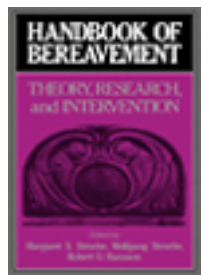

Handbook of Bereavement

Theory, Research, and Intervention

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Bereavement research and theory: An introduction to the *Handbook*

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The loss of a loved one is a tragedy unequalled by any other for most bereaved people. It is an experience that occurs some time or other in nearly everyone's life, and many suffer losses long before they reach old age, when such events occur with increasing frequency. According to statistics for the year 1985, more than 2 million people can be expected to die in a single year in the United States alone. Of these, more than 16,000 are children between the ages of 1 and 14, and as many as 38,000 are young people between the ages of 15 and 24 (U.S. Department of Health & Human Services, 1985). Such statistics also show alarming infant mortality rates, more than 40,000 babies dying before they reach the age of 1 year. For each of these deaths, bereaved persons are left behind – parents, spouses, children, siblings, and friends – all of whom are at high risk of detrimental effects on their mental and physical health.

If one looks beyond such statistics to consider world events, concern for the bereaved becomes hugely magnified. Natural disasters and human conflicts have devastated families in many nations during recent years. Frequently under such circumstances, grief over the death of a loved one is compounded by related tragedies, as when one person alone survives the loss of an entire family, when personal injury adds to suffering, when the violent or brutal death of a loved one has been witnessed, or when homes and livelihoods are also lost through the circumstances of war or other disaster. Survivors of such terrible losses are particularly vulnerable to long-term adverse effects and are in special need of care and support.

Because of the intensity of the loss experience, the large number of people it affects, and the systematic variations with which its consequences are distributed across populations, bereavement has far-reaching implications. It is a concern that extends beyond the boundaries of clinical interest, the domain from which much of the early research drew its impetus. It affects at some point every family and raises logistic and policy issues for the health and social service agencies of every community.

In our view, bereavement is an issue that needs to be understood from a

sound base of theoretically oriented and empirically derived knowledge and not purely on subjective, descriptive accounts. Parkes, in chapter 6 of this volume, expresses the necessity for such a frame of reference most succinctly:

> It is not enough for us to stay close and to open our hearts to another person's suffering; valuable though this sympathy may sometimes be, we must have some way of stepping aside from the maze of emotion and sensation if we are to make sense of it.

Thus, one of our major objectives in compiling the *Handbook of Bereavement* has been to provide an up-to-date review of scientific knowledge about bereavement: to assess the state of understanding of the grief process, to review and evaluate theories that provide explanations for its phenomena, to detail its effects and outcomes, and to examine the efficacy of various types of intervention.

Researchers in a variety of disciplines – anthropology, epidemiology, sociology, psychology, medicine – have contributed to this endeavor, as the multidisciplinary contributions illustrate. For example, with regard to health consequences, public health and epidemiological studies have identified illness and mortality consequences and predictors of differential outcome of bereavement. Clinicians and therapists have learned a great deal about the phenomenology of grief, predictors of abnormal grieving and poor outcome, and the effectiveness of intervention programs. Physiological theory and research have concentrated on the identification of mechanisms by which loss may affect the immune system, lead to changes in the endocrine, autonomic nervous, and cardiovascular systems, and account for increased vulnerability to external agents.

As for social and economic consequences, such as social status changes, network alterations, or financial implications, psychological theories and research have considered issues of coping with loss, the potentially adaptive functions of grief for the social group, the parallels and differences between different types of loss (e.g., parent vs. spouse, widowhood vs. divorce), and the problematic processes of support and care giving. Sociologists have explored the impact of widowhood on access to social roles, construction of new identities, and a host of further issues. Gerontology has contributed to the area through its study of coping with life events in old age (e.g., identifying changing needs and coping resources in old age, and acknowledging age-related interactions among health, independence, and adjustment).

In our view, the study of bereavement will progress from a synthesis of this wide variety of disciplines, and our aim has been to take a step in this direction. In the words of the late Henri Tajfel:

All of us in our various disciplines . . . are dealing with a common knot of problems seen from different perspectives, and it would be futile to claim a monopoly of some kind of a "basic truth" or conceptual priority for any one of these perspectives. (1981, p. 224)

Elsewhere (M. Stroebe, Stroebe, & Hansson, 1988), we have traced the historical development of theory, empirical research, and methodology in the field. The study of bereavement is, as we noted, a comparatively young discipline, and early research was often issue-generated rather than theory-generated. We identified historical changes in the kinds of research questions that have been topical in bereavement research and gave an overview of the major empirical findings and the conceptual developments that followed over the years.

