

Does 'grief work' work?



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One of the truisms widely accepted by bereavement researchers and practitioners is that in order to adapt to loss, and to avoid suffering from lasting mental and physical health consequences, we must confront and speak of our feelings and reactions to the death of a loved one. In the terminology of theories of grief, we must do our grief work. But what evidence do we have that this is so?

The concept of grief work was introduced by Freud¹ in his important paper, 'Mourning and melancholia', in which he talked of the '... work which mourning performs...'. Since then, the concept has been central to the major theoretical formulations on grief and bereavement (see, for example, Bowlby², Lindemann³, Parkes⁴). Used in slightly different ways depending on the theoretical orientation, grief work implies a cognitive process of confronting the reality of loss, of going over events that occurred before and at the time of death, and of focusing on memories and working toward detachment from the deceased.

Principles of counselling and therapy also assign a central role to grief work in adjustment to loss. Bereavement counselling and therapy programs are often aimed at helping the bereaved to adapt to life without the loved one by facilitating grief work⁵. In his influential book *Grief Counseling and Grief Therapy*, Worden⁶ described 'tasks of mourning' that must be accomplished and without which grieving remains incomplete. The goal of counselling is to assist the bereaved to complete those tasks which may have remained unfinished, that is, to '... help the client work through an acute grief situation and come to a resolu-

tion'. Avoidance of the reality of a loss is considered maladaptive and as placing the individual at high risk of suffering lasting health impairment.

CAN WE ADJUST TO LOSS WITHOUT GRIEF WORK?

The grief work hypothesis (ie the idea that we have to confront and express our grief in order to come to terms with a loss) had been so widely accepted that for a long time there was little motivation to put it to direct

EDITOR'S NOTE

There is a great need for systematic research to help us to clarify our thinking about bereavement. This important paper summarises the findings of research at the University of Utrecht which dissects out the significant components of grief. In a recent paper Parkes* suggested that the term 'grief work' might better be termed 'the work of transition' and this seems to be the main conclusion to be drawn from these studies. I suspect that it is needed whenever we are faced with the need to undertake a major revision of our view of the world and of ourselves in it. CMP

***Parkes CM. Bereavement dissected: a re-examination of the basic components influencing the reaction to loss. *Israeli Journal of Psychiatry* 2001; 38(3-4), 151-156.**

empirical test. The few studies that had been conducted were methodologically problematic and resulted in contradictory evidence. Some studies (for example Mawson *et al*⁷) had been interpreted as showing that working through grief is associated with good adjustment, whereas others supported the opposite conclusion.

The lack of empirical support for the grief work hypothesis was highlighted by Wortman and Silver⁸ in a classic paper in which it featured prominently as an example of the 'The myths of coping with loss'. In the following section we would like to describe two studies which have been conducted by our team to test empirically the grief work hypothesis.

The Utrecht Longitudinal Study of Bereavement

Although this study did not assess grief work directly, instead measuring the extent to which bereaved individuals talked to others about their grief, it is relevant to the grief work hypothesis. This is because social sharing of emotions is an indicator of grief work: bereaved individuals have to confront their loss in order to talk about it.

Whether this disclosure of emotion facilitated recovery was assessed longitudinally, using a sample of 128 recently bereaved men and women who responded to questionnaires at 4, 11, 18 and 25 months after their loss^{9,10}. At each point in time, their grief symptoms were assessed, as was the extent to which they had talked about their loss and shared their feelings with others during the previous few months. Disclosure of emotions was measured with a newly constructed five-item scale (eg I have shown other people how I felt; I have talked to others about my loss; I gave my feelings free rein).

Because no difference was found between the genders in either the frequency of their disclosures or how this varied over time, the data for men and women were combined. Both disclosure and distress diminished over time but there was no evidence that social sharing of emotions reduced distress or in any way facilitated the adjustment to the loss of their loved one. Thus, contrary to the grief work hypothesis, there was no evidence that speaking of personal feelings about the loss of a loved one facilitated recovery.

Should we conclude from these findings that confronting a loss does not facilitate coping? Not necessarily. Like so often with empirical research, the findings of the

Utrecht Study are open to alternative interpretations. Some of the bereaved in the Utrecht study may have engaged in rumination, that is, in thoughts and behaviours that maintained their focus on their negative emotions. And as Nolen-Hoeksema and her colleagues¹¹ have demonstrated, rumination aggravates rather than improves depressive symptoms. Furthermore, even if we accepted that high disclosure of emotion was an indication of confrontation, low disclosure may not necessarily be an indication of active avoidance and suppression of a bereaved person's feelings about the loss; it might merely reflect low levels of distress. Finally, some individuals may have confronted their grief without feeling the need to share their emotions with others.

