

# Ways of Coping with Bereavement: From Stages to the Dual Process Model

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## OVERVIEW

- Mental & physical health consequences of bereavement
- Theoretical approaches to coping: (Why) do we (not) need them?

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## Bereavement Reactions

<b>Affective</b> <ul style="list-style-type: none"> <li>• Depression, despair, dejection</li> <li>• Anxiety, fears, dreads,</li> <li>• Guilt, self-blame, self-accusation</li> <li>• Anger, hostility, irritability</li> <li>• Anhedonia - loss of pleasure</li> <li>• Loneliness</li> <li>• Yearning, longing, pining</li> <li>• Shock, numbness</li> </ul>	<b>Behavioral</b> <ul style="list-style-type: none"> <li>• Agitation, tenseness, restlessness</li> <li>• Fatigue</li> <li>• Over-activity</li> <li>• Searching</li> <li>• Weeping, sobbing, crying</li> <li>• Social withdrawal</li> </ul>
<b>Cognitive</b> <ul style="list-style-type: none"> <li>• Preoccupation w. thoughts of dcd.</li> <li>• Lowered self esteem</li> <li>• Self-reproach</li> <li>• Helplessness, hopelessness, suicidal</li> <li>• Sense of unreality</li> <li>• Suppression, denial</li> <li>• Memory, concentration problems</li> </ul>	<b>Physiological / somatic</b> <ul style="list-style-type: none"> <li>• Loss of appetite</li> <li>• Sleep disturbances</li> <li>• Energy loss, exhaustion</li> <li>• Somatic complaints</li> <li>• Physical complaints similar to dcd.</li> <li>• Susceptibility to illness, disease &amp;:</li> <li>• Immune &amp; endocrine changes</li> </ul>

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## Prevalences CG & Other Problems: Bereaved Partners

(cf. Stroebe, Stroebe, Schut, & Boerner, 2017: *The Lancet*)

Health problems / disorder	Prevalence
Complicated grief	<ul style="list-style-type: none"> <li>• <b>5-33%</b> (in acute grief period)</li> </ul>
Physical health difficulties (self-reported: severe)	<ul style="list-style-type: none"> <li>• <b>20%</b> (4-6 mths.)</li> <li>• <b>12%</b> (after 2 yrs.)</li> <li>• <b>cf. 3%</b> married</li> </ul>
Psychiatric disorders 1. PTSD	<ul style="list-style-type: none"> <li>• <b>50%</b> (at 1 of 4 times, 1<sup>st</sup> 2 yrs.)</li> <li>• <b>9%</b> (all 4 times, 1<sup>st</sup> 2 yrs.)</li> </ul>
Psychiatric disorders 2. Clinical depression	<ul style="list-style-type: none"> <li>• <b>24-30%</b> (2 mths. after death)</li> <li>• <b>16%</b> (after 1 yr.)</li> </ul>

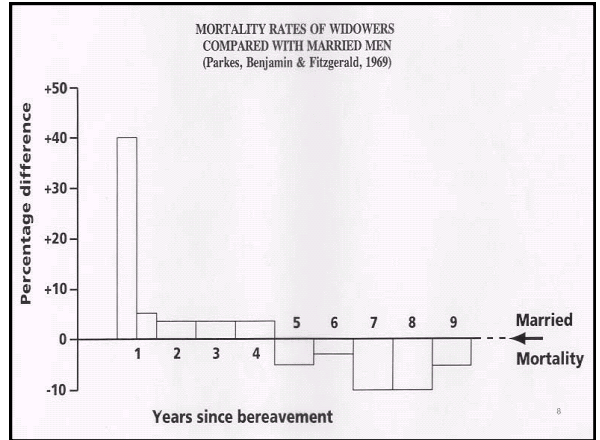
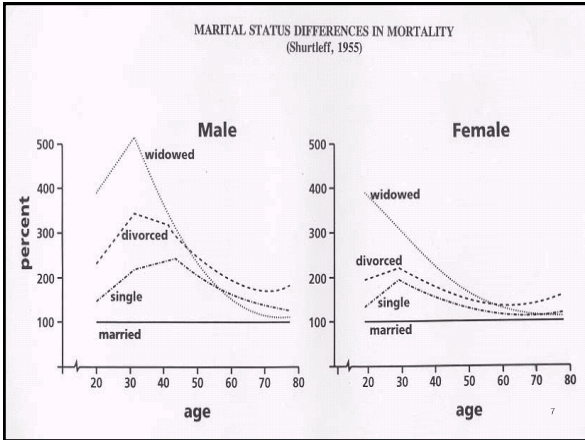
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## A Broken Heart Phenomenon?

