

## **BEREAVEMENT: CONTEMPORARY SCIENTIFIC PERSPECTIVES FOR RESEARCHERS AND PRACTITIONERS**

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The death rate within the European Union is 9.6/1000, which is about the same as it is in North America (8.4 for 2009 in the United States of America, see CIA World Factbook, 2010). In concrete terms, this means that about 100,000 of the total population of 10 million Belgian people die each year (in fact, the death rate in Belgium is a bit higher, 10.5/1000). The 2001 the Belgian Health Interview Survey indicated that the relationship or social support network of Belgian citizens is composed of a mean number of 9 persons (Gisle, Buziarsist, Van der Heyden, Demarest, Miermans, Sartor et al., 2002). As a consequence, a rough estimation of the number of persons who become bereaved each year in Belgium is 945,000 (i.e., 9.5% of the Belgian population). In fact, the death of a loved one is an experience that occurs some time or other in nearly everyone's life. Many of us will suffer multiple losses long before we reach old age, when such events occur with increasing frequency. We will lose our grandparents, parents, siblings, or close friends and romantic partners through death. Bereavement is a very frequent phenomenon, and as the contributions to this Special Issue will make amply clear, it is a personally impactful life event for most people.

Before presenting this Special Issue, it is useful to distinguish and define some basic terms and concepts that pertain to this area of research. In English, *bereavement* refers to the objective situation of having lost someone significant through death. Bereavement leads to two types of reactions: grief and mourning reactions. *Grief* refers to the emotional response to one's loss. It involves psychological (behavioural, cognitive-experiential, social) as well as physical (physiological, immunological, and somatic) responses that have widely been described in the literature (e.g., Shuchter & Zisook, 1993; Stroebe & Stroebe, 1987). The term *mourning* denotes the actions and manner of expressing grief, the public display of grief, which often reflect the mourning practices or rituals

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of one's culture (for a review, see Parkes, Laungani, & Young, 1997). In the psychoanalytic tradition, mourning has also been used interchangeably with grief.

Although bereavement is a frequently encountered situation, it has costs that are intrinsically related to the need to affiliate and relate to other human beings. These costs can be said to be developmentally determined. Indeed, the survival of human beings depends on attachment processes that take place between the infants and their caregivers, mostly their parents (Archer, 2001). Infants would not survive if they were not taken care of and loved and if they were not displaying signs of distress when in danger and separated from their caregivers. Attachment processes thus bear a fundamental survival value. However, the benefits and adaptive value of attachment lead one to have costs when definitive or irrevocable loss arises (Bowlby, 1980). In evolutionary terms, grief reactions represent the necessary costs of the adaptive separation reaction (Bowlby, 1980). "Grief is a cost incurred in pursuit of something that has an important adaptive consequence" (Archer, 2001, p. 268).

The purpose of this Special Issue is to provide not only researchers across different areas of psychology and related disciplines but also practitioners and clinicians with a number of key scientific contributions to enable them to consolidate or extend their knowledge of contemporary bereavement research. This kind of research overview has been lacking in the literature available in Belgium and surrounding European countries. So far, scientific information on bereavement has mainly been available in American journals, which are not so easily accessible in these countries and which are also spread across diverse sources (e.g., *Death Studies*, *Omega*, *Journal of Loss and Trauma*). Thus, the first purpose of this special issue is to make a selection of this rich body of literature easily available. *Psychologica Belgica* represented a good outlet since it has now become electronically accessible free of charge by Academia Press on the Ingenta website.

The second purpose of this Special Issue on bereavement is to reach researchers and health care professionals alike. The contributions represent state-of-the-art knowledge about the manifestations and phenomena associated with bereavement as well as intervention guidelines with bereaved people. Persons of top international repute were asked to contribute and the range of topics is significantly different from other recent reviews such as the 2008 *Handbook of Bereavement* published by the American Psychological Association (Stroebe, Hansson, Schut, & Stroebe, 2008). To this end, this issue includes 7 articles which address questions of major scientific interest and relevance to contemporary society. Articles either review the literature, presenting a synthesis of advances on a specific topic, or they present new research findings. As will become evident, contributors present many novel and challenging ideas based on their scientific reviews and empirical research within the bereavement field.

The issue is divided into two parts. The first deals with the manifestations of grief and the second deals with adjustment and addresses matters related more directly to coping and interventions for the bereaved.

### Part I. Manifestations of grief: scientific understandings

As indicated above, in this first part, a major aim is to illustrate the scope of research on phenomena and manifestations associated with the loss of a loved person. The first article is by the well-known pioneer and leading scholar in bereavement research, the English psychiatrist Colin Murray Parkes. He provides a comprehensive historical overview of the way grief has been conceived over time, as well as tracing back the origin of contemporary bereavement research, theory, and intervention. This contribution provides the reader with an overview on how grief is conceptualised, and how different areas, such as the research field on stress and trauma, have fuelled and are still fuelling contemporary views on bereavement. Parkes stresses the fundamental role of attachment security and bonding in responses to bereavement. He calls for a less prejudiced view on mental illness and thus of conceptions of pathological reactions (e.g., “Prolonged Grief Disorder”) and calls for a society where each bereaved person can receive the right help and support, be it – if necessary (most bereaved people adjust without formal or professional help) – through volunteer counselling and support, recently-developed internet-based interventions, or face-to-face professional grief treatment.

