

The social context of grief and grieving

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Summary

Research on bereavement has been dominated by intrapersonal perspectives, interest being to establish health consequences, identify those at risk, and examine (mal)adaptive ways of coping. Yet, grief is also an interpersonal phenomenon. We demonstrate, illustrating from our own research, review of the literature, and from the framework of the Dual Process Model of Bereavement, the need to integrate a more social perspective. Placement of grief within social context has the advantage of extending scientific scope beyond the health/medical implications. Furthermore, it allows examination both of the impact of interpersonal variables on the grieving process and of the interdependence of different ways of coping.

Introduction

Our understanding of grief and grieving is influenced by the scientific perspective that we adopt. There has been a long tradition in bereavement research concentrating on an intrapersonal, individualistic perspective. Yet by its very nature, bereavement is an interpersonal phenomenon. Bereaved people have to adjust to the loss of a significant relationship in their ongoing lives, whether or not they retain a bond with the deceased person. Furthermore, grieving individuals are typically surrounded by others who are also affected by the death. Do we need to integrate a more interpersonal perspective into bereavement research? If so, how do we go about this, what dimensions need exploration, and what advantages would such an extension in scientific scope bring to our understanding of grief and grieving?

First, a short historical review is presented, to illustrate the intrapersonal focus of bereavement research in the past. This leads to identification of recent lines of research that are more interpersonal in nature. Integration of these interpersonal aspects requires a theoretical framework, and we suggest the Dual Process Model of Coping with Bereavement (Stroebe & Schut, in press). Ways that the social context impacts on grief are then examined from this theoretical perspective. Implications of this extension are discussed.

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Intrapersonal focus in bereavement research

On the theoretical level, there has been a long tradition behind the concentration on intrapersonal processes, stemming from the psychoanalytic formulation of Freud (1917). Bowlby's (1980) attachment theory focuses on intrapersonal processes in adaptation to relationship loss. Parkes's (1996) formulation of bereavement as a psychosocial transition focuses on risk factors in adjustment among grieving individuals. Similarly, landmarks in the empirical history of the discipline, such as Lindemann's (1944) description of individual psychological symptomatology following loss, have focused on intrapersonal reactions and on detrimental health consequences. There has been concentration on the effect of bereavement on individual outcomes, such as morbidity and mortality (cf. Parkes, 1996), and on factors that increase or ameliorate the risk of health consequences (e.g., Sanders, 1980). Research on coping with bereavement has concentrated on intrapersonal cognitive processes, such as working through grief (e.g., Wortman & Silver, 1989), rather than coping as an interpersonal process.

Out of this tradition has recently emerged more interest in interpersonal aspects, yet these are not only limited in scope, they are also inconclusive with respect to establishing the influence of specific social aspects on grief and grieving. First, in the area of social support the focus has been on how networks relieve suffering in individual bereaved persons, rather than exploring the dynamics (e.g., mutuality) of support networks themselves. Second, extensive work by Pennebaker and colleagues on disclosure of traumatic events, notably bereavement, reduces health problems (e.g., Pennebaker & Francis, 1996). The focus has been on health benefits, rather than examination of the interactive process of communication. Third, there is the field of counselling and therapy. Research in this area (e.g., Raphael, 1984) has had as its predominant goal the promotion of individual recovery, rather than investigation of family (social) processes or the creation of family interventions.

Interpersonal variables considered

Additional interpersonal variables can and need to be identified. Researchers have, it seems, only just begun to put the range of potentially-critical social variables under the scientific magnifying glass. Topics of concern emerge as: Loss of a social relationship; the impact of other's on one's own grief; dynamics of shared grieving; shattering of family constellation, value of alliance with similar others; and interpersonal functions of social support.

The next question is how to go about studying interpersonal as well as intrapersonal phenomena. As we have argued in general elsewhere (e.g., Stroebe, Schut & Stroebe, 1998), we need a bereavement-specific theoretical framework. We also need to keep in mind that we are not talking about phenomena of bereavement simply at two different (alternative) levels of analysis, but about explaining more of the variance across a broader range of outcomes by including inter- and intrapersonal factors.

The Dual Process Model

Our newly-developed Dual Process Model of Coping with Bereavement is taken as a starting point (Stroebe & Schut, in press). This perspective overcomes some of the limitations of earlier formulations and offers a framework for extending scope beyond the intrapersonal, to the interpersonal level of analysis.

