

CHAPTER FOUR

4. LITERATURE REVIEW: THEORIES OF GRIEF

4.1 INTRODUCTION

Insights into processes associated with bereavement and grief derive from various theoretical models. According to Cleiren (1991) models of grief differ in respect of their purpose and perspective. One theory cannot be fully adopted without limiting the various dimensions of grief that have to be considered in order to understand the multifaceted nature of grief. To this end, there has been a general tendency in the literature to apply more general psychological theories to bereavement (Bonanno & Kaltman, 1999). Stroebe (1997) seems to concur and states that general theories are needed and have to be elaborated on and adapted to contemporary society. This has potential in terms of facilitating the search for common patterns, rules and themes rather than focusing primarily on differences. Equally important, neither theoretical framework negates the relevance of the other since each perspective incorporates different aspects of grief. In recognition of its multifaceted nature, a shift towards integrative and interactive models of grief is observed in the literature (Copp, 1998). Similarly, a shift is also observed in the literature with regard to the outcome of grief. Specifically, earlier theories subscribed to the view that adaptation to a significant death related loss involves letting go of the deceased. This contrasts against more contemporary notions of the bereaved continuing bonds with the deceased (Cook & Oltjenbruns, 1998).

On the level of research, earlier theories described the nature and processes of grief largely in conceptual terms. Contemporary grief theorists have made significant strides to verify the phenomenology of grief empirically. For instance, Bonanno and Kaltman (1999) refer to the use of both cross sectional and longitudinal research designs to establish the validity of grief theories. The former reportedly facilitate an understanding of features and correlates of grieving at different points in the process. Longitudinal designs on the other hand, allow for the assessment of predictor variables, are known to have ecological validity and enable researchers to make multiple assessments from the same set of data. However, longitudinal designs do not allow for sample control and heighten the risk of over reporting similar results. Further, the verification of grief

models is limited by sample selection bias – a limitation that is attributed to the sensitive nature of the topic and prospective research participants' reluctance to expose their vulnerability to investigators whom they are not familiar with (Stroebe & Stroebe, 1989).

In the exposition that follows, theories that have dominated earlier grief literature will be discussed first. Next, perspectives of grief that derive from general theories will be dealt with. Finally, paradigms adopting integrative and interactive stances will be focused on.

4.2 PSYCHOANALYTIC THEORIES OF GRIEF

4.2.1 FREUD'S THEORY OF GRIEF WORK

According to Cleiren (1991, p. 13) the psychoanalytic approach to grief derives from Freud's "Mourning and Melancholia" paper that was originally published in 1917. As set out in this initial paper, libidinal or instinctual energy is attached or cathected to love objects and everything that is associated with it. The term hypercathexis refers to an extreme amount of psychic or libidinal energy bound to the lost object. Freud (1917/1957c) considered hypercathexis, reflected in reviewing and being preoccupied with hopes and memories associated with the deceased, as a normal aspect of grieving and an important precursor of detachment from the deceased (Cook & Oltjenbruns, 1998).

When hypercathexis has followed its course and libidinal energy is detached from the lost object, the ego becomes free and available to invest in substitute or alternative relationships. Freud (1917/1957c) further proposed that failure to detach energy from the deceased results in anger and disappointment being directed against the self. In this way, the loss is kept unconscious and provides grounds for melancholia or depressive illness. Therefore, grief work involves identifiable features including confronting the loss, coming to terms with the loss and severing ties with the deceased (Cleiren, 1991).

While the grief work approach has dominated the field or influenced the thinking of many bereavement scholars and clinicians (Bowlby, 1969/1980a; Lindemann, 1944a) it nevertheless is not without limitations. For instance, Stroebe (1992) argues that the grief work approach regards the loss of a significant person as a unitary experience, independent of psychosocial and symbolic implications. In other words, the multiple

stresses and secondary losses that accompany the primary loss are not attended to. Hence, the adjustments that have to be made in the various areas of functioning by the bereaved in order to adapt to the loss are not captured by the grief work approach. Neimeyer (1998) equates adaptation to an important loss with the restoration of a sense of coherence. This suggests that by disregarding wider stressors inherent in death, adaptation manifesting in the achievement of a sense of coherence, is less likely to be attained.

A further difficulty with the grief work approach derives from the notion of working through the loss. Wortman and Silver (1989) found evidence suggesting that early signs of intense efforts to work through grief may be predictive of subsequent difficulties. In a more recent longitudinal study, Nolen-Hoeksema et al. (1997) described findings that contradicted the presumed importance of working through grief. Stroebe and Stroebe (1991) too, noted that the idea of all bereaved having to do grief work was contradicted by longitudinal studies. As such, working through grief is not pervasive. Instead, it is regarded as an oversimplification.

A theme related to working through grief involves elements comprising the coping process, particularly the necessity to confront the loss and the tendency to avoid or suppress painful emotions. Bonanno, Keltner, Holen and Horowitz (1995) found support for the avoidance of grief work in conjugally bereaved. Specifically, avoidance of grief work was revealed in distress being verbally underreported while autonomic responses were considerably elevated during discussions surrounding the loss. These researchers linked the verbal-autonomic dissociation with avoidance of emotional awareness, particularly among bereaved spouses who showed the least overt grief responses. In fact, Stroebe and Schut (1999) argue that the presumed efficacy of confronting the loss as well as the negative effects of avoiding the expression of grief emotions have yet to be analysed empirically.

Furthermore, following the grief work line of reasoning, failure to confront the loss is reflected in negative mental health outcomes. From this point of view, the grief work approach subscribes to the medical ideology of cure from all states of physical and mental health outcomes while the wider potential benefits that could derive from grief are not recognized. For instance, Tedeschi and Calhoun (1995) refer to post traumatic

growth while Stroebe and Schut (1999) acknowledge alternative aspects of well being including transformation of role and self-identity, restoration of family functioning and the bereaved person's reconstruction of meaning of the relationship to the deceased. Similarly, the grief work model conceptualises coping primarily as an intra-personal process. This de-emphasizes the social or interpersonal context in which grieving occurs. These researchers express the view that interaction with others influences the grieving process on inter and intra-personal levels. Supporting this view are reports of asymmetrical grieving between spouses and the impact it has on the marital relationship (Cook & Oltjenbruns, 1998).

With regard to universal applicability, Stroebe and Schut (1999) note that the grief work model is culture bound and biased in favour of women. In terms of the former, patterns of grief are described largely from the perspective of Western cultures. Non-Western patterns of grieving may be different or not directly evident but are nevertheless effective in relation to coping and adaptation. On the level of gender, the working model of grief fails to acknowledge patterns of grief characteristically considered to be masculine (Cook & Oltjenbruns, 1998; Lister, 1991; Martin & Doka, 2000). Consequently, the question arises as to whether the working model of grief presents a female model of grieving (Stroebe & Schut, 1999).

The above limitations suggest that the grief work model has not adequately described processes that comprise coping after bereavement. Yet, the theory was sufficiently important to become a springboard for the development of more effective theories of grief.

4.2.2 LINDEMANN'S THEORY OF GRIEF

Having its roots in Freud's (1917/1957c) psychoanalytic framework Lindemann's (1944b) grief work theory focuses on adaptation to unexpected and sudden deaths. In terms of Lindemann's (1944b) approach, grief is a response to a catastrophic and unnatural death. In the acute phase grief responses manifest in both somatic and psychological symptoms. These include somatic distress, feelings of guilt, hostile reactions and disorganized behaviour. The stance adopted is that recovery from a loss occurs when the bereaved cope with feelings of hostility and fear, express a sense of loss and verbalize feelings of guilt.

Failure to adjust to the loss results in morbid grief that may manifest in either delayed or dysfunctional reactions. Lindemann (1944b) suggested that delayed grief might take years to resolve. Dysfunctional grief on the other hand, manifests in social withdrawal, mimicking symptoms displayed or experienced by the deceased prior to death, stress related physical disturbances and motor over-activity. According to Cleiren (1991) these symptoms do not differ significantly from symptoms constituting posttraumatic stress disorder.

With regard to adaptation, Lindemann (1944b) postulated that emancipation from the lost relationship, readjustment to the environment and the formation of new relationships assume importance. These are achieved by means of grief work that entails coping with fear and hostile emotions, the expression of a sense of loss and the verbalization of guilt.

Lindemann's (1944b) framework is less abstract in that it provides observable categories of phenomena operative in reactions to sudden loss. However, the idea of the bereaved identifying with the deceased is not significantly different from compensating for the loss that was sustained. Identification with the deceased has been interpreted as the influence of the introjected form of the relationship with the deceased (Cleiren, 1991).

4.3 LINEAR THEORIES OF GRIEF

According to Worthington (1994) a basic theme of linear models of grief is that confronting and adjusting to the loss enables the bereaved to return to their premorbid or near premorbid levels of emotional functioning. For this to happen, the bereaved progress through a sequence of emotional and behavioural experiences.

Three basic assumptions are considered to underlie linear models of grief. Firstly, it is assumed that grief has an end point. Secondly, adjustment occurs over a period of time and is coupled with a predictable series or sequence of phases or stages. Progressing through these phases or stages creates expectations that the grief process will resolve. The third assumption refers to accepting that the source of grief will in the final analysis, not be present. In time, the depressing impact of reminders or memories of the deceased will subside and be replaced by more positive ones, thus enhancing the psychological healing process (Worthington, 1994).

Mindful of these assumptions, the sequence through which the grief process progresses has been captured by various theorists including Bowlby (1969/1980b), Marris (1974), Parkes (1970) and Worden (1982).

4.3.1 PARKES' STAGE MODEL OF GRIEF

Parkes (1970) drew on elements from attachment, psychoanalytic and cognitive theories to formulate the stage theory of grief. With regard to the former, the role of separation anxiety is acknowledged while expressions of guilt and anger reflect psychoanalytic themes. Emphasis on cognitive restructuring conveys Parkes' (1970) reliance on cognitive theory (Cleiren, 1991).

Integrating these elements into a theoretical framework, Parkes (1996) describes grief in terms of progressing through four stages namely:

- Stage one reflects shock, numbness and the pain of grief. Characteristically, the bereaved unconsciously disbelieve that which they are not able to cope with. Spall and Callis (1997) also describe a pattern of practical involvement in executing important arrangements. However, such involvement is void of emotions – a feature that serves the purpose of protecting the bereaved from the threat of becoming overwhelmed with the pangs of grief.
- Stage two is marked by the manifestation of fear, guilt and anger. Spall and Callis (1997) attribute the fear to the bereaved person's concern with his own death. It is also not uncommon to find that the bereaved report having physical symptoms similar to those of the deceased. Guilt relates to real or perceived unfinished business while anger invariably relates to the bereaved person's sense of having been abandoned by the deceased.
- The third stage reflects disengagement, apathy and aimlessness. Acceptance of the loss commences at this stage. This does not indicate a readiness to re-invest emotional energy into other matters or relationships hence the apathy and aimlessness (Spall & Callis, 1997).
- Stage four marks the onset of coping and moving in a new direction. New relationships may be established and social activities begin to take place in the lives of the bereaved.

