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## ***Chapter 5***

# **CONTEMPORARY PERSPECTIVES ON GRIEF AND BEREAVEMENT**

**By Christine Valentine**

## **Introduction**

This chapter explores recent developments in academic perspectives on grief that reflect the changing nature of contemporary British society. This exploration aims to provide those who minister to bereaved people with a framework for approaching this task more effectively. It highlights a shift in focus from interpreting grief as an inner psychological condition to an appreciation of the diverse and profoundly social nature of the way people grieve, including the continuing bonds forged between the living and the dead. In so doing, the chapter assesses the contribution of theorists who have been influential in representing grief as an internal process of ‘relinquishing ties’ with the deceased in order to ‘move on’ in life. This assessment draws attention to the way some bereavement counsellors have translated such theory into universally applicable, prescriptive, stage models of grief. It identifies how, in an increasingly culturally diverse society, this approach is proving inadequate to reflect the complexity and diversity of grief. Finally, recent perspectives that take account of social factors and seek to address the challenges posed by this changing socio-cultural context are discussed and their implications for those who minister to dying and bereaved people.

## **Psychological approaches**

Until relatively recently the scientific and rationalist values of modernity provided the framework for engaging with mortality to construct a particular culture of grief (Stroebe *et al.*, 1992; Hockey, 1996; Valentine, 2006). Such a culture has been dominated by psychological and medical frameworks, reflecting the decline in religious belief and its role in making sense of death (Walter, 1996b). The discourses associated with these frameworks are rooted in a scientific paradigm that is concerned with reducing the variety of human experience to measurable data from which generalisations, models and prescriptions can be developed (Small, 2001). Reflecting a social context of liberal democracy or a secular society of private individuals, grief has been constructed as a condition of the individual psyche. Psychological studies of bereavement have developed universal theories from the individual ‘grief reactions’ of westerners, mainly widows. These have focused on defining the symptoms of grief and identifying its healthy and pathological forms (Lindemann, 1944; Parkes, 1965; Parkes and Weiss, 1983; Stroebe and Stroebe, 1987).

In the hands of bereavement counselling services, the prescriptive use of theories that their proponents intended as *descriptive* has promoted a universal stage model approach. It is thus important to acknowledge the epistemological gap that has arisen between theory and practice in order to do justice to the work of the theorists. Kübler-Ross's stages of dying, Bowlby's attachment theory and its development by Parkes are considerably more nuanced, reflective and open to further development than is represented by the prescriptive models attributed to them. Indeed Parkes has continued to explore the wider social implications of attachment theory.

Elisabeth Kübler-Ross's five stages of dying (1970): denial, anger, bargaining, depression and acceptance, have been subject to widespread misapplication to bereavement as well. The final stage of acceptance, in particular, has been promoted as the desired outcome for everyone (Samarel, 1995). However, Kübler-Ross's observations and understandings arose out of and therefore reflect the institutional context in which dying occurred (Charmaz, 1980). In spite of her insistence that not all people experience all stages, nor were they necessarily linear, such qualifications as well as context have been lost to a prescriptive application of her ideas.

Kübler-Ross was one of the first to challenge what has been identified as the post-war denial of death in which care for the dying tended to be synonymous with protecting people from their dying. Her work in identifying the grief experienced by those who were about to die represented a crucial step in drawing attention to the problems encountered by a marginalised group of people and their needs as living human beings. In the UK a similar challenge to the denial of death was made in relation to the experience and treatment of bereaved people, by the sociologists Gorer and Marris, and the psychiatrists Bowlby and Parkes. However, the sociological perspectives of Gorer and Marris failed to penetrate the prevailing psychological discourse of relinquishing ties with deceased loved ones (Marris, 1958, 1986; Gorer 1965).

Bowlby's contribution to bereavement theory was based on his observations and understandings of the responses of hospitalised children to maternal deprivation, from which he developed his attachment theory (Stroebe, 2002). His work with Parkes led him to recognise the striking similarities between such responses and spousal bereavement. According to Bowlby the capacity for healthy grieving depends on the extent to which a child's instinctive need for attachment is met sympathetically, rather than treated as something to be outgrown as soon as possible. An unsympathetic response to such behaviour only increases a child's 'separation anxiety', creating an insecure sense of attachment that becomes restimulated in the bereavement situation.

