The landscape of loss

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AS WE LISTEN TO BEREAVED people tell their story of loss, how are we to understand what are the common elements of grief and what relates to the individual mourner? This paper looks at the relationship between the general and the particular. It describes a model of grief, the 'range of response to loss', which identifies patterns and themes emerging from accounts of bereavement heard in practice and research. It also looks at how a new scale, the Adult Attitude to Grief scale, first used to test the validity of the general categories described in the range of response to loss model, then became a tool for exploring the landscape of individual loss.

There are two contradictory perspectives which recur in psychology and the social sciences: 'One perspective holds that humans are basically the same. The other holds that there are enormous differences among people'[1]. This apparent contradiction is often seen by those who care for the bereaved as a tension between what theory has to tell us and the accounts of grief which come from the experience of individual mourners. Does this mean one perspective is more important than the other, or that theories have little to say when set against personal experience? Or can there be a connection between these different ways of knowing?

In the post-modern climate of theory-making, greater attention is being given to human diversity alongside the need to find conceptual frames that describe common patterns and themes within grief[2,3]. This demands that we should look for theoretical coherence, within which diversity is not sacrificed to dogma nor difference seen as antithetical to broader principles.

In this paper I shall examine, through my own research and practice, a synthesis between these two elements[4,5]. While trying to validate a broad pattern of response to loss, which I had observed in my work with bereaved people, I arrived at a way of a way of exploring the individual landscape of loss.

Understanding the range of response to loss

Listening to accounts of loss and grief led me to see some recurring patterns in people's reactions to bereavement. I identified three contrasting grief responses:

- where the distress of grief is all-consuming and it is difficult for the mourner to see outside or beyond the pain
- where a sense of emotional equilibrium is maintained by the grieving person, even though they confront and address their loss
- where unwanted distress is suppressed and the bereaved person focuses on remaining in charge of the emotional and social aspects of their lives

In the first category people described their state as being **overwhelmed** by grief. The powerlessness and hopelessness would be experienced as all-pervading qualities. Metaphors would often be used to describe what people feel to be word-defying experiences, for example '...it's like being in a black hole, at the bottom of a pit, under a thick cloud' etc. In contrast, the second category of response, **resilience**, was characterised by a capacity to combine an honest (and often courageous) confrontation of grief with hopefulness and a sense of a personal resourcefulness necessary to manage the psychological and social consequences of loss.

(Initally I called this set of responses 'balanced' as it reflected an equilibrium in response to both emotional and social elements of loss[4,5,6].) The third category focused on the desire to regain **control** by diverting from the emotional aspects of grief and attending to the social consequences of bereavement. Table 1 (p8) shows the framework within which these three grief reactions were set.

In defining these ideas of overwhelmed, resilient or controlled loss responses, it seemed important to explore their origins. Are there predisposing factors which foster a tendency to one response rather than another? What is the relationship between what we are taught (messages), what we

Table 1 Range of response to loss

	1	2	3
Message	Disabling – you will find it difficult to cope with loss and change	Enabling – you have the capacity to manage loss and change and grow through it	Survival – you just have to get on with life and not allow loss and change to get in the way
Experience	Overwhelmed	Resilient	Controlled
Assumption	'I cannot deal with loss and change'	'I can face loss and change'	'I can control loss and change'
Response to loss	Dominant focus on the distress of loss	Awareness of own resources and other people's support	Suppression of, and diversion from, loss and change

experience and the assumptions about ourselves and the world which are the basis for our attitudes and behaviour?

The role of relationships and experience

Relationships provide the climate within which the processing of beliefs and experience take place. Ainsworth took forward Bowlby's seminal theory on attachment and developed the idea of using attachment style as a basis for understanding responses to separation and loss[7,8]. An insecure attachment style will activate anxious or avoidant responses to loss or separation, while the securely attached person will demonstrate qualities of resilience when faced with loss. Bowlby saw the development of 'internal working models' as the cognitive process by which assumptions develop from interactions with people and events. Parkes described the internal working model in terms of an 'assumptive world' and asserts: 'We rely on the accuracy of these assumptions to maintain orientation in the world and to control our lives'[9]. A significant loss may cause these assumptions to be revised as their perceived accuracy and utility is challenged.

The range of response to loss (RRL) framework explores how these attachment styles[10,11,12] might include notions of powerfulness/powerlessness in the face of loss and change, and with this a consequent implied capacity to manage such life events (or not). Seligman[13] has done much to examine the ways in which people acquire learned helplessness or, conversely, learned optimism in response to difficult life events. Where

uncontrollable events, such as a death, are seen as personal (ie my fault), permanent (ie irreversible), and pervasive (ie effecting all elements of life), a process of self-defeating thinking and low self-esteem is likely to result. To be repeatedly defeated by events builds up a process of learned helplessness and from this may follow depression. On the other hand, where events beyond one's control are perceived as being only temporarily incapacitating, there will be a bid to reassert some control even if the original cause cannot be changed. The practical arrangements and social adjustments following a death may serve this purpose for some people who counter the irreversibility of their loss by attending to those things which they can control.

