



Does Research Have a Role to Play in Taking Care of the Bereaved?

Margaret S. Stroebe
Utrecht University
The Netherlands

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Universiteit Utrecht



Scientific Endeavour

- 2-way process:
- Search for patterns / regularities / theoretical principles
 - Inspiration / hypotheses: from applied fields (among others)
- > Research limitations / usefulness for delivery of care for bereaved?

“In the absence of science, opinion prevails”

(Nathan & Gorman, 2004)



Research: Bereavement

1. Consequences:

1. Health
2. Risk factors

2. Coping & Care:

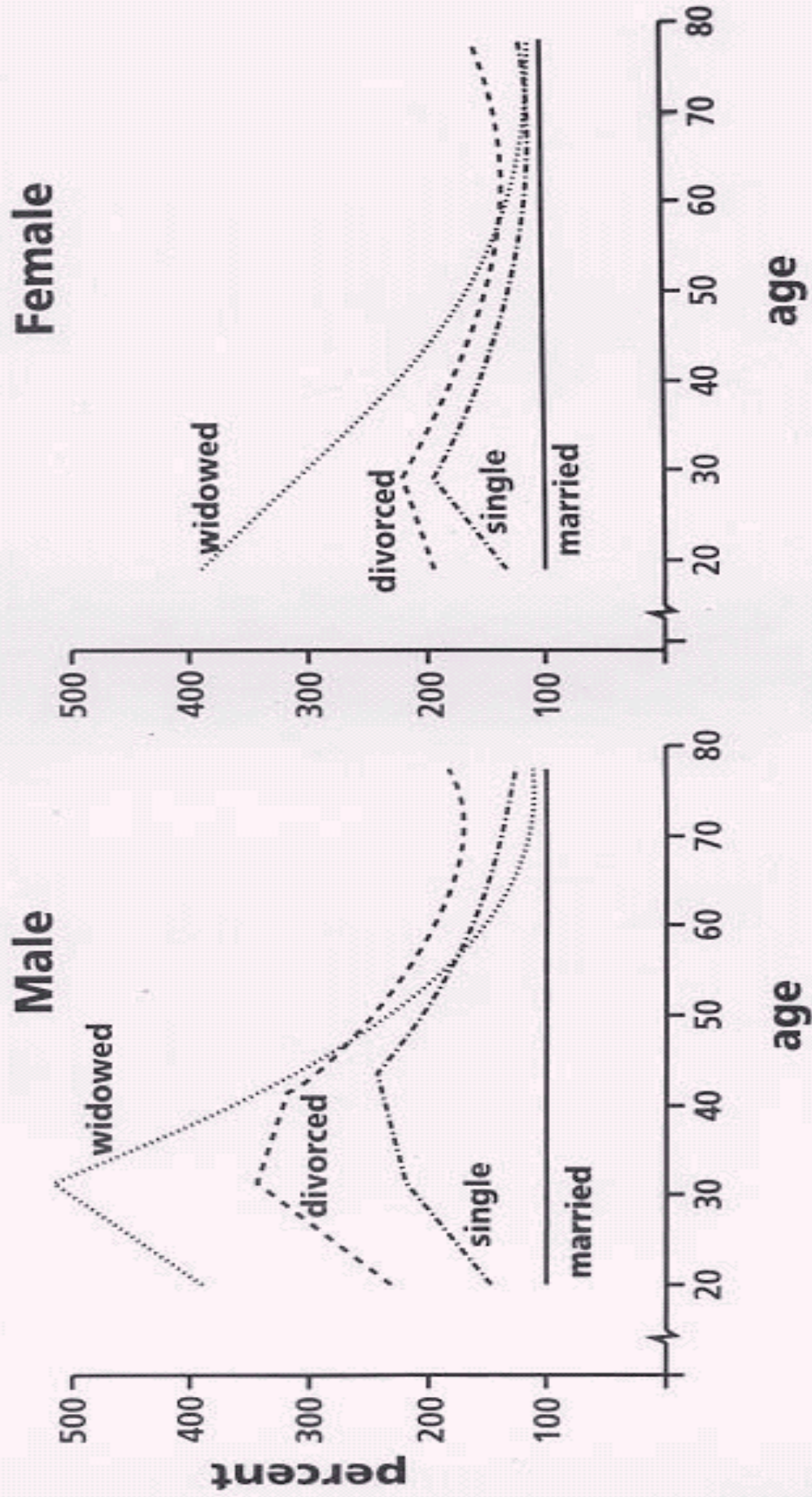
1. Intervention for coping difficulties
2. Cognitive processes & adaptation



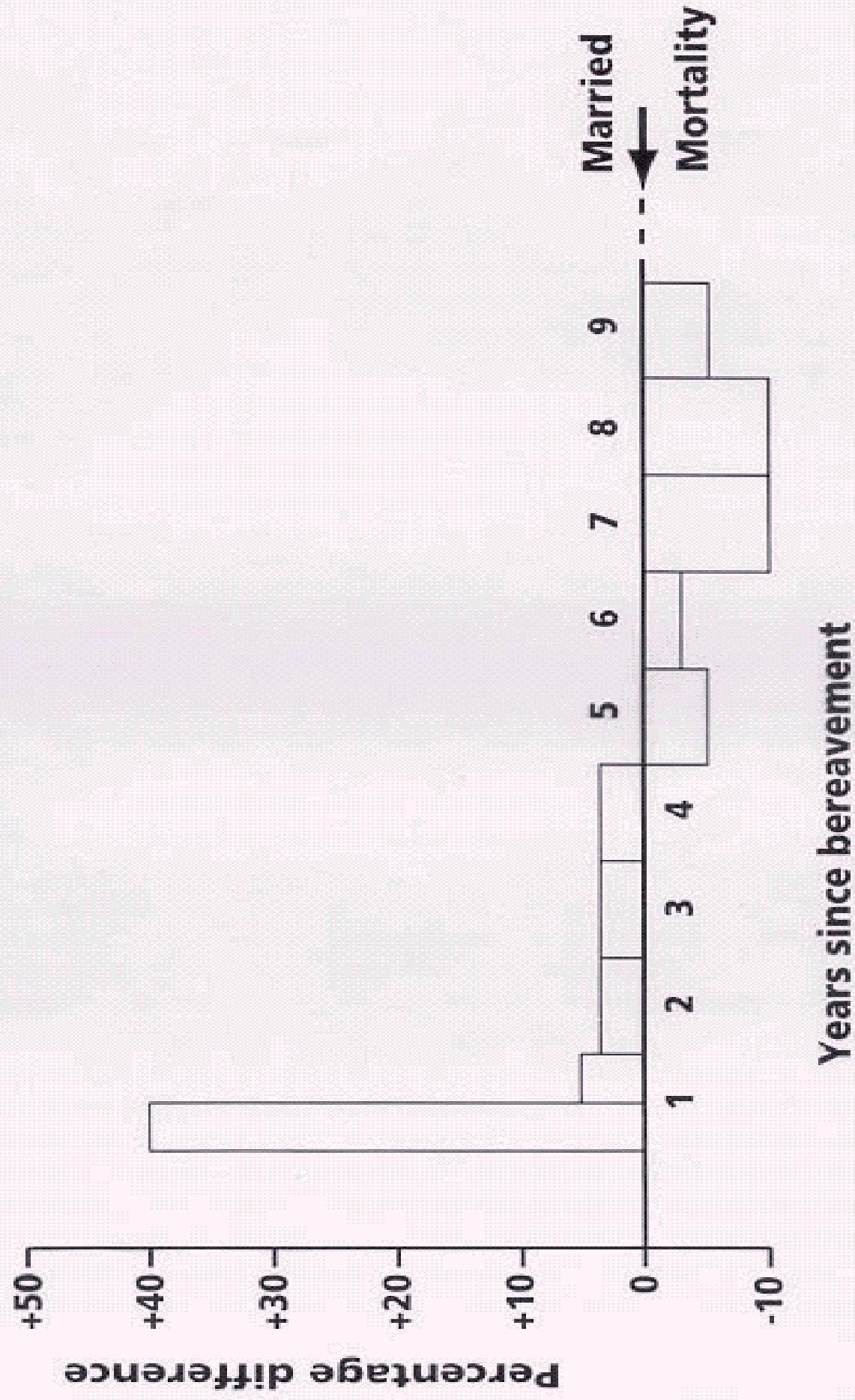
“[It was not that I was] attacked by any of the malignant diseases that so often make the body waste away and die. No, it was my heartache for you, my glorious Odysseus, and for your wise and gentle ways that brought my life and all its sweetness to an end”

(The Odyssey, Book XI, “ The Book of the Dead”).

