Does social support help with marital bereavement?

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IT IS WIDELY BELIEVED by practitioners and bereavement researchers alike that social support from family and friends helps individuals to cope with the loss of a spouse (eg Stylianos, Vachon 1993). This conviction is consistent with evidence from epidemiological studies showing that the availability of social support is associated with reduced risk of mental and physical illness, and even mortality, in bereaved people (see reviews: eg Cohen, Wills 1985; Stroebe, Stroebe 1996). However, although social support is evidently able to lift an individual's mood, does it in fact lessen the feelings of loss and grief after a death?

Social support can be thought of as reassurance from others that one is loved and cared for, esteemed and valued, and part of a network of communication and mutual obligation (Cobb 1976).

Cognitive stress theory viewpoint

Cognitive stress theory supports the belief that a good social network is particularly helpful in bereavement. According to this theory, critical life events, such as bereavement, are stressful because they require major readjustment (Lazarus, Folkman 1984).

ABSTRACT

It is almost a truism that social support from family and friends buffers individuals against the painful grief that generally follows bereavement. Surprisingly, both in previous reviews of research and in the two studies reported here, there is little empirical support for this assumption. The author argues that this pattern is consistent with assumptions from attachment theory. However, practically all of the research has been conducted with western samples. The fact that two recent studies conducted in Asia found evidence for buffering effects (probably restricted to support from children) raises the possibility of cultural differences in the role children can play as attachment figures.

The intensity of the stress is assumed to depend on the extent to which the perceived demands of the life event tax, or exceed, the individual's coping resources, and depression is one of the results of inability to cope.

Marital bereavement marks the end of a close mutual relationship, and the loss of a partner is likely to result in areas of need where the spouse had previously been able to rely on the partner (eg emotional support, practical help, information and facilitation of social contacts). If family and friends take over some of these tasks and thus at least partly compensate for these deficits, stress should be reduced and adjustment to the loss should be facilitated accordingly (Lazarus, Folkman 1984). Since those who are bereaved should be in greater need of social support than those who are married, it is bereaved people who should derive the greater benefits from social support. Therefore, if we compare the impact of different levels of social support on the distress or wellbeing of recently bereaved and married individuals, social support should have greater impact on the bereaved, because of their higher levels of stress, than on the married.

Attachment viewpoint

Attachment theorists reject the assumption that support from others can

compensate for the loss of an attachment figure. Bowlby (1969) proposed that the attachment figure was uniquely able to foster general feelings of security and that other people could not simply replace this function. According to Weiss (1975) the loss of a partner and thus of an important attachment figure results in emotional loneliness, a feeling of being utterly alone even when one is in the company of family and friends. Emotional loneliness can only be remedied by the integration of another emotional attachment or the reintegration (after separation) of the one who has been lost. Thus, social support from family and friends cannot reduce emotional loneliness or the distress caused by the loss of an attachment figure or, to paraphrase Parkes, love cannot be replaced. However, social support can reduce social loneliness (ie the lack of a

connection with a social network), the feeling of having few or no friends who care and who will listen to problems.

Attachment theory thus suggests that marital status and social support have distinctly different influences on distress or wellbeing, since marital status impacts on emotional loneliness, and social support on social loneliness. Thus, if we compare the impact of low versus high levels of social support on recently bereaved and on married individuals by measuring their levels of distress over time, we would expect that social support would have equally beneficial effects for bereaved and married people. Bereaved and married individuals should both be happier (or less depressed) if they can count on social support from family and friends, because this support reduces their social loneliness. And yet, being supported by family and friends cannot reduce the emotional loneliness and pain felt over the loss of a loved one. Recently bereaved individuals will therefore be more depressed than married individuals and this depression will not be moderated by social support.

RESEARCH
Research reviews

In two reviews of research on the role of social support in coping with bereavement, my colleagues and I concluded that that research which used appropriate research designs (ie married control groups) was more

supportive of the attachment approach to this question than that of stress theory (Stroebe *et al* 1996, 2005). There is not space to review this research here, so this article will focus on our own studies.

