

Introduction

"For everything there is a season and a time for every matter under heaven:
A time to plant and a time to pluck up what is planted
A time to be born and a time to die. . . .
A time to weep and a time to laugh
A time to mourn and a time to dance. . . .
A time for war and a time for peace."—Ecclesiastes 3:1–9

We grieve for a variety of losses throughout our lives, so the death of someone close reflects an attack on every aspect of our being, because it is our relationships that signify what it means to be human. From birth and throughout our lives, relationships with significant others are being formed and transformed, at times being modified or dissolved. But only with the death of a loved one is the relationship organized by the survivor alone, with the person who died as a silent inner partner. The experience of loss is overwhelming, at times traumatic, and changes us forever. Personal identity, the nature of our interpersonal fabric, and the quality of our relationships undergo change, and transform personal history and memory.

The process of organizing one's relationship with the deceased is complex and involves a variety of responses on both the outer and inner levels of functioning. The grief process thus entails reorganizing the bereaved's functioning, behavior, thinking, and feeling in order to find a way of shaping the life that has changed, while the painful process of reworking the relationship with the deceased continues. In this book we will view the inner relationship with the deceased as a lifelong process of a continuing bond.

Reworking or reorganizing life without the lost person is a multidimensional process that touches upon every aspect of the bereaved's life. The search to discover a meaning for the loss, and for the bereaved's reconstituted life without the deceased, is central to this endeavor. Cognitive construction of a meaning to life without the lost person is a process, the individual course, tempo, and length of which vary in response to the bereaved's personality and social and cultural factors, and equally to the circumstances of the death.

Many of the bereaved find within themselves and in their surroundings the requisite support and resources to reorganize their lives following the death of a loved one. However, there are others who may benefit from professional assistance. Psychotherapy for the bereaved has been linked to theoretical frameworks of grief, its aims and outcome. Approaching grief as a process of adaptation to life without the deceased, which includes both overt and covert components, is central to the cognitive model of grief therapy which is the focus of this book.

The book is organized around three axes: Continuing bonds with the deceased, the Two Track Model of Bereavement (Rubin, 1981, 1999), and grief therapy from the Rational Emotive Behavior Therapy (REBT) cognitive–constructivist perspective. Both empirical and clinical issues will be reviewed to highlight critical cornerstones within the discipline of thanatology; more specifically, the focus is on the concept of continuing bonds with the deceased, the adaptive consequences, and maladaptive ones in the form of complicated grief. Cognitive grief therapy as outlined in this book will follow a framework of continuing bonds with the deceased, to facilitate an adaptive grief process by applying strategies to reconstruct and re-create meaning in life after loss. This psychobiological process will be assessed as occurring on two parallel tracks that emphasize overt and covert manifestations of functioning and the relationship with the deceased. The focus is on assisting the bereaved person in reorganizing his or her life and inner relationship with the deceased using cognitive–constructivist strategies.

There are three parts to the book: Part I (chapters 1–4) addresses the theoretical foundations of cognitive grief therapy; Part II (chapters 5–10) deals with the practice of cognitive grief therapy. Part III (chapter 11) is devoted to the difficulties and challenges encountered by therapists who work with the bereaved, and use a cognitive framework as a resource for potential growth.

The Continuing Bond Perspective

A loss through death is recognized as most painful because of its finality. It is followed by a psychological and physiological process of adaptation to the new reality without the deceased. Numerous variables affect the nature of grief, and influence its intensity and duration: the nature of the relationship, type of death, past experiences with loss, demographic and personality components, availability of a support system, and the sociocultural context within which bereavement is experienced.

Definition of Terms

First, some definitions of terms that occur frequently in the literature: *mourning*, *grief*, and *bereavement*. Although they are at times used interchangeably, there is now a growing agreement that there are conceptual differences between them. They are used widely in various disciplines to explain the multifaceted consequences of death. Their meanings and implications reflect the many levels of the process (personal, social, and situational) that follow the loss of a loved one.

Death and the grief that follows it is an individual event that takes place within a specific context for which society and religion have developed a set of rules and norms (Malkinson, Rubin, & Witztum, 2000; Stroebe & Stroebe, 1987). In other words, though grief following death is a universal phenomenon, there are diverse ways to define what is normal and complicated within a specific cultural context (Rubin, Malkinson, & Witztum, 2005). A culturally sensitive approach to grief is clearly essential.

The term *mourning*, as it is applied today, refers to a set of practices and acts that are defined in cultural, social, and religious terms. It provides a framework of guidelines for the bereaved and the community to which the bereaved belongs. In Old English, to mourn means to be anxious and careful, but the word has come to mean "to feel sorrow." Anthropologists often understand mourning to be an expressive act or display that is distinct from what a person is feeling (Kauffman, 2001, p. 313). The term *bereavement* is understood to describe an objective situation for an individual who has recently experienced the loss of someone significant through death; this emphasizes the social or external component of the process. This is in contrast to *grief* which represents the internal emotional response to loss (Stroebe & Stroebe, 1987, p. 7).

