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CONTINUING BONDS AND GRIEF: A PROSPECTIVE ANALYSIS

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Using data of 56 bereaved individuals, this study examined associations of various manifestations of continuing bonds, assessed at 7–12 months post-loss, with concurrent and prospective (9 months later) symptoms of grief and depression. Among other things it was found that, independent of initial symptom levels, manifestations of continuing bonds differed in their associations with subsequent grief and depression. That is, continuing bonds through recovering memories was a strong predictor of grief but not depression, whereas continuing bonds through the use of the deceased's possessions was a weak predictor of both grief and depression. In part, these findings contradict earlier prospective findings.

Introduction

The concept of “continuing bonds” is fundamental in scientific literature on bereavement (cf. Field, Gao, & Paderna, 2005; Klass, Silverman, & Nickman, 1996). It is integrated in a wide variety of theoretical approaches and discussed in the context of applied research too. Yet, researchers have only recently started to empirically investigate the role of continuing bonds in recovery from loss. As stated elsewhere, it is still unclear if and how continuing ties with the lost person either facilitates or interferes with adjustment after bereavement (Stroebe & Schut, 2005).

There is some cross-sectional evidence for an association between continuing bonds and difficulties with recovery from loss (e.g., Field & Friedrichs, 2004; Field, Gal-Oz, & Bonanno, 2003; for reviews, see Boerner & Heckhausen, 2003; Stroebe & Schut, 2005). However, these findings are open to alternative interpretations.

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The concurrence of manifestations of continuing bonds and grief symptoms may, indeed, reflect a causal relationship with a continuation of bonds causing symptoms to persist. Yet other interpretations are plausible as well. It is possible that intense grief (caused by, for instance, strong interdependence or the loss having a violent cause) strengthens the inclination to cling to the lost person rather than reverse. To make matters more complicated, it is even possible that both bonds and grief are caused by a third factor (e.g., insecure attachment, neuroticism). Finally, potential overlap between measures of continuing bonds on the one hand and measures of grief on the other, complicates the examination of associations between the concepts (Schut, Stroebe, Boelen, & Zijerveld, 2006, this issue).

Field, Nichols, Holen, and Horowitz (1999) went beyond the limitations of cross-sectional studies, using a longitudinal design to examine the relation of continuing bonds with adjustment to bereavement. Importantly, these authors derived four core items of continuing bonds, having criticized earlier research for restricting investigation to the phenomenon of “sense of presence of the deceased”. In addition to sense of presence, they included two items representing continuing bonds through using the deceased’s possessions, and one item tapping maintaining a connection through recovering memories. Results showed that the possession items (i.e., failure to relinquish the possessions of the lost person and seeking comfort through contact with the deceased’s belongings) but not the other two items were predictive of less of a decrease of grief symptoms over time. Thus, this study showed that some (but not other) forms of continuing bonds are not just derivatives of grief-specific symptoms but indeed predict maladjustment.

The aim of the current study was to build on Field et al.’s (1999) study by further exploring the effect of manifestations of continuing bonds on the development of grief reactions over time. Similarly to Field et al., we addressed limitations of earlier cross-sectional studies by using a prospective design. However, there were several differences between the two studies. Field et al. (1999) added a unique component to their study: after being subjected to an interview to assess continuing bonds and administration of questionnaires assessing outcome measures, study participants engaged in a so-called *empty-chair monologue role play*,

a role-play involving their deceased spouse. As the authors noted, the monologue role-play is “a powerful intervention confronting the bereaved individual with the reality of loss” (p. 213). Although the empty-chair role play can be seen as a powerful method to assess grief resolution (Field & Horowitz, 1998), it is possible that, as an intervention, the role play influences the way people cope with and react to their loss. Therefore, such an intervention possibly interferes with the assessment of the pure impact of continuing bonds on the subsequent course of grief—that is, the role play may affect either or both bonds and symptoms, perhaps differentially for those with facilitating versus interfering bonds. A first difference between our study and that of Field et al. (1999) is that ours did not include the empty-chair monologue role play.

A second difference is that Field et al. used the Texas Revised Inventory of Grief (TRIG; Faschingbauer, Zisook, & DeVaul, 1987) to assess grief, whereas we used a more comprehensive measure, namely the revised Inventory of Complicated Grief (ICG-R) developed by Prigerson and Jacobs (2001). There were several advantages to using the ICG-R. First, as the ICG-R includes over twice as many items than the TRIG, its use enabled us to remove conceptual overlap with continuing bonds items in sub-analyses, without eliminating most of the items. Secondly, the ICG-R has much better psychometric properties than the TRIG (see Neimeyer & Hogan, 2001). Thirdly, as the ICG-R has been claimed to include more grief symptoms that are predictive of long-term dysfunction (i.e., symptoms of complicated grief; see Prigerson et al., 1995), its use allowed us to explore the influence of manifestations of continuing bonds on potentially maladaptive symptoms of grief. An additional difference between our study and that of Field et al. (1999) is that, apart from looking at the link of individual continuing bonds items with grief, we examined the value of the composite score of the summed continuing bonds items in predicting grief.