Grief is thus conceptualised as a special case of separation anxiety, biologically programmed and shaped by childhood. If such childhood shaping has produced an unbearably high level of separation anxiety, this can predispose the bereaved person to 'pathological' forms of grieving. These Bowlby represented as either denial of loss or inhibited grieving, or else a prolonged attempt to recover the lost person or chronic grieving (1980). Such 'abnormal' grief was defined against that of 'normal' grief, which consisted of four phases: numbing; yearning, searching and anger; disorganisation and despair; and reorganisation. Grief has thus been normalised as a predictable process that runs a 'natural course', in which emotional expression is perceived as crucial to facilitating recovery. Such recovery was defined in terms of relinquishing one's attachment to the deceased in order to be able to form new

attachments.

Bowlby's work on the nature of human attachment allows an appreciation of the extreme pain that may accompany bereavement. It provides insight into why some people are more emotionally resilient than others in the face of loss. His focus on early, formative environmental factors represents a movement away from the psychoanalytic emphasis on the child's fantasy world to take into consideration children's actual experience. However no account is taken of the social context in which the bereaved person lives or the nature of his or her relationship with the deceased person. Rather, his phase model approach still emphasises the internal world of individualised grief and has served to promote a prescriptive model of the 'grief reaction'.

This changed emphasis was further developed by Parkes who built on Bowlby's attachment theory in relation to 'pathological' forms of grieving. In studies of predominantly young widows, he identified three forms of atypical grief reactions: chronic, delayed and inhibited (1965; 1970; Glick *et al.*, 1974; Parkes and Weiss, 1983). He constructed normal grief as a "process and not a state" which "involves a succession of clinical pictures which blend into and replace one another...." (Parkes, 1996: 27). These pictures include numbness, pining, disorganisation and despair', and "it is only after the stage of disorganisation that recovery occurs". In professional discourse Parkes' ideas have been used prescriptively to construct a fixed sequence through which every bereaved individual must pass in order to 'recover'. His original focus on the experiences of young widows has been lost.

The construction of grief as a private, internal condition of the individual, with healthy and pathological forms, has medicalised and professionalised bereavement. Indeed, Engel (1961) likened grief to a disease and a syndrome, thinking this would facilitate its scientific study and improve its medical management by making it easier to diagnose and treat. Lindemann's 'symptomology' of grief (1944) has provided a classic description of grief reactions. However the promotion of 'expert' models and technical jargon has distanced us from an experience that is integral to life. Such distancing has disempowered ordinary people, leaving the bereaved without sufficient social support. For example, teachers have been found to lack confidence in their capacity to respond to bereaved pupils (Katz, 2001). Rather this was for the counselling professionals and incompatible with the role of 'teacher'. Where such support has been forthcoming bereaved people have reported how this was a time-limited offer, with the expectation that they should soon be 'back to normal' (Riches and Dawson, 2000).

## **Incorporating the social**

In attempting to understand why some people failed to follow the 'normal' pattern of grieving, psychologists began to recognise the significance of social factors in shaping the way people grieve. Initially these were conceptualised as 'vulnerability' or 'risk' factors and treated as 'complicating variables', such as age, gender, relationship to deceased person, type of death, response of family and friends, beliefs of the bereaved person. Yet such a reductionist approach to the social context in which people live their lives only serves to reinforce the separation of bereavement from the ordinary business of living. It fails to appreciate how these so-called 'risk' factors are integral

to a person's identity or the inherently social nature of the self.

However Parkes has since theorised grief as a 'psycho-social transition' (PST) (1993), in which he acknowledges the intimate relationship between personal and social realities. Rather than focusing on the 'grief reaction', the PST model emphasises the impact bereavement has on our 'assumptive' world or the 'taken for granted' reality that we construct in relation to others. In this Parkes echoes the approach of the sociologists Berger and Luckmann (1967) and their emphasis on the way we construct, affirm and maintain our sense of reality and identity by engaging with others through language and social activities. We then take our socially constructed world for granted, unless something happens to call it into question, such as the loss of someone we love. This perspective appreciates the profound and painful nature of the change wrought by the loss of loved ones and helps to explain the loss of identity and sense of unreality bereaved people may feel.

Further models have been developed, reflecting Parkes' emphasis on the need to adapt to changed reality. Some of these have tried to account for the individuality and diversity of grief and encompass social and spiritual dimensions as well as psychological and behavioural (e.g. Rubin, 1993; Rando, 1993). The most recent and influential of these is Stroebe and Schut's 'dual process' model (1999; 2001), which moves away from representing bereavement as a linear process of stages or phases to offer a more dynamic and flexible model that allows for individual, social and cultural differences. As such, the DPM promotes a dynamic, regulatory coping process of 'oscillation' between 'loss-orientation' and 'restoration-orientation', by which bereaved people at times 'confront' and at other times 'avoid' their loss. Some people and certain cultures may emphasise one or other of these orientations, whilst others oscillate between the two according to their own personal rhythm.