Although the tendency is to use each term to denote a specific aspect (sociocultural, interrelational, and intrapsychical), as noted above, they are frequently used interchangeably. The term *grief*, more than *bereavement* and *mourning* is most often linked with a therapeutic intervention, commonly referred to as grief counseling and grief therapy. The term *grief* represents the emotional response to loss frequently associated with individuals who experience a loss through death and have sought therapy. The person who has experienced a loss is a *bereaved person*, and the term indicates his or her social position. Here, *grief* will be associated with the emotional response to loss, and *bereavement* will be used to emphasize the objective components of the process.

In describing the phenomenology of grief it is important to take into account the diversity in responses, and their varying intensity among bereaved

persons. For these reasons, different models should be regarded as guiding frameworks rather than a predetermined set of stages to explain the phenomenology of normal grief and to understand how the individual reacts to loss through the death of a significant other.

JOHN BOWLBY: ATTACHMENT AND LOSS

The centrality of the relationship with the deceased in bereavement has never been questioned. However, the bereavement process aimed at continuing or severing ties with the deceased has been a key issue in determining its outcome as adaptive or maladaptive. One of the major works that had a great impact on conceptualizing bereavement, its process, and outcome was that of the British child psychiatrist, John Bowlby. The centrality of relationships and the evolution of attachment in children were the foci of Bowlby's work.

It was Freud's conceptualization of normal grief as distinct from clinical depression that inspired other theorists to study further the centrality of attachment toward significant persons in one's life, and the process that follows when loss occurs. Grief, according to these theories, is the experience of detachment from the loved person, and as such is a natural, human, and normal response to a lost relationship. It is a painful experience both mentally and physically, but it is one that the majority of the bereaved find ways to overcome and come to terms with.

Among those researching attachment, it was John Bowlby who most significantly and systematically advanced understanding in the field of loss. Bowlby set forth an attachment theory as a frame of reference for conceptualizing the making and breaking of relationships across the life cycle. According to Bowlby, who derived his ideas from psychoanalysis and ethology, attachment behavior has a survival aspect. He postulated that human beings are born with an innate psychobiological attachment system which is activated as a way to protect them when experiencing threat or when they are under stress. His observations of the hospitalized child's responses to separation from the mother led him to describe a sequence of protest-despair responses. Protest-despair later became the initial phase in his stage model of grief, preceding those of disorganization and reorganization.

In describing the importance of the mother-child bond in the child's development, Bowlby developed a comprehensive theory that emphasized both intrapsychic and interpersonal relationships. He proposed that people have an innate need, which is most apparent at times of danger or stress, to be close to an important attachment figure who provides a secure base and

reduces the distress. Bowlby suggested that in the same way that relationships are central to the physical and psychological well-being of an individual, so too is the threat to significant relationships. In childhood, a threat to closeness, such as an actual separation of some duration from a caretaker, is a source of anxiety. This is generally referred to as separation anxiety or separation distress. The individual will try to reduce this by rejoining or getting closer to the attachment figure. Bowlby described differences in how individuals form and retain attachments, which are related to perceived availability of the significant figures. When attachment figures are perceived as available when needed there is a sense of attachment security. On the other hand, when attachment figures are perceived as unavailable and unhelpful, the sense of security is threatened and affects the individual's way of searching for and maintaining relationships with meaningful others. Avoidance and anxiety are attachment-related strategies. Avoidance "reflects the extent to which the person distrusts relationship partners' goodwill and strives to maintain behavioral independence and emotional distance from partners. . . . Attachment-related anxiety, reflects the degree to which a person worries that a partner will not be available in times of need" (Mikulincer & Shaver, in press, p. 3). In its original formulation, the identified attachment styles were related to children in situations of temporary separation from a primary caregiver, and eventually they were expanded to describe different relationships throughout life whenever a potential or actual threat occurred. When the attachment figure disappears there is no longer a secure base, hence the increase of distress, which Bowlby saw as a universal reaction to separation. As people mature, usually the same attachment function is performed by connecting to an inner representation of the significant others. The need for attachment is central (Bowlby, 1969, 1973, 1980, 1988; Rubin, Malkinson, & Witztum, 2000; Stroebe & Stroebe, 1987) and integral to the development and function of an individual throughout life.

The tendency to retain closeness to the significant or attachment figures of childhood remains throughout the life cycle. Attachment primarily functions intrapsychically, with only a small part emerging as interpersonal behavior and interaction (Archer, 1999; Rubin, Malkinson, & Witztum, 2000).