The Tübingen longitudinal study

This bereavement study assessed social support and depressive symptoms in a matched sample of 60 recently bereaved and 60 married men and women living in Tübingen, southern Germany (Stroebe *et al* 1996). Participants were interviewed three times, at 4-7, 14 and 24 months after the death of the spouse and at equivalent time intervals in the case of the married individuals. Perceived social support was measured at the end of the first interview with a newly constructed questionnaire (for details, see Stroebe *et al* 1996). Depressive symptoms were measured with the German version of the Beck Depression Inventory at all three points in time.

Consistent with predictions from attachment theory, social support and marital status influenced the levels of distress independently, with no interaction, indicating that social support benefited married and bereaved individuals to a similar degree (figure 1). Thus, even though higher levels of social support were associated with less depression in bereaved and married individuals, there was no evidence that social support buffered the bereaved

against the impact of the loss experience or accelerated their adjustment to the loss. (In fact, it even looks as if social support was more helpful to the married, but this difference is not statistically significant.)

The CLOC study

Our second study used data that had been collected in the USA as part of a larger investigation (see eg Carr *et al* 2001). This CLOC (Changing Lives of Older Couples) study had an important advantage over the Tübingen one in that it was one of the few studies where data were collected from individuals *before* they had lost their partners.

The CLOC study was a large longitudinal one looking at a representative sample of elderly married individuals from Detroit, Michigan. We based our analysis on data from a sub-sample of women bereaved of a spouse during the study period. They had been interviewed at 6, 18 and 48 months after their loss. Matched married controls from the original sample had been interviewed at comparable time intervals. Depressive symptoms were assessed using a selection of items from the CES-D (Center for Epidemiologic Studies Depression) scale. Social support at baseline (ie before the death) was assessed with a four-item scale asking how much respondents felt loved and cared for by family and friends and whether family and friends were willing to listen to them talk about their worries and problems.

Figure 2 presents the mean CES-D scores for the bereaved sample, split into groups experiencing high and low support before the loss. Depressive symptoms are reported for the time before the loss of the partner (Baseline) as well as at three post-bereavement points in time. It is clear that the lines linking the mean CES-D-scores for the two groups are almost parallel. Thus, the loss of their partner led to a similar increase in depressive symptoms for these women, regardless of their level of their social support (ie Baseline to Wave 1). There was also no indication that higher levels of social support accelerated adjustment to the loss. Furthermore, analyses of the full design (ie comparing married and bereaved individuals) showed that the benefits of social support affected both married and bereaved persons to a similar

Figure 1: Mean depressive symptom scores (BDI) compared with marital status and social support at three intervals after the loss (Tübingen longitudinal study of bereavement)
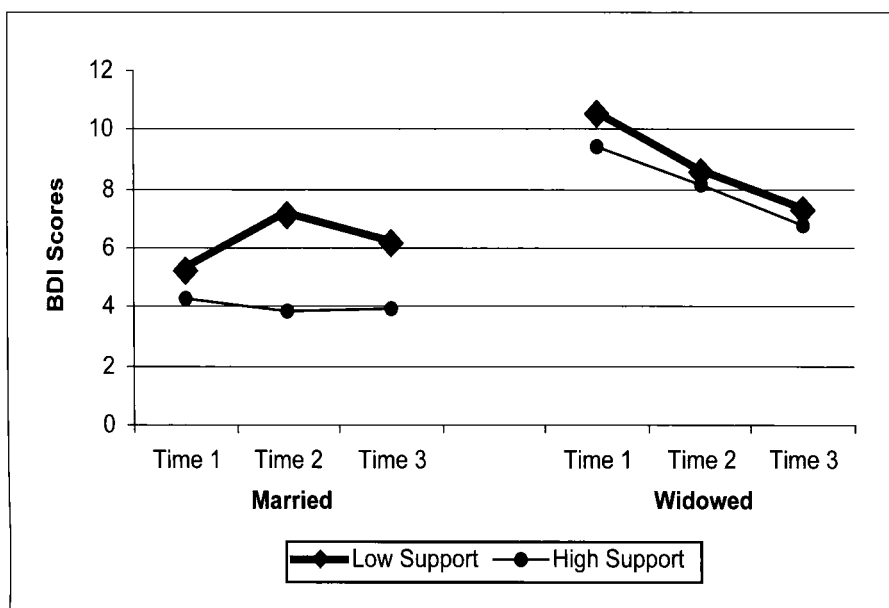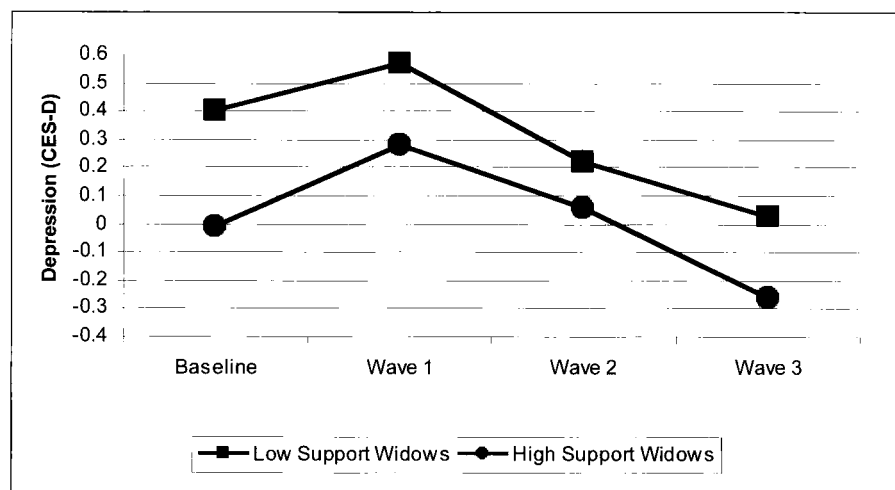
Figure 2: Standardised depressive symptoms scores (CES-D) for spouses with low and high social support, before and after bereavement

