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To cite this article: Henk A. W. Schut , Margaret S. Stroebe , Paul A. Boelen & Annemieke M. Zijerveld (2006) Continuing Relationships with the Deceased: Disentangling Bonds and Grief, Death Studies, 30:8, 757-766, DOI: [10.1080/07481180600850666](https://doi.org/10.1080/07481180600850666)

To link to this article: <https://doi.org/10.1080/07481180600850666>



Published online: 23 Nov 2006.



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CONTINUING RELATIONSHIPS WITH THE DECEASED: DISENTANGLING BONDS AND GRIEF

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Some studies of the relationship between continuing bonds and grief intensity have claimed that continuing bonds lead to poor adaptation to bereavement. However, operationalizations of continuing bonds and grief intensity appear to overlap conceptually. Thus, it is still unclear what character the connection between continuing bonds and grief bears and how strong the relationship is. Three studies are reported, 2 of which examine the perception of conceptual overlap between continuing bonds and grief intensity, and 1 that examines whether reducing this perceived conceptual overlap affects the association between continuing bonds and grief intensity. In the first 2 studies, extent of perception of conceptual overlap was established, and subscales for the bonds and grief measures were derived that could be considered less overlapping. In the third study, relationships between bonds, grief, and well-being were calculated for the original scales and those reduced on the basis of deleted perceived overlap. When conceptual overlap was reduced, the relationship between grief and continuing bonds was slightly lower but not significantly so, as happened to the relationship between bonds and well-being. By contrast, the link between grief intensity and well-being did not diminish after deleting the overlapping items. These patterns suggest that future research should continue to explore whether the association between continuing bonds and grief intensity is due to conceptual overlap.

In bereavement research, the notion of “continuing bonds” is generally understood to denote the presence of an ongoing inner relationship with the deceased person by the bereaved individual (cf. Field, Gal-Oz, & Bonanno, 2003; Shuchter & Zisook, 1993). In recent years, researchers have argued that continuing a bond with a deceased person facilitates adjustment (e.g., Benore

We wish to thank Esmeralda Meijberg, Jan Joris Moolenaar, Mohammed Said, Marjon Seriese, Eroica Stoelinga and Joke Veldman for collecting the data for Study 2.

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& Park, 2004; Fisher, 2001; Klass, Silverman, & Nickman, 1996). This position is in contrast with the earlier position of Freud (1917/1957) and other psychoanalytically oriented theorists, who maintained that relinquishing the strong affective bond to the deceased person is necessary for adaptation to bereavement. The latter view went on to dominate scientific thinking in subsequent decades (e.g., Rando, 1984; Raphael, 1983; Sanders, 1989; Worden, 1982), until the recent shift toward the continuing bonds perspective.

Little empirical support has thus far been provided for either position (see Stroebe & Schut, 2005, for a review). Recently, however, investigators have begun to examine the types of continuing bonds that may be associated with (mal)adaptation (e.g., Bonanno, Mihalecz, & LeJeune, 1999; Bonanno, Notarius, Gunzerath, Keltner, & Horowitz, 1998; Field, Nichols, Holen, & Horowitz, 1999; Field, Gal-Oz, & Bonanno, 2003; Field & Sundin, 2001; Field & Friedrichs, 2004; Rubin, 1992; Wortman & Silver, 2001). For example, Field and colleagues have conducted studies on the relationship of specific types of continued bonds, developing a new scale, the Continuing Bonds Scale (CBS; see Field et al., 1999; Field et al., 2003) to assess the (mal-)adaptiveness of different continuing bonds expressions. In one of their studies, Field et al. (1999) found that certain types of continued bonds (e.g., keeping possessions) were associated with increased levels of grief, whereas another (sensing the deceased's presence) was not.