In the second paper, the German psychologists Birgit Wagner and Andreas Maercker address the important question of the distinction between normal and pathological grief reactions and the question of whether a new diagnostic category of pathological grief reactions (called Complicated or Prolonged Grief Disorder, CG or PGD) should be included in the next edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM). They provide a critical appraisal of the literature and overview of the challenges that such an inclusion entails. In doing so, they review the complex issues raised by this proposed new diagnostic category, including conceptual matters (What is pathological grief? Should it be defined as a set of prolonged and intense or chronic reactions? How can one distinguish between trauma and bereavement?) and methodological questions relating to the validation of the diagnosis (e.g., the inclusion or exclusion of avoidance and sleep disturbances as diagnostic criteria). They also stress the importance of considering the bereaved person’s past and present relationship or attachment to the deceased in conceptualising and intervening with bereaved individuals. They call for more research before the inclusion of this diagnostic category in the DSM, because too many important issues remain to be answered.

In answer to the need for better conceptualisation and finer-grained understanding of PGD, the Dutch psychologists Paul Boelen and Jan van den Bout have conducted extensive research and here provide a unique perspective on the importance of distinguishing between anxious and depressive avoidance of grief and their causal relationships in the development and maintenance of PGD. They show that the avoidance of confrontation with the reality of the loss (anxious avoidance) and the avoidance of engaging in activities that could foster adjustment (depressive avoidance) both play a role in mediating the effects between personality variables such as neuroticism and attachment insecurity on grief outcomes. This cognitive-behavioural perspective enables them to develop intervention guidelines for countering the avoidance that may be responsible for PGD.

Shifting the focus from close personal losses (e.g., those within one's family and friendship circle) to those in professional settings, the fourth contribution to this special issue provides a novel, contemporary perspective focusing on professionals. Janice Genevro and Therese Miller, two American researchers, address whether the death of a patient in health care settings (i.e., hospitals) leads to emotional reactions among health care professionals. They then go on to review whether the impact of death of patients could have economic costs for the health care system. This is particularly relevant for health care policy makers and persons who would like to provide the best quality end-of-life care, considering how limited health care resources are and how these demands will increase as populations become older. Since this is a new topic that has rarely been investigated, they then propose a theoretical framework that allows one to address these questions systematically in forthcoming research.

## Part II. Adjustment to bereavement: coping and interventions

While the first part of this Special Issue includes a variety of approaches to understanding grief and grieving, the second part turns to issues relating to how people deal with bereavement, and the role of others (including professionals) in the process of adjusting to a personal loss. The fifth manuscript, by Henk Schut and Margaret Stroebe from the University of Utrecht, The Netherlands, examines whether bereaved individuals can be helped by others. For the first time, their review of the literature addresses this question before as well as after the loss of a loved one. It covers the provision of help by professionals (or trained volunteers) as well as natural social support networks (e.g., family members and friends). Schut and Stroebe conclude that most bereaved persons manage to adjust to their loss in the course of time – albeit frequently with considerable suffering – without intervention beyond

that provided within their own informal network. Therapeutic interventions provided to specifically-targeted, high-risk groups, such as those presenting complicated grief reactions, have proven more effective than those open to all bereaved persons. They conclude that further research addressing moderators and mediators underlying the efficacy of intervention should be conducted, particularly since “one size does not fit all”.

This conclusion fits well with the next manuscript by Emmanuelle Zech, Anne-Sophie Ryckebosch, and Emily Delespaux from the Université catholique de Louvain, Belgium, who address the question why therapeutic interventions for the bereaved are not as effective as one could expect. They propose a number of reasons for this, relating to the fact that help is sometimes given to those who do not need and will not benefit from it; to the use of inappropriate types of intervention; to giving too much or too little intervention; or to the incorrect timing of intervention. Furthermore, in contrast to previous analyses which have focused on the difficulties or symptoms which bereaved clients present, they propose that effective intervention requires identifying and working on underlying processes that cause or maintain the difficulties presented by the bereaved person. A fundamental message is that bereaved people need to get individualised intervention that will address these specific emotional, cognitive, existential, and affective processes. They also stress the importance of flexibility on the part of the therapist and thus the role of the therapeutic relationship in helping bereaved individuals cope with their difficult grief.

Finally, Lawrence Calhoun, Richard Tedeschi, Arnie Cann, and Emily Hanks of the University of North Carolina, U.S.A., provide a different approach from the one usually taken by behavioural scientists of the 20<sup>th</sup> century. Investigators in the past typically focused on the negative psychological consequences of bereavement. By contrast, Calhoun and his colleagues address positive aspects associated with bereavement. They argue the need to pay more attention to positive changes such as personal or “posttraumatic” growth that occur during bereavement for many bereaved individuals. They show that, because the loss of a significant other can challenge the individual’s assumptive world, the struggle with negative responses can also lead to positive changes in self-perception, in relationships with other persons, in new possibilities, in appreciation of life, and in existential meaning making. They also propose a model that addresses the shattered assumptive beliefs and distinguishes between deliberate and intrusive ruminations. The model of intervention that they propose can guide clinical work with bereaved individuals. They suggest that the therapist adopts the role of “expert companion”, focusing on the reconstruction of the client’s beliefs, sense of meaning and life narrative. This approach integrates cognitive, humanistic-existential and narrative-constructionist approaches.

Taken together, we hope that these seven contributions to our Special Issue give a sense of the exciting lines of research that are currently being conducted, as well as an indication how this scholarship is embedded in historical context. It can also hopefully be seen how the results and conclusions reported by the authors of this volume will lead to an accumulation of further knowledge about bereavement, grief, and mourning across forthcoming decades of the 21<sup>st</sup> century. Furthermore, we hope that the link with practice has become amply clear, that it is evident how scientific analysis not only of the manifestations and phenomena of bereavement, but also of ways of coping and possibilities for intervention, will enable better understanding and support for those who have lost a loved one. For ultimately, a major goal of bereavement researchers and practitioners alike must be to understand and, where possible, to ease the suffering of bereaved persons.

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