In the present introduction we provide a brief overview of the scope of current, multidisciplinary research in the bereavement area as represented by the diverse chapters in this volume. We outline individual contributions, highlighting their main arguments and results. First, though, it will be useful to distinguish among three terms, as has now become fairly common practice in the field: *Bereavement* is the objective situation of having lost someone significant; *grief* is the emotional response to one's loss; and *mourning* denotes the actions and manner of expressing grief, which often reflect the mourning practices of one's culture.

The phenomenology and measurement of grief

What is grief? What are its symptoms, and what course does it normally run over time? How does one measure an emotional reaction to loss? How can one distinguish normal or uncomplicated grief from abnormal or pathological grief? These are questions that are central to the three chapters in part II. These chapters represent a development from the clinical descriptions of the phenomenology of grief that dominated earlier research to systematic attempts to describe patterns of common symptoms and address complex issues concerning the time phases of grief, its nature, and intensity.

Writing on the course of normal grief (chapter 2), Shuchter and Zisook draw on years of research collaboration. They discuss questions concerning patterns of symptomatology, the controversial issue of "stages" of grief and recovery, and the broad range of changes in cognitive and behavioral processes, as well as such aspects as interpersonal relationships during the course of grief. Central to their conception is the view that grief is a highly individualized process, that there are many and varied ways people grieve, that even one individual's grief varies from moment to moment. Too frequently in the past, accounts of grief have been overly simplistic. To

describe adequately the phenomenology and natural history of normal bereavement, Shuchter and Zisook argue the need for a multidimensional approach, one that incorporates overlapping dimensions, including affective states, coping strategies, and the continued relationship with the deceased.

Like Shuchter and Zisook, in chapter 3 Middleton, Raphael, Martinek, and Misso endorse the need for a multidimensional framework for conceptualizing pathological forms of bereavement. At a time when, as these authors note, we are still struggling to validate and operationalize the construct of normal grief, conceptualizing pathological grief appears even more problematic. How do we define "pathological," "abnormal," "chronic," "unresolved," "absent," or "complicated" grief? Can we distinguish clearly between "normal" and "abnormal" grieving, or between problematic grief and such other clinical disorders as depression, anxiety disorders, or post-traumatic stress disorders? What do we know of the impact of cultural norms on pathological grief reactions?

Middleton and his colleagues grapple with the issues of validation and operationatization of the construct pathological grief, examining the most influential theoretical formulations (psychoanalytic and attachment theories) to have addressed pathological grief. Consideration is also given to a very neglected issue, namely, the relationship between pathological grief and personality disorders. An important distinction emerges from their discussion: If it is the case that bereavement accentuates preexisting pathology rather than that pathology is specific to grief, then, as they argue, "In many instances it may be more valid to view grief as a risk factor for such disorders than to view such disorders as manifestations of pathological grief."

Although Middleton et al. argue the case for more extensive use of clinical diagnosis as opposed to rating scales (e.g., to diagnose personality disorders in bereaved persons), much reliance is placed on psychometric measurement of bereavement phenomena. In view of the rapid growth in the number of instruments designed to assess various aspects of individuals' responses to bereavement, it is surprising that no comprehensive review and discussion of measurement issues has yet appeared in the literature. In chapter 4, Hansson, Carpenter, and Fairchild not only review psychometric instruments designed to measure the nature and intensity of the grief experience but also those assessing broader coping and health variables. Key issues of validity and reliability are discussed.

Current theories of grief, mourning, and bereavement

One might ask why we need theories on the phenomenon of grief, when to feel sad and depressed on losing a loved person seems so self-evident.

However, as the chapters in part II amply show, grief is not only a very complex syndrome but also one with diverse consequences. How, for example, can one understand the constant interplay among feelings of disbelief, hope, and despair that trouble the bereaved, or the alternation between affective responses of numbness, despair, and anger? Why do the bereaved search for the lost one, feel convinced of his or her presence, when they know that he or she is no longer living? Why do some bereaved persons cope with loss relatively well and others remain devastated for years?