*He first deceased;  
She for a little tried  
To live without him;  
Liked it not, and died.*

[Sir Henry Wootton]

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## Mortality of Bereavement

- New studies
  - Large, longitudinal, controlled, general & cause specific, different countries
- Patterns
  - Generally confirmed (gender; duration)
- Explanations
  - "Broken heart"- partly (& social tie changes, living, eating, support)
- Example

## 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 10-18<sup>th</sup> year
    - Increase from unnatural causes, greatest in 1<sup>st</sup> 3 years
  - Fathers:
    - Early excess from unnatural causes

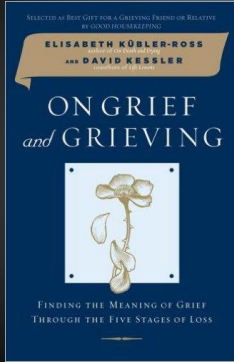
## Coping & Adjustment: The Stages Model

Elisabeth Kübler-Ross

The DABDA Model:

- Denial
- Anger
- Bargaining
- Depression
- Acceptance

## Stages of Grief & Grieving



"Anger is a necessary stage of the healing process"  
Kübler-Ross & Kessler, 2005, p. 11)

## Concerns about Stages of Grief

1. No set pattern of specific reactions in adapting to loss
2. No necessary progression through specific stages
3. No sound empirical research supportive of stages
4. Expectation regarding stages is harmful to those not experiencing them
5. Alternative perspectives better represent grieving processes

### The DABDA Model:

- Denial
- Anger
- Bargaining
- Depression
- Acceptance

Stroebe, Schut, & Boerner (2017). Cautioning health care professionals: Bereaved persons are misguided through the stages of grief. *Omega*, 74, 465-73.



## The Five Stages of Grief

The night I lost you  
Someone pointed me towards  
The Five Stages of Grief.  
Go that way, they said,  
It's easy, like learning to climb  
Stairs after the amputation.  
\*\*\*  
Acceptance. I finally reach it.  
But something is wrong.  
Grief is a circular staircase.  
I have lost you.

Linda Pastan (1932-)

## Beyond Stages: The Development of Alternative Perspectives

## Coping with Grief: Basic Assumptions of Western Societies

(cf. Wortman & Silver, 1987; 1989)

- Confront personal feelings & reactions to the death
- Failure to confront these intense emotions is maladaptive
- Thus: To adjust do *Grief Work*
- This is basic to C20th grief theories & therapies (Stroebe, 1992)

*"Give sorrow words. The grief that does not speak whispers  
the o'er fraught heart and bids it break."  
Shakespeare (1564-1616)*

*"Grief that is dazed and speechless is out of fashion: the  
modern woman mourns her husband loudly and tells you  
the whole story of his death, which distresses her so much  
that she forgets not the slightest detail about it"  
de la Bruyere (1645-1696)*

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## Components of "Grief Work": Colin Murray Parkes (1972)



- Preoccupation with thoughts of the lost person
- Painful repetitious recollection of the loss experience
- Attempt to make sense of the loss

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## Coping With Bereavement In Western Cultures

### Definition of Grief Work

*"The process of emotionally confronting the reality  
of loss, of going over events that occurred before and at  
the time of the death, and of focusing on memories and  
working toward detachment from the deceased."*

(Stroebe, 1992)

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## Grief Work: Comparison of Models

### Phase Model (Bowlby, 1980)



John Bowlby

### Task Model (Worden, 1991)



Bill Worden

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## Grief Work: Comparison of Models

### Phase Model (Bowlby, 1980)

Shock

Yearning/protest

Despair

Restitution

### Task Model (Worden, 1991)

Accept reality of  
loss

Experience pain of  
grief

Adjust to life  
without deceased

Relocate deceased  
emotionally &  
move on

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## Criticisms of "Grief Work"

- Alternative ways of effective coping (non-confrontive)

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## Coping Through Continuing Or Relinquishing Bonds: Cross-Cultural Patterns

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## Traditional Navajo Indians of North America (Miller & Schoenfeld, 1973)

- Limited mourning
- Consequences?



