## Psychological models of bereavement

Freud (1917) in his article 'Mourning and Melancholia' suggested that the 'work of mourning' is to sever the attachment bonds to the 'non-existent object'. This idea of the bereavement process as being some kind of staged 'grief work' has saturated the research literature for much of the past century (Bowlby, 1981; Glick, Weiss and Parkes, 1974; Lindemann, 1944; Shuchter and Zisook, 1993; Stroebe and Stroebe, 1987; Weiss, 1993; Worden, 1991). All the 'staged grief' models describe grief and the associated emotions as normal or abnormal based on 'norms' (i.e. what occurs usually according to the statistical meaning of the term). In Walter's words 'it is therefore the doctor, the psychologist and the statistician who can tell us how we ought to die and ought to grieve', instead of, for example, reliaion or tradition telling us how (Walters, 1994). Furthermore all the 'staged grief' models assume pathology being a result of a failure to follow the correct path of grief as if there is only one 'right way' to do grief work (Ingram, Hunt and Robson, 2000). This is something we have moved away from in counselling. Instead, we hyave looked at the individual's personal experience of grief as a 'dual process' (Stroebe and Stroebe, 1991) of experiencing grief and withdrawing from it when it gets too painful. We have looked more at the nature of attachments for people and what happenes when those attachments are broken., Bonanno and Kaltman (1999) consider that rather than focusing on 'grief' we should be looking at how people are adapting to 'living, post loss.' And this post-loss life can be anywhere on a continuum from exactly as it was before loss to an entirely different way of existence, from 'as usual' to 'unbearable' with an infinite number of shades of existence in between. Its position may depend on such contextual factors as age and gender, circumstances and significance of the loss, or social support and cultural influences. It may be determined by a multitude of subjective attributions of meaning from apprehension for reduction of income to spiritual and religious concerns.

From a post modernist approach to bereavement, in the form of a combination of phenomenology and anti-structuralism in its purest form Ingram, Hunt and Robson (2000) argued for the possibility of 'a multiplicity of valid ways for people to make sense of, and live with the experience of loss' (p.72). This way an infinite number of variables are involved in determining valid perspectives understanding loss. Their view is that 'grief work is an idiosyncratic phenomenon which involves individuals identifying their own tasks of mourning, negotiated through the process of everyday living' (p.72). In this sense it is not the failure of 'working through' grief properly that creates pathology. What matters is identifying the variables present in the survivor's relationship with the deceased, their life and philosophy of life, their personality, circumstances, spirituality, religion, culture, etc., that make this particular individual less able to live life post-loss in a meaningful and adaptive way for them. Then our task as the 'other' that is there to support them could be defined as sharing with them or modelling for them the search for a meaningful and worthwhile post-loss existence, if this is achievable at all.

Besides cultural diversity, the evidence suggests that some of the 'ways of grief' appear to be more adaptive than others. The dominant view is that societies which encourage the expression of grief are likely to have fewer problems following bereavement. Support for this view comes from comparative studies such as that of Burgoine's (1988) who compared newly bereaved widows in the New Providence, Grand Bahama with the London widows from Parkes' London study (1970). Those women living in a culture in which overt expressions of grief are expected and encouraged had better health and fewer psychological problems than widows living in London. Similarly, Lovell, Hemmings and Hill (1993) in a comparison of Scottish and Swazi bereaved women showed that, although the Swazis showed more initial tearfulness and distress, they were less troubled by feelings of guilt a year later than the Scottish widows. The researchers' explanation for this discrepancy was that ritualistic crying and saying farewell to a dying relative may intensify feelings of grief during the early days of bereavement but, in the context of a clearly defined period of mourning, may play a part in reducing later feelings of guilt. Along the same lines Rosenblatt, Walsh and Jackson (1976), comparing reports of a stratified sample of seventy-eight different societies note that unrestrained aggression can sometimes be very damaging after bereavement and rituals can be an effective way to control this as suggested by Parkes (1996). On the other hand according to Norbert Mintz, Navajo Indians in USA often repress and suppress death and grief (it is culturally prescribed that the names of the dead are no longer mentioned when three days have elapsed after a death). Mintz, working with them in a mental-health-clinic setting, postulates that about one third of all patients had a history of the death of a close person within the past year, apparently implying that their culturally prescribed approach to bereavement resulted in increased levels of psychological distress (cited in Parkes, 1996). An alternative explanation to this phenomenon could be a possibly decreased level of social support since a 'forbidden' name creates a taboo, thus a subject off-limits for discussion.

## References:

**Bonanno, G. A. and Kaltman, S.** (1999) Toward an integrative perspective on bereavement. Psychological Bulletin, 12(6), 760-776

**Bowlby, J.** (1981) Attachment and Loss: Vol. 3. Loss, sadness and depression. Harmondsworth, Middlesex, England: Penguin Books

Freud, S. (1917) Trauer und Melancholie [Mourning and Melancholia]. Internationale Zeitschrift fur arztliche Psychoanalyse, 4, 288-301

Glick, I. O., Weiss, R. S. and Parkes, C. M. (1974) The First Year of Bereavement. New York: Wiley

Ingram, J., Hunt, K. and Robson, M. (2000) Grief: A complex, unique and rich experience. Changes, 18(2), 69-82

**Lindemann**, E. (1944) Symptomatology and management of acute grief. American Journal of Psychiatry, 101, 141-148

**Parkes**, C. M. (1970) The first year of bereavement: A longitudinal study of the reaction of London widows to the deaths of their husbands. Psychiatry, 33, 442-467

Parkes, C. M. (1971) Psychosocial transitions: A field for study. Social Science and Medicine, 5, 101-115

Parkes, C. M. (1996) Bereavement: Studies of Grief in Adult Life. (3rd ed.). London: Routledge

Stroebe, M. and Stroebe, W. (1991). Does 'grief work' work? Journal of Consulting and Clinical Psychology, 59, 479-482

Stroebe, W. and Stroebe, M. (1987) Bereavement and Health. New York: Cambridge University Press

Walters, T. (1994) The Revival of Death. London: Routledge

Worden, J. W. (1991) Grief Counselling and Grief Therapy: A handbook for the mental health practitioner (2nd ed.). New York: Springer-Verlag