From an attachment perspective, loss through death is an event that shatters attachment resources and necessitates working through the loss while at the same time searching for alternative support. Under such circumstances attachment-related strategies are activated in efforts to regain the lost relationship. There coexists the wish to retrieve the lost person and to be physically close to him or her, and the wish to become close to the mental representations associated with the deceased. A set of responses that include

shock, yearning, protest, a search for the lost figure, disorganization and reorganization, are experienced as a way to bring about a physical reunion with the other.

Based on his observations on how children react to separation from a caregiving figure, Bowlby (1980) conceptualized the response as a set of phases which later on were adopted to loss following the death of a close person. Together with Collin Murray Parkes (1970, 1975, 1985), Bowlby conceptualized the response to loss as a set of three recognizable phases (Bowlby, 1980), which later included a fourth phase: (1) numbness and disbelief, a phase that characteristically can include outbursts of distress and sometimes anger; (2) yearning and searching for reunion with the deceased and reminders of him or her, often accompanied by anxiety; (3) disorganization and despair expressed in depression and apathy and the collapse of previous ways of being with the self and the other; and (4) a reorganization expressed in the evolution of new ways of dealing with the changed reality, or in other words, recovery.

These phases represent heuristic constructions which reflect aspects of the response to loss. There is a great deal of overlap and fluctuation in how the bereaved responds to loss, and yet the phase theory sets forth important elements of the progressive nature of the adaptive response to loss and how its distribution evolves over time. The importance of recognizing a wide variation among individuals in their response to loss, together with attention to the approximate nature of any stage theory of human behavior, is a necessary parameter for theoreticians and clinicians alike (Rubin, Malkinson, & Witztum, 2000). "The phases are not clear cut, and any one individual may oscillate for a time back and forth between any two of them" (Bowlby, 1980, p. 85).

Only when it becomes clear to the bereaved that there is no way to change the situation, is the loss appreciated. According to Bowlby, a reorganization of life after this great loss is only possible once the loss has been accepted as irreversible. Bowlby (1980) described healthy mourning as the acceptance by the bereaved that a change had occurred in the external world, and that corresponding changes needed to be made in the inner, representational world, and these in turn required reorganization of the attachment behavior. "During the months and years that follow, he [the bereaved] will probably be able to organize life afresh, fortified perhaps by an abiding sense of the lost person's continuing and benevolent presence" (1980, p. 243). The idea of continuing attachment as representing successful adaptation to the loss is described by Bowlby as follows: "For many widows and widowers it is precisely because they are willing for their feelings of attachment to the dead spouse to persist that their sense of identity is preserved and they become able to reorganize their lives along lines they find meaningful" (Bowlby, 1980, p. 98).

In other words, grief is a process of reorganizing the mental schema of the attachment to the deceased that is no longer part of the new reality (Field, Gao, & Paderna, 2005). Reorganization of inner representation of the relationship with the deceased is central to the process of accommodating to life without him or her. We can postulate that Bowlby's conceptualization of maladaptive grief outcome will refer to the bereaved's failure to distinguish between the reality that excludes the deceased and the inner continuing attachments to him or her, and acceptance of the irreversibility of the separation. We will return to this issue when discussing complicated grief.

It is difficult to draw definitive conclusions as to whether or not Bowlby, like Freud, advocated the detachment idea or that of continuing bonds, but it is not surprising that his ideas continue to inspire attachment theorists, and more recently, bereavement theorists as well. Clearly, Bowlby saw grief as a sequential process of the individual response to the realization of a lost attachment, and a process of reorganizing its inner representations, probably in line with what was accepted in his day as being preceded by detachment; perhaps the particular derivation of a term is also related to the zeitgeist.

In contrast to the idea of continuing bonds as it is practiced today, bereavement as a process of detachment from the deceased was dominant for many years as related to Freud's conceptualization of normal grief as distinct from clinical depression.

The Abandonment of Relationship Perspective: A Historical Review

The works of Sigmund Freud, Eric Lindemann, and John Bowlby have provided us with the underlying patterns for how the discipline has evolved its current thinking on loss and bereavement.

Sigmund Freud: Loss and Abandoning the Bonds

The foundation in modern psychology as to what constitutes normal and complicated grief was set by Freud in his seminal paper, "Mourning and Melancholia" (1917/1957). When Freud distinguished between *grief* and *depression*, it was the beginning of the clinical literature of modern psychology on loss. He did so in order to learn about clinical depression, which interested him most, rather than to understand grief. As an observer of the human condition, Freud focused attention on the profound mourning that arises from

the loss of a beloved person, bringing with it feelings of painful depression, a loss of interest in the outside world, a loss of the ability to love, and a turning away from all that does not recall the deceased. Bereaved persons are totally immersed in mourning their loss. Freud made the assumption that more important than a mere description of the clinical condition was the indication that this process had a clearly defined goal, namely, to allow the bereaved to abandon his or her commitment to the relationship with the deceased. The psychological processes of grief and mourning were presented as part of the healing process following loss, a process that Freud called "the work of mourning." In accomplishing this goal, the bereaved would complete the mourning process and be free to invest anew in relationships with others. Melancholia, as Freud suggested, was a deviation from the normal course of grief, and was the result of ambivalence toward the deceased, accompanied by feelings of guilt and reduced self-esteem.