Theoretical formulations should not only help us to understand certain counterintuitive reactions and complex symptomatology. They should also provide explanations of individual differences in mental and physical health outcomes. Most importantly, they should allow one to develop strategies of care and therapy to ameliorate distress and help toward the prevention of pathology. To date, there is no theory that fulfills all of these expectations. In fact, empirical research on bereavement typically has not been guided by an integrative theory base. In our view, it is essential for research to be theory-guided, and wherever possible theoretical underpinnings are stressed, not just in part III but throughout the chapters in this volume.

Although there is no broadly applicable, integrative theory of bereavement, two different general types of theory, which have grown out of different traditions and interests of researchers (W. Stroebe & Stroebe, 1987), can be identified from the literature. The earlier of these theoretical contributions emerged from the psychoanalytic tradition, the most influential being those of Freud (1917a), Lindemann (1944), and, more recently, Bowlby (e.g., 1980/1981). Such theories, which can be classified as depression models of grief (W. Stroebe & Stroebe, 1987), analyze grief as an emotional reaction and help greatly in understanding emotional symptomatology in response to loss. Complementary to these are stress theories (cf. Lazarus & Folkman, 1984). Applied specifically to bereavement (W. Stroebe & Stroebe, 1987), stress models of grief consider bereavement a stressful life event and offer an explanation for the physical health consequences of bereavement, which is not a focal concern of the depression models. One of the major proponents of this line of theorizing in recent years has been Horowitz (e.g., 1976/1986).

Rather than detailing such well-known, classic contributions (descriptions can be found in W. Stroebe & Stroebe, 1987; they are discussed briefly in Middleton et al.'s chapter 3, on pathological grief, and in M. Stroebe & Stroebe's review of the mortality of bereavement, chapter 12), in the third part of this volume we focus on contemporary theoretical perspectives from diverse disciplines, all of which contribute to the understanding of bereavement. It will become evident that these analyses provide very

different insights into the grief process, not necessarily because they conflict but because of the level of analysis and perspective from which they examine bereavement.

Thus, Averill and Nunley (chapter 5) apply a social-constructionist approach to the emotion of grief, exploring two alternative conceptions of grief: as an emotion and as a disease. They relate the syndrome of grief to broader social systems, particularly to the health care system. They explore the implications of the continuing tendency to incorporate grief into the health care system, where the primary goal is to alleviate suffering. The isolation of grief as a problem to be treated under the medical model could diminish the role of other social systems as a source of meaning and support for the bereaved. It becomes evident from Averill and Nunley's analysis how culturally dependent our conceptualization of grief is: It is by no means universal or necessary to define it as an emotion.

By contrast, in chapter 6, Parkes outlines his concept of psychosocial transitions that he has developed over the years to explain adaptation to life changes such as bereavement. Parkes's model enables comparative analysis of different losses, his own empirical work having focused on loss of a spouse, loss of a limb, and loss of a home. It has far-reaching implications not only for the identification of high-risk persons but also for defining the role of others, including health professionals, in reducing risk. In an important extension of his original model, in this volume Parkes proposes how members of all the health care professions might become more directly involved as agents of change.

In a contribution that nicely complements the cognitively oriented paper by Parkes, Rosenblatt (chapter 7) argues that to understand grief, we must know how it is affected by the social context in which it occurs (e.g., family, personal relationships, culture, and ethnicity). Family systems theory and symbolic interactionism provide a conceptual backdrop against which to view the dynamics and implications of the social context. A central theme in Rosenblatt's work involves the potential consequences on a diverse population (like that in the United States) when communities and formal support systems fail to be sensitive to ethnic differences in grief and mourning customs and rituals. Such misunderstanding can result, for example, in intolerance and reduced access to, or diminished benefit from, formal support and health care systems among minority populations. Rosenblatt also highlights and illustrates cross-cultural differences in grief reactions, a theme for which his work is well known (e.g., Rosenblatt, Walsh, & Jackson, 1976).