MARITAL STATUS DIFFERENCES IN MORTALITY
(Shurtleff, 1955)



**MORTALITY RATES OF WIDOWERS
COMPARED WITH MARRIED MEN
(Parkes, Benjamin & Fitzgerald, 1969)**



Mortality in Parents after the Death of their Child

(Li, Precht, Mortensen, & Olsen, 2003)

National study (DK)

Mortality rates up to 18 years later:

- Mothers:
 - Overall increase in mortality (> non-bereaved mothers)
 - Excess from natural causes during 10-18th yr
 - Increase from unnatural causes, greatest in 1st 3 yrs
- Fathers:
 - Early excess from unnatural causes

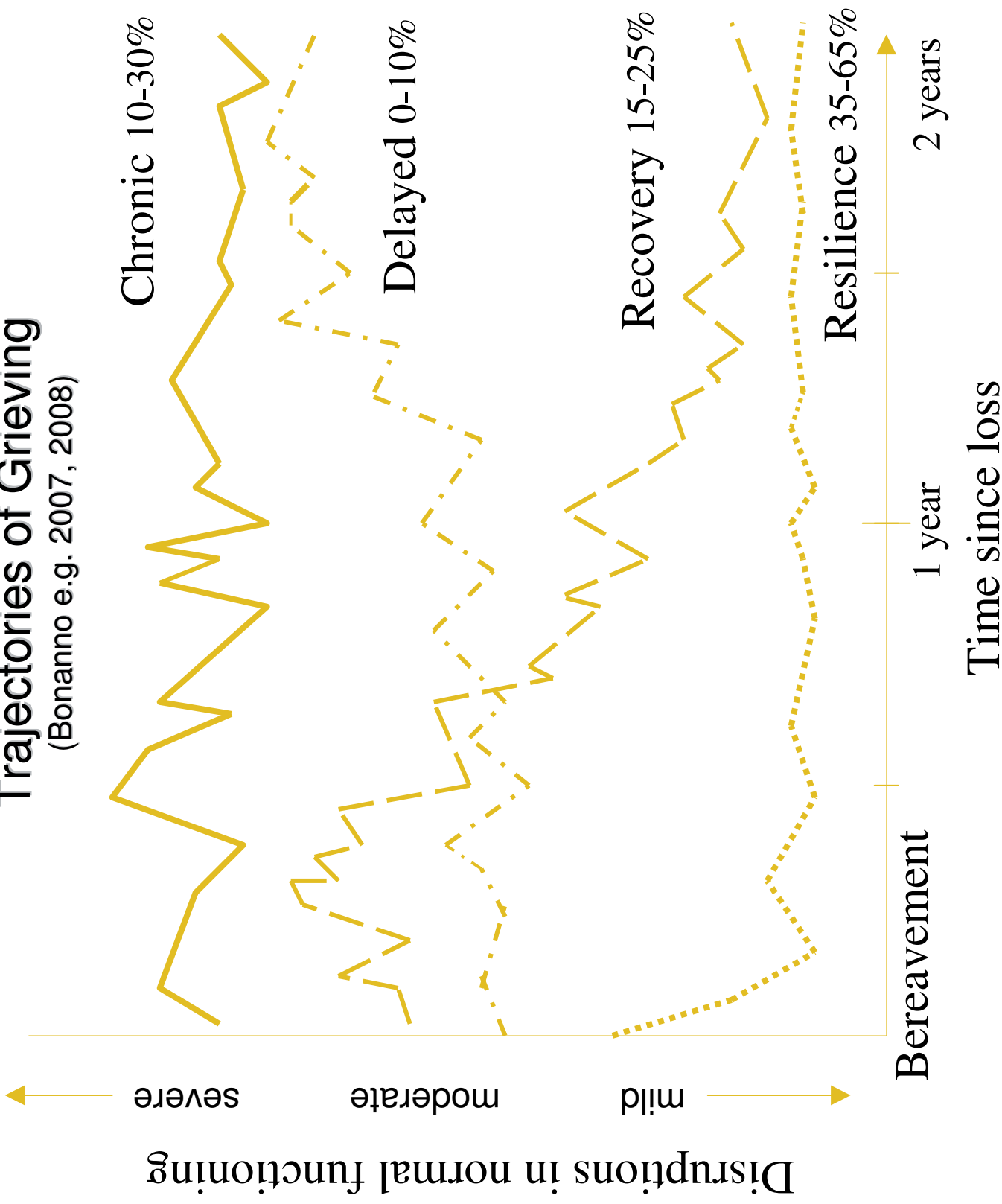


Prevalences: Selected Results

Health problems / disorder	Subgroup	Prevalence
Physical health difficulties (severe) (Stroebe & Stroebe, 1993)	Young widow/ers	<ul style="list-style-type: none"> • 20% (4-6 mths.) • 12% (after 2 jr.) • cf. 3% married
Psychiatric disorders 1. PTSD (Schut et al., 1991)	Partners	1 st 2 yrs.: <ul style="list-style-type: none"> • 50% at 1 of 4 times • 9% all 4 times
Psychiatric disorders 2. Clinical depression (Zisook & Schuchter, 2001)	Widow/ers	2 mths. after the death: <ul style="list-style-type: none"> • 24-30% After 1 yr.: <ul style="list-style-type: none"> • 16%
Complicated grief (Middleton et al., 1993; N.B Forstmeier & Maercker, 2006)	Widow/ers	5-33% acute grief period

Trajectories of Grieving

(Bonanno e.g. 2007, 2008)



Understanding Health Consequences: Major Theoretical Approaches

- Attachment theory (Bowlby 1980; Parkes, 2006)
- Cognitive Stress Theory (Lazarus & Folkman, 1985; Folkman, 2001)