The Tübingen Longitudinal Study of Bereavement

In the Tübingen Longitudinal Study of Bereavement, a sample of recently bereaved individuals (30 widows and 30 widowers) were interviewed three times, 6 months, 14 months, and 24 months after their loss. An attempt was made to assess the effectiveness of the coping strategies of confronting versus avoiding grief more directly¹². Our main measure of grief work was a scale that assessed suppression (versus confrontation) and consisted of six statements, such as, 'I avoid anything that would be too painful a reminder', or 'At the moment any activity is a welcome distraction'.

We also had additional information on grief work from interviews with the bereaved on: avoidance of reminders ('Do you avoid places, things, or people that remind you of the deceased?'); distraction ('Do you keep yourself busy with other things, in order not to think about the loss?'); and control of emotions ('Do you avoid talking to others about your loss?'). Grief work was assessed at the first two interviews, while depressive and other grief symptoms were measured at all three points in time, using self-report questionnaires.

Six months after their loss, the bereaved reported substantially more depressive symptoms than a control group of married individuals of the same sex, age, socio-economic status, and with the same number of children as the bereaved. Although these symptoms improved over time for the majority of the bereaved, there was evidence that a minority showed hardly any improvement in depressive symptoms. The grief work hypothesis would predict that these would be the ones who had not worked through their loss.

Contrary to these expectations, there was no significant overall relationship

either between working through grief and recovery from depression, or between working through grief and adaptation to loss. However, the results showed an unexpected gender difference in the role of grief work. Grief work seemed to be to some extent effective for widowers but not for widows. While there was no evidence that the presence or absence of grief work at 6 and 14 months made any difference to the level of depression or the adjustment to loss of widows two years after bereavement, engaging in certain coping strategies appears to delay the psychological adjustment of widowers. Widowers who sought distraction in order to avoid confronting the loss, or who suppressed their feelings of grief rather than expressing them, showed less improvement in their adjustment to loss than widowers who did not engage in these coping strategies.

WHAT DOES IT ALL MEAN?

Towards a theoretical integration

The findings from our two studies do not support the grief work hypothesis, or at least not unequivocally. Although there can be doubt whether the measure of emotional disclosure in the Utrecht study really reflected grief work, the women in the Tübingen study also did not show any relationship between grief work and adjustment. For them, it made little difference whether a more confrontational or more avoidant strategy was adopted. In contrast, adoption of an avoidant coping style appeared to inhibit recovery in the widowers who participated in the Tübingen Study. This raises the question of why the use of avoidant strategies had a detrimental effect on widowers but not widows.

REFORMULATING THE GRIEF WORK HYPOTHESIS

The dual process model of coping with loss

Stroebe and Schut¹³ recently offered a revision of the grief work hypothesis that could account for the gender difference observed in the Tübingen Study. According to the dual process model of coping with loss, the loss of a partner results in two sources of stress:

- stress directly associated with the loss of the loved person, and
- stress that comes about as a secondary consequence of loss (namely, the changes in life that occur because the deceased is no longer present, such as role and identity changes).

Thus, they proposed two independent dimensions of coping, which they called loss orientation and restoration orientation. Individuals who confront their loss would

be engaging in grief work, or ruminating, whereas those who avoid it, would not. Individuals could also differ in the extent to which they confront or avoid the secondary stresses associated with bereavement (eg the new skills to be mastered may or may not be attempted).

A central component of the model that distinguishes it from classic stress-coping theory is a dynamic process fundamental to successful coping, namely 'oscillation'. This refers to the alternation between loss-oriented and restoration-oriented coping. At times bereaved individuals will be confronted by their loss; at other times they will avoid memories, be distracted, or seek relief by concentrating on other things. The model proposes that oscillation is necessary for optimal adjustment over time.

The major implication of this is that both forms of coping are essential for effective adjustment to the loss of a loved one. Confrontation of a loss (including grief work) is essential for healthy recovery. However, if it is relentless (no oscillation), no progress toward recovery is made. Similarly, although restoration-oriented coping is also essential for recovery, a single-minded concentration on restoration-oriented coping accompanied by a suppression of one's feelings and reactions to the death is likely to inhibit the process of recovery.

Explaining the gender difference in coping effectiveness

Although there are few studies of gender differences in coping with bereavement, the available evidence suggests that women prefer to confront their emotions whereas men prefer to avoid confrontation and engage in strategies of distraction¹⁴. According to the dual process framework, both coping strategies, if used exclusively, should be ineffective in facilitating adjustment to the loss of a loved one.