According to Freud, the recognition of the finality of the relationship with the deceased, combined with the fact that the deceased could no longer function as a source of concrete satisfaction, would eventually have an impact. Moreover, successful completion of the process would free the bereaved from bonds with the deceased and signify a letting go of the relationship. At its completion, the bereaved would reinvest the emotional energy in new relationships (Malkinson, Rubin, & Witztum, 2000; Rubin, 2000). The distinction between normal grief and clinical depression, according to Freud, was the absence of guilt feelings in normal grief.

Much has been learned since the article's publication in 1917, but there is an enduring validity to the idea that depression as a response to the experiences surrounding loss can have major health implications on later functioning (Rubin, Malkinson, & Witztum, 2000; Schafer, 1992; Spence, 1982). From a more theoretical perspective, what we have learned from Freud is that grief is a universal human response to a significant loss and an absolutely normal response and working through is understood to occur within the bereaved person where recognition and acceptance of the finality of loss constitute the primary goal of the loss process.

COMPROMISING IMPLICATIONS TO FREUD'S VIEW

Freud's contribution to the study of loss is unquestionably important, yet the extent of his influence was such that it also had compromising implications for the theory and practice that form the treatment of normal and pathological grief. Because the goal of the grief process is, according to Freud, to free the bereaved from emotional bonds with the deceased, and to fully accept

the irreversibility of the loss, the absence of detachment led some theorists to consider the continuing involvement with loss as a maladaptive response (Rubin, Malkinson, & Witztum, 2000). The medical model of viewing the progression of overcoming an illness as a linear course from the moment when symptoms are diagnosed, to the point when recovery is complete, was to inspire Freud's concept of decathexis. The bereaved was anticipated to follow through a process of identifiable phases so that healing could be achieved. Any deviation, such as prolonged intensity of grief that was extended beyond what was then considered as a normal period of mourning, blocked healing and was regarded as pathological. An ambivalent relationship with the deceased was considered as a criterion that predicted a maladaptive outcome.

Interestingly, Freud's own personal life suggests the limitations of his conceptualization of grief. He experienced several losses that affected him profoundly, although we know relatively little about his own grief work. For example, Freud described the death of his father in 1896 as the most single significant event in his life, one that led to continuous self-analysis in order to understand his response to the death. Freud's personal letters following the death of his daughter Sophie depict the changes shortly after her death and years later as portraying his personal feelings of substantial grief, which stand in contrast to his theoretical conceptualization. The ideas expressed in his letters about the purpose and outcome of grief work include a much wider view than that described in "Mourning and Melancholia." As a psychoanalyst, Freud saw the function of grief as a process aimed at freeing the bereaved from attachments to the deceased. His personal encounters with loss, however, suggest that he refrained from completing the painful process of grief. The following is a letter he wrote soon after the death of his daughter Sophie in 1920:

Since I am profoundly irreligious there is no one I can accuse, and I know there is nowhere to which any complaint can be addressed. "The varying circle of a soldier's duties" and the "sweet habit of existence" will see to it that things go on as before. Quite deep down I can trace the feeling of a deep narcissistic hurt that is not to be healed. My wife and Annerl are terribly shaken in a more human way. (quoted in Jones, 1957, p. 20)

Freud understood the continuous attachment of the bereaved to memories of the deceased as a natural and even desirable feature that existed along with and even after the mourning process. This attitude is sensitively expressed in his letter to Binswanger soon after the latter's child had died:

April 12, 1929

My daughter who died would have been thirty-six years old today. . . . Although we know that after such a loss the acute state of mourning will subside, we also know we shall remain inconsolable and will never find a substitute. No matter what may fill the gap, even if it be filled completely, it nevertheless remains something else. And actually this is how it should be. It is the only way of perpetuating that love which we do not want to relinquish. (Freud, 1929/1961, p. 386)

In contrast to his theoretical conceptualization of the function of grief as a process of undoing the relationship with the deceased, in Freud's letters we can trace the idea of their continuation as a desirable outcome.