The final chapter in part III (chapter 8) is by a newcomer to the field. We invited Seymour Epstein, a major figure in personality psychology, to apply his own theoretical approach, Cognitive-experiential self-theory (CEST), to the area of bereavement. CEST is a general theory of personality

according to which people construct implicit theories of reality that reside within an experiential conceptual system that operates by principles different from those operating within their rational conceptual system. Implicit theories of reality strive to fulfill four basic functions. These functions, and the implicit belief dimensions associated with them, both influence and are influenced by bereavement. In contrast to psychoanalysis, CEST considers sensitivities and compulsions, not unconscious conflict, as the main source of maladaptive reactions. The construct of constructive thinking, a broad coping variable with specific components, is associated with the efficacy of a person's implicit theory of reality and can account for some anomalous findings on coping with bereavement.

Physiological changes following bereavement

Bereavement does not operate on one's bodily system in the same way as some alien bacteria do. Nevertheless, it is associated with a variety of mental and physical health consequences. What, then, are the biological links between grief and increased risk of morbidity and mortality among the bereaved? How can bereavement, which, after all, is an event external to the organism, affect bodily systems to cause ill health and even death? Clearly, if we can answer these questions, we go a long way toward finding intervention strategies to affect the biological system, modulate the risk of illness, and provide relief for those who suffer most.

The last decade has seen a number of breakthroughs in our understanding of physiological changes following bereavement. Physiological theory and research have concentrated on the identification of mechanisms by which loss may affect the immune system, lead to changes in the endocrine, autonomic nervous, and cardiovascular systems, and account for increased vulnerability to external agents. Only very recently, for example, have specific physiological changes been identified in the immune system following separations.

The contributors of the three chapters in part IV have been foremost among researchers in this area. All review their program of research, giving detailed accounts of the physiological mechanisms and biological systems, including discussions of the relevance of immune measures to changes in health, to enable those unfamiliar with such work to understand their results.

In chapter 9, Laudenslager, Boccia, and Reite review studies of the biological correlates of loss in nonhuman primates. A main objective is to present some of the recent observations from their own research group concerning social support models and the potential role of temperament in determining response to maternal loss in nonhuman primates. They present striking evidence from their animal studies that maternal separation

influences immune regulation and that such early experience may have consequences observable in adult life. They identify certain intrinsic and extrinsic variables predicting immunologic outcome following the stress experience. Their research represents a major development toward the establishment of a relationship between markers of immune status and disease risk, the identification of high-risk individuals, and the long-term impact of early experience on health in the adult.

Chapter 10, by Kim and Jacobs, covers research on neuroendocrine changes following bereavement, the emphasis here being on psychiatric morbidity. The authors include detailed consideration of the results of neuroendocrine findings in depression and anxiety disorders, both of which have been found to complicate bereavement. As they note, neuroendocrine abnormalities in these disorders provide suggestions for associations between neuroendocrine changes and complicated bereavement. Finally, they suggest a paradigm of abnormal adrenocortical activity applicable to bereavement, which goes some way toward understanding the interaction between the neuroendocrine system and bereavement stress. It is important to note that Kim and Jacobs's identification of depression and anxiety disorders as precursors of complicated bereavement suggests a predisposing risk factor for poor mental outcome: A propensity to clinical depression and/or anxiety disorders may lead to complicated bereavement rather than the usually assumed causal sequence that bereavement leads to clinical depression and anxiety disorders.

In the final chapter in this part, Irwin and Pike (chapter 11) give an overview of research that demonstrates the relationship between bereavement and changes in immune parameters, particularly natural killer cell activity. They present their own empirical data documenting how depressive symptoms might relate to these immunologic changes in bereavement. They limit the breadth of their review to loss in humans, thus complementing chapter 9, by Laudenslager, Boccia, and Reite, on nonhuman primates. Their work suggests that individual psychological responses such as depressive symptomatology may mediate changes in physiological systems and affect immune function.

The psychological, social, and health impacts of conjugal bereavement

For a number of reasons, the stressful and disruptive nature of bereavement has most frequently been documented for widow(er)hood, the topic to which the whole of part V is devoted (although it should be noted that comparisons are frequently drawn with other types of loss). Conjugal bereavement is one of the most widely experienced stressful life events. More than 50% of all women 65 years and over and 12% of all men that

age have become widowed (U.S. Bureau of the Census, 1984). Furthermore, the conjugal grief reaction can be particularly devastating because, as the chapters in part V underscore, the bereaved are often required to deal with the simultaneous disruption of their financial security, social status, and primary support networks. Not surprisingly, as the reports clearly document, marital bereavement is associated with deterioration in mental and physical health and with an excess in mortality from natural as well as violent causes.