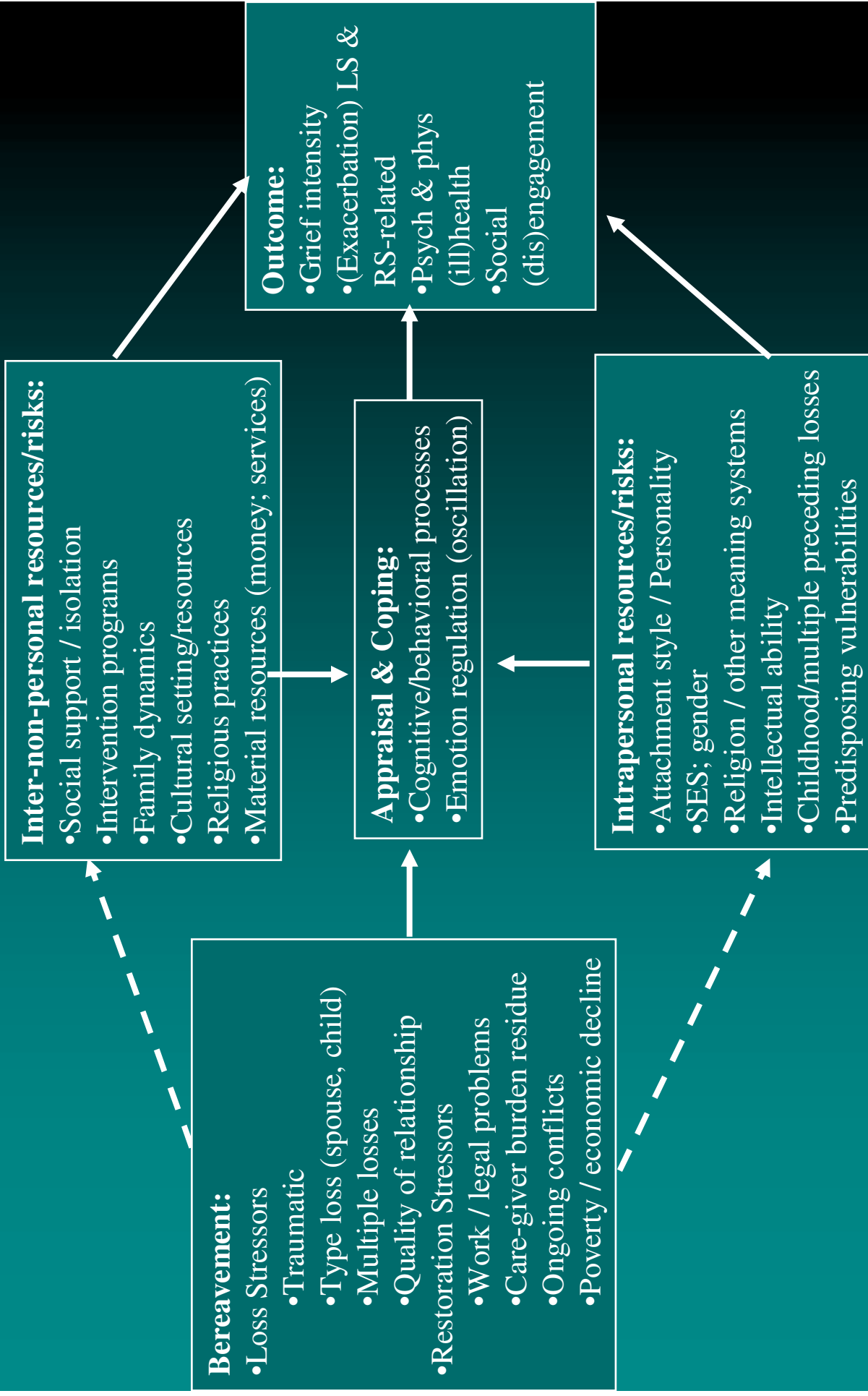
Research: Bereavement

1. Consequences:
 1. Health
- 2. Risk factors**
2. Coping & Care:
 1. Intervention for coping difficulties
 2. Cognitive processes & adaptation



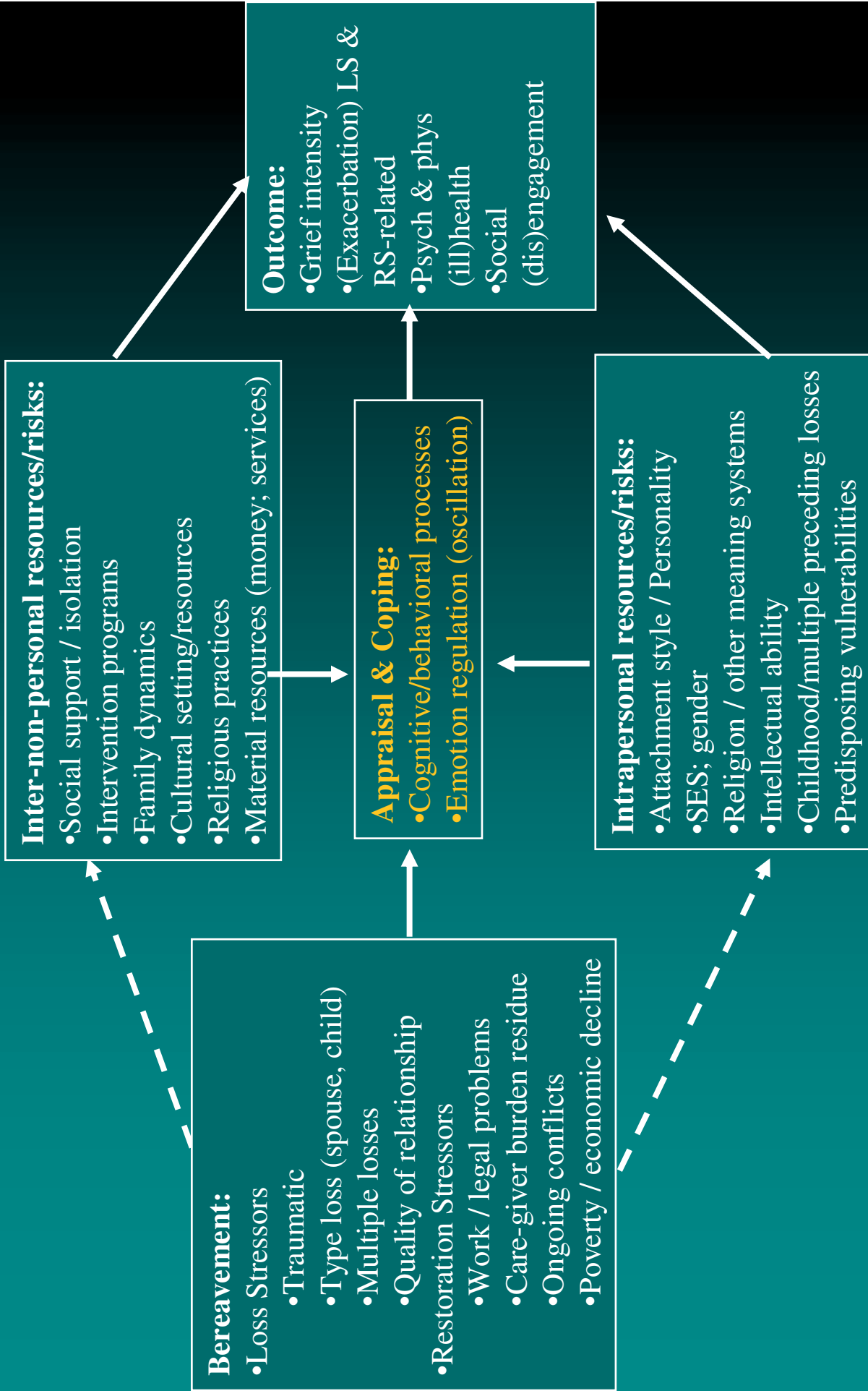
Risk Factor Framework for Prediction of Bereavement Outcome

(cf. Folkman, 2001; Stroebe, Schut & Stroebe, 2007)



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Implications for intervention?

- (For whom) Is intervention after loss appropriate?
- Is intervention effective?