Lindemann: The Symptomatology of Grief

Freud's view of grief following loss as a process leading to withdrawal from investing emotional energy in the now-deceased person, and redirecting that energy to other love objects, was the basis for other works that followed. Eric Lindemann, a prominent therapist in the Freudian tradition, identified some common features and components characteristic of the normal course of grief. Lindemann described one of the most prominent features of the grieving process as the initial reaction to loss, or as he referred to it, "acute grief." A German psychiatrist who emigrated to the United States, Lindemann was probably best known for his empirical study of grief and the course of both normal and pathological processes. Lindemann subscribed to the psychodynamic understanding that for grief to be resolved grief work is essential.

This grief work has to do with the effort of reliving and working through in small quantities events which involved the now-deceased person and the survivor. Grief work is focused on internal struggles occurring deep within the psyche. Like Freud, Lindemann saw grief as a process aimed at "emancipation from the bondage to the deceased" (1979, p. 234). His classic article, "Symptomatology and Management of Acute Grief" (1944), the result of work with many individuals who suffered the loss through death of a loved one, addressed the symptoms accompanying acute grief and proposed clinical intervention following loss. He described the experiences and responses of a group of 101 bereaved individuals (many of whom were traumatically bereaved in the Boston Coconut Grove fire) to provide a more concrete account of grief. Based on his observations, diagnosis, and clinical

experience, Lindemann described a syndrome of responses that accompany the initial response to loss.

There were serious methodological limitations to this study, such as a heterogeneous sample of individuals suffering from different types of losses. But because he worked with a relatively large group of people who had experienced a variety of losses, and because he based his work on empirical phenomena, the study is both accessible to and utilized by a range of disciplines and theoretical approaches. Lindemann's description of the normative response to loss, especially the stage he called *acute grief*, is most detailed when referring to interpersonal, somatic difficulties, preoccupation with the deceased, and following the death, a general loss of functioning in the areas that characterized the individual (Rubin, Malkinson, & Witztum, 2000). Among some of the bereaved in his study, Lindemann observed that these responses were extreme and overwhelming. Lindemann saw grief as an active process carried out by the bereaved alone, each of whom was involved in the isolated "work" of grief. This included the need to become liberated from an overly strong link to the deceased, new adaptation to the environment surrounding the bereaved, and the establishment of new interpersonal relationships. Morbid grief was the result of failing to do the grief work necessary in order to detach from the deceased. Lindemann observed other types of difficulties in postloss adjustment that arose from difficulties among bereaved persons who had problems in experiencing the pain involved in the process. Lindemann referred to what these people underwent as symptoms of "distorted" grief.

Despite criticism of his empirical study, Lindemann's contribution to the field is important. In addition to describing the syndrome of grief he also developed an understanding that a short-term intervention of 8 to 10 sessions was sufficient to address the client's needs in the acute grief period. The acute grief period itself was defined as lasting from four to six weeks. This temporal definition is in line with the periodization of the grief process presented by what became known as *crisis theory* (Malkinson, Rubin, & Witztum, 2000; Parad, 1966; Rubin, 2000). Crisis theory, as postulated by Lindemann (1944) and Caplan (1964), assumed that a breakdown in human functioning is not necessarily a disease to be medically treated but a temporary state whereby the individual's coping capacities are insufficient or inadequate, resulting in a psychological disequilibrium. According to crisis theory, regaining equilibrium did not always require professional help. The concept was further developed to include crisis interventions provided by professionals as well as laypeople whose support and empathy were central in overcoming the crisis

(Malkinson, 1987; Silverman, 2004). The idea of the availability of a helping hand was central in crisis intervention.

The Application of Decathexis in Contemporary Models

The decathexis framework created an expectation that the bereaved should move through and experience each stage. A failure to "let go" of the deceased was viewed as an obstacle to positive outcomes of the grief process. Those models derived their concepts from Freud's work, and although in years to come they were not empirically supported (Neimeyer & Hogan, 2001; Wortman & Silver, 1989, 1993) their principles remained as the foundation for most theories and practices of bereavement and grief. An example of a model that was based on viewing bereavement as a process toward breaking the bonds with the deceased is that of Kübler-Ross, which was very popular during the 1970s and 1980s.

C. M. Sanders: The Grief Process as Multifaceted Phases

Catherine M. Sanders was a psychologist, herself a bereaved mother, whose experiences with the loss of her son, son-in-law, her mother, and her husband, increased her interest in studying psychology and specializing in grief. She developed (Sanders, Mauger, & Strong (1985/1991), the Grief Experience Inventory consisting of 135 true or false items covering feelings, symptoms, and behaviors as an attempt to assess empirically the complexity of the grief experience and provide a standardized measure to evaluate the grief process more objectively. Based on her extended Tampa Research Project, Sanders (1980, 1989, 1993) delineated five distinct phases which individuals pass through in the bereavement process. The phases are: shock, awareness of loss, conservation withdrawal, healing, and renewal. The symptoms that accompany each phase are psychological, physical, and social in nature. Aware of the limitations of a phase model, and the fact that there is an overlap among the phases, Sanders emphasized that the model should be viewed as a guideline and not as a necessary or linear sequence. Not all people go through these phases in a linear progression, nor do all bereaved people experience all the symptoms. Also, the length of time required to grieve varies from one individual to another.