In another of their studies, Field et al. (2003) examined the long-term outcomes of a sample of bereaved participants. At 5 years post-loss, those with higher grief scores (on the Texas Revised Inventory of Grief, TRIG; Faschingbauer, 1981) retained closer continuing bonds (on the CBS) than those with lower grief scores. The authors concluded that "the bereaved's extent of continuing bonds use rather than the type of expression is the more important factor associated with bereavement-related adjustment" (p. 115). In other words, in this study they concluded that intensity of continued bonding was more relevant to outcome than the specific type of continued bond. Although the investigators of this (and other) studies have been careful not to make explicit causal statements, the interest is clearly not simply to show an association, but to investigate the impact of continuing bonds on grief.

Grasping the character of the relationship between continuing bonds and grief intensity is complicated even more by possible

conceptual overlap between the two constructs. Compare, for example, "I am preoccupied with thoughts (often think) about the person who died"—a TRIG item—with "I seek out things to remind me of my spouse"—a CBS item. Field et al. (2003) argued that the strong correlations were no problem, because "whereas the CBS items all imply positive states associated with a sense of connection to the deceased, the TRIG items focus on emotional response linked to the sense of absence of the deceased loved one" (p. 115). In our view, Field et al.'s argument does not solve the problem of possible overlap in item content: Each scale could include both positively and negatively phrased items (e.g., for repoling on the CBS, one could include items such as: "I avoid thoughts of the person who died" or "I do not seek out things to remind me of my spouse"). It is theoretically and clinically important to try to establish whether (and/or in what manner) continuing bonds are related to bereavement adjustment. Should coming to terms with grief take the form of calling up memories and retaining the bond with the deceased, or precisely the opposite: Does one need to relocate the deceased and move on?

Our investigation was designed to provide further exploration of the relationship between continuing bonds and grief, building on the previous research, particularly the study by Field et al. (2003) outlined above. First, we tried to establish possible conceptual overlap versus distinction between the two scales, TRIG and CBS. Based on evaluations of experts and a general group of persons, we examined categorization of each of the TRIG and CBS items as representative of grief versus continuing bonds. Next, we devised reduced scales of the TRIG and the CBS to measure grief and continuing bonds that were "uncontaminated" by each other, in the sense that the former were evaluated only as typical of grief, the latter only of continuing bonds. Following the procedure of Field et al., we then compared the relationship between bereaved persons' responses on the two original CBS and TRIG scales with those on the new subscales. We expected the relationship between grief and bonds to be substantially reduced when conceptual overlap between the two was reduced. Finally, to further examine the relationship between continuing bonds and outcome, we compared the relationship between continuing bonds (and grief) and well-being for the original and for the new, reduced CBS. We expected a lowering of the correlation between the

reduced continuing bonds scale and well-being (though not between grief and well-being), because of the lowering in conceptual overlap (which would speak for an interpretation—at least in part—in terms of conceptual overlap rather than an associative or causal relationship between continuing bonds and grief intensity).

Method

Study 1

To examine how typical for grief vs. continuing bonds each of the TRIG present and CBS items were, we first asked 23 international experts in the field of bereavement (members of an international bereavement workgroup, who were asked to fill in a questionnaire anonymously at a meeting) to rate on a 7-point scale all items of these two scales: (a) How representative these were of grief over the deceased (“How far, in your opinion, do the following statements from bereaved persons represent grief over the deceased after bereavement?”) and (b) How representative these were of the continuation of the bond to the deceased (“How far, in your opinion, do the following statements from bereaved persons represent continuation of the bond (i.e., sense of connection) with the deceased after bereavement?”).

Study 2

We extended the within-subject design of Study 1 to include a between-subject design. Furthermore, we examined whether grief and continuing bonds are considered to be separate phenomena by a general group of persons. Potential respondents were drawn from public places (e.g., shopping malls, train commuters). A total of 325 respondents (all Dutch, 140 men and 185 women, M age = 29.4, SD = 12.6) were given both TRIG present and CBS. Ninety nine persons were asked (in the same manner as Study 1) how representative the items were for grief and continuing bonds (the two questionnaires were presented in random order), 108 persons were asked only about grief, and 118 only about continuing bonds. To enable us to analyze differences between bereaved and non-bereaved, we divided participants into

212 persons who had suffered a loss in the last five years (mainly friends and parents) and 111 who had not.