In this part, we provide an overview of the multiple reactions and consequences of conjugal bereavement. We have tried to strike a balance among review articles (Sanders; M. Stroebe & Stroebe), large-scale statistical studies (McCrae & Costa), and small to moderate-sized comparative studies of longitudinal design (Gallagher-Thompson, Futterman, Farberow, Thompson, & Peterson; Lund, Caserta, & Dimond; W. Stroebe & Stroebe). The general goals of all the research reviewed here, despite a diversity in disciplinary backgrounds, have been to examine the process of adaptation and adjustment to the loss of a spouse, to examine risk factors (i.e., predictors that are associated with good or bad outcome), and to identify, where possible, potential strategies of intervention.

Although many of the authors are clinicians and draw heavily on personal, professional experience, it will become evident that no chapter comprises purely clinical descriptions of the grief experience. This reflects a major editorial bias: In our view, such subjective accounts are subject to the critical shortcoming that they are open to whatever interpretation the author wishes to make. Throughout the chapters included here, close attention has been paid to rigorous design and methodology. Paramount among these concerns are issues of representativeness of the samples (have we, for example, omitted from an empirical investigation those who are most distressed or physically affected by bereavement?), the need for nonbereaved control groups to identify main effects rather than interactions (for example, if widows are more distressed than widowers, this could reflect the excess in depression rates of females in general, as compared with males), and the validity and reliability of the measures used to assess grief reactions in all their complexity. (For a detailed consideration of methodological issues in bereavement research, see W. Stroebe & Stroebe, 1987.)

Part V begins with M. Stroebe and Stroebe's review of the impact of bereavement with the most dire of consequences: the death of the bereaved spouse. Examination of studies subsequent to a review a decade ago (M. Stroebe, Stroebe, Gergen, & Gergen, 1981) revealed fascinating new clues to the puzzle of why some bereaved themselves die. In the light of this evidence Stroebe and Stroebe were able to examine theoretical explanations of this "loss effect" that was not previously possible. It is surprising that no

connection has ever been made between depression models of loss and the mortality of the bereaved. One possible reason may be because, as noted earlier, depression models have largely been used in explanations of emotional reactions, whereas the physical health consequences have been the province of stress models. In chapter 12 the explanatory power of both types of model is considered. It should be noted that these models can also be applied in explanation of the lesser mental and physical health consequences, as described in subsequent chapters in this section.

The following two chapters, by McCrae and Costa (chapter 13) and W. Stroebe and Stroebe (chapter 14), contrast greatly, not only in design but also in their results. McCrae and Costa draw on data from the follow-up investigation of a large-scale survey to examine some long-term consequences of widowhood. These authors argue provocatively for long-term "resilience" of widowed persons. They hold that after the period of intense grief is over comes a return to a "baseline" level of well-being, comparable with that of nonbereaved individuals. The data reported by W. Stroebe and Stroebe qualify the conclusions about psychological resilience. The results from their longitudinal study of widows and widowers also indicate that the majority of bereaved recover over a 2-year period. However, high-risk subgroups of individuals were identified who do not seem to adjust well to bereavement.

W. Stroebe and Stroebe's study shares a number of design features with the following two contributions, by Gallagher-Thompson, Futterman, Farberow, Thompson, and Peterson (chapter 15) and by Lund, Caserta, and Dimond (chapter 16), that distinguish them from much preceding research. All have prospective, longitudinal designs, beginning investigation soon after bereavement and following up over subsequent months and years. All include nonbereaved control subjects, carefully matched with the bereaved on sociodemographic variables. All address complex issues of sample bias, for example, selection into the studies and dropout over the duration of investigation.

Unlike the W. Stroebe and Stroebe study, though, the work by Gallagher-Thompson and colleagues and by Lund and colleagues specifically focus on older widowed persons. Both projects were designed in response to the concern of the National Institute on Aging to acquire systematic, empirically based knowledge about bereavement in older populations. Each project sets unique questions, examines different subgroups, and uses diverse measures. In combination, these empirical papers provide a sense of the representativeness of research results and of the multiple dimensions that bereavement reactions entail.

The identification of risk factors for poor bereavement outcome has been an important focus of recent research and has implications for both the prevention of and recovery from intense grief. Sanders, in chapter 17,

provides a comprehensive and critical review of this literature, distinguishing among four general risk categories: biographical/demographic factors, individual factors, mode of death, and circumstances following the loss. She includes, where data are available, studies on types of loss other than conjugal bereavement. She also notes important methodological shortcomings in this research.