Sanders's contribution was her detailed and sensitive description of each component within each phase. This descriptive power possibly reflected her own experience of loss. By normalizing the various forms of experiences in

moving among and within the phases, she stressed the diversity of reactions among bereaved persons without necessarily evaluating outcomes as maladaptive. In her model Sanders had begun to shift away from the linear progression of the grief process so popular throughout the 20th century, but she nevertheless remained within that framework.

J. W. Worden: The Model of Tasks of Grief

J. W. Worden's model of grief in his book, *Grief Counseling and Grief Therapy* (1982, 1991, 2003) as a four-task process, has undergone remarkable adaptations throughout the years. These adaptations parallel the changes that have taken place in the field of bereavement in conceptualizing its process and outcomes. In his original conception of the model, Worden (1982, 1991, 2003) viewed grief as a process to be completed in order for the bereaved person to be considered normal. The four tasks, which were listed derived from Freud's idea of seeing grief as a process leading to the abandonment of a relationship with the deceased and included accepting the reality of the loss, working through pain and grief, adjusting to an environment that excluded the deceased, and fourth, "to emotionally relocate the deceased and move on with life" (1991, p. 18). The expectation that one might accomplish the tasks of grief, leading to an abandonment of the relationship with the deceased, shifted in the revised edition (1982/2003) to a process aimed at adapting to the loss in one's life by continuing the bonds with the deceased. Worden (1982/2003) explained the rationale for the shift:

I suggest that the fourth task of mourning is to find a place for the deceased that will enable the mourner to be connected with the deceased but in a way that will not preclude him or her from going on with life. We need to find ways to memorialize, that is to remember, the dead loved ones, keeping them with us but still going on with life. (p. 35)

Worden's adaptations of his tasks model provided a summation of the changes and development throughout the years in approaching the process and outcome of bereavement, and signified a conceptual shift from breaking bonds to continuing bonds with the deceased.

Bereavement as a Multifaceted Process

As noted, the field of grief and bereavement has undergone a transformation in how the grief process is viewed, its aims and outcomes, from abandoning bonds with the beloved person to continuing those bonds.

Assessing and evaluating the earlier models discussed above, challenged the linear sequential stage progression. Furthermore, accumulated empirical data (Neimeyer & Hogan, 2001) found no support for Freud's ideas of grief work as a process with preset stages leading to the breaking of the bonds with the deceased.

It became obvious that it is not the orderly, sequential, stage-based course that determines the level of adaptation, but rather the intensity of the responses and the oscillation taking place between them along the phases (Kleber & Brom, 1992) or a process resembling a spiral (Landau, 1987) within which emotions move in a more circular form.

Wortman and Silver (1989) presented a comprehensive review of research studies that questioned the validity of the traditional stage models which had been applied by most theorists and clinicians at that point. Their review became a landmark when they proposed that bereavement and its outcome be revised and reformulated. Their findings led to the following conclusions: (1) There is variability among individuals in the response and adaptation to loss; this is contrary to the expectation that the bereaved progress in an orderly manner from one stage (or phase) to another, leading toward letting go of the now deceased person. (2) While some bereaved people experienced intense distress immediately following the loss, others did not. (3) Some individuals did not respond negatively to the loss, but expressed positive emotions. (4) Bereaved individuals varied in the way they attached meaning to the loss and their lives following it. (5) Grief is an idiosyncratic process of assimilating the loss event into one's life (Wortman & Silver, 1989, 1993).

Wortman and Silver also challenged what had come to be known as the grief work hypothesis. Specifically, they looked at a number of assumptions considered to be crucial for working through the grief process; the assumption that depression is a necessary experience for completing the grief process and that its absence indicates pathological grief; the belief that "time heals," and, most importantly, the assumption that grief work is essential for recovery. More studies that included nonclinical bereaved populations were carried out (Bonanno, 2004; Bonanno, Wortman, et al., 2002; Rubin, 1999; Stroebe & Stroebe, 1987). These studies revealed that individual responses fall within a much wider range of what is regarded as normal grief. As a result, many of the studies concluded that, in important respects, normal or complicated grief is also culturally defined.