As described above, Parkes' (1970) model considers normal grief as manifesting in emotional distress, impairment of social functioning, followed by recovery. In the event of recovery not occurring, the grief reaction is considered to be distorted or exaggerated, thus diverting from normal grief.

By drawing on three different theoretical frameworks Parkes' (1970) theory is considered to lack a sense of unity. Further, any hypothesis related to the theory will inevitably substantiate the theory of origin. The notion of stages also has implications in terms of the bereaved assuming a passive role. Hence, progressing through the process of adjustment is construed as being outside of the individual's control. Also, the linear progression of stages creates the impression that grief is a neat and ordered experience (Spall & Callis, 1997) while in reality it is marked by behavioural, psychological, cognitive and physical distress. Wortman and Silver (1989) too, argue that linear stages of adaptation create the impression that diversion from the identified stages is pathological and yet, these stages may not be universally accepted. Having said this, Parkes (1996) concedes that it is probably appropriate to regard his model as a working model.

4.3.2 BOWLBY'S THEORY OF GRIEF

While acknowledging the influence of the psychoanalytic framework, Bowlby's (1969/1980b) theory of grief developed out of dissatisfaction with certain aspects of Freud's (1917/1957c) conceptualisation of grief. The former steered away from abstract Freudian concepts such as psychic energy, libido and drive. Instead, Bowlby (1969/1980b) relied on the term attachment behaviour to describe the process whereby people commit themselves to relationships (Cleiren, 1991). In its original formulation, attachment behaviour emerges during infancy and provides the context for social and care taking responses between primary caregiver and infant. Extended to adulthood, attachment behaviour is characteristically triggered by threatening situations and crises. Mediating attachment behaviours are cognitive schema or internal working models. The latter presumably act as perceptual filters thus, determining responses to the crisis or threatening situation (Pistole, 1996).

In terms of attachment theory, the loss of an attachment relationship precipitates separation anxiety. Unravelling the latter, Cleiren (1991) identifies a brief period of

protest behaviour, followed by a longer period of searching behaviour. The realization that the lost attachment figure will not return leads to a phase of despair at which point depression sets in. The final stage involves the reorganization of cognitive schema or changing of the person's worldview. Applied to bereavement, these four stages translate into:

- Numbing, which involves difficulty with understanding the reality of the loss;
- Yearning or searching refers to the bereaved person's desire to recover the deceased. This stage may involve cognitive processes such as being preoccupied with the deceased and memories of the deceased dominating the bereaved person's ideational patterns. Behaviourally, searching and yearning may involve scanning the environment for cues or reminders of the deceased;
- Disorganization is the phase marked by a sense of despair, dejection and apathy as the bereaved abandon previous patterns of feeling, behaviour and thinking;
- Reorganization involves a gradual redefinition of the self, reformulating personal roles and acquiring skills needed to cope with new tasks (Cook & Oltjenbruns, 1998).

Progressing through these stages reflects Bowlby's (1969/1980b) equivalent of Freud's (1917/1957c) grief work hypothesis. Similarly, by assigning a place to cognitive restructuring, the former reflects parallel processes with cognitive theory. Hence Cleiren (1991) refers to Bowlby's (1969/1980b) theory as a psychoanalytical – cognitively oriented theory.

In terms of limitations, Bowlby's (1969/1980b) theory of grief assumes that adult responses to loss are similar to those displayed by children following involuntary separation from an attachment figure. The problem is compounded by the lack of empirical verification for adult responses to grief (Cleiren, 1991). Consistent with the psychoanalytic framework, Bowlby's (1969/1980b) theory has strong medical connotations in that an analogy is drawn between recovery from loss and recovery from a disease process. Additionally, with attachment behaviour having its roots in infancy and childhood, the assumption made is that reactions to grief are predetermined (Cleiren, 1991).

4.3.3 CONTINUING BONDS PARADIGM

Fraley and Shaver (1999) point out that in later writings, Bowlby (1979) moved away from the notion that grief resolution was achieved by relinquishing bonds with the deceased. Instead, continuing attachment bonds with the deceased was regarded as indicative of healthy grieving. In other words, later proposals were that the pain of grief results in a reformulation of internal or representational models and a reorganization of the attachment configuration – both of which embrace a continued sense of the presence of the deceased. Stroebe (1997) adds that themes of continued bonds with the deceased are implicit in Bowlby's (1979) volume, "The making and breaking of affectional bonds".

With regard to the specifics of the continuing bonds paradigm, Bonanno and Kaltman (1999) suggest that ongoing psychological involvement with the deceased has adaptive potential. The latter is evident in the meaning that the bereaved find in the death and in the continuity of identity that is provided by the enduring relationship with the deceased. This perspective contrasts against historically held views that described continuing bonds with the deceased as pathological (Freud, 1917/1957a). For Bowlby (1969/1980a) it is in the persistence of the bond with the deceased that the bereaved spouse's sense of identity is preserved. Furthermore, through the continued bond with the deceased, bereaved spouses are able to re-organize their lives so as to derive renewed meaning from their loss. Klass, Silverman and Nickman (1996) share this perspective in that they regard continuing bonds with the deceased as a source of support, comfort and solace to the bereaved. Similarly, Bonanno (1998, 1999b) maintains that an ongoing relationship with the deceased is well accepted in most Non-Western cultures.

In terms of empirical support for the continuing bonds perspective, Schuchter and Zisook (1993) found that 61% of bereaved spouses expressed a sense of the deceased spouse watching out for them and 71% maintained that the deceased were still with them while 39% reported that they talked with their deceased spouses on a regular basis. Bonanno, Mihalecz and LeJeune (1998) on the other hand, observed that participants who conveyed a sense of an enduring positive bond with the deceased reported a reduction in somatic complaints.

An earlier observation revealed that when death occurs in the context of a secure attachment relationship, positive cognitive schemas of the deceased serve as a buffer against the pain of loss (Parkes & Weiss, 1983). However, it is hypothesized that attachment relationships characterized by ambivalence foster the development of pathological grief (Freud, 1917/1957b; Parkes & Weiss, 1983; Sanders, 1993). Support for this hypothesis derives largely from anecdotes and observational studies rather than empirical research. Thompson and Zanna (1995) attribute the lack of empirical studies to difficulty with defining ambivalence operationally. Reference is also made to objective assessments of ambivalence being marked by vague and unreliable instruments. Bonanno et al. (1998) relied on a strategy for attitudinal research to provide support for attachment theory's notion that bereavement related ambivalence manifests in yearning for the deceased followed by anger at the thought of being abandoned by the deceased. These researchers add that, regardless of how the lost relationship was initially presented, those participants who showed intense early grief reactions tended to become more ambivalent about the deceased spouse and recalled the lost relationship as a less-well adjusted one. A possible explanation for this finding relates to downgrading the lost relationship as a way of minimizing its importance. In this way, severely grieved spouses are provided with a means of coping with the pain of the attachment loss (Bonanno & Kaltman, 1999).



In summary, Bowlby (1969/1980b) commenced with attachment theory and progressed through to grief theory, which resembled a linear model of grief. However, in later writings a shift in emphasis occurred thus, moving away from grief work to embrace the potentially adaptive benefits of continuing bonds with the deceased. This perspective has also been supported by empirical findings. Hence attachment theory, coupled with the continuing bonds paradigm reflect a conceptual shift in the direction of negotiating and renegotiating the meaning of the loss particularly since death is permanent while the process of grieving may turn out to be ongoing (Cook & Oltjenbruns, 1998).

4.3.3.1 WALTER'S NEW MODEL OF GRIEF

In a more contemporary version of continuing bonds, Walter's (1996) new model of grief emphasizes the interpersonal process of grief. The main thesis of the model is that social constructions of the deceased constitute the primary means whereby grieving is facilitated.

Historically, Walter's (1996) new model of grief emerged as a challenge to traditional conceptualisations that the process of grief involves working through the emotions related to the loss so as to eventually sever ties with the deceased (Stroebe, 1997). Two concepts namely, purpose and process are fundamental to the model. Specifically, the purpose of grief is to confront the reality of the death, to incorporate memories of the deceased into ongoing lives and thereby, maintain a continuing bond with the deceased. The process of grief manifests in and is facilitated by talking to others who knew the deceased, exchanging views and knowledge about the deceased and reaching some consensus about who the deceased was as a person. In other words, discourses about the deceased enhance the grieving process, which ultimately enables the bereaved person to find a secure place for the deceased in his/her life (Stroebe, 1997).

As used by Walter (1996), talking to others about the deceased is not directed so much at cathartic goals as it is intended to construct a biography of the deceased. The biography in turn, provides a dimension along which adjustment to the loss could be assessed.

By adopting a Sociobiological approach to the grief process Walter (1996) places grief in social perspective. This has implications in terms of moving away from construing grief as a disease process that needs to be recovered from (Stroebe, 1997). Note is also taken of Walter's (1996) model not being incompatible with other models of grief such as that of Worden (1982). The latter identifies four tasks of grief including accepting the reality of the loss, experiencing the pain of grief, adjusting to the environment without the deceased, relocating the deceased emotionally and moving on in life. Similarities can also be drawn with Stroebe and Schut's (1995) loss and restoration tasks of grief. Worden (1982) as well as Stroebe and Schut (1995) are more elaborate and comprehensive in describing tasks of grief than Walter (1996). But, the latter is not incompatible with the former two and might provide a supplementary perspective (Stroebe, 1997).

In terms of limitations, Stroebe (1997) argues against Walter's (1996) post-modern view of adjustment to the loss by interpersonal means only. The former maintains that survivors may adjust to the death independent of others who shared the social context of the deceased. Similarly, reconstructing the image of the deceased cannot be divorced

from cognitive or intra-psychic processes and in this sense, discourse may be one of the mechanisms relied on by survivors to adjust to the loss. Moreover, it is possible that stable images of the deceased may have been established even prior to the death in which case, integrating secure memories is secondary to that which was endorsed prior to the loss.

Likewise, Walter (1996) refers to interpersonal sharing and reaching consensus about the life of the deceased as facilitating the grief process and ultimately, adjustment to the loss. However, Stroebe (1997) contends that the model fails to provide specific information about how consensus between the bereaved and other survivors brings about adjustment to the loss. On the other hand, what happens if consensus about the life of the deceased is not reached?

Empirically, Walter's (1996) model lacks verification. As suggested by Stroebe (1997), controlled studies are needed to compare bereaved subjects who have had the opportunity to exchange views about the deceased with subjects who did not have a network to exchange ideas about the deceased.

An aspect of Walter's (1996) model that is not well taken is the secondary role ascribed to grief counsellors. The latter reportedly become useful only if there is no one around who knew the deceased (Stroebe, 1997). Scepticism is expressed firstly, about counsellors' understanding of the purpose of grief and secondly, about the counsellors' ability to facilitate the process of grieving. In response, McLaren (1998) positions the counsellor next to the bereaved on their journey through the grief process. Specifically, counselling goals are conceptualised in terms of cognitive exploration and emotional expression. The counsellor thus facilitates the grief process by reflecting on and making cognitive sense of the bereaved person's experience of loss. Relying on the person centred approach, McLaren's (1998) main thesis about accomplishing the purpose of grief is to provide the bereaved with the space to be true to themselves, to grieve in a manner that is right for them and over whatever period of time they might need to do so.