Method

Data were gathered in the context of a study on negative interpretations of grief reactions in emotional problems after bereavement (Boelen, van den Bout, & van den Hout, 2003a). For this study, participants were recruited through an advertisement on an Internet site

with information about grief. Bereaved individuals were invited to participate either by completing questionnaires online or by having paper-and-pencil questionnaires sent to their homes. Online completers were included in a separate study, whereas paper-and-pencil completers were included in the study on negative interpretations of grief reactions and, as such, also in the current study. In total, 490 people had questionnaires sent to their homes and 260 (53%) completed and returned them. Of the group of 260, there were 71 participants whose losses had occurred within the previous half year. They were all asked to complete questionnaires again 6 months later and again 9 months after the second data collection point.

The data for the present study on continuing bonds were collected at the second assessment point (7 to 12 months post-loss) and at the third assessment point (16 to 21 months post-loss). In total, 56 people participated at the second point, 47 (84%) of whom again completed questionnaires at the third assessment nine months later. Most participants (79%) were female, 34% had lost a partner or spouse, 9% had lost a child, 41% had lost a parent, and 16% lost someone else. In over half of all cases, causes of death were illnesses. The mean age of participants was 38.4 ($SD = 11.9$) years and the average time since loss at initial completion of the current study measures was 9.3 ($SD = 2.0$) months.

Participants all completed the Dutch version of the (ICG-R), a 30-item measure of complicated grief symptoms.¹ It was originally developed by Prigerson and Jacobs (2001). The slightly shortened (29-item) Dutch version has demonstrated good psychometric properties in various studies (e.g., Boelen, van den Bout, de Keijser, & Hoijtink, 2003b). Participants also completed the 16-item subscale Depression of the SCL-90 (Dutch version by Arrindell & Ettema, 2003). This measure was included to enable assessment of any differential impact of continuing bonds on grief versus depression. In the present sample ($N = 56$) the ICG-R and SCL depression scale yielded alpha's of .83 and .91, respectively.

Following the core components identified by Field et al. (1999), three items were constructed to tap manifestations of continuing bonds: (a) "How often did you have a sense that the

¹This is the same questionnaire that has appeared in the literature as Inventory of Traumatic Grief (ITG).

deceased knew what you were doing or that he/she guided you—as if he/she was still around?”, (b) “How often did you take possessions of the deceased as a means to feel “near” him/her or to feel calmed?”, and (c) “How often did you feel calmed or supported by recovering particular memories or thoughts pertaining to the deceased?” (Henceforth, items will be referred to as “presence”, “possessions”, and “memories” items, respectively.) Participants rated their answers on 5-point scales with anchors *never*, *seldom*, *rarely*, *frequently*, and *always*. As a 3-item scale, the continuing bonds items yielded an alpha of .60. The average item-total correlations was .42.

Results

Intercorrelations Among Continuing Bonds Items

The correlation of continuing bonds Item 1 (“presence”) with Item 2 (“possessions”) was $r = .19$ ($p > .10$), of Item 1 (“presence”) with Item 3 (“memories”) was $r = .33$ ($p < .05$), and of item 2 (“possessions”) with item 3 (“memories”) was $r = .43$ ($p < .01$). The magnitude of the intercorrelations indicate that it was justified to treat the items as separate variables in subsequent analyses.

Concurrent and Prospective Associations of Continuing Bonds with Grief

To investigate the concurrent and prospective associations of continuing bonds with grief severity, correlations of individual and summed continuing bonds items assessed at 7 to 12 months post-loss with grief and depression assessed at 7 to 12 and 16 to 21 months post-loss were calculated using Spearman’s Rho. Results are shown in Table 1. The first continuing bonds item (“presence”) was related with concurrent but not prospective symptom levels, the second item (“possessions”) with both concurrent and prospective symptoms ($p = .08$ for correlation with depression), and the third item (“memories”) was unrelated to symptoms. The summed continuing bonds items were related with concurrent and prospective grief and with concurrent (but not prospective) depression.

TABLE 1 Zero Order and Partial Correlations of Individual and Summed Continuing Bonds Items with Concurrent and Prospective Grief and Depression

Continuing bonds item	Concurrent symptoms		Symptoms 9 months later			
	SCL-depression		ICG-R		SCL-depression	
	Zero-order correlations ^a	Zero-order correlations	Zero-order correlations ^a	Partial correlations ^a	Zero-order correlations	Partial correlations
Had a sense that the deceased was guiding you, as if he/she is still around	.30* (.24 [†])	.30*	.09 (.07)	-.10 (-.10)	.02	-.15
Cherished possessions of the deceased to feel near him/her	.28* (.24 [†])	.31*	.37* (.32*)	.28 [†] (.24)	.26 [†]	.16
Felt calmed by recovering memories or thoughts pertaining to the deceased	-.03 (-.07)	.04	.18 (.15)	.35* (.35*)	.05	.11
Summed continuing bonds items	.29* (.22)	.32*	.30* (.25 [†])	.22 (.21)	.15	.04

Note. ICG-R = Inventory of Complicated Grief—revised; SCL = Symptom Checklist.