Integrated Models of Bereavement

Studies carried out by Bonanno (2000) and Bonanno, Wortman, et al. (2002) point to some aspects that affect treatment and research trends:

1. Not everyone has to experience grief work.
2. There is no indication that complications or pathology necessarily affect those not undergoing grief work. On the contrary, when compared with mourners who had done grief work and experienced deep depression, there were others who coped better following bereavement. In contrast, the group suffering from deep depression at the outset of mourning was more likely to have complicated grieving experiences.
3. In the high risk group, into which between 10 and 20% of mourners fall, according to reports (Bonanno, Wortman, et al., 2002; Bonanno, Wortman & Nesse, 2004), it seemed that most of them have a combination of factors (e.g., the cause and circumstances of the death, closeness to the deceased, availability of support, personality and social-demographic factors) which affect the assumptive world and predict the outcome of the process. Under- or overreaction to the response in itself does not determine the outcome of the process. The appraisal given by the mourner in rating the event is what determines and molds the process and its outcome.

As data have accumulated, a combination of several theoretical approaches was proposed by a number of researchers in the field of bereavement (Rubin, 1981, 1999; Stroebe & Schut, 1999). The most salient was the combination of stress models and attachment models that provide an integrated model of bereavement. In these integrated models the relationship component is central, along with an emphasis on cognitive processes of accommodating to the loss: Grief is a process of searching for the lost attachment figure (Bowlby, 1980), which eventually leads to the realization that the lost person cannot return.

The Social-Functional Perspective of Bereavement: Bonanno and Kaltman

Bonanno and Kaltman (2001) proposed an integrative perspective that provided researchers and clinicians with better operationally defined hypotheses to be investigated and empirically challenged, or supporting the validity and exclusivity of the grief work perspective (Stroebe & Stroebe, 1987; Wortman & Silver, 1989). In this integrative framework they laid out a number of theoretical perspectives

as alternatives: Cognitive stress, attachment, trauma, and a social-functional approach to emotions. All are combined to offer a more systematic framework to examine bereavement and the many patterns it may take. In addition, four aspects of the grief process are discussed: The context of the loss (circumstances, suddenness of the loss, gender, age, and social support); the continuum of subjective meaning attributed to the loss (appraisal and reappraisal of a stressful event such as loss); the changing representation of the lost relationship (the continuum that runs from relinquishing bonds to continuing bonds with the deceased); and coping strategies and emotional regulation processes in adapting to the loss. These perspectives, combined with various aspects of the grief process, have provided a wider spectrum for the study of bereavement. For example, in one such study of conjugal loss, reported by Bonanno and colleagues (2002), five core bereavement patterns were identified: common grief, chronic grief, chronic depression, improvement during bereavement, and resilience. Based on the results obtained in a series of studies, Bonanno, Wortman and others (2002) applied the social-functional perspective to grief and emotions and proposed a shift from a hypothesis that emphasizes the necessity of expression of negative emotions as an indication of recovery following a loss through death, to one that emphasizes recovery when grief-related distress is minimized and positive emotions are activated or facilitated (Bonanno, 2001, p. 493). The importance of these results is that they emphasize variability among bereaved persons in how they appraise adverse events, such as the loss of a spouse, and move away from viewing grief as "a one size fits all suits" as cautioned by Neimeyer (1999), by placing cognitive aspects and meaning construction as central elements in the process.

The Dual Process Model of Bereavement (DPM)

The idea that grief is at times confronted and at times avoided is basic to the Dual Process Model of Bereavement (DPM) developed by Stroebe and Schut (1999, 2001), two researchers from a group studying bereavement, its process and outcome.

The dual process model views bereavement as a combination of two orientations: loss and restoration. The loss-orientation refers to the processing of the loss experience itself (grief work, breaking the bonds/ties, denial, or avoidance of restoration changes); the restoration-orientation refers to secondary sources of stress (attending to life changes, doing new things, distraction from grief, new roles and identities). As the name of the model implies, bereavement is seen as a process that entails broad types of stressors, which can be classified into those focusing on the loss itself, and those focusing on stressors related to organizing life after the loss. "Loss-orientation," according to

Stroebe and Schut (2001), is consistent with attachment theory in that it focuses on the lost relationship and the grief that is involved in working through the loss. Cognitive stress theory is relevant to restoration-orientation because it refers to the stressors involved in working through life without the deceased. There are times when the bereaved person is distracted or forgets the loss, while at other times he or she can be immersed in it. Loss-orientation involves confrontation and emotional reactions to the loss even with some resistance to change, and restoration orientation focuses on coping with the changes in daily life, the search for new roles, learning, and adaptation. Integrating attachment and stress theories suggests that coping is a dynamic process of oscillation between the two orientations:

At times the bereaved will confront aspects of loss, at other times avoid them, and the same applies to the tasks of restoration. Sometimes, too, there will be "time out" when grief is left alone . . . DPM postulates that oscillation between the two types of stressors is necessary for adaptive coping. (p. 395)

Oscillation is presented as a multidimensional process between loss and restoration-orientations, as well as oscillation between positive and negative reappraisal of each orientation as an important part of coping and coming to terms with the loss. The model presents an integrated perspective of cognitive-affective processes as dynamic, and provides a framework for evaluation of various components within each orientation as they change over time. Although not explicitly specified from the DPM perspective, adaptive coping is gained by weakening the ties with the deceased and reinvesting in new roles and relationships.