4.4. TASK MODELS OF GRIEF

Spiegel (1973), Weiss (1988), Worden (1982) and Van der Wal (1988) are identified as proponents of task models of grief. The latter are descriptive rather than explanatory and each task is directed at achieving a specific goal in a particular area of functioning. Stroebe and Schut (1999) add that a distinguishing feature of task models is their focus on understanding the content of tasks involved in coping with loss. From this point of view, the accomplishment of tasks is considered to be important in adapting to the loss. In terms of content, tasks are dynamic in character and differ according to theorists. However, Cleiren (1991) observed that the most commonly listed tasks include:

- Coming to terms with and recognizing the reality of the loss;
- Experiencing and expressing the conflicting and overwhelming diversity of painful emotions surrounding the loss;
- Finding ways of modulating painful feelings in order to cope with activities of daily living;
- Detachment from or severing bonds with the deceased;
- Maintaining or re-establishing social support networks;
- Conserving a positive self-image and sense of control and
- Maintaining or rebuilding psychological health.

Cleiren (1991) notes that the first four tasks focus on the loss itself while the remaining three are directed at the general functioning of the bereaved. Additionally, tasks are recovery and future oriented. Unlike stage theories, the notion of tasks occurring in a predetermined sequence is largely de-emphasized. However, Spiegel (1973) argues that tasks related to the loss event have to be accomplished before an acceptable level of functioning can be maintained. Moreover, task models of grief do not consider adaptation to be an automatic or natural process. On the contrary, Van der Wal (1988) suggests that the bereaved play an active and important role in initiating and facilitating the adaptation process. Such active involvement may occur at an unconscious level.

Further, tasks involving the expression of emotion and severing ties with the deceased derive primarily from the psychodynamic framework. Whilst not disregarding the need for emotional expression, Cleiren (1991) questions the achievement of this task as a prerequisite for adaptation. Wortman and Silver (1989) support this notion and regard

emotional expression as a requirement for the attainment of post loss adaptation as premature. Similarly, by accepting the possibility of continuing bonds with the deceased, Klass et al. (1996) argue against the task of severing bonds with the deceased.

Limitations of task models relate to the empirical operationalizing of some tasks. Additionally, processes underlying the accomplishment of some tasks are not clarified. Supporting these limitations is Worden's (1982) task of withdrawing energy from the deceased and investing in new relationships. Cleiren (1991) further indicates that task theories of grief implicitly or explicitly describe adaptation in terms of recovery to premorbid levels of psychosocial functioning. The assumption thus made is that the bereaved were satisfied with their premorbid functioning while Cleiren (1991) notes that death may even provide the bereaved with the opportunity to change aspects of their premorbid state that were a source of dissatisfaction.

4.4.1 CORR'S TASK-BASED APPROACH TO COPING WITH DEATH AND DYING

Based on Maslow's (1973) hierarchy of needs, Corr (1992a) developed a task-based model of grief. The latter refers to coping with bereavement that involves the active participation of both the dying person and the supportive networks. Moving away from stages or phases, Corr's (1992a) model underlines physical, social, psychological and spiritual tasks that empower and challenge both the dying and the living (Marrone, 1999). Further, in developing the task-based approach to coping with death and dying, Corr (1992a) drew on theories and knowledge from allied disciplines such as bereavement and human behaviour studies.

As in Kubler-Ross' (1969) stage theory of death and dying, Corr's (1992b) task based approach draws attention to tasks that have to be achieved by both the dying person and the support systems, be it family members or caregivers. Fundamental to Corr's (1992b) paradigm is the notion that in coping with the process of death and dying, tasks to be accomplished revolve round four primary areas including:

- Physical, which relates to satisfying bodily needs and minimizing distress in ways that are congruent with personal values;

- Psychological, which involves maximizing psychological security, independence and quality of life;
- Social, which involves sustaining and enhancing interpersonal relationships and focusing on the social implications of dying and
- Spiritual, which involves the need to identify, develop and validate sources of spiritual well being and engendering hope.

As used by Corr (1992b), accomplishing tasks and coping comprise an integrated whole. Cognisance is simultaneously taken of the uniqueness of coping with dying. Specifically, relying on Lazarus and Folkman's (1984b) conceptualisation of coping, Corr (1992b) deals with death and dying in terms of developing awareness of and confronting experiences that challenge both the dying person and support networks. In this sense, tasks serve a fundamental function of actively involving the dying person and support systems in the process of coping with death. Moreover, Corr (1992b) contends that the notion of tasks is not new. But, the model contributes to better understanding, participation and control for all persons involved in the process.

Copp (1998) notes that Corr's (1992b) task-based model addresses coping at a macro level while micro level processes and sub-tasks are neglected. Concern is also expressed with regard to tasks and sub-tasks related to the terminal phase. Furthermore, the models' lack of empirical verification limits Corr's (1992b) model as a theoretical framework. However, by addressing tasks from physical, psychological, social and spiritual dimensions, the model attempts to overcome limitations of earlier task models of grief. Special reference is made to Kubler-Ross' (1968) stage model that emphasizes psychological coping responses such as denial, anger, bargaining, depression and acceptance (Copp, 1998).

4.5 BEHAVIOURALLY ORIENTED THEORIES OF GRIEF

According to Cleiren (1991) behaviourally oriented theories of grief derive largely from the clinical field. These theories move away from intrapsychic processes and focus on external and environmental factors. As such, behavioural theories are concerned with that which is clinically observable. Essentially, behavioural theorists view grief as a

natural process. Concomitantly, it is concerned more with grief that deviates from the normal process.

4.5.1 RAMSAY'S BEHAVIOURAL PERSPECTIVE OF GRIEF

Ramsay (1979a) differentiates between mourning and grief by conceptualising the former as socially determined while the latter is biologically determined. As such, grief comprises complex psycho-physiological reaction patterns. The latter are precipitated by the real or perceived loss of a significant object and manifest in physiological and psychological symptoms. Cessation of grief behaviours occurs when new object relations are formed. However, the process of establishing new object-relations is accompanied by dysfunctional behaviour. For instance, depressed mood is a response that occurs when the lost object cannot be retrieved. The role of environmental and situational aspects is incorporated into the theory of grief. Cleiren (1991) suggests that Ramsay's (1979a) perspective of grief lacks empirical support. Furthermore, the nature and functions of normal grief are seriously neglected.

4.5.2 GAUTHIER AND MARSHALL'S PERSPECTIVE OF GRIEF

Gauthier and Marshall (1977) attach importance to the impact of the social environment in the development of pathological grief. Specifically, the severity of grief is determined by the survivor's disposition, abruptness and significance of the loss, avoidance of the experience of grief, social reinforcement and substitute for the loss. These theorists assert that initially, the social environment reinforces grief. However, later on, reinforcement is directed at recovery and the establishment of new activities.

An assumption made by Gauthier and Marshall (1977) is that pathological grief stems from inadequate or misplaced social reinforcement. Under these circumstances, grief behaviour rather than adaptive behaviour may be reinforced. Stated differently, the avoidance of pathological grief lies in the manner in which social reinforcement is managed. By directing social reinforcement appropriately, pathological grief may be rectified.

Cleiren (1991) points out that Gauthier and Marshall's (1977) theory falls down in terms of reference being made to personal style factors but neither the impact nor the role of these factors is clarified. The argument put forward is that personal factors may play an

equally important role in social reinforcement. However, de-emphasizing personal factors gives the impression that the individual assumes a passive role in adjustment to the loss. If anything, the bereaved reportedly experience problems related to support systems exerting pressure or emphasizing recovery long before the survivor is psychologically ready. In this sense, social reinforcement fails to have the desired effect thus leading to the bereaved withdrawing from significant support systems and seeking reinforcement and support from self-help groups such as The Compassionate Friends (Cleiren, 1991).

4.6 SOCIO-BIOLOGICAL APPROACH TO GRIEF

Littlefield and Rushton's (1986) socio-biological approach to grief suggests that grief is determined by the importance that the deceased had for survival of the genes. From this perspective, the nature and function of grief is relatively unimportant while the impact that the death will have on genetic survival assumes importance. Demographic factors such as age and gender of the deceased play a determining role in predicting the outcome of the grief process. These theorists suggest that predictions are made on the basis of various variables. Specifically, mothers would grieve the loss of a child more than fathers. The loss of a healthy child would be grieved more intensely than the death of an unhealthy child. Male children would be more grieved for than female children and similar children would be more grieved for than dissimilar children.

Cleiren (1991) extends the predictive potential of Littlefield and Rushton's (1986) theory and focuses on the wider circle of family members. On the one hand, it would be predicted that children of deceased parents would suffer little or no loss at all. The reasoning underlying this notion is that adult siblings sustain a somewhat greater loss than an adult child of the deceased, since the sibling is likely to contribute to the continuation of the genetic family line more than older parents, who cannot have children anymore. On the other hand, parents losing a child would grieve more intensely as the survival of the genes is at stake. The impact of the death of a spouse is determined by the age and sex of the deceased. The losses of women are considered to be larger in that men remain fertile much longer and thus have greater chances of reproducing themselves. Women in contrast, lose their childbearing capacity at a younger age than men, thereby diminishing their chances of genetic survival. In hierarchical order of kinship, Cleiren (1991) predicts that the impact of death will be more severely felt by

parents, followed by spouses, next children and lastly siblings. Additionally, it is predicted that women would experience death more negatively than men, with bereaved of higher age experiencing greater difficulties.

While Littlefield and Rushton (1986) conducted research to establish the validity of their theory, this was not without weaknesses. The latter partly related to the retrospective and indirect methods of assessing the intensity of grief of other family members. Evaluating the study, Archer (1988) concluded that the results partly seemed to substantiate the theory but findings were open to various explanations.

4.7 THE TRAUMA PERSPECTIVE OF GRIEF

According to Bonanno and Kaltman (1999) the trauma perspective of grief draws attention to three different aspects of bereavement and grief namely, different types of loss, the role of the meaning attached to the loss and the social need to talk with others about the loss, especially traumatic losses.

4.7.1 TRAUMATIC LOSSES

In the most recent decade, it has been established that grief reactions extend beyond depression (Horowitz et al., 1997; Prigerson et al., 1995) while violent deaths in particular are likely to evoke symptoms resembling posttraumatic stress disorder (Figley, Bride & Mazza, 1997; Stevens-Guille, 1999). In a study involving a large sample of conjugally bereaved adults two months post-loss, Zisook, Chentsova-Dutton and Shuchter (1998) compared grief reactions to natural deaths and unnatural deaths including suicides and car accidents. Findings revealed that 10% of the bereaved whose spouses died natural deaths presented with trauma symptoms. This contrasts against one third of participants who met criteria for posttraumatic stress disorder following the unnatural death of a spouse. Extending the time frame to 25 months post-loss, Kaltman and Bonanno (1999) found further support for the prevalence of posttraumatic stress symptoms in spouses bereaved as a result of violent deaths. However, those participants who experienced both natural and unnatural losses showed elevated depression symptoms. The latter subsided sooner for spouses who experienced deaths due to natural causes than for spouses who were exposed to unnatural deaths. Bonanno and Kaltman (1999) adopt the stance that unnatural and violent deaths increase the risk of intense grief reactions.