Further, we would argue that, at least in traditional western societies, role constraints are more likely to prevent women than men from engaging exclusively in their preferred way of coping. Women might want to focus relentlessly on their loss, but they have a caring role and must attend to the household and to other tasks so that they cannot easily do so. In contrast, men can more easily and completely block their emotions (being also generally more avoidant in their coping style) and, by adopting a fairly exclusively restoration-oriented approach, can avoid attending to the tasks defined in grief work. We suggest that it is this difference in role constraints of men and women that is a major cause of gender differences in coping effectiveness and health outcomes.

IMPLICATIONS FOR BEREAVEMENT CARE

If our interpretation of the pattern found for widowers is correct, our research suggests that extreme avoidance of grief work is detrimental to adjustment for them, thus partially confirming the grief work hypothesis. However, the absence of a relationship between grief work and outcome on depression for widows suggests that the view "Everyone needs to do grief work" is an oversimplification. Some people may not feel a need to grieve, or may have already done their grieving in the course of a protracted period of illness preceding the death of the loved one. And for those who do grieve, oscillation between loss- and restoration-oriented coping is necessary for optimal adjustment over time. **BC**

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BOOK REVIEW

Exploring family grief

AN INTIMATE LONELINESS Supporting Bereaved Parents and Siblings

Gordon Riches, Pam Dawson
Maidenhead, UK: Open University Press, 2000, 220pp.
£18.99 pb. ISBN 0 335 19972 0

Many of the current books on bereavement focus on a clinical or developmental interventionist approach to working with children, which has limitations. It was therefore a joy to read a book that takes a holistic approach to working with families. *An Intimate Loneliness* looks beneath the surface and explores the concepts and theories of the bereavement process within the social context of the family, and modern society.

Anyone working in this area will know how complex the issues can be as each family struggles to interpret and make sense of its grief in its own way. It is this uniqueness of response, and its effect on how each member reacts, that challenges all bereavement workers. The title illustrates the paradox that grief after the death of a child can drive apart those who normally would be expected to give support to one other, isolating individuals from their most intimate relationships. Understanding these relationships and their effect on the family and the diverse roles members perform, we become better equipped to recognise how families pick up the pieces and carry on with the rest of their life.

The background for the book is Riches and Dawson's own ongoing qualitative research into how members of a family grieve. This means that theoretical models can be explored alongside the voices of the bereaved people themselves and those who work to support them. There is a richness of material, as current research and accepted concepts are illustrated, or sometimes challenged, by the experiences of the families. The authors build on many of the themes set out in Tony Walters' book*.

The early chapters look at the problems of adjustment for parents and siblings, the importance of social relationships, and gender and diversity issues. Although death ends a life it does not end a relationship. The authors consider how the personal, social and cultural resources of parents and children can affect their ability to make sense of loss. Issues such as identity struggles, difficult deaths and complicated grief are also discussed in detail.

The final chapters cover bereavement support and help available. In our post-modern world, bereavement supporters are seen as

explorers, guides or companions. The quality and intimacy of the relationship between a supporter and a bereaved family is linked to the willingness of each to learn from the other, and the relationship can be threatened by an over-dependency on simplified models of grief. The authors petition for a flexible and open-minded approach, eclectic use of grief models and sensitivity to the diversity of beliefs. I particularly liked their concept of 'little ladders and big levers' – things that can help shift perspectives for parents and siblings.

An appendix provides a substantial, well-documented reference list and each chapter has a concise summary, helpfully consolidating the main points. Reading the book I found myself, again and again, relating the material to many of the children and families with whom I have worked. I have recommended it to colleagues, students and those wishing to understand and appreciate grief in families. It should be compulsory reading for bereavement courses.

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* On Bereavement: The Culture of Grief. Buckingham, UK: OUP, 1999.

FAMILY FOCUSED GRIEF THERAPY

David Kissane, Sidney Bloch

Buckingham, UK: Open University Press, 2002, 272pp.
£22.50 pb. ISBN 0 335 20349 3

The distinguished authors, highly experienced in the fields of palliative care and bereavement, describe a comprehensive model of family care for relatives involved in the palliative care of one member of that family. The model of family focused grief therapy is described in detail, from the initial assessment session, through active therapeutic sessions, to consolidation and termination. The use of a screening model to identify vulnerable families is discussed. Clinical examples are used to illustrate and clarify themes and practice. There is a helpful discussion of ethical issues. Some findings from the Melbourne Family Grief Studies are detailed in an appendix, and there is a comprehensive bibliography. Challenges for the therapist, such as how to engage reluctant family members and coping with uncertainty, are considered. The book is packed full of information and demands concentration but all those working to help families at times of death and bereavement will learn much from it, and it is recommended. **BC**

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