Though acknowledging the influence of culture, these models still prioritise individual psychology and bereaved people's personal resources in relation to the 'work' or 'tasks' that need to be accomplished to achieve resolution (Worden, 1991). Parkes highlights the need for successful 'grief work' in order to make the necessary psychological adjustment and adaptation to the 'real' world in which the deceased person no longer exists. Yet this perspective does not take account of the diversity of world views and 'alternative realities' in which death is not necessarily final for all bereaved people. Rather, grief may involve transforming one's relationship with the deceased person and incorporating him or her into one's life in a way that allows one to go on living.

The DPM similarly places more emphasis on individual psychology than social context, identifying core features that characterise 'healthy adjustment'. It implies that grief has a time scale. As a time-bound process of 'oscillation' between the demands of the living and the dead, it does not fully capture the way that for some people the deceased may become a permanent part of their day to day lives. For example, Littlewood's study (2001) of a group of widows reports how these women "were expressing the ability and desire to conduct an ongoing relationship with the person they knew to be dead" (2001: 85). These women had no intention of 'resolving' their loss or giving up their attachment to their dead husbands. So for them the notion of moving between facing and avoiding their loss or between grief work and coping tasks does not really fit; nor does the notion of adjustment to the 'real' world without

the deceased. In terms of the literature they had adopted a position of 'chronic' grief. Yet they were not expressing any belief or hope that their husbands would return to them or 'avoiding the reality' of their deaths.

## **Continuing Bonds**

Such challenges to the conventional wisdom have replaced the relinquishing ties discourse with that of continuing bonds. This perspective sits more easily with Roman Catholic and Orthodox than Protestant traditions, as represented by the belief in the 'community of saints' where a dynamic relationship with the dead was maintained and made plausible (McGinnell, Nankivell, this volume). Rather than death as finality and the task being one of internal adjustment to the 'reality of death', this new approach challenges the boundary between the living and the dead. It recognises how people's relationships may survive death and how significant others continue to influence those they leave behind. The focus is placed on how bereaved people make sense of, and manage the changed nature of their relationship with deceased loved ones. Bereavement is thus conceptualised as an ongoing process of negotiation and meaning-making.

The concept of 'continuing bonds' was originally coined and presented as an alternative model of grief, which challenged the modernist view of relationship as 'instrumental' (Klass *et al.*, 1996). This includes the idea that people only have a limited amount of energy for any particular type of relationship. So to have a new relationship one must give up the old. Such a mechanistic view of human behaviour insists on separateness, views dependency as negative and fails to appreciate the importance of connection and intersubjectivity. Yet recent qualitative studies have revealed how new ties do not necessarily displace old. Widows may remarry whilst still retaining a relationship with their dead husband (Moss and Moss, 1996). Adopted children may still feel and foster a connection with their biological parents alongside their relationship with their adoptive parents (Nickman, 1996; Miller- Havens, 1996).

## **The Diversity of Grief**

Recent anthropological and sociological perspectives have drawn attention to the increasingly diverse and fragmented nature of contemporary western societies. The use of informal interactive methods of research has allowed researchers to adopt a more inclusive focus and engaged stance that attempts to enter the social world of participants and integrate the overlapping aspects of the experience of death (Bradbury, 1999, Hallam *et al.*, 1999; Hallam and Hockey, 2001). In contrast to traditional methods in which the researcher remains separate from the field of study, this approach is revealing the complexity and diversity of bereavement, which may incorporate dying, death, mourning, memorialisation, religious, spiritual, ethical and practical issues. It has revealed the limitations of the stage theory approach that focused on the individual grief reaction to the exclusion of the way bereavement is lived out in people's day to day lives.

A shift in focus from the 'symptomology' of the 'grief reaction' to the utterances of

self-reflecting individuals has revealed the experience of death and bereavement as integral to life rather than a condition to be treated. This is not to minimise the extreme pain, suffering and disruption the loss of a loved one can generate. Rather, following the current trend in the field of health and illness, it is to focus on the way and the extent to which this “becomes embodied in a particular life trajectory” (Kleinman, 1988: 31). Thus there can be no ‘formula’ for grief since how people grieve cannot be separated from the way they live the particularity of their individual lives.

