (1991) tasks in the order mentioned.

Stroebe et al (2004) suggested that completion of each task should assist adaptation to death or loss and includes an **implied time limit.**

Other tasks also need to be carried out, such as working towards acceptance of the changes that occur, not only accepting the reality of death.

The person who is bereaved needs to take time out to grieve and should work towards developing new roles, identities and relationships (Stroebe et al 2004).

Disadvantages

Stage or phase models explain grief in a **linear** fashion.

In addition, stage or phase models were developed within **western culture** and may not be appropriate for bereaved people from other cultures.

Stroebe et al (1993) argued that such **prescriptive models do not allow for any variations**, leading to judgements about what is the right or wrong way to grieve.

Limitations

Wortman and Silver (1989) challenged the prevalent orthodoxy of traditional concepts of grief, which they described as myths. From their review of the research, they concluded that it was **not proven that grief work was essential** to enable the bereaved to come to terms with their loss.

They also identified three distinct patterns of grieving.

the bereaved moving from high to low emotional distress over time, some people never experienced high distress, whilst others continued in high distress for years.

Dual process model of coping with bereavement (Stroebe and Schut 1999)

It describes how a bereaved person **copes with the experience of loss in everyday life**, along with other lifestyle **changes** that develop as a result of that loss.

Based on the principle that when people are grieving, the manner of coping is a two-way process:

'The person moves between grieving and trying to come to terms with the loss' (Dunne 2004).

Dual process model

Integration of existing ideas, drawing on traditional models, while introducing a new concept, that of **oscillation between coping behaviours** (Strobe and Shut 1999).

This model describes how a bereaved individual has to **cope with the experience of death as well as the lifestyle changes** that result from it. The person has to cope with both **loss and restoration-oriented** factors.

Dual process model of coping with bereavement

Loss-oriented processes

- Grief work
- Intrusion of grief
- Denial/avoidance of restoration changes
- Breaking bonds/ties

Restoration-oriented processes

- Attending to life changes
- Distraction from grief
- Doing new things
- Establishing new roles/identities/ relationships

(Adapted from Stroebe 1998)

Loss-oriented factors relate specifically to the death experience.

Restoration-orientated factors relate to **making lifestyle changes**, coping with everyday life, and building new roles and relationships as a result of the death.

This encompasses grief work, including being **preoccupied with the death, ruminating and yearning** for the deceased person and associated behaviours, such as visiting places or listening to music that triggers sorrow.

The dual process model is **more flexible** and more sensitive to cultural differences.

The model suggests that most bereaved people will need to **move back and forth between the loss-oriented and restoration-oriented domains**, addressing emotional issues, then practical issues and vice versa.

Both loss-oriented and restoration-orientated processes are necessary for adjustment, although the degree and emphasis on each approach varies for each **individual**, depending on the circumstances of the death, personality factors, gender and cultural background.

The dual process model of coping with bereavement recognises that both **expressing and controlling feelings are important** and implies that judgements about the way a bereaved individual is coping should not be made too hastily (Stroebe and Schut 1999).

However, the scope of oscillation remains open to debate.

The model may be criticised for placing **too much emphasis on the individual's ability to cope** and suggesting that by not coping he or she is abnormal.

Furthermore, there does not appear to be any scope for the role of **interpersonal relationships** in helping people cope with death.

Family members may each have their own interpretation of the death and interact with each other to determine the course of grief within the family. They may **use different strategies**, creating new ways of relating, communicating, and adapting in coping with stress and difficult emotions.

However, a major advantage of this model is that it takes into account the effect of cultural and religious beliefs on the grieving process thus emphasising the **individuality** of the experience of loss and grief.

Bonanno et al., 2002

Spousal bereavement -Resilience is the most common pattern and that delayed grief reactions are rare.

- Five distinct trajectories covered the outcome patterns of most participants:
- (1) common grief or recovery (11%);
- (2) stable low distress or resilience (46%);
- (3) depression followed by improvement (10%);
- (4) chronic grief (16%);
- (5) chronic depression (8%).

Bonanno identified, within the depression followed by improvement group, individuals who improved in functioning after the death of their spouse. This was most prevalent in those who experienced relief following a period of considerable caregiver burden or who suffered oppressive relationships (Bonanno et al., 2004).

Bonanno et al., 2002

- Those who experienced the highest levels of distress tended to exhibit high levels of personal dependency prior to the death of their spouse.
- For those not depressed prior to the loss, dependency was an important predictor of grief reactions.
- A lack of expectation or psychological preparation for the loss also contributed strongly to increased distress.
- Relationship conflict was predictive of chronic depression but not chronic grief.
- Chronic grievers reported greater processing of the loss and searching for meaning compared to chronically depressed individuals.
- Both groups evidenced elevated pre-loss dependency.
- What is clear is that there is no single set of stages or tasks in adapting to loss, but instead qualitatively distinct paths through bereavement, which calls for a closer understanding of both patterns of complication and resilience.

So…what do the theories mean?

Grief is a unique experience and theories of grief and bereavement can help to consolidate the many ideas about how people deal with the death of a loved one.

The dual process model of coping with bereavement focuses on grieving processes and acknowledges the uniqueness of each individual, and the way in which culture and gender may affect how a person grieves.

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