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The Effects of Grief Intervention

(Schut, Stroebe, van den Bout & Terheggen, 2001; Schut & Stroebe, 2005, in press)

- Primary (all bereaved persons)
 - Not effective (recent positive results: “inreaching”;
children; later after loss)
- Secondary (risk groups)
 - Mixed results
- Tertiary (complicated grief)
 - Positive results



Evaluation Of Grief Counseling: Utrecht Study

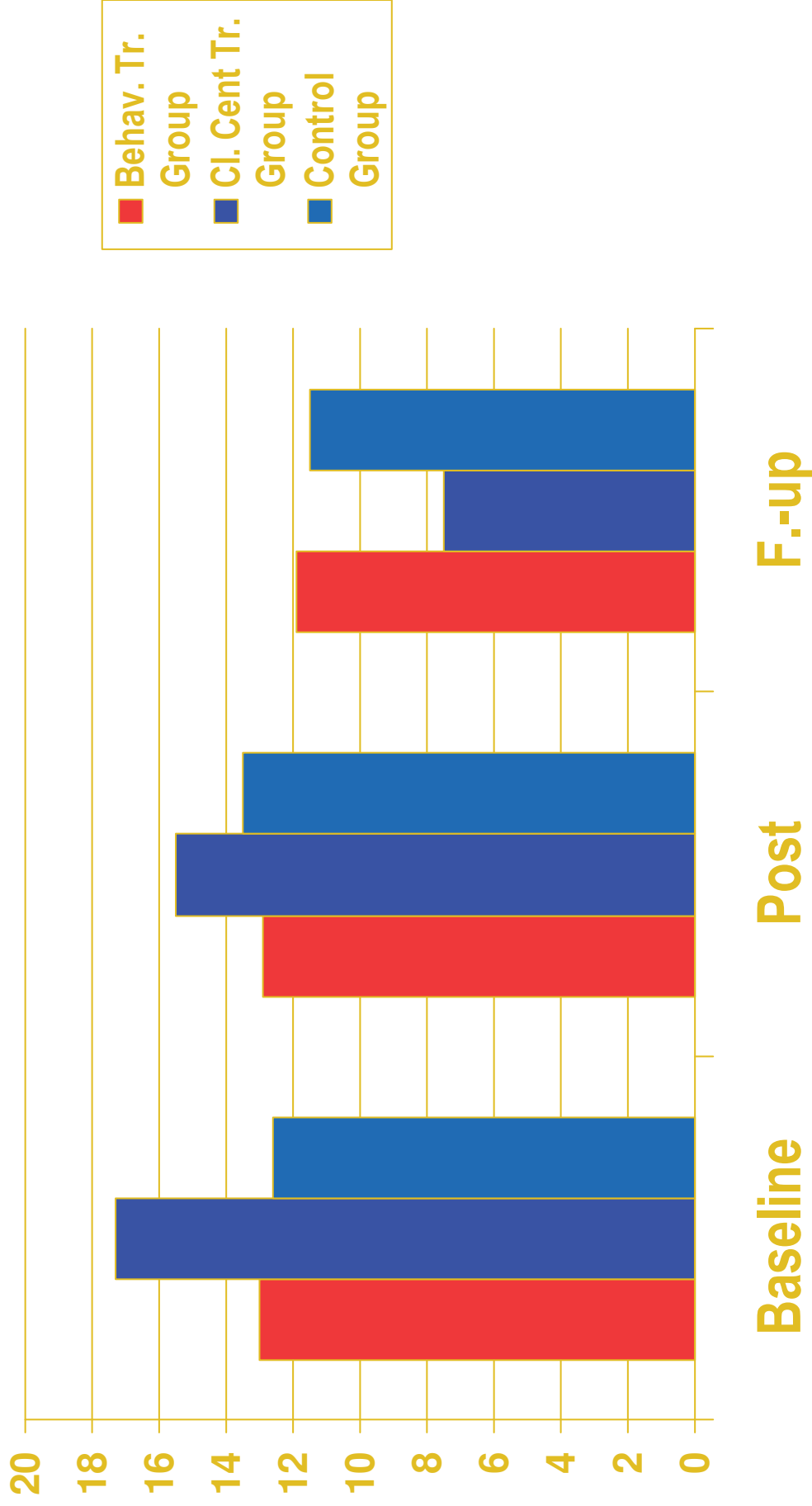
(Schut, Stroebe, de Keijser & van den Bout, 1997)

- Participants:
 - Widows & widowers (mean age = 54)
 - Medium / high distress
 - Non-intervention controls
- Counseling:
 - Client centered vs. behavior therapy
 - 7 sessions, 14-17 months post-loss
- Measure:
 - General Health Questionnaire (GHQ)



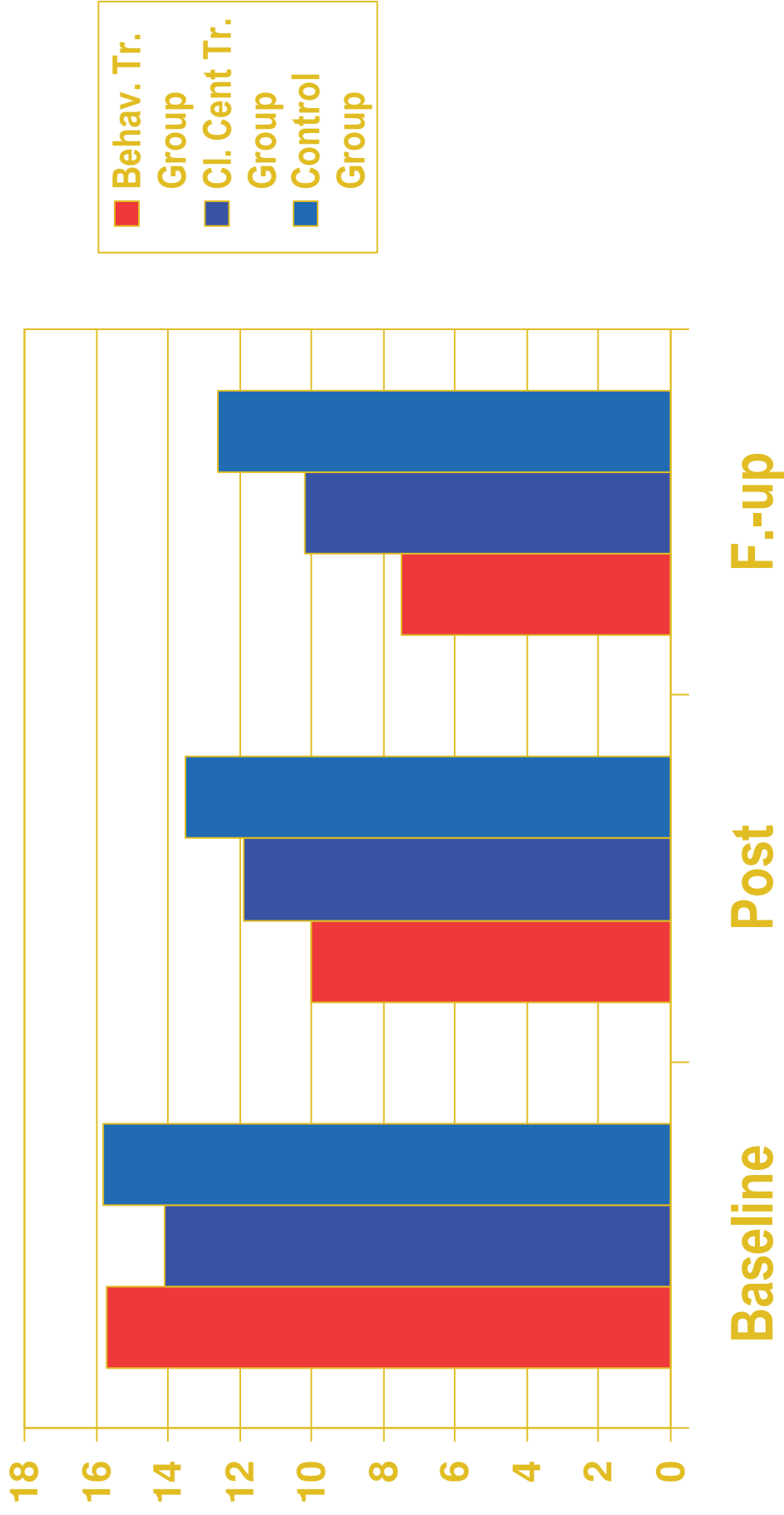
Levels of Distress by Therapy Type: Males

(Schut, Stroebe, de Keijser, & van den Bout, BJCP, 1997)



Levels of Distress by Therapy Type: Females

(Schut, Stroebe, de Keijser, & van den Bout, BJCP, 1997)



Conclusions

For those who need help, in the long-term:

- Emotion focused intervention is more helpful for widowers.
- Problem focused intervention is more helpful for widows.