4.7.2 MEANING OF THE LOSS

The trauma perspective recognizes the influence of the meaning attached to the loss on the outcome of grief. Various theorists assume importance in accentuating the meaning of traumatic events including, Janoff-Bulman (1992a), Janoff-Bulman and Frieze (1983) as well as Parkes and Weiss (1983). The view expressed is that traumatic experiences challenge the person to revise previously held assumptions and worldviews. Recovery revolves round the construction of meaning through which the person is able to integrate the traumatic experience into his/her assumptive world. Having said this, Bonanno and Kaltman (1999) recognize that for many people, attaching meaning to a traumatic event may be elusive. Similarly, Lehman et al. (1987) found that four to seven years after the loss, bereaved parents and spouses had not been able to attach meaning to their loss.

Davis et al. (1998) on the other hand, found that meaning making on its own reduced distress initially. However, finding benefit in the loss had more lasting effects. Moreover, finding meaning is also mediated by multi-contextual variables. Hence, in order to understand the impact of meaning making on the outcome of bereavement and grief, type of meaning and mediating variables need to be taken into consideration.

4.7.3 TALKING ABOUT THE LOSS

Bonanno and Kaltman (1999) assume that sharing thoughts and emotions about a loss fosters cognitive restructuring. As used in trauma theories, verbal disclosure and resultant cognitive restructuring serve the purpose of regulating distressing emotions and bodily reactions, exploring dimensions of the self that are possibly more efficacious and consolidating difficult aspects of the loss (Greenberg, Wortman & Stone, 1996; Van der Kolk, 1996). However, cognisance is taken of the inconsistent findings related to verbal disclosure during bereavement. Reference is firstly made to excessive and intense negative verbalizations having overwhelming potential while the social environment might also be driven away by repeated communications of sadness and distress. In this sense, the adaptive potential of bereavement related verbalizations depends on the psychological availability of support systems (Kelly & McKillop, 1996). In a related study, Lepore et al. (1997) found that perceived social constraints against bereavement related verbalizations had an inhibiting effect. This further sustained high levels of intrusive thoughts about the loss, which in turn predicted depression at a later stage.

By means of the trauma perspective, Bonanno and Kaltman (1999) focus on the potentially deleterious impact of violent deaths on the bereaved. At the same time, the importance of establishing whether the consequences of the mode of death interact with selected aspects of grieving such as meaning making and verbal disclosure is highlighted. Empirical studies cited by Bonanno and Kaltman (1999) derive from the examination of meaning making and verbal disclosure independently. Hence there appears to be room for elaborating on the trauma perspective in as far as grief is concerned.

4.8 THE SOCIAL-FUNCTIONAL APPROACH TO GRIEF

Bonanno and Kaltman (1999) formulated a perspective of grief based on the social functions served by emotional reactions to bereavement. These researchers describe grief and emotion as phenomenologically different. Specifically, the former emerges gradually as a multifaceted response to a specific and discrete experience. Emotion on the other hand, is regarded as an organized response system that surfaces rapidly, is fleeting and mediates the person's immediate situational needs including intra-personal behaviour and interpersonal functioning.

Bonanno and Kaltman (1999) note that negative emotions are distinguished by their short-term adaptive functional relevance. Reference is made to anger, which in the context of bereavement, is assumed to externalise blame, mobilize resources and conveys a defensive stance. Sadness on the other hand, negates blame, fosters introspective resignation and acceptance and evokes assistance from others. The argument thus put forward is that both anger and sadness serve short-term adaptive goals during bereavement but in the long-term these emotions may have more negative consequences. For instance, ongoing expressions of anger have significant potential for damaging interpersonal relationships and may deter available support systems from reaching out (Keltner, Ellsworth & Edwards, 1993). Likewise, the continuous display of sadness fosters withdrawal and invites rejection from support systems (Lazarus, 1991).

Bonanno and Keltner (1997) advocate for the theoretical elaboration of the adaptive potential of reduced experience and expression of negative emotions. These researchers empirically found a positive correlation between the participants' expressions of negative emotions and the interviewers' rating of grief 14 months post-loss. Capps and

Bonanno (1998) too, found that bereaved participants whose narratives were loaded with negative themes reported a higher incidence of somatic complaints.

Contrastingly, grief theorists have given little attention to the impact that the expression of positive emotions have on the outcome of grief (Bonanno & Kaltman, 1999). The view expressed is that from a social-functional perspective, positive emotions serve an adaptive function in that they are regarded as alleviating the stress of bereavement and enhance contact with social support systems. Further, laughter and smiling were found to correlate with reduced grief at 14 and 25 months post-loss. These findings were contrary to the common notion that social isolation and loneliness formed integral features of bereavement and grief. In a related study, Keltner and Bonanno (1997) found that bereaved spouses who showed genuine positive emotion at least once while describing their lost relationship reported better post-loss adjustment and expressed less ambivalence about current close relationships than bereaved spouses who did not show laughter.

Essentially the social-functional approach focuses on the outcome of bereavement and grief against the background of the bereaved person's emotional experiences. This seems to be a move away from the morbid dimensions of grief that have dominated the psychological and bereavement literature for many years.

4.9 COGNITIVE STRESS THEORY

According to Cleiren (1991) cognitive stress theory facilitates an understanding of adaptation to loss from an information processing perspective. Cognitive appraisal processes serve the purpose of determining whether stressors such as bereavement are experienced as challenging or threatening. Historically, stress is considered to develop when demands made by an event are perceived to exceed the person's resources thus increasing the potential for negative health consequences. From this perspective, the subjective interpretation or perception of the event, rather than the event itself, plays a determining role in the outcome of the experience (Lazarus & Folkman, 1984b).

Applied to bereavement, cognitive stress theory recognizes both primary and secondary stressors inherent in bereavement. The death constitutes the primary stressor while ongoing threats and challenges occurring as a result of the absence of the deceased

constitute secondary stressors. In this sense, cognitive stress theory incorporates the co-existence of different bereavement stressors (Stroebe & Schut, 1999).

A further dimension of cognitive stress theory refers to the appraisal processes, which according to Lazarus and Folkman (1984c) can be divided into primary and secondary cognitive appraisals. The former refers to evaluating an unfamiliar experience, and thereby establish whether the latter is irrelevant, positive or negative. Primary appraisal has a bearing on the quality and intensity of emotional reactions following the loss. Evaluating an experience as negative or stressful gives rise to secondary appraisal at which point, an assessment is made with regard to the adequacy and availability of personal resources. Depending on secondary appraisals, an appropriate plan of action is decided on, the latter being directed at minimizing damage (Cleiren, 1991).

Applied to bereavement, primary appraisal reflects the extent to which bereavement is experienced as stressful. This in turn determines the emotions that are subsequently triggered. Stein, Folkman, Trabasso and Christopher-Richards (1997) found an association between the appraisal of the loss experience and the emotional state of bereaved gay men. Specifically, these research findings negate traditional assumptions that grief is almost pervasively a negative experience. On the contrary, it provides support not only for death being appraised in positive terms but also for positive appraisals. The latter are associated with improved morale, less depression and more positive states of mind. Similarly, in a study involving widows, Capps and Bonanno (1998) reported a greater prevalence of positive appraisals while negative appraisals were associated with more intense grief 25 months post-loss. Likewise, Field, Bonanno, Williams and Horowitz (in press) found that appraisals of blame toward the deceased were associated with higher distress and increased anger six months post-loss.

Secondary appraisals give rise to the mobilization of coping strategies. According to Lazarus and Folkman (1984c) coping strategies embrace two dimensions namely, problem-focused and emotion-focused coping. The former is directed at managing and altering the problem that is causing the stress and the latter towards the management of the resulting emotions. Problem-focused coping is considered to be more important if the problem is perceived as manageable while emotion focused coping is more appropriate if the problem is perceived as unchangeable.

In later writings Folkman and Lazarus (1990) established that coping strategies impact variously on the experience of bereavement in that they may focus attention away from the loss, change the meaning of the loss or lead to behaviours that attenuate the impact of the loss. However, by means of retrospective self-report scales Folkman (1997) clarified that pre-loss coping strategies influenced the outcome of grief as much as post-loss coping strategies.

Bearing the above findings in mind, Bonanno and Kaltman (1999) suggest that the stressor or stressful situation determines the relative efficacy of coping strategies. With regard to bereavement, contemporary grief theorists differ from earlier grief work theorists who subscribed to the view that avoidant coping has greater maladaptive potential. For instance, Bonanno et al. (1995) accept the idea that coping strategies such as relaxation might minimize the emotional impact of the loss on the bereaved. In a related study, Bonanno (1994) found that repressive copers or copers who verbally reported low levels of anxiety while autonomic measures showed the opposite pattern, recovered more quickly from grief than those participants who were more expressive.

Stroebe and Schut (1999) maintain that relying on problem-focused and emotion-focused coping strategies for predicting the outcome of grief proves to be problematic. Emotion-focused coping in particular have potentially adaptive and maladaptive aspects in that it incorporates both the control and expression of emotion. For instance, the bereaved may be avoidant in focusing on emotions of grief but simultaneously be confrontational or expressive of emotions that have to do with secondary stressors.

Stemming from the above, it seems that there may be difficulties in applying cognitive stress theory to bereavement. Stroebe and Schut (1999) are of the opinion that adaptation to bereavement requires both problem-focused and emotion-focused coping strategies. In this context the distinction between the two strategies seems blurred. Moreover, grief is an emotion and in dysfunctional grief, the emotion in itself becomes a stressor that may be more incapacitating than all the secondary stressors combined. Equally important, cognitive theory describes appraisal and coping with the primary stressor rather than describing a process of concurrent appraisal and coping with different stressors (Stroebe & Schut, 1999).

4.9.1 HOROWITZ' STRESS RESPONSE THEORY

Horowitz' (1986) stress response theory focuses on reactions to and coping with the experience of a traumatic event. Specifically, the process of cognitive adaptation to a traumatic event involves the integration of new information with existing information. Control processes assume a determining role in the extent to which new information is integrated. These control or regulatory processes may either inhibit or facilitate the processing of new information. Following the inhibitory or facilitatory control processes, information is interpreted and coupled with existing schemata. To this end, the dynamic balance between inhibitory and facilitatory control enhances optimal processing of information. This involves the retrieval of information from active memory and minimizing information that interferes with the need for adaptive functioning.

Exposure to a stressful event mobilizes both inhibitory and facilitatory control processes frequently and in rapid succession. Such balancing may occur simultaneously with emotional experiences that may interfere with daily functioning. Horowitz (1986) postulates that in an effort to control such emotional experiences, the person may engage in cognitive or situational avoidance. The former manifest in the avoidance of thoughts of the event while behavioural avoidance is displayed in minimizing contact with all situational reminders of the event. Furthermore, failure in adaptation to trauma occurs as a result of an imbalance between inhibitory and facilitatory control processes. Excessive inhibition results in information not being repeatedly represented in active memory. In this way, denial occurs which blocks further processing of new information. Under control of information on the other hand, leads to emotional overload and the continual re-experiencing of the trauma.