Intrapersonal level analysis

In this formulation, two types of stressor are identified, so-called loss- and restoration-oriented. As described in more detail elsewhere (Stroebe & Schut, in press) loss orientation refers to aspects of the loss experience itself, particularly with respect to the deceased person. This includes working through grief, yearning and rumination. Restoration-orientation refers to the secondary stressors that occur as a consequence of bereavement, that is, the substantial adjustments that have to be made across a variety of life dimensions, causing additional upset. These may include mastering tasks that the deceased had undertaken; dealing with arrangements for the reorganisation of life; developing a new identity; and beginning new relationships and roles.

Our model postulates the necessity for a dynamic, regulatory coping process of oscillation, whereby the grieving individual at times confronts, at other times avoids, the different aspects of grieving (loss versus restoration). It also argues the need for dosage of grieving, that is, the need to stop dealing with either stressor for a while, as an integral part of adaptive coping.

Interpersonal level

Loss- and restoration-orientation are also regulated, in part, by particular others. This could occur in a number of different ways. Three main themes emerge from review of the scientific literature, namely, interpersonal regulation; social construction of loss; and the impact of bereavement on interpersonal relationships.

Interpersonal regulation.

There are two related aspects. First, interpersonal regulation of individual grieving may occur. Illustrative of the manner in which others can impact on the way that a person grieves is the bereavement intervention efficacy study by Schut, Stroebe, De Keijser and Van den Bout (1997). This program offered grief counselling to widows and widowers for mildly disturbed grief. The participants had been bereaved for 11 months. They were randomly assigned to individual intervention that either followed client-centred or behavioural therapy guidelines. Thus, the former was more directed at open expression of emotion, the latter at dealing with the problems associated with the bereavement situation. Following the Dual Process Model, the client-centred therapy would encourage loss orientation, the behaviour therapy, restoration-orientation. Results showed a gender by intervention condition interaction effect: 'Teaching bereaved men and women to cope in the way that the opposite gender usually adopts (teaching men to be more emotion-, women to be more problem-oriented) was associated with lowering of distress.

Second, ways of coping may be interdependent. Parental loss of a child illustrates this. In line with the gender difference in expression of emotions such as grief (cf. Schut et al., 1997), research has shown that mothers are more loss-oriented than fathers (Dijkstra, Van den Bout, Stroebe, Schut & Stroebe, 1998). The one way of coping would, however, be expected to affect the other. The father might encourage his wife to take time off grieving, while the mother might initiate talking about the deceased child, or visiting the grave. Further analyses of the Dijkstra et al. (1998) study will shed more light on this.

Social construction

The narratives that are created by the bereaved, including those about the nature of the deceased's life and death, are not only part of the grieving process itself, but can influence the outcome of grief. Scientific scope can thus be extended beyond health, with respect not only to processing (i.e. including social

dimensions) but also to outcomes (e.g., integration of the deceased into ongoing life). Three lines of research illustrate social construction phenomena.

First meaning-making in groups takes place. Winchester-Nadeau (1998) conducted an intensive study of 10 multigenerational, grieving families, to probe how families interact to make sense of loss and the nature and meanings they construct. Interpersonal factors were identified as powerful influences on individual grief. For example, a family with rules against sharing feelings contrasted greatly with one where the rules called for openness and vulnerability.

Second, there is social construction of biography. The purpose of grief, according to Walter (1996) is to grasp the reality of the death: 'the construction of a durable biography that enables the living to integrate the memory of the dead into their ongoing lives' (p. 7). The process whereby this is achieved is principally through talking to others who knew the deceased. According to Walter, even if talking does not help adjustment in terms of recovery from distress, it does help in the process of biography construction, the dimension along which adjustment should be measured. It is evident that, while overlapping in interest with the research of Winchester-Nadeau (1998), Walter's perspective extends the scientific interest to outcome (or 'product', in his nomenclature) variables.

Third, a body of research has concentrated on how bereaved persons attempt to detach themselves from – versus maintain their ties with – the deceased. The construct of 'continuing bonds' can be viewed as part of the grieving process. For instance, a person may strive to retain closeness with the deceased through visiting the grave or through spiritualism. It can also be analysed in terms of outcomes of grief, for example, there may be 'relocation', in that the bereaved have found a place for the deceased in their ongoing lives and no longer need to (re)construct the person's importance (Klass, Silverman & Nickman, 1996).

The above research on interpersonal regulation is not difficult to incorporate within the Dual Process Model framework. With respect to loss orientation, the kinds of changes in meaning necessary for adjustment – such as finding a new place in ongoing life for the person who is no longer there – might be sought in the company of others. In dwelling together on the loss, families may confirm narratives of the past, discard others, and come closer together through their construction of the meaning of loss. There is also need for re-ordering one's narrative of the self, as pinpointed in restoration-oriented coping. Restoration-orientation would involve a process of personal growth, including as it does the redefinition of self and identity, finding of new meanings in life, new goals and objectives that were not perhaps even possible before the death.