The Two-Track Model of Bereavement

The Two-Track Model of Bereavement (TTMoB); (Rubin, 1981, 1999), views intrapersonal and interpersonal aspects of loss as part of the process. The model combines stress and attachment theories somewhat differently from the DPM proposed by Stroebe and Schut (2001). According to the TTMoB, the process of grief comprises two parallel tracks; that of functioning and that of the relationship with the deceased (see chapter 1).

Common to these models is their view of the bereavement process as one that includes coping with the stress evoked by the death event on the one hand, and ongoing relationships with the deceased on the other (Rubin, 1993; Stroebe & Schut, 1999); they emphasize that there is no single predictable

pathway through grief and regard it as an idiosyncratic process (Neimeyer, 1999, 2005a).

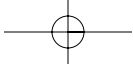
Conclusion

A number of conclusions can be drawn from studies on accommodation to loss through death:

1. The idea of accommodation to loss through death as a time-limited process, which involves a set of sequential linear phases toward reorganization of one's life without the deceased, have given way to the "continuing bonds" view that sees the loss as a lifelong developmental process. In that sense, Bowlby's work has remained significant in that it has viewed grief following death as an experience of separation from an attachment figure and a process of reorganizing life without the deceased, while maintaining his or her internal representation.
2. The bereavement that follows the death event is a multifaceted process, and so are the ways to explain and understand it. The integrative perspective has combined stress theories of appraisal of the event, attachment theory focusing on attachment styles, and an understanding of the impact of the traumatic circumstances of the death.

According to these integrated approaches, grief is viewed as a process of constructing a meaning to life following loss through death, an event that changes one's life forever. The loss event is devastating and the process of grief that follows is a multidimensional one that involves both psychological and physiological reactions. Additionally, the integrated models postulate that it is a process which has no "ending point," and the relationship with the deceased continues throughout the bereaved's life.

3. Integrated models such as the DPM of bereavement and the TTMoB view bereavement as a double-axis process accounting for the multiplicity of factors. The interaction and the oscillation between them allows us to evaluate the degree of adjustment along the time axis.
4. The inclusion in studies of nonclinical populations of different groups of bereaved (e.g., widows, widowers, parents) resulted in the recognition of the great variability among the bereaved in their patterns of adaptation to the death event, which resulted in a reevaluation of the adaptive and maladaptive outcomes.

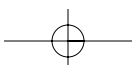
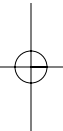
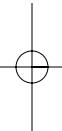


Introduction

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One final remark about the value of the phase model, which, although not empirically validated, has not lost its value from a developmental perspective: changes in occurrence and intensity of symptoms are important markers in evaluating the course and direction of the process of adaptation to life without the deceased.

To sum up, although many of Freud's ideas have remained, the idea of abandoning the relationship with the deceased has been challenged (Klass, Silverman, & Nickman, 1996), and instead it has been suggested that bereavement involves reorganizing one's life and worldview without the deceased, but with bonds remaining intact and unbroken. Also, grief is viewed as a dynamic process throughout the bereaved's life where each phase introduces another opportunity to examine and reevaluate the bonds with the deceased blended with life tasks specific to the stage of life of the individual.



In Table I.1 we compare and summarize the abandoning and continuing bonds perspectives discussed above.

TABLE I.1
Abandoning Bonds and Continuing Bonds: A Comparison

ABANDONING BONDS	CONTINUING BONDS
Provides a framework for understanding the phenomenology of grief and its course (stages, phases).	The phenomenology of grief is understood to be subjective and idiosyncratic incorporating the "objective" framework as a guideline
Describes the individual's emotional experience (anger, depression, guilt, shame, ambivalent feelings).	Views grief as a negative, painful experience with a distinction between functional negative (sadness) and dysfunctional negative reactions (depression)
Prescribes the individual grief experience and defines its expected outcomes of relinquishing bonds with the deceased: grief work, letting go, resolution (normal vs. pathological)	Views grief as a continuous, never ending process of meaning construction regarding the loss and life without the deceased
Views grief as a psychobiological process with a focus on observed overt behaviors as indicators of grief outcomes (somatic and functioning)	Views grief as a psychobiological process wherein the cognitive component is central to reorganizing one's shattered assumptions (scheme) about self, others, and the world
Adopts a medical orientation (i.e., grief is an illness) with its sequential stages, and views grief as mostly an intrapersonal process	Existential, phenomenological models. Grief is an interpersonal process viewed within its sociocultural context.