Grief reactions to different types of loss

It is generally accepted by lay people and professionals alike that certain bereavements are apt to be associated with more overwhelming reactions and severe adjustment problems than others. The loss of a young child, for example, is assumed by both researchers and clinicians to be particularly hard to bear. Key questions concern patterns of similarity and differences in grief reactions to various types of loss, the identification of variables that cause differential reactions, and the establishment of areas of particular difficulty in grief reactions to specific losses.

In part VI, we extend consideration of the bereavement experience to losses other than conjugal loss, selecting ones for which the survivors are particularly vulnerable to poor outcome. The part begins with a theoretical chapter by Weiss. In chapter 18, Weiss extends Bowlby's attachment theory to adult grief, arguing that loss should result in grief only for relationships that are in major respects identical to the attachment relationships that bond children to their parents. He develops the provocative thesis that there are only four relational bonds that have the characteristics of such relationships in adults. He then explores reactions to different types of loss and recovery from loss from this theoretical viewpoint. A particularly interesting new theme in this chapter focuses on the interplay of cognitive and emotional reactions (as people adapt but never really recover). These observations, in addition to fleshing out our notions regarding the nature of recovery, also address the product of recovery and the potential for immense individual diversity.

The title statement of Rubin's contribution (chapter 19), "The Death of a Child Is Forever," poignantly underlines the conclusion that the author reached from his extensive study of reactions of parents who have suffered the loss of a child, ranging from very young babies who died from sudden infant death syndrome to adult sons lost in the wars of Israel. As Rubin found, parents of deceased children maintain very close ties with their child – even after 13 years of bereavement – remaining preoccupied with their child and highly invested in the lost relationship, often to the detriment of relationships with surviving members of the family. Rubin developed the Two-Track Model of Bereavement to further understanding of the phenomena he observed, one that gives central place to the parent–child

relationship and to biopsychosocial functioning during the stress of bereavement. Within this framework, he explores the "multiple meanings" that children hold for their parents.

It becomes clear that research on bereavement has in the past too narrowly focused on symptomatology and psychopathology, that much can be learned from exploring these broader dimensions of bereavement. Although for the most part the bereaved parents functioned well, their loss remained dominant and preoccupation strong in their lives. Thus, like many authors in earlier chapters, Rubin argues for a multidimensional approach to bereavement.

The death of a young parent, at a time when children are not yet raised and when family members are closely involved with one another, is a tragedy that evokes much sympathy and concern. Debate continues in the literature whether early parental loss leads to later problems, ranging from depression to antisocial personality disorders (cf. W. Stroebe & Stroebe, 1987). Silverman and Worden (chapter 20) report on their new longitudinal study, the child bereavement study. Rather than studying adults who had lost a parent in childhood or studying children already referred for therapy, these investigators looked at how a random sample of children were coping with the recent death of a parent. Questions were asked not just of the parents but of the children themselves, so that these different views on the child's adjustment could be compared, thus providing a family perspective.

The study pinpointed a number of unique concerns in childhood loss. For example, children were sometimes very frightened that the deceased parent could be "watching them." Also, like Rubin, Silverman and Worden emphasize the importance of retaining a connection with the deceased parent, which, rather than reflecting the pathology that labeling it "preoccupation with the deceased" implies, was a comfort to the children. Their conclusions are more optimistic than those of much previous research: Children were not overwhelmed by their loss or beset with serious psychological problems. Thus, they argue, researchers should depart from the language of "sickness" in describing grief and turn to a model of grief as a normative life-cycle event.

Bereavement following a death from AIDS is among the most harrowing of grief experiences. Martin and Dean have worked with the urban, gay, male community of New York City, which has been so affected by the AIDS epidemic, collecting data for the Longitudinal AIDS Impact Project, an ongoing study at the Columbia University AIDS Research Unit. In chapter 21, they document the circumstances surrounding AIDS-related bereavement within this community and the effects that these losses may be expected to have on those who survive. Certain characteristics of the illness make this bereavement both similar and dissimilar to that caused by other

illnesses. That bereavements are likely to be both multiple (many losses occurring for any one individual in brief time periods) and chronic (the experiences are unremitting over time), that the survivor may himself be at risk of AIDS, that the terminal illness is long-drawn-out and extremely harsh for both sufferers and caretakers to bear, that it can be deeply stigmatizing for both the sick person and those close to him, that those who suffer are relatively young – these and other features combine to complicate bereavement reactions. The picture that emerges is one of a strongly affected community of people, one that is deeply in need of bereavement support.