^aCorrelations with reduced ICG-R are shown in parentheses.

[†] $p < .10$. * $p < .05$ (two-tailed).

Predictive Relationship of Continuing Bonds with Prospective Symptoms Independent of Concurrent Symptoms

To investigate the extent to which manifestations of continuing bonds predicted later grief and depression independent of initial symptoms levels, partial correlations of continuing bonds items assessed at 7–12 months post-loss with symptoms 9 months later (at 16–21 months post-loss) controlling for initial symptom levels were calculated (Table 1). As a trend, the second continuing bonds item (“possessions”) predicted later grief severity ($r_p = .28$, $p = .06$). The third item (“memories”) predicted a relatively large amount of variance in ICG–R scores at the assessment point 9 months later, independent of initial ICG–R scores ($r_p = .35$, $p = .02$). Partial correlations with depression were not significant.

Additional Analyses Controlling for Conceptual Overlap Between Continuing Bonds and Grief

Elsewhere, we have argued that examination of the association between continuing bonds and grief is complicated by the fact that, at least in some studies, there are confounds in content between measures used to operationalize the concepts (Schut et al., 2006, this issue). In our final analyses, it was our intention to reduce potential confounds in content between our measures of continuing bonds and grief that possibly artificially increased associations between the two constructs. To this end, we removed all items from the ICG–R that could be interpreted as representing a manifestation of continuing bonds. Removed were Items 2 (thinking about the deceased much), 6 (feeling drawn to places and things associated with deceased), 12 (having pain and symptoms as, or assuming behaviors of the deceased), 15 (hearing the deceased), and 16 (seeing the deceased). As depicted in Table 1, zero-order correlations of individual and summed continuing bonds items with concurrent and prospective ICG–R scores decreased slightly, with some correlations no longer being statistically significant. Partial correlations hardly changed when these five items were removed from the ICG–R.

Discussion

The current findings link up with earlier studies that have shown that some forms of continuing bonds expressions are related to maladjustment to bereavement (Field et al., 2003; Field & Friedrichs, 2004; Schut et al., 2006, this issue). Moreover, our prospective findings are in line with those of Field et al. (1999) who also found that some manifestations of continuing bonds are not just correlates of distress, but are predictive of poor outcome. Yet, there are interesting differences between their findings and ours. Field et al. (1999) found that, after controlling for initial symptom levels, holding on to the deceased's possessions but not gaining comfort through memories was predictive of more severe grief reactions over time. Conversely, we found that, beyond initial symptom levels, the tendency to cherish possessions was only predictive of later grief symptom severity as a trend, whereas feeling calmed and supported by memories was a relatively strong predictor of the intensity of grief symptoms later in time. When we removed potential continuing bonds-like items from the ICG-R, the "memories" item but not the "possessions" item continued to predict later grief symptom severity, independent of initial grief symptom severity.

There are several methodological differences between the present study and the study of Field et al. (1999) that possibly account for the differences in findings. First, it is possible that these differences are due to the fact the Field et al.'s study included an intervention (the empty-chair monologue role play) whereas ours did not. Secondly, it is possible that the use of different measures of grief symptomatology (TRIG vs. ICG-R) accounts for the differences in findings. Keeping in mind that the ICG-R includes more maladaptive grief reactions than the TRIG does (Neimeyer & Hogan, 2001), differences between the present findings and Field et al.'s findings could be interpreted as indicating that cherishing possessions is linked with adaptive but not maladaptive grief, whereas the reverse is true for recovering memories.

The current findings should be interpreted with caution, given the limitations of the present study such as its relatively small sample, our reliance on self-report measures to assess both continuing bonds and symptoms, and our inclusion of only a small number of continuing bonds items. In addition, the fact that this study was

conducted in the Netherlands should be considered in the generalization of its results.

Clearly, more longitudinal research is essential for disentangling the relationship between continuing bonds and bereavement outcome. There has been much speculation about links between bonds and adjustment in both the popular and scientific literatures, yet very little sound empirical investigation has as yet been conducted on this topic. As we argued in the introduction, no conclusions can be drawn about the direction of causality from cross-sectional studies, and furthermore, conceptual overlap between bonds and grief has not been addressed in earlier studies. Our study has provided longitudinal replication of the Field et al. (1999) study, omitting a design feature that could have confounded the original results. Clearly, there is scope for further investigation. Nonetheless, findings do indicate that there may well be a differential influence of various types of manifestations of continuing bonds on various kinds of responses to loss.

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