extent. Thus, as in the Tübingen Study, there was no support for the stress theory assumption that social support would moderate the impact of partner loss on levels of distress. These findings are consistent with Parkes' (2006) conclusion that, at least during the time of grieving, no substitute for a lost partner is acceptable.

Underlying attachment processes

Although more consistent with attachment than with stress theory, the evidence reported so far does not provide a direct test of the underlying processes which, according to attachment theory, are responsible for this pattern. However, in the context of the Tübingen study, my colleagues and I collected additional information which permitted a more direct test of these processes.

At the end of the first interview participants were given a questionnaire which, in addition to the social support measure, also included a few questions that assessed emotional loneliness (eg 'I feel lonely even when I am with others') and social loneliness (eg 'I have a good group of friends'). When we assessed the impact of marital status and social support on emotional and social loneliness, an interesting pattern emerged. The impact of marital status was limited to emotional loneliness and that of social support to social loneliness. The bereaved felt much more emotionally lonely than the married, and social support from family and friends did not reduce their emotional loneliness, though it did lower their social loneliness.

Even more interesting, however, was an analysis in which we assessed the impact of marital status and social support on depression over the whole course of the study, whilst statistically controlling for emotional and social loneliness. We eliminated the impact of partner loss on depression at all three points in time by applying statistical controls for the *emotional* loneliness experienced by participants at the start of our study. Once we controlled for emotional loneliness, the bereaved were no more depressed than the married. This pattern is consistent with the assumption of attachment theory that emotional loneliness is the main cause of depression after the loss of a loved one. In contrast, controlling for emotional loneliness did not reduce the impact of social support on depression, suggesting that the depression felt over absence of a connection to a social network is not, in fact, caused (or mediated) by emotional loneliness. The impact of social support on depressive symptoms is a result of social loneliness and disappears, once one controls for social loneliness.

Cultural influences

So far, most research on the role of social support in coping with bereavement has been conducted in the United States with Americans of European descent. Although our Tübingen Study demonstrated great similarities between the USA and Germany for the impact of partner loss on distress and depression, these populations have a similar cultural background. When we reviewed this research in 2005, there was

only one study that had been conducted elsewhere, in Japan (Okabayashi *et al* 1997), and this study reported evidence to suggest that social support did moderate the impact of partner loss on distress and depression, at least for those individuals who had been most recently bereaved. Although this was a well-conducted study, the sample of bereaved was very small and it was the only study that reported an interaction between social support and bereavement.

However, a more recent study conducted in China reported similar findings to those from Japan (Li *et al* 2006). Analyses were based on a representative sample of 1,263 elderly people from the Wuhan area who were married at the beginning of the study and had at least one child. Respondents were interviewed twice, once in 1991 (baseline) and later in 1994 (follow-up). During this period, 128 individuals became widowed. A comparison of the association of perceived social support measured at baseline with distress and depression of widowed and married individuals at follow-up suggested that social support from children buffered the widowed against the impact of bereavement. With baseline depressive symptoms controlled for, there was a significant interaction between the baseline (pre-bereavement) perceived social support from children and effect of bereavement on depression measured at follow-up, suggesting that in this sample social support from children was more helpful for the bereaved. This interaction was not significant for perceived social support from friends.