We can see and understand individual responses to loss in the context of the degree of emotional and social security that has been learned through relationships and experience.

Parallels with attachment theory and the dual process model of grief

What became clear at an early stage in developing the RRL framework were the parallels with attachment styles[7]. We could equate anxious/ambivalent attachment with the state of being overwhelmed, secure attachment with resilience, and avoidant attachment with a controlling approach to loss. In subsequent testing of the validity of the ideas in the RRL model, characteristics of the fourth attachment style, identified by Main as disorganised/disorientated[14], were evident as an uneasy tension between the overwhelmed and controlled responses (ie there was

equally strong agreement with both these propositions[4]).

There was also a theoretical fit with the dual process model of grief[15]. Loss orientation equates with the grief focus of the overwhelmed response; restoration orientation equates with the controlled response, and the capacity to move between those orientations is a manifestation of balance or resilience.

Resonance with other theories might suggest that the RRL framework is superfluous. However, it is the capacity of this model to reflect the language and cognitive framework of bereaved people that affirms its value as a concept for practitioners.

The adult attitude to grief scale
A measure of difference

To test the validity of the three grieving styles described in the RRL framework, I devised a new measure, the Adult Attitude to Grief (AAG) scale. This scale consists of nine attitudinal statements. (see table 2). Three statements reflect each of the three groupings: overwhelmed (statements 2, 5, 7), resilient (statements 1, 3, 9) and controlled (statements 4, 6, 8). Respondents are asked to rate their response to each attitude on a scale of 1-5, where 5 is 'strongly agree' and 1 is 'strongly disagree'. (To make quantitative analysis of the scores easier, the direction of this scale has been reversed since the initial research studies were written up[4,5,6].)

Research was undertaken with 94 people who had sought counselling help in their bereavement. The AAG scale as a measure to identify differences in loss response was validated statistically[4].

I found evidence of a number of characteristics associated with the proposed responses to loss. Whilst resilient and controlled responses showed predictable consistency over time, this was not the case with the overwhelmed responses. The overwhelmed statements captured something of the transitional qualities of grief, specifically a continued sense of singular emotional and cognitive focus on the deceased[16]. There was negative correlation between the resilient items on the scale and distress, as measured by the Beck Depression Inventory[17], the Impact of Events scale[18] and the Leiden Detachment scale[16] (ie less distress is

associated with resilient responses). Older people were more likely to show a bias towards the controlled responses on the AAG scale.

However, more importantly, when looking at the individual scores and responses of participants in the study, I found that the AAG scale was able to provide a profile of the complex blend of reactions to loss for each person. While a bias towards one category might be evident, the mix of both consistent and dissonant attitudes reflected the unique combination of overwhelmed, resilient and controlled elements within each respondent's grief.

Of particular note was a score indicating equally strong agreement with the overwhelmed and controlled items on the scale. The heightened psychological tension in the face of overwhelming emotion and a strong wish for control suggests discomfort in moving (oscillating) between these elements of grief[15], and evidence of disorganisation/disorientation suggested by this fourth attachment style[14].

Each person in the study completed the scale twice, with an interval of six months, providing a picture of the changes in grief response over time. This suggested possibilities for using the AAG scale in clinical practice.

Table 2 Attitudinal statements in the Adult Attitude to Grief scale

1. I feel able to face the pain which comes with loss

2. For me, it is difficult to switch off thoughts about the person I have lost

3. I feel very aware of my inner strength when faced with grief

4. I believe that I must be brave in the face of loss

5. I feel that I will always carry the pain of grief with me

6. For me, it is important to keep my grief under control

7. I believe that nothing will ever be the same after an important loss

8. I think its best just to get on with life after a loss

9. It may not always feel like it but I do come through the experience of grief

Using the scale to explore the individual landscape of loss

As a follow-up to the earlier research, we undertook a study within a psychological service specialising in elderly care, to look at the clinical usefulness of the AAG scale[6]. Using an action research approach[19], the enquiry was integrated into clinical practice and formed an investigative dialogue between research and practice. The two elements were part of a cyclical process which consisted of:

- agreeing a practice strategy (ie the use of the AAG scale within the context of ongoing therapy)
- applying the scale to therapeutic work with clients
- reflection upon and discussion about the experiential learning to emerge from use of the scale
- critical reflection and detailed appraisal of the research learning and its implications

As the cycle was repeated, new learning was integrated and new elements explored. Using the scale, quantitatively and qualitatively, had involved six steps and these were incorporated into a protocol and set down as guidelines for use by other practitioners[20], as listed here.