Like those bereaved from AIDS deaths, survivors of the Holocaust are likely to have had multiple bereavements. They, too, feared for their own lives under particularly traumatic circumstances. But, just as there are some parallels, so are there unique features to Holocaust survivors' experiences and to the issues that concern researchers in this area. Kaminer and Lavie, in chapter 22, describe the extreme conditions and circumstances of Holocaust survivors that still, almost 50 years on, have a deep impact on many aspects of their lives.

In order to study survivors' long-term adaptation and coping, Kaminer and Lavie focused on sleep and dreams, comparing difficulties and disturbances among well-adjusted versus less adjusted survivors. One of the most fascinating results of this study was that the higher the intrusion of Holocaust-related memories and complaints and distress in everyday life, the more disturbed was the sleep and the higher the dream recall. They argue that the massive repression of dream content in the well-adjusted is an adaptive mechanism. This sheds new light on the unresolved issue of treatment approaches to traumatized survivors: Assisting them to repress the terrors of the past may have a highly adaptive value.

Coping, counseling, and therapy

Bereavement researchers have become very aware in recent years of the variety of ways through which grieving persons cope with their grief, so much so that any one person may respond to different losses in very different ways and even have very different support requirements at different points in time. Reflecting this diversity, support techniques range from the casual to the highly structured. Most bereaved persons cope with their grief with the help of family, friends, and neighborhood supports. Some seek aid from mutual help organizations; others need the support of grief counseling, that is, facilitation with "uncomplicated, or normal, grief to a healthy completion of the tasks of grieving within a reasonable time frame" (Worden, 1982/1991, p. 35), and a small minority require grief therapy, "those specialized techniques . . . which are used to help people

with abnormal or complicated reactions" (Worden, 1982/1991, p. 35). The papers in part VII cover two main interests: ways that people cope with loss and the effectiveness of the various types of support, counseling, and therapy.

In chapter 23, Wortman, Silver, and Kessler address how people cope. The major goal of their research, extending over many years and including the study of different types of loss, has been to clarify the processes whereby people come to terms with sudden, irrevocable changes in their lives and to understand mechanisms through which such events can affect subsequent health and functioning. In the researchers' view, their empirical results failed to confirm, and even contradicted, assumptions that would be derived from previous theories, as well as common understanding of how people cope with loss. Therefore, they developed an explanatory concept to understand these findings and for predicting poor outcome that focuses on people's worldviews, that is, their beliefs, assumptions, or expectations about self, others, and the world that provide meaning. Such assumptions may become shattered by a traumatic bereavement causing intense distress. Wortman and her colleagues elaborate this account in their chapter, relating it to their empirical results, including those from their ongoing large-scale, representative, prospective studies of bereaved samples.

Like Wortman and her colleagues, Hansson, Remondet, and Galusha also provide a cognitive analysis of bereavement phenomena (chapter 24). Hansson et al., however, concentrate their interest on problems specific to older bereaved persons. Also, unlike the vast majority of research programs, they extend investigation beyond the period of intense grief. How do elderly widowed people cope and adjust over subsequent years of widowhood? Such a question becomes increasingly important to answer in view of the fact that life expectancy has increased in recent decades, with widowed persons having much of their lives still before them. Hansson et al. provide an analysis within a life-span perspective, exploring the status and experience of widowhood after intensive grieving has passed. Their longer term perspective on one's "career of widowhood" examines the question of how old age and widowhood interact to affect personal control, coping, and well-being. An important implication of this work is that providing widows with a career orientation will facilitate their recovery and well-being. This career perspective incorporates bodies of research from two other fields, life-span developmental psychology and occupational–vocational psychology.