Horowitz (1986) explains the antithetical inhibitory and facilitatory control processes underlying extreme traumatic events in terms of intrusion and avoidance reactions. The latter comprise core features of traumatic stress responses. Intrusion reflects a process whereby feelings and ideas surrounding the traumatic event is compulsively re-experienced, manifesting in startle responses, hypervigilant behaviours and sleep and dream disturbances. Avoidance on the other hand, represents a denial process that manifests in responses such as amnesia for aspects of the traumatic event. In other words, intrusive and avoidant reactions to trauma are diagnostically significant in that

they represent pathological or maladaptive coping processes. Horowitz (1986) further reasons that the intrusion-avoidance process is not entirely a voluntary process but also an involuntary focus of cognitions.

Applying stress response theory to pathological grief, Horowitz et al. (1993) suggest that three categories of symptom features assume importance namely, intrusion, avoidance and dysfunctional adaptation. In the event of pathological grief intrusions manifest in the recurrent realization of the absence of the lost attachment relationship, thus constituting a painful reminder of the void left by the deceased. The emptiness of the present cannot be reconciled with memories of the past, resulting in the most excruciating emotional experiences. These researchers also identified an additional form of intrusion, in that pathologically grieving people may wilfully indulge in good memories and images of the deceased to the extent that it becomes an obstacle to re-orientation in the here and now. Good memories and images of the deceased may also be inflated by fantasies of the deceased that further interfere with realistic assessments of the past and decisions related to the present. Avoidance may manifest behaviourally in the form of staying away from places or people that serve as reminders of the deceased. Dissociated states of mind, coupled with traces of depersonalisation and derealization may also be observed.



The third criterion namely failure to adapt, is closely linked with avoidance. Specifically, dysfunctional behaviour may be observed in the bereaved person's manner of conducting his work, the execution of cognitive and practical tasks and in social functioning and relationships. In the domestic sphere, responsibilities may be neglected, not overlooking difficulties experienced with initiating new tasks and relationships. However, in the event of relationships being established, the pathologically grieving person may fail to enjoy the new relationship, out of guilt deriving from loyalty to the deceased (Horowitz et al., 1993).

Put together, given the overlap between the experiences of trauma and bereavement Stroebe and Schut (1999) find it reasonable to apply traumatic stress theory to bereavement. Horowitz et al. (1993) extend stress response theory to embrace pathological grief. Differences between trauma related to the loss of physical and psychological integrity and trauma related to bereavement are nevertheless identified.

For instance, Stroebe and Schut (1999) point out that the avoidance-intrusion balance in trauma involves both voluntary and involuntary focus of cognitions while bereavement involves more voluntary processing of intrusion-avoidance cognitions. Similarly, trauma studies are more geared to understanding the event itself whereas bereavement studies focus more widely including pre and post-loss circumstances. Supporting this idea are differences in the assessment tools used. For instance, items comprising the Impact of Event Scale (Horowitz, Wilner & Alvarez, 1979) operationalize the intrusion-avoidance processes per se. An assessment of the impact of bereavement extends more widely to include areas such as mode of death, secondary stressors, the implications of the death for ongoing life and the social and physical environmental contexts in which bereavement occurs (Horowitz et al., 1993; Stroebe & Schut, 1999).

Essentially, stress response theory captures adaptation after bereavement as a process involving cognitive restructuring. Cleiren (1991) regards the model as particularly useful with regard to understanding initial processes after bereavement. However, a limitation of the model is that no reference is made to how decisions regarding the choice of control processes are arrived at. Furthermore, Horowitz et al. (1993) disregard personal and external resources thus, failing to provide an understanding of individual differences in grief reactions.

4.10 INTERACTIVE MODELS OF COPING WITH BEREAVEMENT AND GRIEF

Interactive models focus on coping with the impact of related but not identical dimensions of bereavement and grief. Hence the importance of these models relate to their identification and distinction of dimensions consequent to the stress of bereavement and grief.

4.10.1 RUBIN'S TWO-TRACK MODEL OF COPING WITH BEREAVEMENT

Unlike traditional stage models of grief that focus mostly on intrapsychic dimensions of loss, Rubin's (1999) two-track model emphasizes both the overt and the covert aspects of responses to loss. The bereaved person's psychosocial functioning following the loss represents the overt aspects of the loss. The second track or covert aspect of the model draws attention to the bereaved person's ongoing emotional attachment and relationship

to the deceased. The two tracks are considered to be interactive and in this sense grief is construed as a process rather than a state.

Theoretically, Rubin (1999) acknowledges that bereavement and grief are complex experiences involving symptomatic responses, emotional turmoil and cognitive and behavioural coping strategies. The bereaved person's sense of being is pervaded by feelings of vulnerability that derive from his/her inability to control fate or to influence the surroundings (Janoff-Bulman, 1992b). For some bereaved these feelings of vulnerability may subside over time while for others cognitive, psychological and social disequilibrium may last much longer. Stroebe et al. (1993) suggest that the outcome embraces different variables. Of these, Klass et al. (1996) pay particular attention to the manner in which the bereaved internalise and maintain a continued sense of psychological involvement with the deceased. This perspective differs from the psychodynamic view, which focuses on severing ties with the deceased. The viewpoint of these theorists also differs from the empirically based perspective of Prigerson et al. (1995) that conceptualise the outcome of grief in terms of the extent to which the bereaved person is functionally impaired.

The above theoretical perspectives identify specific aspects of the outcome of grief independently. However, Rubin (1999) postulates that the functional and relational dimensions of bereavement and grief responses are interactive rather than independent hence, the proposed two-track model of coping with bereavement and grief. Features of the model suggest that bereavement and grief occur along two main axes, both of which are multidimensional. The first axis comprises the impact of the death on the bereaved person's psychosocial functioning while the second axis reflects the survivor's relational involvement with the deceased.

Track I spans across affective, interpersonal, somatic and psychiatric domains of individual life. In broad terms, the anxiety, depressive and psychiatric components of bereavement responses provide an indication of the extent to which the survivor's functional capacity is affected by the loss. Similarly, meaning dimensions reflect the extent to which religious and spiritual belief systems that previously sustained the survivor have been undermined or challenged by the loss. Equally important, is the extent to which the bereaved withdraw from support systems and remain preoccupied

with the self. The latter also has a bearing on the bereaved person's ability to focus on work and important life tasks (Rubin, 1999).

Rubin (1999) conceptualises track II in terms of cognitions that reflect primary aspects of the bereaved person's relationship with the deceased. Special reference is made to imagery and memories experienced by the bereaved as well as the positive or negative emotions evoked by these cognitive structures. Stated differently, positive and negative emotions surrounding memories of the deceased, the survivor's preoccupation with the loss, as well as indications of conflict with and idealization of the deceased provide indices of the survivor's emotional and cognitive experiences toward the deceased. By the same token, the bereaved person's emotional and cognitive perceptions of the deceased can be understood as a source of either reorganization or disorganization in the life of the bereaved. In this sense, insights related to the deceased may lead to a negative self-image while identification with and memorialization of the deceased are suggestive of ways in which the lost relationship transcends grief and becomes ingrained into the bereaved person's sense of being.

In a series of investigations, Rubin (1981; 1982; 1984a; 1993) sought to provide empirical evidence for measures of both tracks. Specifically, in a study involving mothers who experienced a sudden infant death syndrome support was provided for both the mother's ongoing involvement with the deceased child and the impact of the death on the mother's personality. Additional evidence supported the view that in terms of its impact on psychosocial functioning, grief is clearly not a time-limited process. Furthermore, these studies also favoured the assertion by Klass et al. (1996) that complete separation from the deceased is not a reality.

In a study involving parents bereaved of adult sons to war Rubin (1990; 1992) based his research on the assumption that it would be possible to identify pathological responses to bereavement according to indices of both tracks. With regard to track I, indices of anxiety were found to interfere with general functioning. Evidence providing support for track II derived from the observation that parents' preoccupation and ongoing psychological involvement with the deceased child occurred at the expense of other children and family members.

The investigation of attitudes and perceptions of men toward the loss process supported three hypotheses. Firstly, subjects rated the death of a child as more traumatic than the loss of a spouse. Secondly, difficulties in relation to the continuing relationship of the bereaved to the deceased were perceived as lasting longer than functional difficulties. Thirdly, problems of functioning were regarded as more significant than problems in the relationship to and with the deceased. (Rubin & Schechter, 1997). Support for the third hypothesis is also consistent with the observation that functional impairment represents a significant complication of bereavement and grief (Prigerson et al., 1995). Rubin (1999) concludes from these findings that, as important as relational dimensions of bereavement and grief are, undermining the significance of functional dimensions would be unfortunate.

With regard to the clinical and therapeutic applications of the two-track model, Rubin (1999) suggests that the term recovery from the loss needs to be examined from the dimension of psychosocial functioning while resolution of the loss is measured along the dimension of the continuing bond to the deceased. In this way, recovery from and resolution of the loss are not static variables but occur on a continuum along the two axes. Specifically, the experience of the survivors' relationship with the deceased is expected to change over time and if not, it is likely to exact a significant emotional cost from the bereaved. Likewise, involvement with the deceased cannot serve as replacement for current live relationships but rather as an adjunct to them. Hence, grief resolution is determined by the extent to which memories and recollections of the deceased serve the purpose of enhancing the self-system of the bereaved or arouse feelings of guilt, anxiety and depression in the bereaved.

From the perspective of recovery from the loss, the two-track model postulates that patterns of behavioural, interpersonal, intra-personal and biological functioning will also change in the wake of the loss. However, once the acute response has subsided, a return to adaptive functioning is anticipated (Stroebe & Stroebe, 1987). But, the return to adaptive functioning is more likely to occur as the relationship with the deceased assumes a less central role in the life of the bereaved. At this point a new level of organization is reached and a balance is struck between the relational and functional dimensions of bereavement and grief responses. Once this balance stabilizes or reaches a steady state, the axes of the model emerge as independent tracks.

Conceptualising bereavement and grief responses along these axes has clinical relevance. On the one hand, clinical assessments need to identify situations where relational dimensions take precedence over functional dimensions. In the event of an observed or perceived imbalance, therapeutic or clinical interventions could be directed at bringing about some form of homeostasis (Rubin, 1999).

Put together, the two-track model of bereavement subscribes to the view that adaptation proceeds along two clearly distinguishable but interactive axes. The one axis focuses on psychosocial functioning and psychological symptomatology while the other axis concerns the distress evoked by the relationship of the bereaved to the deceased. The model differs from previous notions of adaptation that focused on anxiety and depressive symptomatology as well as functional impairment as primary maladaptive responses to bereavement (Prigerson et al., 1995). Rubin (1999) also refers to a series of studies that provide empirical support for the model. Additional support for the impact of the relational dimensions of Rubin's (1999) model derives from independent researchers (Byrne & Raphael, 1997; Neimeyer & Hogan, 2000). Rubin (1999) further hypothesizes that because indices along the two axes are empirically verifiable, the model has substantial cross-cultural potential as well as the potential to establish the influence of various religious and spiritual beliefs on bereavement responses.