Bereavement Support Groups: Assessment by Participants

(Hopmeyer & Werk, 1994)

Most valuable aspects: How much time should be devoted to specific things (rank ordered)



**“Sharing feelings
& emotions”**

**= emotion-focused,
but problem-focused
helps in difficulty**



**“Learning how others
solve problems like mine”**

**= problem-focused,
but emotion-focused
helps in difficulty**





Walter (1999)

- “In general, in such situations, women like talking about their feelings and men like to stay away from counselling, but overall, the system may be ineffective, because it gives clients what they want rather than what they need. [...] Bereavement organizations have been offering the wrong things to the wrong people.” (p. 182).



Internet Intervention Study

(van der Houwen et al., 2010)

- **Aim:**
 - Develop / evaluate efficacy of bereavement intervention study
- **Study population:**
 - Native English speakers
 - ≥ 18 years
 - partner, parent, child or sibling
 - "significantly distressed"
- **Measures:**
 - Grief; depressive symptoms; positive mood; emotional loneliness



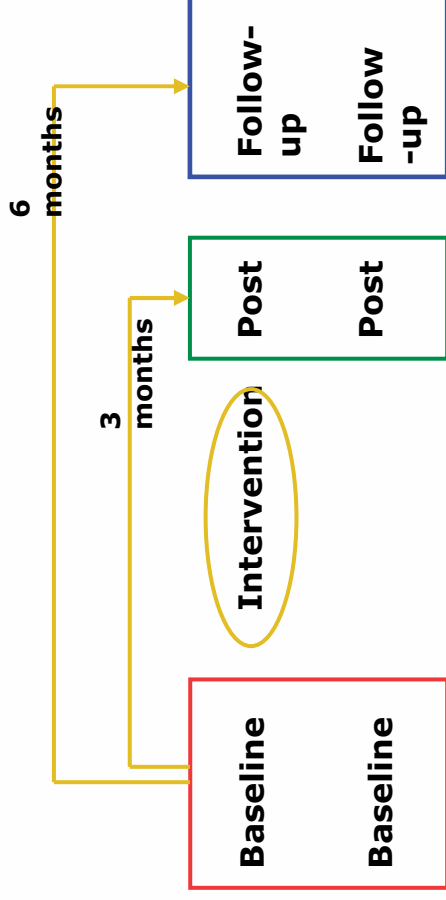


Design of the Study

(van der Houwen et al., 2010)

Intervention group
(N thru follow-up = 190)

Control group
(N thru follow-up = 217)





Assignments

1. Description of loss event: most significant event(s)
2. Focus on current situation: difficulties + accomplishments
3. Helpful & unhelpful thoughts about the loss
4. Write letter of advice to (hypothetical) friend experiencing similar loss
5. Write letter to the deceased from future perspective (2 years from now)



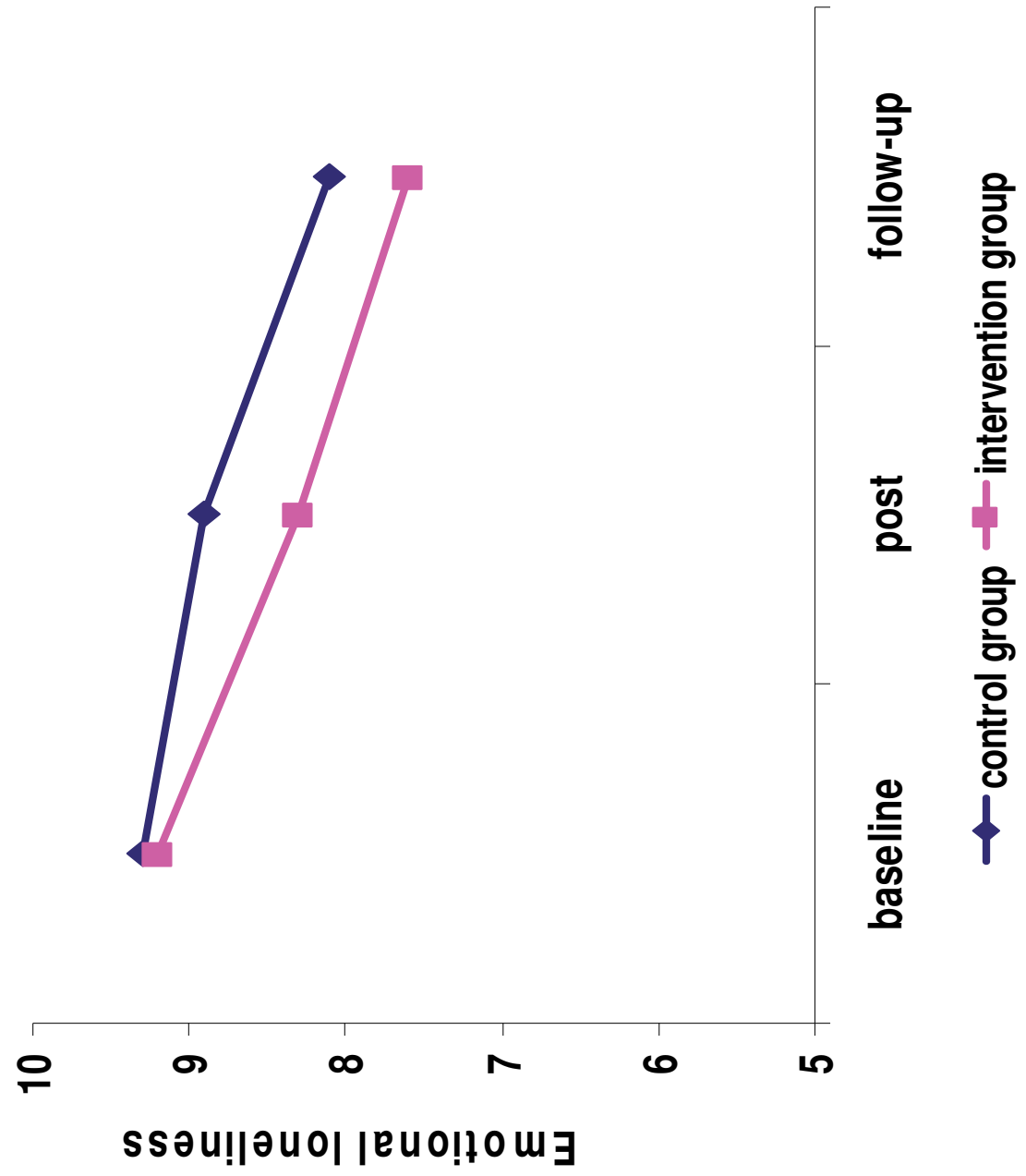
Results

Writing:

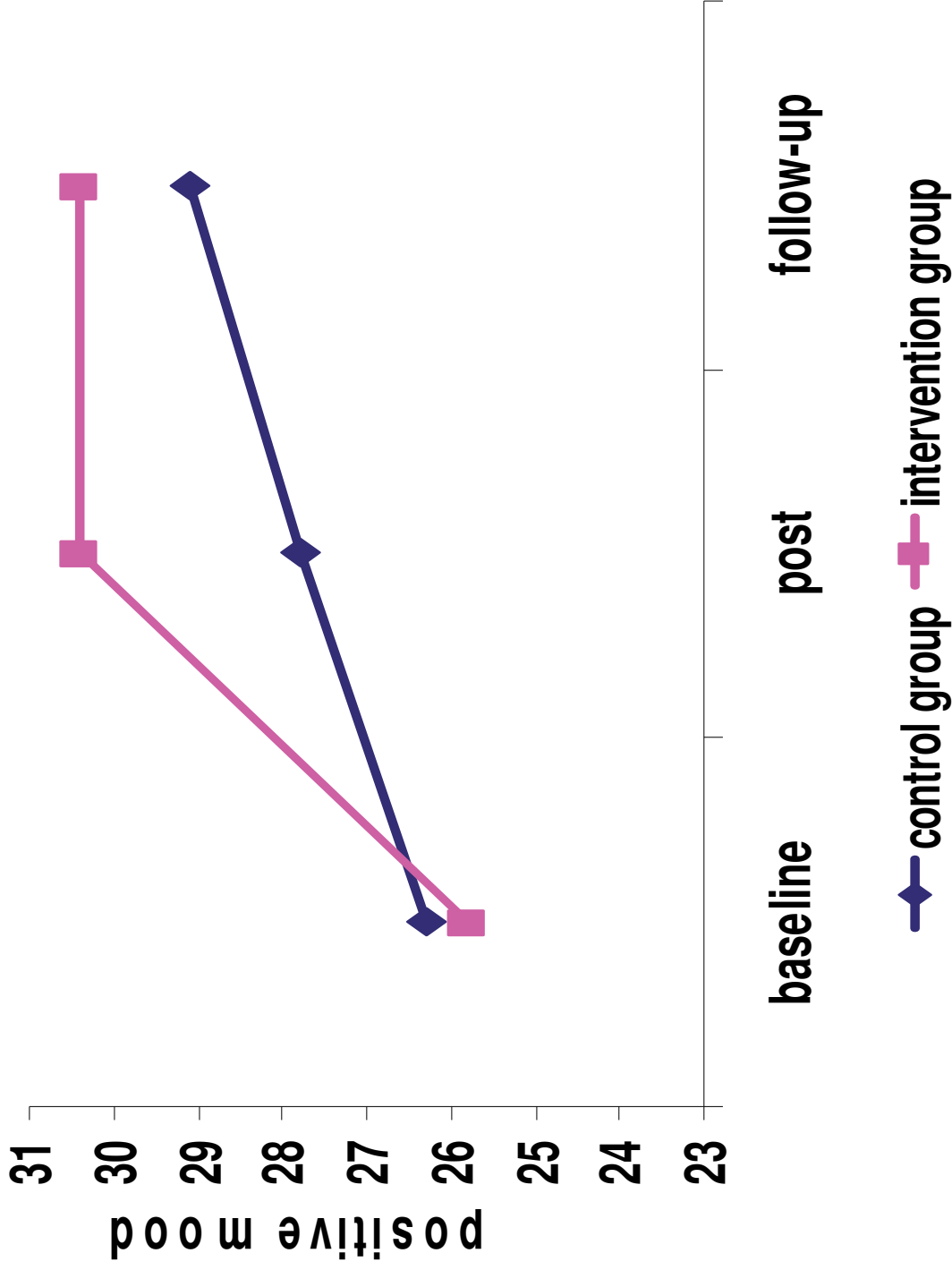
- did not affect grief or depressive symptoms
- but ...



Emotional Loneliness



Positive Mood



Results

Writing:

- did not affect grief or depressive symptoms
- **did decrease feelings of emotional loneliness and increased positive mood**



Research: Bereavement

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Grief Work Models

Phase Model
(*Bowlby, 1980*)

Task Model
(*Worden, 1991*)