These findings could suggest cultural differences in the impact of social support on distress and depression in bereaved individuals. The problem is that previous research, including the study of Okabayashi and colleagues (1997), did not distinguish children from other sources of social support. We cannot, therefore, be certain whether such analyses would not have resulted in similar findings in American-European cultures. However, the Tübingen study looked at this and found no variation in the impact of different sources of social support. Given the central role of the family, particularly in Chinese culture, I would therefore tentatively suggest that the findings of

Li and her colleagues (2005) are an indication of a cultural difference.

Obviously, further research is needed to clarify this point. However, I would like to emphasise that such research will mainly be of theoretical relevance. As far as caring for the bereaved is concerned, it is most important to remember that support from family and friends helps to reduce distress and depression, even though one should accept that ultimately it might not soften the pain felt over the loss of a loved one. ●

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WEBWATCH

Bereavement in schools

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WITH INCREDIBLE NOISE the sea of teenage children swept into the classroom and took to their seats. As a young trainee I watched the much older, experienced member of staff call names on the register, one by one, above the good-natured hum of voices. Then one name was called and the mood instantly changed. Nobody replied. The name was called again. After a few moments of silence a boy at the front of the class, his voice filled with suppressed anger, said 'He died Sir – don't you remember? At the end of last term'. 'Oh yes, so he did!' the teacher replied, continuing to mark the register with barely a pause. The class remained silent, staring, until the teacher eventually closed the register and casually slipped his pen into his top pocket. A moment later the bell rang. The children filed out of the classroom with voices barely raised above a whisper, and were swallowed up by the jostling crowds in the corridors.

I am sure that incidents such as this are rare in UK schools today. Yet in an article published in 2000, the authors found that 94% of 145 sampled Australian schools had a plan in place to manage traumatic incidents and identify good practice and programmes related to grief education, compared with only 15% of the 200 UK schools sampled. Fortunately all UK schools are now required to have a policy detailing their response to a major incident or crisis.

When a pupil suffers the loss of a family member, or a fellow pupil or member of staff dies, the whole school community is affected and having a solid, workable plan to help staff and pupils cope is vital. There are some useful online resources that can be adapted to suit the needs of individual schools. The charity **Winston's Wish** provides specialised in-school staff training. Its website at **www.winstonswish.org.uk** offers many resources that can be adapted by schools wherever they may be. In the Schools/ Professionals section the downloadable *Schools Information Pack* is written by teachers and includes advice on talking to pupils and age-related responses. *Strategy for Schools* offers guidelines on informing staff, governors, pupils and parents about a death, including sample letters.

The site has some very good ideas for **lesson plans** for children of all ages within a variety of disciplines, including art, music and English, and ideas for **creative activities** connected with loss, such as memory jars, including a section for Christmas. An excellent **30-minute film**, *School Matters – Coping with Bereavement,* can be downloaded which describes how a primary and secondary school have coped with the loss of parents and pupils (this can also be purchased, after registering on the site, as a DVD from www.teachers.tv/video).

Major incidents, such as school shootings like those in Dumblane, Helsinki, Colorado and Virginia, are relatively rare but, again, highlight the need for all schools to have a crisis response in place. Much useful information on planning for crises and dealing with bereavement in schools can be found at **www.smhp.psych.ucla.edu**, a vast site created by the USA Center for Mental Health in Schools. The centre's School Mental Health Project addresses psychosocial and mental health concerns through school-based interventions. Access its **Resource Aid Packet**, *Responding to a Crisis at a School,* by selecting Grief and Bereavement on the search engine. This 148-page downloadable document includes a **crisis screening interview**, advice on facilitating classroom **discussion**, aftermath classroom **activities** for various ages, dealing with the **media**, organising a school-based **crisis team** and **mapping community resources**. It considers the school's role in addressing reactions to loss, building resilience in children and adolescents, identifying coping strategies, realistic goal-setting and helping bereaved students return to school. The site also provides links to many other useful websites and resources. ●

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