A more sociological perspective on adjustment to widowhood, but one that also studies adaptation after the period of heavy grief and mourning is over, is provided by Lopata (chapter 25). Lopata's extensive work, not only with urban American widows but with widowed women in different countries of the world as well, has studied the support systems, social roles,

life-styles, and self-concepts of the widowed over various points in time. Lopata shows how widowhood changes one's support system, and she details the resources, including social support, that can be of help in reorganizing one's life. Of particular interest are the insights from her examination of cultural differences in the experience of widowhood. She demonstrates important ways in which our assumptions regarding social support systems appear culture-bound. These insights, especially the contrasts in less developed/industrialized societies, help explain the dilemma faced by elderly, urban American widows, whose very traditional social and psychological support needs may not be served by a society that has quickly changed around them.

Social support following the loss of a loved person has been suggested as one of the key factors buffering the bereaved from the detrimental effects of loss. Stylianos and Vachon's critical review of the literature on social support (chapter 26) is therefore timely. They identify those support efforts that appear to help and those that do not, considering both informal and formal interventions for the bereaved in light of their changing support needs over time. Important is their emphasis on the "goodness of fit" between the donor, the recipient, and the particular circumstances, clearly a determinant of how much efforts to help the bereaved actually succeed. Also important is their consideration of the interplay of personality and social support. It seems reasonable to assume that some persons profit more than others from any sort of aid (certain individuals, not necessarily to their benefit, choose to cope alone), some will be very much easier for those around them to support than others, and some will put much more strain on those trying to help than will others. Thus, the identification of personality variables as mediating factors in supporting the bereaved is a central concern.

Lieberman provides a review of self-help programs for bereaved persons in chapter 27. The number of such groups has vastly increased since the early 1980s, and it is timely to consider their efficacy, compared with other techniques of support for the bereaved. Self-help interventions fulfill a critical function in that they supplement professional services and have the potential advantage of bypassing bureaucracy and avoiding the costs of formal therapy. Lieberman gives coverage, for the first time, to the theory behind these groups, to the conceptual distinctions between these and other helping efforts, to the factors that influence their relevance to different bereavement populations (parental loss of a child, a spouse), and to a rigorous examination of the effectiveness of such programs in ameliorating suffering among bereaved persons. Lieberman found support for the importance of self-help groups among the maritally bereaved, although research to date has been less clear for bereaved parents. That more is not

known is due in part to the problems of conducting methodologically sound research on the efficacy of such groups. It is ethically unacceptable to assign bereaved individuals randomly to help versus nonhelp conditions, to include those who are unwilling to participate in such investigations, or to follow up dropouts to compare their health and well-being with those of participants.

The final chapter in this part (chapter 28), by Raphael, Middleton, Martinek, and Misso, extends the overview of intervention techniques to counseling and therapy. They outline more formal methods for assessment and planning of care for the bereaved, arguing that it is important to derive therapeutic assessments from research findings on the variables that constitute high risk and indicating how this should proceed. They describe specific techniques of counseling and therapy that may be helpful, as well as deal with broader issues concerning interactions with the bereaved – for example, helping communities to understand their roles in supporting those at risk. This contribution presents a rare comparison of techniques of intervention with the bereaved, giving an assessment of the applicability of various approaches.

Raphael and her colleagues extend the scope of their previous work on counseling (Raphael & Nunn, 1988) to consider therapeutic techniques for various forms of pathological grief and complementary therapeutic intervention for those suffering psychiatric disorders in association with bereavement. There may, for example, be a need to treat, counsel, or work through phenomena associated with post-traumatic stress disorders before a person bereaved through horrific loss may be able to grieve. Raphael et al. emphasize the importance of recognizing the vast range of individual responses and the need for the counselor or therapist to take these into account, developing and negotiating a "therapeutic contract" with the individual client and employing individually based assessments and treatment programs. Despite their recognition of the need for improvements in the provision of intervention, these authors conclude that there is much supportive evidence that bereavement counseling and therapy are effective.

Conclusions

Perusal of the chapters in the *Handbook* will show that much has been learned in recent years about many different aspects of bereavement. To take just a couple of examples, there has been a tremendous increase in our knowledge about the physiological mechanisms likely to mediate changes in health and well-being or about the specific consequences of (and interventions for) particularly traumatic losses. However, there are still a number of major controversies and differences of opinion among researchers –

concerning the efficacy of grief work in coping with bereavement, or with regard to the extent of resilience to bereavement, for example.

In the final chapter of the book, we, as editors, consider the state of knowledge, pinpoint areas of disagreement (giving our own views on these), highlight social policy implications, and suggest directions for future research.