Shock

Accept reality of loss

Yearning/protest

Experience pain of grief

Despair

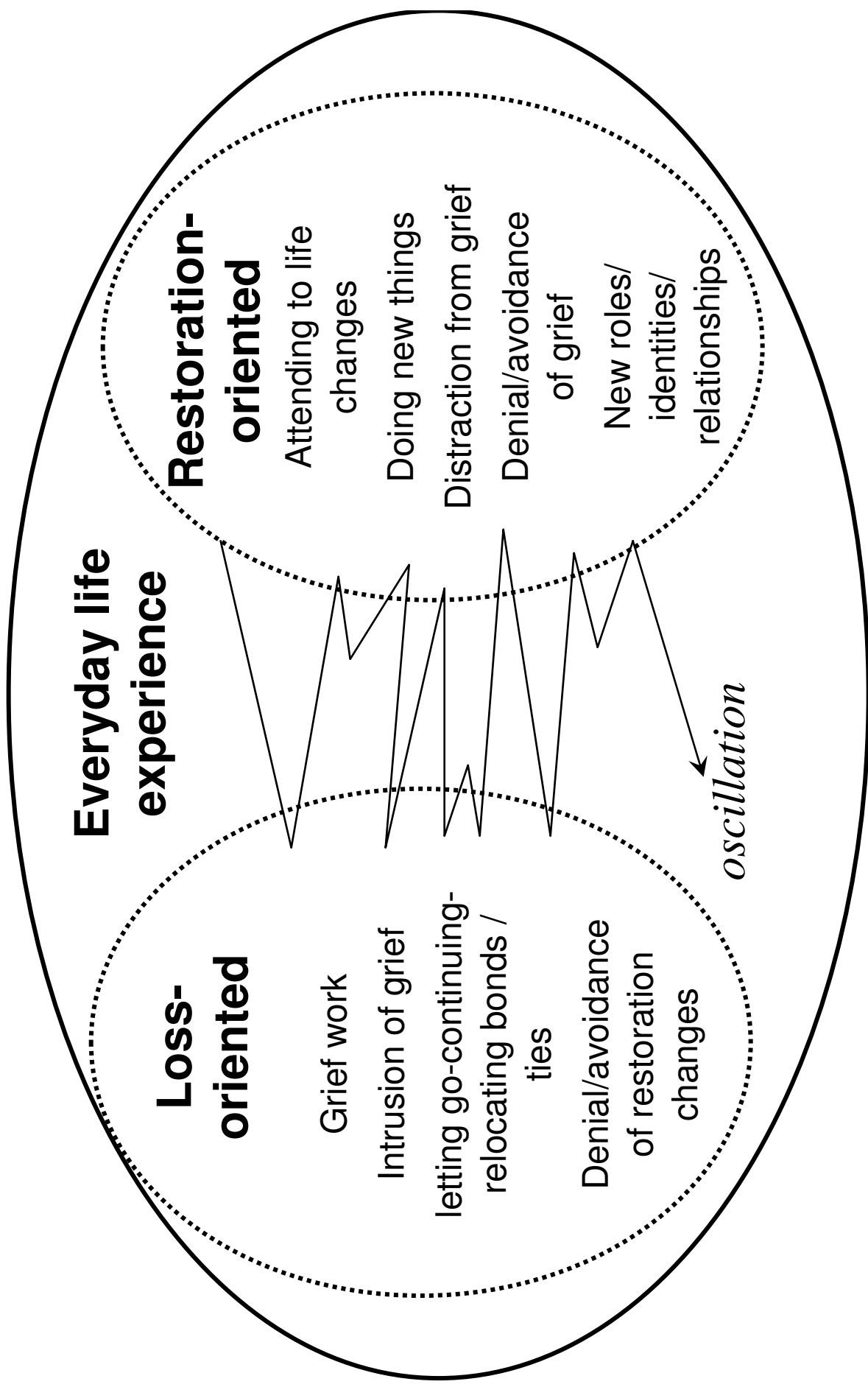
Adjust to life without deceased

Restitution

**Withdraw emotional energy from the
deceased & reinvest it in another
relationship**

The Dual Process Model of Coping with Bereavement

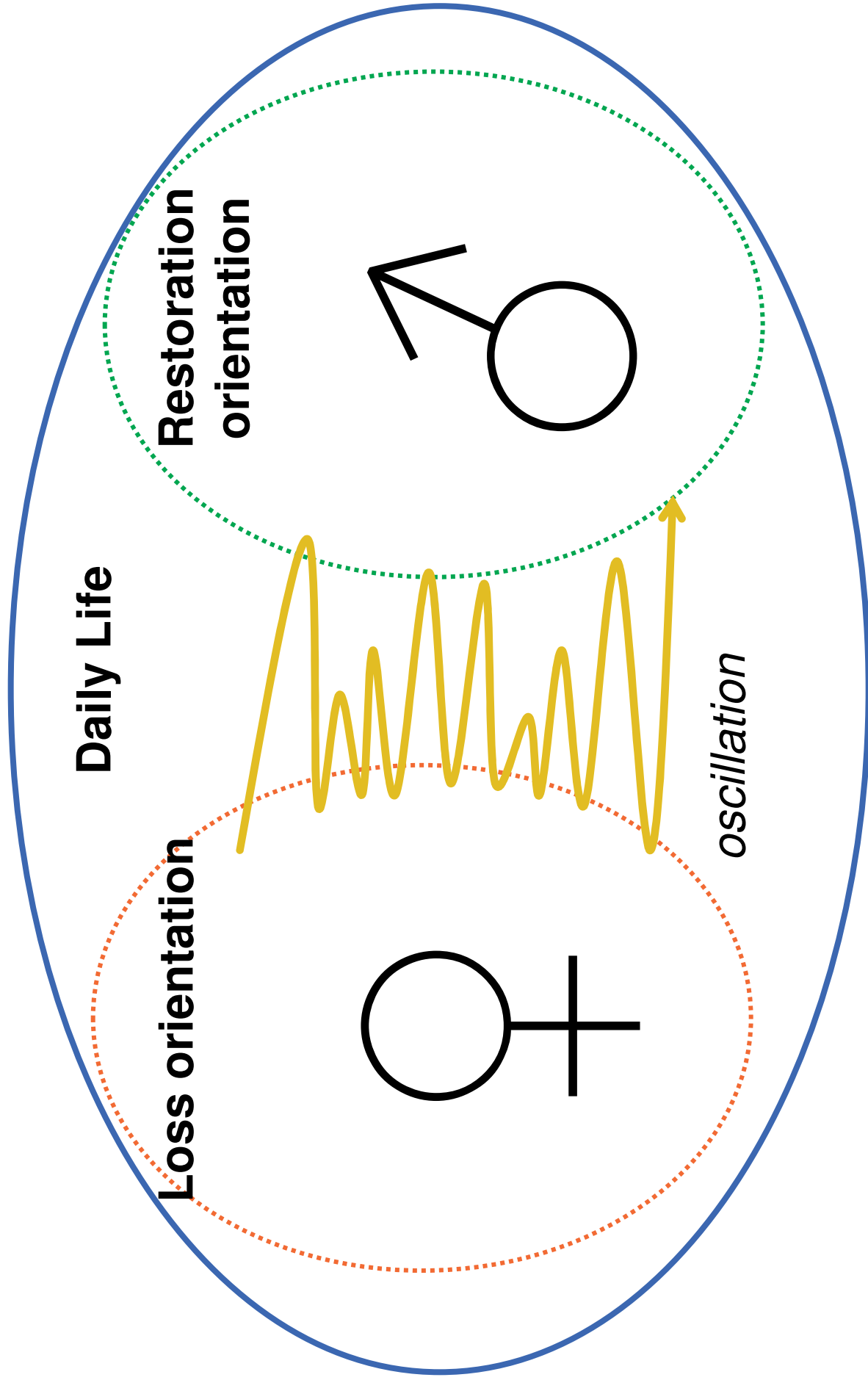
Stroebe & Schut (Death Studies, 1999; Omega, in press)



Comparison of Models

<u>Phase Model</u> (Bow/ly, 1980)	<u>Task Model</u> (Worden, 1991)	<u>DPM</u> (Stroebe & Schut, 1999)
Shock	Accept reality of loss...	...and accept reality of changed world.
Yearning/protest	Experience pain of grief...	...and take time off from pain of grief.
Despair	Adjust to life without deceased...	... and master the changed (subjective) environment.
Restitution	Withdraw emotional energy from the deceased & reinvest it in another relationship...	...and develop new roles, identities, relationships.