1 Numerical scoring of items on the scale, with the help of the practitioner where appropriate.
2 Adding together the scores for the three items associated with each of the three categories.
3 Exploring the biases and blends evident in the scores, looking for consistency and inconsistency.
   (These three steps can be repeated at various stages in the therapeutic process and may also be used to explore client change and progress.)
4 Inviting clients to give qualitative elaboration of responses to the scale and the general themes linked to them.
5 Exploring the social influences shaping attitudes to grief with the clients.
6 Selecting a therapeutic approach to address the grief.
   (Details of the processes involved in steps 4 – 6 are given below.)

Findings
In this smaller study (15 client participants) it became clear that the AAG scale had face validity. It was easy to administer and both practitioner and

client felt that the items on the scale addressed pertinent issues in grief. The repeat quantitative use of the scale provided a picture of the changing nature of grief, particularly the movement in response to the overwhelmed items on the scale.

The scale was also modified for use with losses other than bereavement, eg stroke, Parkinson's disease, marital breakdown, and situational losses. In these varying circumstances of loss the scale proved to be a useful entrée into emotional and cognitive grief reactions. While there was sometimes a clear bias towards one of the categories (overwhelmed, resilient or controlled), more frequently it was the complex blend of these characteristics and the contradictory coexistence of attitudes that afforded a detailed insight into individual grief. The evidence of inner dissonance is itself a cause of distress for bereaved people who find a lack of inner coherence as a disorientating and disturbing aspect of their grief. For example, how can I both mourn the loss of someone close and at the same time be relieved that their pain and the strain of my caring is over?

The items on the scale provided a cue for looking further into attitudes, perspectives and wider themes in work with clients:

- the ability to confront grief
- the intrusion of grief
- a sense of personal resourcefulness
- a need to appear all right
- the persistence of grief
- the need to control feelings
- a sense that everything is changed
- the need to divert from loss
- the possibility of a positive outcome

The therapeutic dialogue, facilitated by the scale and its themes, helped the practitioners to gain insight into the nature of their clients' grief and also increased the self-awareness of the clients. This was a powerful tool in the psychotherapeutic process when working with bereavement and other losses.

The social context
The social context of grieving not only influences attitudes and behaviours but is also the arena in which collective social responses may be made (eg rituals) and within which support may be provided (or not). It was clear in this study that the grief perspectives

revealed in the responses to the AAG scale reflected both the clients' wider social contexts (including family, religion, cultural influences etc) and the history of losses which they had experienced.

It was important to give full recognition to this by exploring the social background against which attitudes to grief have been/are being shaped. For example, whether attitudes had been learned from other people as the client was growing up, whether they developed as a result of an experience of loss, whether they reflect the current expectations of other people, or whether it is a mix of these factors. It was found to be helpful for significant others (eg a spouse) to complete the AAG scale too, as a way of looking at the grieving dynamic within the family, allowing for a more systemic way of working with grief. By exploring the background against which attitudes are shaped, the sense of inner dissonance or external conflict could be gauged and understood.

Therapeutic approaches
Having recognised the variable nature of grief reaction it is important to provide a therapeutic approach which is sensitive to individual difference.

This clearly begins with listening to the narrative account of loss brought by the bereaved person[21]. Neimeyer et al suggest that narrative consists of three elements. First, the external narrative – what happened; secondly, the internal narrative – the impact of events upon 'me'; and thirdly, the reflexive narrative – how 'I' make sense of the events. The varied patterns in loss response can be heard in the different ways in which the grief story is told (see table 3).

Fostering resilience might be defined as a desired objective when responding to a story of loss. A positive adjustment to adversity follows where there is increased capacity to deal with the emotional distress of loss and a greater facility to manage the cognitive and social consequences of it[22]. The therapeutic climate in which this might be achieved is one in which there is perceived safety in addressing the pain and distress of grief, opportunity for cognitive clarity in thinking about and rehearsing for the life changes which follow loss, and a capacity to make use of support. For the person who is predominantly overwhelmed, their distress might be countered with a cognitive approach in which strategies for taking some control might be

explored. While taking control in situations of loss may be a successful survival strategy for some people[23], for others a safe space to explore feelings of powerlessness may be a necessary counter to a dominant need to be in control.

All approaches to bereavement care need to be underpinned with a relationship that echoes the qualities of security described in attachment theory. In such a climate the capacity for the development of new and competent ways of responding to loss will flourish.