The impact of bereavement on interpersonal relationships According to our model, similarities / differences in loss- versus restoration-oriented coping positively or negatively affect relationships. We have called these concordant versus discordant ways of coping. Evidence comes from the literature on child loss. Surprisingly, review of this body of research (Dijkstra & Stroebe, 1998) presents a confusing picture, with some writers arguing that child loss does not affect a marriage, others arguing for positive and yet others for negative effects, including high separation and divorce rates. Scrutiny of the studies suggested an explanation for this, in terms of what we call a *bereavement polarisation effect*: some couples experience greater closeness, others greater conflict, associated with high separation and divorce rates. Similarly, analysis suggests an *enhancement-aggravation phenomenon* within couples, with respect to specific relationship dimensions. For example, couples may experience increased support and protection for or from one another, yet they may feel mutual aggravation and relationship strain. Predictions with regard to our model are complex, but one would be that couples extremely discordant with respect to loss- versus restora-

tion-orientation would experience high conflict. An example would be discordance with respect to the need to 'take time off' grieving. If one partner were to dwell on loss, while the other were to avoid memories wherever possible, coming to terms with loss would be difficult. There would be little interpersonal regulation if the ways of coping were too extremely different.

Conclusions

We have tried to demonstrate that loss and restoration-oriented ways of coping are not only determined by interpersonal and intrapersonal processes, but that they also impact on interpersonal relationships themselves. In our view the intra- and interpersonal perspectives described above are complementary rather than alternative, compatible rather than contradictory. The phenomena of grief and grieving, and the prediction of outcome or adjustment following loss, can be better understood if an attempt is made to integrate the two approaches. The Dual Process Model of Coping with Bereavement goes some way toward providing an integrative framework. Further testing of our model is needed to examine the bidirectional influences of the social context and bereavement suggested above.

References

- Bowlby, J. (1980). *Attachment and loss. Vol. 3. Loss: Sadness and depression*. London: Hogarth.
- Dijkstra, I. & Stroebe, M. (1998). The impact of a child's death on parents: A myth (not yet) disproved? *Journal of Family Studies, 4*, 159-185.
- Dijkstra, I., Bout, J. van den, Stroebe, W., Schut, H.A.W. & Stroebe, M. (1998). *Family bereavement*. Paper presented at the Second Dutch Conference on Psychology & Health, Kerkrade.
- Freud, S. (1917). Mourning and melancholia. In J. Strachey (Ed.) *Standard edition of the complete psychological works of Sigmund Freud*. London: Hogarth.
- Klass, D., Silverman, P. & Nickman, S. (1996). *Continuing bonds: New understandings of grief*. Washington: Taylor & Francis.
- Lindemann, E. (1944). Symptomatology and management of acute grief. *American Journal of Psychiatry, 101*, 141-148.
- Parkes, C.M. (1996). *Bereavement: Studies of grief in adult life*. New York: International Universities Press.
- Pennebaker, J. & Francis, M. (1996). Cognitive, emotional, and language processes in disclosure. *Cognition & Emotion, 10*, 601-626.
- Raphael, B. (1984). *The anatomy of bereavement: A handbook for the caring professions*. London: Hutchinson.
- Sanders, C. (1980). A comparison of adult bereavement in the death of a spouse, child, and parent. *Omega, 10*, 303-22.
- Schut, H.A.W., Stroebe, M., Keijser, J. de. & Bout, J. van den (1977). Intervention for the bereaved: Gender differences in the efficacy of grief counselling. *British Journal of Clinical Psychology, 36*, 63-72.
- Stroebe, M., Schut, H.A.W. & Stroebe, W. (1998). Trauma and grief: A comparative analysis. In J. Harvey (Ed.) *Perspectives on loss: A sourcebook* (pp. 81-96). Washington: Taylor & Francis.
- Stroebe, M. & Schut, H.A.W. (In press). The Dual Process Model of Coping with Bereavement: Rationale and description. *Death Studies*.
- Walter, T. (1996). A new model of grief: Bereavement and biography. *Mortality, 1*, 7-25.
- Winchester-Nadeau, J. (1998). *Families making sense of death*. Thousand Oaks, CA: Sage.
- Wortman, C. & Silver, R. (1989). The myths of coping with loss. *Journal of Consulting and Clinical Psychology, 57*, 349-357.