DPM: Gender Differences



DPM

Everyday life experience

Loss-oriented

Grief work /

Rumination

Intrusion of grief

Breaking-continuing-relocating bonds / ties

Denial/avoidance of restoration changes

Restoration-oriented

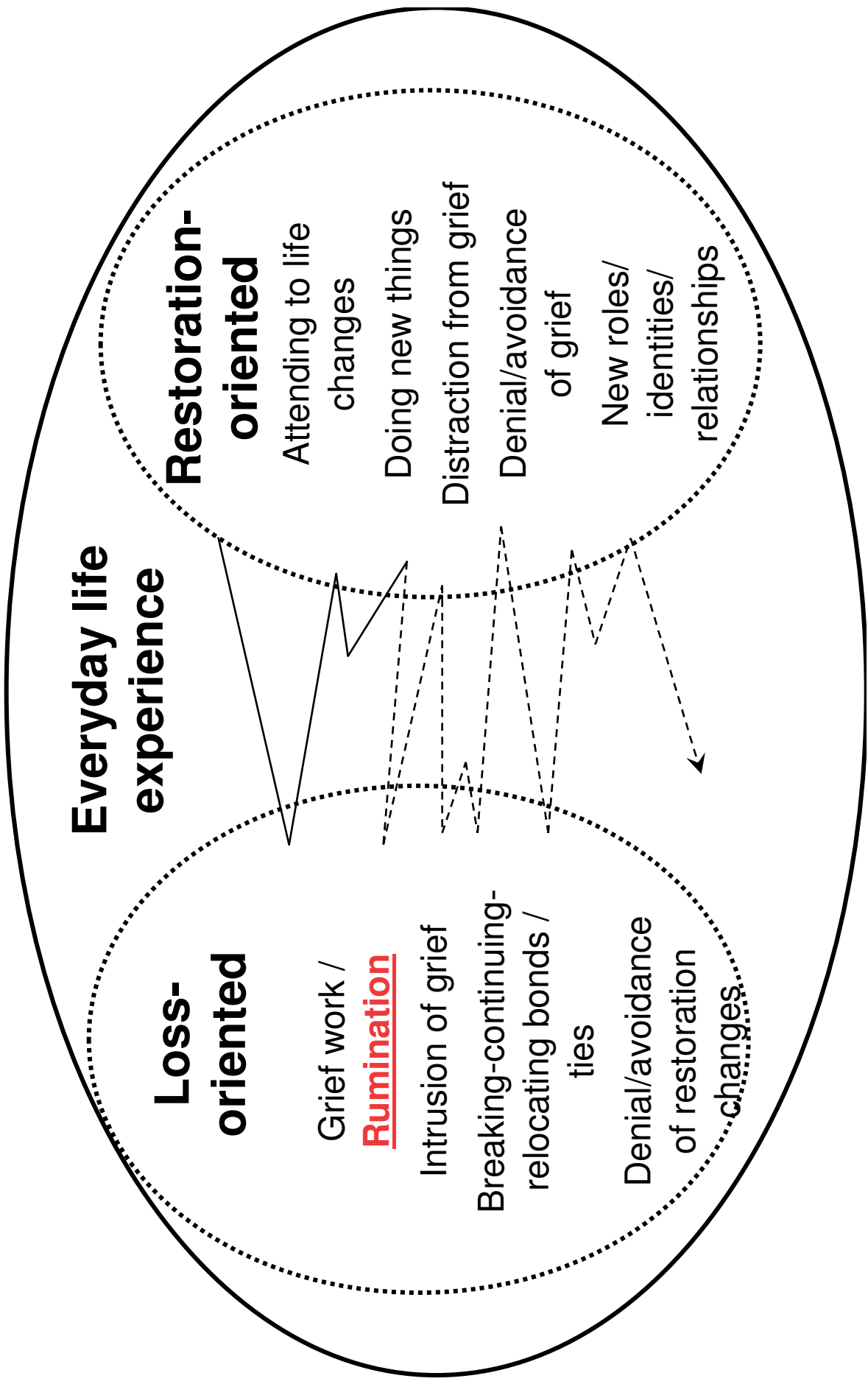
Attending to life changes

Doing new things

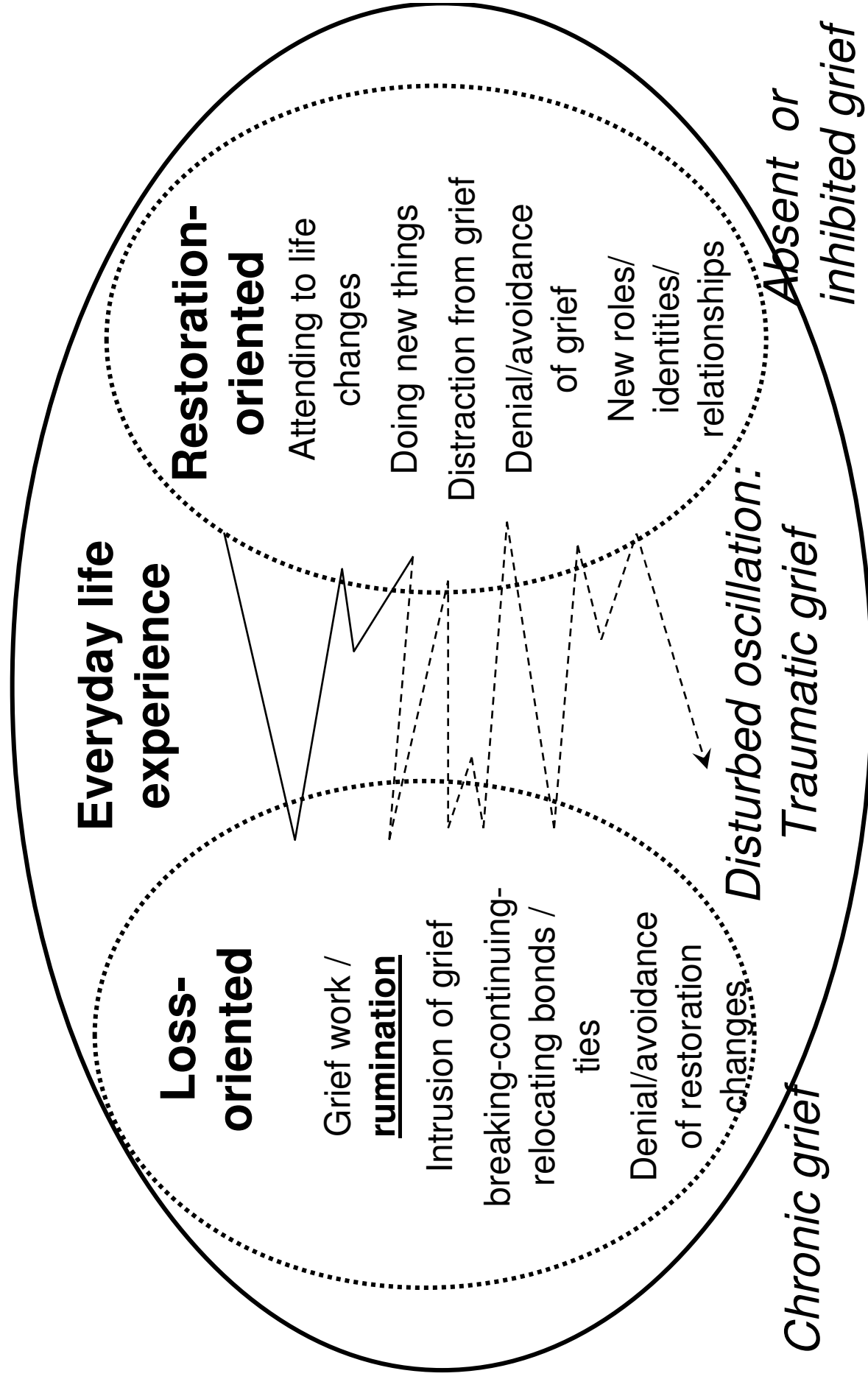
Distraction from grief

Denial/avoidance of grief

New roles/ identities/ relationships



Complicated Grief in the DPM



Rumination: Definition

Persistent and repetitive, chronic and passive focus on the occurrence, causes, and consequences of negative (grief-related) emotions and symptoms.

(Nolen-Hoeksema, 2001)



Grief Work & Rumination Compared

Grief work:

Related to adaptation (e.g.
"resolution of grief")

(Freud, 1917; Bowlby, 1980)

Rumination:

Related to maladaptation
(e.g. depressed mood & lower
well-being)

(Bonanno, 2008; Nolen-Hoeksema et al., 1997;
Michael & Snyder, 2005)





Rumination

(Stroebe, Boelen, van der Hout, Stroebe, Salemink & van den Bout, 2007)

Confrontation of loss / death?

OR

Avoidance of loss / death?



Traditional Thinking: Ruminative Coping in Bereavement

- “Opposite form of coping” to denial / suppression
Nolen-Hoeksema (2001)
- Contrasts with avoidance
Bonanno et al. (2006)

Emphasis on rumination as intrusion & confrontation, not avoidance & suppression of thoughts but:

Doubts

- PTSD research
- Anxiety research



Rumination as Avoidance

- If bereaved ruminators avoid (detrimental), they need to be assisted to confront.
- But to confront what?
- Realize (gut-feeling) the deceased is dead and gone forever (cf. Boelen et al., 2006; Michael & Snyder, 2005)



Implications for counselling

Rumination is:

- **a confrontation strategy:**
 - Need avoidance, distraction from grief
 - Basic: Assistance in meaning creation
 - Guide problem solving re. secondary stressors
 - assist effective use of social support
- **an avoidance strategy:**
 - Process, don't distract from reality of loss
 - Overcome avoidance: exposure, restructuring
 - Integrating loss reality fundamental (not meaning search or secondary problems)