Conclusion

The range of response to loss framework proposes three broadly different grief reactions – overwhelmed, resilient and controlled. The Adult Attitude to Grief scale was devised as a way of testing the validity of this theoretical model. Research on the AAG scale not only confirmed the validity of the RRL framework but also demonstrated, through the emerging individual profiles of grief, that it might be used as a tool for exploring individual grief reactions. Further study in a clinical setting provided encouraging evidence of how the AAG scale might be used in practice. The RRL framework and the AAG scale together represent a contemporary way of looking at a generalised concept of grief reactions and relating it to the individual's landscape of loss. Work on the efficacy of the measure in practice is being pursued through ongoing research. ●

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Table 3 Relating narrative accounts to the range of response to loss
(numbers relate to the attitudinal statements on the Adult Attitude to Grief scale[4])

Narrative Process[21]	Range of Response to Loss[4]		
	Overwhelmed	Resilient	Controlled
External narrative	Story told in great detail with emphasis upon the awfulness of experience	Story told with coherence and attention given to the positive and negative aspects of experience	Story told with minimum detail and with an emphasis upon factual aspects of experience
Internal narrative	The engulfing nature of grief is described (2) and the teller may assume the role of victim	The pain of loss (1) is countered by a positive sense of personal resourcefulness (3)	The desire for control (6) and bravery (4) dominates, and accounts of pain are minimised
Reflexive narrative	A lack of hopefulness about the outcome of grief (5) and difficulty in finding a sense of meaning within it (7). Personal identity may be defined in terms of the loss.	A sense of hopefulness (9), a capacity to find meaning, and awareness of the strength which might result from an experience of loss	A diversion from the painful elements of loss and a need to find meaning in the stoical meeting of adversity (8)

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WEBWATCH

Bereaved by homicide

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THERE WERE 1,130 HOMICIDES in the UK during 2004-5; in the USA the annual figure is estimated at 45,000. Around the world, thousands of people are bereaved each year by the murder or manslaughter of a loved one.

Despite this, internet resources are still relatively limited and tend to be housed on sites concerned with a variety of issues rather than homicide exclusively. One such website is that of the UK charity Victim Support at www.victimsupport.org.uk which provides emotional support and information for anyone affected by crime. The site has a section for each country in the UK, and for the Republic of Ireland, as there are national variations in the criminal justice system. In fact much information is duplicated.

In the England and Wales subsite there is a section dedicated to specific crimes, including murder or manslaughter (click on Help for Victims and scroll down to Related Topics). Here is practical information on the criminal justice system, claiming compensation against the offender, the role of the coroner and links to several main UK bereavement sites, including Cruse which handles many long-term cases of bereavement by homicide. There is also helpful information in this section for children and their parents with links to UK services including Childline, the NSPCC and Kidscape. The site also gives details of its Witness Support Service providing emotional and practical support to adult and child witnesses, including court visits before giving evidence, and information about court procedures.

Anyone working with homicide bereavement in the rest of Europe may wish to access similar organisations via the European Forum for Victim Services available at www.euvictimservices.org Founded in 1990, there are 15 European countries affiliated to the Forum including France, Germany, and Switzerland. Website addresses and telephone numbers for all organisations are available from the Forum website.

One UK organisations which deals exclusively with homicide and manslaughter is SAMM (Support After Murder and Homicide), available at www.samm.org.uk. As well as organising self-help support, this charity encourages research into the devastating effects of homicide and aims to increase society's awareness of these problems, mainly by providing training to agencies, including the police, and information to the media. Working with the Home Office, SAMM has produced a Homicide Information Pack for relatives of victims. Site users can register to receive this and SAMM's newsletter and to check the availability of local groups but, sadly, apart from some contact details the website lacks resources. The organisation obviously has a wealth of information on this kind of bereavement. A pity, then, that more is not available online.

The National Organization of Parents of Murdered Children is at www.pomc.com. Although specifically for bereaved parents, this USA-based website includes some useful resources for those working with homicide. Membership takes the form of attending meetings and/or telephone and mail contact. Bereavement professionals are welcome to join and the organisation can also provide training for those working in areas such as mental health, social work and community services.

Of particular interest are the articles under the section Legal/Professional accessible from the home page. Included here are Tips from Survivors, a comprehensive list of points found helpful by bereaved people when receiving the death notification and identifying the body of the person who has died. Information for Doctors and Nurses gives a useful outline of best practice when dealing with the bereaved.

Another article here, Information for Professionals, suggests ways to help and factors that can hinder. Since lack of accurate information can lead to even greater distress for the bereaved, a link here enables site users to email questions directly to a team of experts including doctors, a pathologist, a bereavement specialist and legal experts. All questions and responses are posted on the website and accessible to all site users. ●