Study 3

Fifty five bereaved persons (26 men and 29 women, $M_{age} = 30.0$, $SD = 13.2$) were asked to fill in both TRIG and CBS, in order for us to examine the correlation between the original scales, as well as the correlation between the scales when items that were considered atypical of grief or continuing bonds in Study 1 or 2 were excluded. Furthermore, differential correlations with psychological well-being (Depression Adjective Check List; Lubin, 1965) were calculated.

Results

Study 1

First we examined conceptual overlap versus distinction in TRIG (grief) and CBS (continuing bonds) among experts. When asked to score TRIG and CBS items in terms of how representative they were for grief or continuing bonds, these experts rated the TRIG items as more representative of grief than of continuing bonds, $t(16) = 6.4$, $p < .001$; whereas the CBS items were considered more representative of continuing bonds than of grief, $t(18) = 4.1$, $p = .001$. On an item level, of the total of 25 TRIG and CBS items, 23 were placed in the correct domain (i.e. grief or bonds), whereas for two items (1 TRIG “No one will ever take the place in my life of the deceased”, and 1 CBS “I seek out things that remind me of my spouse”) there was no difference in scoring.

This shows clear differentiation between the two concepts by experts. However, it is possible that these results were influenced by priming of the context (i.e., forcing the comparison between grief and continuing bonds). Also, these bereavements experts may have been familiar with the two scales. Therefore, in Study 2 we recruited persons from the general public and we introduced a between- and within-subject condition (thus eliminating the possibility of priming).

Study 2

Within-subject analyses showed that, when asked how representative they were of grief, the TRIG and CBS were considered equally representative. By contrast, when asked how representative they were of continuing bonds, the CBS was considered more representative than the TRIG, $t(67) = 7.70$, $p < .001$. TRIG items in general were rated as more representative of grief than of continuing bonds, $t(67) = 2.8$, $p < .01$, while CBS-items were considered more typical of continuing bonds than of grief, $t(70) = 3.38$, $p < .001$.

In the between-subject condition, when asked how representative of grief, the TRIG and CBS scales were considered equally representative. When asked how representative of continuing bonds, as was the case in the within-subject design, the CBS items were considered more typical than the TRIG items, $t(91) = 4.42$, $p = .001$. TRIG items were considered as representative of grief as they were of continuing bonds. A comparison of those who had suffered a bereavement in the last 5 years with the non-bereaved subgroup showed no significant differences on any of the results described above.

We examined the correctness of assignment of CBS and TRIG items among the 99 participants who rated both grief and continuing bonds. Of the total 24 items, 11 were correctly assigned to continuing bonds or grief; 6 items from the CBS and 5 items from the TRIG. The other 13 did not differ significantly in scoring. Thus, it seems that, in comparison with grief experts, the general public is less inclined to make a distinction between the two concepts.

In summary, the results of the within- and between-subject designs in Study 2 produced somewhat different patterns from Study 1. The TRIG led to slightly more differentiation (lower scores on continuing bonds, higher on grief) when both contexts were offered to the respondent. The representativeness of the CBS items seemed to be independent of the design. All in all, conceptual differentiation was greater among the experts than among the respondents from the general public. Finally, comparison of persons who had experienced a bereavement with those who had not, showed no significant differences: Having personal experience with loss does not seem to affect a person's ability to identify grief and continuing bonds as separate entities.

Study 3

From Study 2 we derived two so-called reduced scales from the TRIG and the CBS. We selected those items of the original lists that were evaluated as representative only of grief or of continuing bonds by the general sample from Study 2 (i.e., the 6 CBS and 5 TRIG items). In this way we tried to reduce conceptual overlap between the two scales. We analyzed the correlations between (a) the original scales, (b) the reduced scales, and (c) their relationships to well-being. The correlation between TRIG and CBS was .61 ($p < .001$), whereas the correlation between the reduced TRIG and CBS was .54 ($p < .001$), which was, however, a non-significant drop ($z = .53$, $p = n.s.$). Interestingly, the correlation between the CBS and well-being (DACL) dropped slightly from .39 using the original CBS to .31 when the reduced CBS was used, whereas the relationship between the DACL and the TRIG did not change at all using the original ($r = .47$) or the reduced version ($r = .48$).