4.10.2 THE DUAL PROCESS MODEL OF COPING WITH BEREAVEMENT

According to Stroebe and Schut (1999) the dual process model of coping with bereavement describes ways that the bereaved come to terms with the death of a significant other. The model has its roots in coping based theory and is partly intended to counter problems identified with the grief work model. The basic premise underlying this model is that grief resolution entails coping processes indicative of cognitive restructuring and ongoing engagement with the outside world. These researchers maintain that the dual process model comprises three components namely:

- Stressors associated with bereavement;
- Cognitive strategies relied on in order to come to terms with the loss and
- The process of oscillation.

Stroebe and Schut (1999) identify two categories of stressors termed loss-orientation and restoration-orientation. The former involves processing aspects of the loss and concentrating particularly on the deceased. In other words, loss orientation is reflected in dimensions such as yearning for the deceased, being preoccupied with the absence of the deceased and ruminating about what life was like with the deceased and about the nature of the death. From this point of view, loss-orientation focuses on coping with the nature, closeness and meaning of the lost attachment relationship. Loss-orientation reportedly occurs in the early stages of bereavement and is coupled with emotions that range between positive and negative and differ in intensity.

Restoration-orientation on the other hand, refers to coping with stresses secondary to the loss. This involves mastering tasks previously undertaken by the deceased such that adjustment in respect of household roles occurs. Stroebe and Schut (1999) emphasize that, as used in the dual process model, the term restoration is best described as a coping process rather than an outcome variable. In this sense, restoration is concerned with what needs to be done and how tasks need to be performed in order to ensure that the re-organization of daily life without the deceased occurs. As in loss-orientation, restoration-orientation is coupled with emotions ranging from pride in the acquisition of new skills to fear that successful coping may be short-lived.

Stroebe and Schut (1999) further describe the remaining two components of the dual process model namely cognitive strategies and oscillation as interrelated. Specifically, loss-orientation and restoration-orientation alternate, a process that is termed oscillation. The latter is on the one hand, a cognitive regulatory mechanism and on the other hand, a process that maintains a dynamic balance between loss-orientation coping and restoration-orientation coping. This balance is vital to adjustment to the loss and the prevention of negative and physical health outcomes.

With these structural components in mind, Stroebe and Schut (1999) indicate that the dual process model has potential to further understand the process of grief. These researchers draw on the dual process model to understand three aspects of bereavement and grief namely, complicated grief, gender differences in the expression of grief and the socio-cultural context of grieving.

The dual process model suggests that complicated grief may be seen as a disturbance in oscillation. For instance, the bereaved who present with denial of the reality of the death, emotional inhibition and engaging in work activities as if nothing has occurred could probably be considered as leaning towards a restoration-orientation syndrome. On the other hand, indications of over-emphasis on continuing attachment to the deceased would be associated with a loss-orientation syndrome.

With regard to gender differences in grieving Dijkstra, van den Bout, Stroebe, Schut and Stroebe (in press) found evidence suggesting that bereaved mothers tend toward loss-orientation coping more than bereaved fathers. Extrapolating from their empirical study, these researchers concluded that extremes in loss-orientation and restoration-orientation are unhealthy for grieving individuals and possibly for the spousal relationship.

Stroebe and Schut (1999) also refer to understanding cultural differences in grief reactions from the perspective of loss-orientation and restoration-orientation. Characterizing the former are cultures that facilitate the open expression and experience of grief while the latter would be represented by cultures where the expression of grief and crying are not sanctioned.

A comparison of the dual process model with other grief models indicates similarities in themes. For instance, Archer (2001) notes that the constructs loss-orientation and restoration-orientation resemble emotion-focused and problem-focused coping strategies respectively as identified in cognitive stress theory (Folkman & Lazarus, 1980). Furthermore, loss-orientation does not seem significantly different from intrapsychic grief work processes that embrace the notion of the bereaved having to experience the distress of grief (Stroebe & Schut, 1999). Similarly, loss-orientation may be regarded as correlating with Bonanno and Kaltman's (1999) cognitive restructuring, which includes both making sense of the loss and changing internal representations of the deceased. Restoration-orientation in contrast, involves focusing on reality issues that directs attention away from the loss and engaging in new tasks and relationships. These theorists also seem to identify with loss-orientation by referring to the potential that avoidance coping has for grief resolution and the positive influence that the minimization of negative emotions have for sustaining general functioning.

Balk (1999) proposes that spiritual change secondary to bereavement occurs because survivors engage in both loss-orientation and restoration-orientation coping strategies. Klass et al. (1996) agree that loss-restoration involves transformation, captured in a renewal to life. However, transformation is arrived at only by experiencing the distress of the loss and by restoring existential meaning. Archer (2001) additionally notes that loss-orientation and restoration-orientation manifest as alternating and interspersed processes. The argument put forward is that resolution of grief is facilitated by a balance between loss-orientation and restoration-orientation coping strategies. Those bereaved who conduct their lives in a manner that it resembles a shrine to the deceased would be exemplifying an extreme form of loss-orientation. In contrast, the survivor who establishes a new intimate relationship shortly after a spousal loss would be exemplifying an extreme form of restoration-orientation. In terms of the dual process model, one without the other would be insufficient to resolve grief effectively.

A critical point made is that restoration has implications in terms of moving beyond previous reality, as the latter no longer exists. Instead, emphasis is on the bereaved to adapt to the loss by accepting the challenge of re-evaluating behaviours and assumptions such that they eventually are in line or congruent with changed circumstances (Martin & Doka, 2000).

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In summary, the dual process model recognizes that confronting the loss is an important element of adaptation to bereavement. However, this cannot be an all-absorbing process but that, secondary losses and inherent tasks have to be addressed as well. Stroebe and Schut (1999) concede that the model could benefit from further empirical verification for its primary components and for the efficacy of the oscillation process as well as the specific contents of the underlying cognitive regulatory mechanisms.

4.10.3 COOK AND OLTJENBRUNS' MODEL OF INCREMENTAL GRIEF

Oltjenbruns (1996, in Cook & Oltjenbruns, 1998, p. 160) defines incremental grief as the “additive factor of grief due to multiple related losses”. This suggests that a primary loss precipitates other losses thus, having a cumulative effect on the person. For illustration purposes, Cook and Oltjenbruns (1998) refer to spouses experiencing the loss of a child but acknowledge that survivors in other relationships may also experience incremental grief. According to these theorists, two concepts assume importance in

incremental grief namely, asymmetry of grief and discrepant coping styles. The former reportedly derives from gender differences in grieving with females and males leaning towards intuitive and instrumental grief respectively (Martin & Doka, 2000). The idea conveyed is that gender differences in the expression of grief coupled with variability in the duration of the experience of grief give rise to asymmetry of grief (Schwab, 1996). Discrepant coping styles on the other hand, become problematic when one spouse misinterprets the other spouses' coping style. Under these circumstances, the assumption is made that the one spouse does not share the grief of or support the other spouse in his/her grief. In combination, asymmetry of grief and discrepant coping styles result in perceived incongruent grieving. The latter impacts on the marital relationship thus, becoming a source of marital strain and overt or covert conflict.

Cook and Oltjenbruns (1998) reason that death constitutes the primary loss while the marital strain constitutes secondary loss. These researchers also note that marital strain or secondary loss might have predated the primary loss. However, the marital strain may have been brought to the surface or exacerbated by the primary loss. In this sense, secondary grief is experienced not as a result of the primary loss but as a result of the changes in the marital relationship. Essentially, secondary loss appears to be partly a function of misconstruals surrounding grieving patterns and coping styles. In the event of spouses failing to adequately address secondary grief, termination of the marriage is a likely consequence. The dissolution of the marriage constitutes tertiary loss.

The incremental model of grief draws attention to potentially negative outcomes of individuals, couples or families not having the capacity to cope with grief or the coping strategies needed to deal with the stress that accompany the loss.

4.11 INTEGRATIVE MODELS OF BEREAVEMENT AND GRIEF

Cleiren (1991) observed that earlier models of psychological stress focused largely on the event. Independent theories such as those of Hobfoll (1989) and Diekstra (1990) elaborated on resources needed to cope with stressful events. Similarly, Cleiren (1991) noted that in order to cope, survivors are confronted with bereavement tasks that make certain demands on them. However, awareness is expressed of theories focusing on task-demands being one-sided. For instance, attachment theory does not attend to the mode of death while tasks of bereavement are defined primarily in terms of the lost

relationship. Similarly, resource-demand models of adaptation to bereavement are equally one sided. For instance, behaviourally oriented theories focus on environmental and social resources such as social reinforcement.

Having noted these biases in task-demand and demand resource models, Cleiren (1991) proposed a model of task-demands and resources. This model is intended to provide a structure that facilitates an understanding of the multiple factors assuming importance in adaptation after bereavement. The stance adopted is that by integrating the various facets, the task-demands and resources model will bring bereavement theory closer to a comprehensive model.

4.11.1 CLEIREN'S TASK-DEMANDS AND RESOURCES MODEL OF ADAPTATION AFTER BEREAVEMENT

Cleiren (1991) draws on the psychological stress theories of Hobfoll (1989) and Diekstra (1990) to formulate a task-demand and resource model of functioning after bereavement. Hobfoll's (1989) conservation of resources framework postulates that people embark on retaining, protecting and accumulating resources while the loss or potential loss of resources poses a threat to the person. Special reference is made to:

- Object resources which are physical in nature and have status implications;
- Conditions resources that provide the person with status and social roles;
- Personal characteristics which may reflect resilience and
- Energy resources such as money and information that facilitate the acquisition of other resources.

Diekstra (1990) on the other hand, departs from a life span developmental approach and considers life to comprise a large number of tasks. Some tasks are innate such as learning to walk, others are at the discretion of the individual as in choosing a career and a third category of tasks such as the experience of bereavement are imposed on the person.

Mindful of these theories, Cleiren (1991) proposes that events and situations impose certain tasks on people. The stress resulting from the demands made by these tasks is a function of the availability of material, social and personal resources. Note is also taken

of a discrepancy between task-demands and resources leading to debilitating stress that in turn, increases the risk of health and functional impairment.

TASK DEMANDS

Applied to loss, Cleiren (1991) suggests that bereavement makes task demands independent of the survivor's resources. Further, not all losses impose the same task demands on the survivor in the same way as post-bereavement functioning is not merely a consequence of available resources. On the contrary, it is important to understand and unravel bereavement in terms of characteristics of the loss event as well as characteristics of the lost relationship. In combination, these dimensions provide an indication of the task demands imposed by the experience of death on the bereaved.

With regard to the loss event, Cleiren (1991) attaches importance to the cause and circumstances of the death. Aspects such as unnatural deaths, violent deaths, anticipation of death, parting words, responsibility for the death, absence or presence at moment of death, and timeliness of the death impact psychologically on the bereaved and simultaneously impose task demands on the bereaved.