This more culturally sensitive perspective has drawn attention to the variety of ways in which bereaved people maintain relationships with dead loved ones. A psychological approach bases such relationships on an inner representation of the deceased loved one with whom the bereaved person interacts (Klass, 1996). This perspective locates the experience in the mind of the bereaved person and implies that it is ‘imaginary’ rather than ‘real’ (Howarth, 2007). However by adopting a sociological perspective that emphasises the way people construct and make sense of the world in which they live, then it is no longer a question of what is ‘real’, but how people act in relation to what they take to be ‘real’ and meaningful for them.

This approach has revealed how the dead may retain a social presence and significance in the lives of the living and how this may be experienced as sensory and material (Hallam *et al.*, 1999; Bennett and Bennett, 2000). Thus the dead have been found to live on in a social, as well as ‘inner’ sense, in terms of exercising agency in the lives of the living (Hallam *et al.*, 1999: 155). Studies of elderly widows reveal the way husbands may continue to have agency in their wives’ lives, providing companionship, support, advice, direction and meaning. Such agency and presence may be experienced not just in the mind but via the senses, such as hearing the sound of a dead husband’s footsteps (Hallam *et al.*, 1999: 158).

Sociological studies have drawn attention to the role of ‘memory-making’ in creating a space for deceased loved ones that is comfortable to live with. Walter (1996a) has highlighted the value of engaging with others to construct a biographical narrative in order to locate the dead in the life of the living and restore a sense of meaning and continuity. Francis *et al.*, (2001; 2005) have focused on memorialisation and visits to the cemetery as one of the key sites within which an ongoing relationship with the dead may occur. Hockey *et al.*, (2005) have explored how continuing bonds are forged and sustained in relation to practices around cremation and the disposal of ashes. In particular, the practice of removing cremated remains from crematoria has been found to offer bereaved people more scope to create highly personalised spaces for deceased loved ones.

Such a perspective represents a profound shift away from the modernist search for universal laws to postmodern celebration of difference. It has produced an increased focus on the personal and the individual, as well as the broader cultural and social dimension of experience. This focus has revealed the extent to which people are forging ‘continuing bonds’ with dead loved ones. In a culturally diverse society it has revealed the extent to which bereaved people may pick and mix images and ritual forms to fashion their own personalised memory-making activities and spaces that reflect the unique character of deceased loved ones and their relationship with them (Hallam *et al.*, 2001).

## Implications for supporting bereaved people

This chapter has drawn attention to a growing mistrust of expert models and how the notion of a grief process that must run its natural course does not capture people's lived experience. Rather bereaved people have reported that, because grief is so individual, the extent to which others could really understand was limited (Wright and Coyle, 1996). However, they have also conveyed how isolating, disorientating and overwhelming grief can feel. Thus, being able to share one's thoughts and feelings with another can help to 'piece' things together again (Riches and Dawson, 2001). As indicated, conversational remembering has been found to facilitate the construction of a memory of the deceased with which the survivors can comfortably live (Walter, 1996a).

In trying to make sense of their experience, bereaved people have been found to appreciate an approach that was empathic and non-judgmental, and acknowledged the individual nature of grief (Wright and Coyle, 1996; Riches and Dawson, 1996, 2001). Such a stance places those in a supporting role in a far more complex and emotionally demanding position than that of being able to offer a route map. It means being an 'explorer' and 'companion' rather than an 'expert' (Riches and Dawson, 2000), and listening carefully and respectfully, without imposing one's own values and assumptions (Rowling, 1999; Valentine, 2007). As conveyed by Dent (this volume) it means accepting the limits of the help that one can offer rather than attempting to find solutions. What one *can* provide is a non-judgemental, reflective space. This takes time that may not be readily available amidst the demands and pressures of contemporary living.

This is not to suggest that explanatory models are of no value. If used eclectically rather than prescriptively they can provide useful insight into adjustment to loss. However, models over-simplify, giving the impression of order where none may exist. They can therefore be no substitute for engaging with the bereaved individual's personal struggle to make sense of his or her loss. Indeed it has been argued that imposing a model of grief may discourage bereaved people's attempts to find meaning in their experience (Nadeau, 1998). Rather, those who support/minister to bereaved people need to strike a balance between providing explanations where appropriate, whilst respecting and affirming the bereaved person's own style of grieving and methods of coping (Wright and Coyle, 1996)

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### **Biographical note**

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