Discussion

There were two main objectives in conducting this research project. First, in Studies 1 and 2, we tried to establish the extent of conceptual overlap versus distinction between continuing bonds and grief by examining the relationship between two scales, namely the TRIG and the CBS. Second, in Study 3, we set out to examine the empirical overlap between these two scales and the relationship with well-being (with, and, importantly, without the conceptual overlap).

We found evidence of clear differentiation between the two concepts by experts, which validates the existence of the two phenomena on a clinical and scientific level. However, the question remained whether this was because of experts' knowledge of the questionnaires, and/or to the fact that they were explicitly asked to rate all items twice, once in terms of being typical for grief, once for continuing bonds, thereby highlighting the comparison between the two. In Study 2, therefore, a general sample was included. Participants were either asked to rate the items as being typical of grief, or continuing bonds, or both. This led to less differentiation in the within-subject design. We found that these persons were less able to distinguish between the concepts of grief and

continuing bonds. The differences between Study 1 and 2 are best understood in terms of the samples. In the between-subject design, when participants were asked how typical items were of grief, both grief and continuing bond items were considered as typical. When asked how characteristic items were of continuing bonds, in line with the intentions of the test, only continuing bond items were actually considered characteristic. Interestingly, no differences in evaluations were found between persons with or without prior personal experience of bereavement.

Thus, when comparison between the two scales was not highlighted, as had been the case in Study 1, less differentiation also occurs. It would then be premature to conclude that the TRIG and CBS represent independent, non-overlapping concepts, on the basis of expert views alone. Persons in the general population clearly do not make such clear distinctions between the concepts.

Study 2 enabled us also to identify, empirically, those items on the TRIG and CBS that were not overlapping, in the sense that they were 'correctly' evaluated as grief, or as continuing bonds items, and not 'incorrectly' as belonging to the other scale. Based on these non-overlapping items we created reduced TRIG and reduced CBS, that were put to a preliminary test in Study 3. Compared with the original scales, the reduced scales were less highly, though still substantially, correlated. The reduction in the correlation did not reach significance, which could be due to lack of power. Nevertheless, the results indicate that we are still dealing with related constructs. It is even possible that continuing bonds is an intrinsic aspect of grief. Future research should try to separate the two constructs in measurement. The Inventory of Complicated Grief (ICG; Prigerson & Jacobs, 2001) may lend itself better for this purpose than the TRIG, since there seems to be less overlap. Our reduced scales of the TRIG were created to lessen the overlap. Compared with original ones, this also led to an apparent, though non-significant lowering of the correlation between continuing bonds and well-being. This may suggest that the high correlation between continuing bonds (as measured on the original list) and well-being may, at least to some extent, be due to conceptual overlap. It is indicative that the correlation between grief (as measured on the reduced scale) and well-being, which both can be considered measures of distress, did not decrease.

We have raised the possibility, and begun to examine whether the frequently found association between continuing bonds and grief may, at least partially, be due to overlap in the operationalization of the two constructs. We have suggested that previous studies that have purported to show that continuing bonds lead to better—or in other studies worse—adaptation to bereavement may have drawn invalid conclusions. To illustrate this point: It is quite possible that in assessing continuing bonds that are “comforting” researchers have simply been measuring an aspect of adaptive grieving, while in assessing continuing bonds that are “clinging” they have measured an aspect of maladaptive grieving. In future research it would be advisable to take account of confounding between measures of bonds and grief, which can be done in longitudinal research. We have also indicated the necessity for longitudinal design to explore causal relationships between the two variables.

Our line of argument has potentially broad implications for theory and application. There is less evidence on which to base conclusions about the efficacy of continuing bonds in either hindering or assisting adjustment to bereavement than has sometimes been claimed. Thus, theoretical propositions founded on empirical research and recommendations for the bereaved themselves with respect to continuing bonds need to be formulated with great caution.

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