In terms of the lost relationship, the role of the deceased in the bereaved person's life assumes importance in as far as task demands are concerned. Cleiren (1991) differentiates between formal and informal characteristics of the lost relationship. The former refer to socio-biological and cultural positions of the deceased and the bereaved. Essentially, the kinship relationship impacts differently on the bereaved in that the death of a child is invariably considered as one of the most traumatic events that parents could experience. Gender and age of both the deceased and the bereaved are considered to make different demands of the family life cycle and individual development (Pill & Zabin, 1997). In this sense, developmental tasks may compete with bereavement task demands. Informal characteristics on the other hand, refer to the psychological aspects of the deceased-bereaved relationship. Reflections of the psychological aspects of the lost relationship include factors such as dependency, closeness, dominance and intimacy.

DEMAND-RESOURCES

With reference to resources, the impact of task demands made by bereavement is influenced by the nature and quality of resources. Cleiren (1991) clusters resources in the following manner:

- Support which include social, informational, instrumental and affective support;
- Material resources including financial, socio-economic and technical resources;
- Personal resources refer to dimensions such as self-confidence, positive self-image, perceived sense of control, sense of competence and attitude towards the stressful situation or event and
- Environment or context in which event occurred.

Recognizing the importance of resources in fostering functional adaptation, Cleiren (1991) concedes that resources may also be influenced by bereavement task demands. For instance, the deceased may have been a significant source of support to the bereaved. If the deceased was a source of economic support, the bereaved may be deprived of an income or experience a decline in socio-economic status.

DIMENSIONS OF FUNCTIONING

In considering dimensions of functioning, Cleiren (1991) notes that task demands reflect goals of adaptation and criteria for post-bereavement functioning. In this sense, the task-demands and resources model does not make assumptions about how post bereavement adaptation is achieved. Instead, it identifies three primary dimensions of functioning that comprise reactions to the experience of loss as well as adaptation in the social and health spheres. The first dimension refers to cognitive and emotional adaptation to circumstances arising from the loss and could be construed as dimensions specific to the loss. Stated differently, level of adaptation to the loss embraces both adjustment to the absence of the deceased and the trauma of the loss. In specific terms, adaptation to the loss encompasses:

- Recognizing the reality of the loss;
- The development of an image of the circumstances of the death;
- The experience of posttraumatic stress and
- The degree of detachment from the deceased.

The second dimension of functioning refers to the level of physical and psychological health, reflecting the level of somatic complaints, depression and perceptions of self-efficacy. Therefore, emphasis is on the bereaved person's general level of functioning in the new situation that may or may not be as a result of the loss.

The third dimension of functioning involves the level of social functioning, comprising the availability of meaningful and supportive relationships with others as well as adequate material and informational resources. This dimension provides an indication of the extent to which the bereaved have resources available to address or respond to current and future task demands.

Put together, Cleiren's (1991) model developed in recognition of the fragmentation prevailing with regard to tasks, demands and resources in relation to bereavement. Cleiren (1991) reasons that the structural elements of the model are suited to empirical verification. Further, the model is multidimensional and comprehensive in that it attends to aspects of bereavement, which are neglected by other theories. For instance, the psychodynamic approach disregards characteristics of the death event. Similarly, resources needed for adaptation are either neglected or biased towards individual resources as in psychoanalytic and attachment theories. Behavioural theories focus on social and environmental resources. Material resources have been neglected almost pervasively.

4.11.2 BONANNO AND KALTMAN'S INTEGRATIVE PERSPECTIVE ON BEREAVEMENT

The bereavement field lacks a comprehensive theoretical framework that explains and integrates the multiple dimensions of bereavement and grief. Available perspectives focus on specific features of the grieving process. This led Bonanno and Kaltman (1999) to expand on salient features of different theoretical perspectives, thus endeavouring to develop a sound and comprehensive conceptual framework for understanding individual differences in grieving. In doing so, these theorists incorporate findings from contemporary literature, including empirical studies and describe four components related to bereavement namely:

- The context of the loss;
- The continuum of subjective meanings;
- The changing representations of the lost relationship over time and
- The role of coping and emotional regulation processes.

These components are examined in as far as they interact with each other over the course of grieving.

CONTEXT OF LOSS

Bonanno and Kaltman (1999) are of the opinion that an understanding of the grieving process commences with an understanding of the context in which it occurs. As shown earlier (Chapter Three, 3.2) historically, literature focused rather narrowly on contextual variables such as gender, age, income and mode of death. However, these contextual variables were treated as more or less independent of each other. Further, empirical findings related to how these variables shape the experience of grief have been largely inconclusive. Bonanno and Kaltman (1999) attribute this to methodological weaknesses such as sampling biases and a failure to establish the interaction among different contextual variables. In an effort to address these difficulties, these theorists identify theoretical possibilities that might clarify or explain the interactive nature of contextual variables and the influence they have on the grieving process.

Bonanno and Kaltman (1999) suggest that the trauma perspective of bereavement emphasizes the psychological and psychiatric consequences of violent deaths. This perspective needs to be taken further in that it would be important to explore how the consequences of both natural and unnatural deaths interact with different aspects of grief. With regard to the expectedness of the loss, Sanders (1993) found empirical evidence suggesting that anticipated losses may be experienced as more anxiety provoking. However, Bonanno and Kaltman (1999) raise the possibility that the expectedness of the loss may interact with the age of the bereaved. Stroebe and Stroebe (1993) adopt the stance that older bereaved may emotionally be better prepared to cope with loss and therefore, experience a greater sense expectedness. However, Bonanno (1999a) emphasizes the subjective experience of expectedness rather than the objective dimension of expectedness. The former is reportedly influenced by variables such as

cultural context, quality of deceased/bereaved relationship and personality of the bereaved. From this point of view, reactions to bereavement theoretically, derive from the interactive effect of expectedness of the death, contextual factors and personal variables of the bereaved.

Earlier studies related to age revealed that the death of a child is experienced as exceptionally painful and traumatic (Sanders, 1980). Somewhat later Lehman et al. (1987) differed and reported that conjugal loss poses a greater threat to long-term adjustment than the death of a child. During the same era Crawford, Salter and Jang (1989) indicated that a significant predictor of grief severity in relation to the loss of a child derives from the child's reproductive value. The latter is probably not much different from Littlefield and Rushton's (1986) socio-biological perspective of grief. This means that grief responses vary with the child's perceived capacity to produce offspring or enhance genetic survival. These varied findings imply that the consequence of a death may not necessarily be a function of an isolated variable such as age. On the contrary, the interactive effect of age, mode of death and role of the deceased in the family need to be taken into consideration (Bonanno & Kaltman, 1999).

Still related to age, Bonanno and Keltner (1997) hypothesized that limited expression of negative emotions and its association with less intense grief could interact with age of the bereaved. Specifically, midlife is theoretically regarded as a highly active and productive stage of development. For a bereaved person at this stage of life, it would be more adaptive to limit the expression of negative emotions since this may interfere with independent functioning. However, the expression of negative emotions secondary to an important loss may not have the same maladaptive consequences during old and retirement age when occupational and interpersonal demands are less severe. In this sense, age is confounded with emotional expression (Bonanno & Kaltman, 1999).

The influence of gender is also hypothesized to interact with depressive symptoms in bereaved widows and widowers. Men reportedly tend to become more depressed than women following the death of a spouse (Stroebe & Stroebe, 1987). While an explanation for this difference is not evident from the original study, Umberson, Wortman and Kessler (1992) consider the possibility that post-bereavement depression relates to different types of strain experienced by widows and widowers. In the former, depression

may be mediated by increased financial strain and perhaps, strained relationships with children. For widowers, depression might be mediated by strain due to the execution of household tasks.

In a study differentiating between social and emotional support, Stroebe et al. (1996) failed to demonstrate the effects of social support on conjugally bereaved. One possible explanation for this outcome relates to bereaved subjects' perceptions of support and the supportive responses they evoked in their support systems (Capps & Bonanno, 1998).

Based on the above, Bonanno and Kaltman (1999) seem to suggest that initial studies involving contextual variables are important but need to be taken further if the grieving process is to be understood more comprehensively.

A CONTINUUM OF SUBJECTIVE MEANINGS

Bonanno and Kaltman (1999) postulate that the meaning bereaved people attach to their loss extends on a continuum. Unfolding on this continuum are meanings that range from relatively mundane pragmatic issues, to more specific problems triggered by the loss, to definitions of self-identity and emotional well-being and ultimately to existential and spiritual meanings of life and death. These researchers rely on cognitive stress theory and the trauma perspective to explain the range of subjective meanings attached to a significant loss.

In terms of cognitive stress theory, primary and secondary appraisal partly account for differences in the manner in which survivors construe the effects of bereavement and their ability to cope with these effects. According to Folkman and Lazarus (1988), appraisal, coping and re-appraisal operate in a cyclical fashion. Appraisal processes in particular are relatively fluid, variable across time and are likely to be influenced by situational changes. Coping behaviours in contrast, are influenced by personality variables.

Bonanno and Kaltman (1999) observed that in the context of bereavement, cognitive stress theory does not clarify mechanisms whereby long-term variability in appraisal occurs. In response to this vacuum Bonanno (1997) proposes the inclusion of the concept retrospective reappraisal. The latter is conceptualised as a bereaved person's

long-term evaluations of the effects of the loss and how well he/she coped with the loss. In other words, retrospective reappraisals comprise extended primary and extended secondary reappraisals. The former evaluate the long-term effects of the loss while the latter relate to the effectiveness of coping strategies relied on in coping with the loss. In this sense, retrospective reappraisals are regarded as more distal, sporadic and linked to those situations that draw attention to long-term aspects of the grieving process such as the anniversary of the death. Hence, retrospective reappraisals are considered to inform and interact with both coping processes and situational variables (Bonanno & Kaltman, 1999).

Similarly, the trauma perspective suggests that recovery from the distressing event involves incorporating the loss into existing meaning structures. However, Lehman et al. (1987) assert that this may be extremely difficult, if not an impossible task even though the experience of finding benefit from the loss has greater adaptive potential (Davis et al., 1998). The idea put forward is that retrospective reappraisals, based on temporal comparisons (then and now) and social comparisons (comparing self with others) may assume an important role in finding benefit from the loss. A similar notion is expressed in Tedeschi and Calhoun's (1996) theory of posttraumatic growth.

CHANGING REPRESENTATIONS OF THE LOST RELATIONSHIP

Bonanno and Kaltman (1999) maintain that meaning making after a death is to some extent evidenced in changes in the representation of the lost relationship over time. This forms an association with the attachment theory perspective that the pain of grief leads to a gradual redefinition of the lost relationship from a concrete one to a symbolic one. Contemporary literature also provide support for continued bonds with the deceased as fostering the continuity of identity, reinforcing coping efforts and providing support during the transition to a new life without the deceased (Bowlby, 1979; Klass et al., 1996; Schuchter & Zisook, 1993). This contrasts against the grief work perspective that subscribes to the idea of severing bonds with the deceased (Freud, 1917/1957b). However, the balance between severing and continuing bonds with the deceased does not seem to be resolved. Specifically, Bonanno, Notarius, Gunzerath, Keltner and Horowitz (1998) found that intense initial grief reactions tend to foster the development of negative and ambivalent representations of the lost relationship. In other words, there are limits to the severity of grief that translates the reorganization of the survivor's

representation of the loss relationship into an ongoing bond with the deceased. Specifically, when grief is excessive there appears to be a need to undermine the importance of the lost relationship, possibly in the service of breaking the extreme pain emanating from the attachment bond.

