

Supporting the bereaved: theory and practice

Why do we need models of grieving? Ann Dent outlines the theories and explains how they can be useful for practitioners supporting the bereaved

Although Sigmund Freud pioneered the study of mourning, it is only in the last 30 years or so that bereavement research has gained any real prominence. Researchers have now given us several new models and insights to guide and help the bereaved. But why do we need models? After all, people have been bereaved since human life began and have generally recovered without the help of any model of grieving.

We now recognise that grief reactions can have physical, emotional, cognitive, behavioural, sexual and spiritual components, varying in length and disruptiveness. Adequate and appropriate support may alleviate the probability of future ill-health and complications. This is not to say that all bereaved people will need help, nor that grief should be pathologised. However, when professionals are involved in supporting the bereaved, they need a knowledge base from which to practise and scientific knowledge provides a particularly solid base. Personal experience and intuition are important but they have two major limitations as a basis of understanding: first, a practitioner's experience may be too restricted to make valid generalisations about new situations, and second, personal experiences may be coloured by subjective values and prejudices.

I have chosen five bereavement models that may enhance our sensitivity to what happens when we work with the bereaved. Since all the models outlined are concerned with loss, they can be used with other life-changing events involving loss, such as divorce, redundancy and illness.

1 Stages and phases

John Bowlby's theory on attachment (1961¹) would seem to underpin the basis for understanding bereavement. Bowlby provides an explanation for the common human tendency to develop strong affectional bonds. He views attachment as a reciprocal relationship that occurs as a result of long-term interactions, starting in infancy between a child and its caregivers. He suggests that grief is an instinctive universal response to separation.

Both Bowlby (1961²) and Parkes (1972³) suggest that grief is a predictable orderly pattern of responses to a death. Parkes suggests that grieving is a process, a sequence of reactions to the death of a significant loved one. The initial shock, resulting in numbness, can last for days, especially when a death is sudden,

leading on to intense grief. Physical symptoms such as tightness in the chest, shortness of breath, loss of appetite and insomnia are common. Lack of concentration and restlessness may also be experienced, as well as feelings of isolation and loneliness. Interspersed with these reactions may be feelings of anger, guilt and fear. Anger may focus on different areas, depending on a person's circumstances; guilt is frequently associated with 'if only I had...' or 'if only I hadn't'. The expression and acknowledgement of anger and guilt may bring some relief, as may reassurance that these are 'normal' reactions. When such feelings are suppressed, the bereaved person may exhibit signs of constant irritation and/or physical tension. Fear can manifest itself as insecurity, a desire to escape from reality, and anxiety over apparent trivialities, leading sometimes to panic attacks in which the anxiety and fear are overwhelming and disrupt normal living.

2 Tasks for the bereaved

William J Worden in the 1980s⁴ formulated a slightly different model of grieving to those of Bowlby and Parkes. Describing grief as a process and not a state, Worden suggested that people need to work through their reactions in order to make a complete adjustment. In Worden's tasks of bereavement, grief is considered to consist of four overlapping tasks, requiring the bereaved person to work through the emotional pain of their loss while at the same time adjusting to changes in their circumstances, roles, status and identity. The tasks are complete when the bereaved person has integrated the loss into their life and let go of emotional attachments to the deceased, allowing them to invest in the present and the future.

3 Dual process model

A more recent and significant advance in our understanding of grief work is the dual process model developed by Stroebe and Schut (1995⁵, 1999⁶). They suggested that avoiding grief may be both helpful and detrimental, depending on the circumstances. While previous models centred on loss, the dual process model recognises that both expressing and controlling feelings are important – and it introduces a new concept, that of oscillation between coping behaviours. Grief is viewed as a dynamic process in which there is

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an alternation between focusing on the loss of the person who has died (loss orientation) and avoiding that focus (restoration orientation). The loss orientation encompasses grief work, while the restoration orientation involves dealing with secondary losses as a result of the death. For instance, an older widow may have to deal with finances, and house maintenance, which previously her husband dealt with.

Both the loss orientation and the restoration orientation are necessary for future adjustment, but the degree and emphasis on each approach will depend on the circumstances of the death, personality, gender and cultural background of each person. The model also posits that by taking time off from the pain of grief, which can be overwhelming, a bereaved person may be more able to cope with their daily life and the secondary changes to it.

4 Continuing bonds

A further important development in grief theory has been provided by the work of Klass et al (1996⁷), who challenged conventional thinking that the purpose of grieving was the reconstitution of an autonomous individual who could leave the deceased behind and form new attachments, in other words, 'break the bonds' with the deceased. Klass and his colleagues suggest that the purpose of grieving is instead to maintain a continuing bond with the deceased, compatible with other, new and continuing relationships.

5 Families making sense of death

Most models of grief deal with the grief of individuals. Frequently, however, death affects a whole family, in which family members, including children, can influence and be influenced by others, and in which the death may mean different things to each. In many cases, the family is very often the prime provider of socialisation, social control and support. Certain factors either inhibit or enhance a family's grief. Families in which there are fragile relationships, secrets and divergent beliefs may have more difficulty in adjusting; whereas families who have frequent contact, rituals and a willingness for each member to share their feelings, may find it easier.

Summary

Most models of grief suggest that the bereaved need to engage with their loss and work through it, so that life can be reordered and meaningful again. Most practitioners will be familiar with the stage/phase theories in identifying cognitive, social and emotional factors. Worden's tasks of bereavement give a framework to guide the

bereaved in their grief work, while the dual process model demonstrates the need to deal with secondary stresses as well as the primary loss, with time away from both. It is also important to recognise that the bereaved do not need to forget and leave the deceased behind, but can integrate them into their future lives by means of a continuing bond. While most research has focused on the individual, understanding the family dynamic is often of great importance for counsellors in identifying possible tensions between members and assessing how members may influence or be influenced by others, as well as understanding what the death means to each member.

Each bereaved person is unique and will deal with a significant death in their own way; therefore there is no one right or wrong way to grieve. The challenge that faces practitioners each time we meet a bereaved person is to find what helps them best. No single model of grieving is recommended above the rest, as all have various components that may be helpful. Regardless of which model is used, the most important part of supporting a bereaved person lies in 'being with' them, listening intently to their story, acknowledging their feelings and guiding them to work towards a new, different and meaningful life without the deceased. ■

References

- 1 Bowlby J. Processes of mourning. *International journal of psychoanalysis*. 1961;42:317-39.
- 2 Bowlby J. Attachment and loss Vol 3. 1st ed. New York: Basic Books; 1981.
- 3 Parkes CM. Bereavement: studies in grief in adult life. London: Tavistock; 1972.
- 4 Worden JW. Grief counselling and grief therapy, 1st ed. London: Tavistock; 1983.
- 5 Stroebe M, Schut H. The dual process model of coping with loss. Paper presented at the International workgroup on death, dying and bereavement. Oxford, UK: 1995.
- 6 Stroebe M, Schut H. The dual process model of coping with bereavement: rationale and description. *Death studies*. 1999;23:197-224.
- 7 Klass D, Silverman S, Nickman S (eds). Continuing bonds: new understandings of grief. Washington: Taylor and Francis; 1996.

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