Stemming from the above findings, Bonanno and Kaltman (1999) concede that changing representations of the lost relationship assume importance in the grieving process. In fact, these researchers associate evaluations and interpretations of the bond with subjective meanings and appraisals emphasized in cognitive stress theory. Against this theoretical background, these theorists suggest that the nature of the representations of the lost relationship, the extent to which these representations are influenced by other aspects of the grieving process and how changes in the representations of the relationship influence or are influenced by the grieving process warrants further investigation.

COPING AND EMOTION REGULATION

Coping strategies and emotion regulation assume importance with regard to informing grief-related health and well-being. Reference is particularly made to coping that is associated with cognitive restructuring and which involves verbal discussions with others about difficult experiences (Greenberg et al., 1996)

In the context of bereavement Bonanno and Kaltman (1999) hypothesize that talking about the loss or cognitive restructuring has potential in terms interacting with retrospective reappraisals, with changes across the course of bereavement in the representation of the lost relationship and within the social context in which the loss occurs. This hypothesis may be in line with Kelly and McKillop (1996) who empirically found that verbal discussions about traumatic events might only have positive effects if the audience is sensitive and empathic.

An issue that, according to Bonanno and Kaltman (1999) needs further exploration relates to how overt coping strategies interact with processes of emotion. While cognitive stress theory accepts the association between appraisals, emotions and coping strategies (Folkman & Lazarus, 1988), an alternative view put forward is that emotion may not always inform deliberate coping strategies. From this point of view, emotion is

consistently related to deliberate coping strategies. Equally important, Bonanno and Keltner (1997) observe that in the context of bereavement, the regulation of negative emotion and the enhancement of positive emotion seem important. These researchers advance the notion that the regulation of emotion facilitates adjustment. This is achieved by maintaining levels of functioning thus, contributing to retrospective reappraisals that grieving can be coped with and that life can and does go on after the death of a significant person. Having said this, these researchers concede that it would be important to establish more closely how negative and positive emotions might correlate with dimensions of grief such as the expectedness of the loss, the age of the bereaved and quality of the lost relationship.

In summary, Bonanno and Kaltman (1999) endeavoured to provide an integrative perspective of bereavement, focusing on four components namely, the role of contextual factors, the continuum of subjective meanings, changing representations of the lost relationship, and the regulation of coping and emotion. In doing so, these researchers extracted and integrated salient themes from existing perspectives of grief. In theory, these components are considered to impact on the course of bereavement on an ongoing basis. Further, it was assumed that each of the components interacts with or moderates other aspects of the grieving process. Throughout, reference was made to supporting empirical evidence. Efforts were also made to provide explanations for contradictory findings. Where possible, further research areas were identified. This perspective was considered to serve the purpose of advancing the development of a comprehensive, guiding theoretical framework for bereavement and grief.

4.11.3 ARCHER'S REQUIREMENTS FOR A COMPREHENSIVE THEORY OF GRIEF

Evaluating Bonanno and Kaltman's (1999) contribution towards developing an integrative approach to bereavement, Archer (2001) refers to issues that limit the usefulness of the proposed perspective. Specifically, Archer (2001) states that recovery, readjustment and resolution of grief comprise but one aspect of the grief process, which needs to be addressed by a comprehensive theory of grief. Additional aspects that are required to advance the goals of a comprehensive theory of grief would involve both idiographic and nomothetic approaches. The former involves an understanding of the sources of variation in the grief process. Further, variation in the grief process derives

from two primary sources namely, contextual factors and individual variables. As far as context is concerned, circumstances surrounding the death, expectedness or suddenness of the loss and trauma accompanying the loss assume importance. Individual differences that influence the grief process extend over a wide range including gender, age, social support, personality type and religious beliefs. Theoretically, sources of individual differences in grief can be understood from various perspectives such as the attachment framework and evolutionary psychology (Archer, 2001).

Issues embedded in the nomothetic approach revolve round mechanisms that trigger the process and resolution of grief as well as the evolutionary nature of grief. In terms of mechanisms that trigger the grief process and generate its emotional, behavioural and cognitive components Archer (2001) notes that grief work theorists held the belief that death triggers grief. However, an understanding of the implications of the death is not made explicit. This contrasts against the trauma perspective that provides more clarity in relation to mechanisms that precipitate the grief process. Specifically, trauma models depart from the point that distressing experiences such as the loss of a significant other bring about a sudden discrepancy in part of the world that is important to the self and a discrepancy involving the stability of the world. The implication being that difficulty with regard to reconciling the different aspects of reality triggers the process of grief. In a series of cognitive schema models, various constructs are used to describe mechanisms that precipitate the grief process. For instance, social-cognitive theory refers to precipitating mechanisms as representations of the assumptive world; attachment theory refers to working models while cognitive stress theory (Horowitz, 1988) refers to schemata.

Concerning the resolution of grief, Archer (2001) suggests that grief work theory focuses on the process of severing ties with the deceased but mechanisms whereby these changes are brought about are blurred. Further, there is also considerable debate about what constitutes grief resolution particularly in view of the psychodynamic view of severing bonds and later perspectives of continuing bonds with the deceased (Bowlby, 1979; Klass et al., 1996). Moreover, in the continuing bonds perspective resolution of grief is regarded as a process that involves a progression from not being able to think about the deceased without emotional distress to being able to think about the deceased

with more positive emotions. Similarly, task theories postulate that the resolution of grief cannot be accomplished unless the loss is confronted (Worden, 1982).

Overall, processes involved in the resolution of grief differ across theoretical frameworks. For instance, Davis et al. (1998) embrace the notion of meaning making and finding benefit from the loss while Stroebe and Schut (1999) in their dual process model, entertain ideas of coping strategies oscillating between loss-orientation and restoration-orientation. Cognitive stress theorists on the other hand, attach importance to cognitive restructuring as assuming importance in respect of grief resolution (Horowitz et al., 1993). Archer (2001) purports that of all these conceptualisations, Stroebe and Schut's (1999) dual process model provides an alternative that is broader in range and scope.

In terms of the origins of grief and its evolutionary function, Archer (1999) conceptualises grief work as serving an evolutionary function in that it detaches the bereaved from an attachment figure that is permanently lost.

Attachment theory explains the origins of grief in terms of a deficit reaction manifesting in a sequence of distressing behavioural and emotional expressions that form the prototype of grief. On an ongoing basis, these painful emotions become detrimental to biological health. However, to foster growth-enhancing relationships even in the absence of the attachment figure, there must be mechanisms, which Archer (2001) refers to as mental models of other, in place. These mental models are continually compared with information from the outside world. A discrepancy between internal models and information obtained from the outside world generates a deficit reaction characteristic of the grief reaction.

Archer (1999) addresses the evolutionary significance of grieving in his volume, "The nature of grief: The evolution and psychology of reactions to loss". The main thesis of this volume revolves round the question of what possible adaptive purpose might be served by grief. In reviewing this volume Archer (1999) considers grief to be the price paid for relying on a biologically inherited system of attachment behaviours. An additional insight deriving from Archer's (1999) evolutionary approach relates to the notion of inclusive fitness. The latter embraces the person's reproductive fitness or

chances of survival coupled with the survival of all those with whom he/she shares genetic origins. Inclusive fitness or reproductive fitness has a bearing on how the loss of different relations is grieved. Bonanno (2000) considers Archer's (1999) evolutionary approach as thought provoking but concedes that it cannot explain every individual difference in grieving. Cognisance is also taken of the lack of empirical verification for the insights provided by the evolutionary approach. More importantly, note is taken that the evolutionary approach has not provided research material directly applicable to bereavement (Bonanno, 2001).

Archer (2001) contends that a comprehensive theory should embrace both idiographic and nomothetic approaches of grief. While the work of Bonanno and Kaltman (1999) and Archer (2001) lack empirical support, studies from alternative psychological perspectives seem to augment their work. These are important steps toward advancing the development of theory in the field of bereavement and grief.

4.12 SUMMARY

The psychoanalytic perspective of bereavement dominated the field for many years. Much emphasis was placed on pathological grief reactions that were described in terms of failure to sever bonds with the deceased, which manifested clinically in depressive responses. However, during the eighth decade of the most recent century, the traditional grief work approach was challenged. Theorists (Stroebe & Stroebe, 1987; Wortman & Silver, 1989) questioned the notion of grief being resolved by severing bonds with the deceased especially in the absence of empirical support. Bonanno (2000) reframes this negative perspective and suggests that by conceptualising grief reactions largely in pathological terms, the grief work approach has in fact, provided the impetus for creating an awareness of alternative and more adaptive dimensions of grieving.

Next to the grief work approach, attachment theory of grief appears to have had a lasting impact on the bereavement field. In fact, it is probably appropriate to state that attachment theory spans a bridge between earlier and more contemporary bereavement and grief theories. This is so because attachment theory has its roots in psychoanalytic theory while in later writings Bowlby (1979) steered in the direction of continuing bonds with the deceased as assuming importance in relation to grief resolution. Archer (1999) incorporates elements of the attachment framework to advance representations of the

origins of grief, mechanisms that trigger the process of grief, the resolution of grief and sources of variation in the grief process. It could therefore, be inferred that a comprehensive theory of grief is not likely to be attained without including aspects of attachment theory.

By recognizing the impact of stressors secondary to the primary loss, cognitive theory has broadened conceptualisations of the bereavement field. However, appraisal and coping processes related to the secondary stressors have yet to be addressed more comprehensively.

Traumatic stress response theory (Horowitz, 1986; Horowitz et al., 1997) has made considerable inroads in the bereavement field. Cognitive processes involved in regulating the experience of loss have assumed greater importance in understanding grief reactions. However, the emphasis placed on cognitive restructuring occurs at the exclusion of recognizing social resources that are potentially important in adjusting to the loss.

Interactive models of coping with bereavement and grief emerged as an effort to understand the simultaneous impact of different dimensions of bereavement and grief. Rubin's (1999) two-track model of bereavement and the dual process model of coping with bereavement (Stroebe & Schut, 1999) endeavour to integrate both overt (socio-physical environmental) and covert (emotional, cognitive, intrapsychic) dimensions of bereavement and grief. The personal effects of differential coping styles and grieving patterns are highlighted in Cook and Oltjenbruns' (1998) model of incremental grief.

Integrative models are directed toward providing comprehensive models of grief. Cleiren's (1991) model seems to use earlier task models of grief as its basic point of departure and concentrates on personal, social and material resources as enhancing the functional dimensions of post-bereavement adaptation. Little reference is made to cognitive and intrapsychic processes. Bonanno and Kaltman (1999) focus quite significantly on subjective and cognitive experiences as well as meaning attached to the loss. In response to these theorists, Archer (2001) stipulates requirements for a comprehensive theory of grief and simultaneously advances the notion of understanding the evolutionary origins of the process of grief. While these integrative models are not

without limitations, especially with regard to empirical verification, they are nevertheless significant scholarly efforts directed at lending conceptual coherence to the field of bereavement and grief.

Chapter five focuses on the research methodology.