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## Criticisms of “Grief Work”

- Alternative ways of effective coping (non-confrontive)
- Neglect of effortful struggle (e.g. in phasal models)
- Need for “dosage” of grief
- Benefits of denial
- Other sources of stress
- Lack of empirical evidence
- Lack of conceptual clarity

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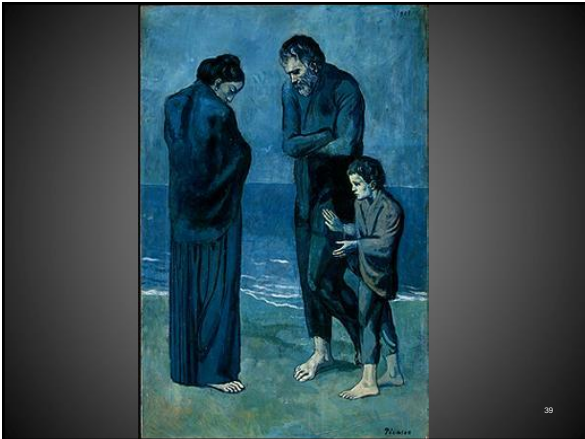
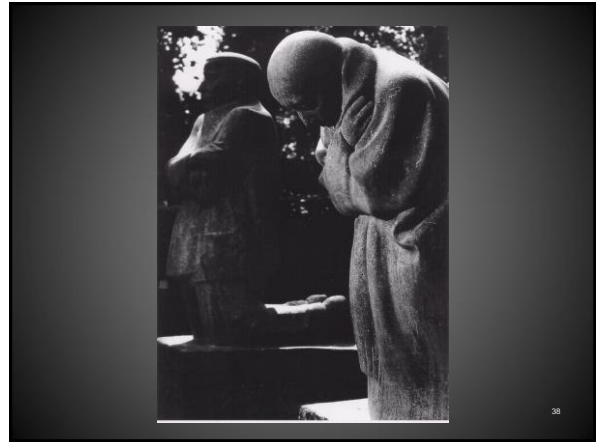
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## Conclusions so far:

The grief work model needs revision to...  
...define when and for whom - and what type of – working through / disclosure is efficacious

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## Grieving With Others: Bereaved Parents

(Stroebe, Finkenauer, Wijngaards, Schut, van den Bout & Stroebe, *Psychological Science*, 2013)

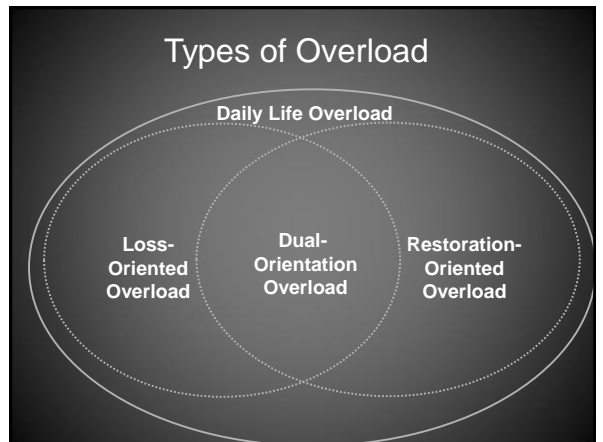
- "Partner-oriented self-regulation" (POSR)
  - Avoid talking about loss to partner & remaining strong to protect him/her
- The Paradox: Over time
  - POSR increased own grief
  - POSR increased partner's grief

## The Missing Link: Overload

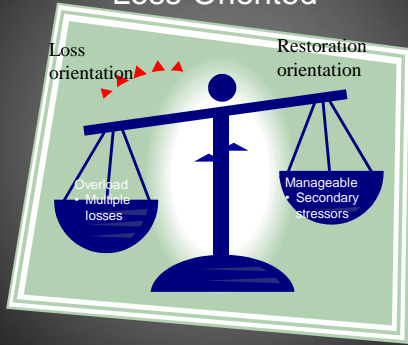
Stroebe, M. & Schut, H. (2016). Overload: A missing link in the Dual Process Model? *Omega*, 74, 96-109.

Toward a definition:

*"The bereaved person's perception of having more than s/he feels s/he can deal with – too much or too many activities, events, experiences and/or other stimuli."*



## One Potential Case of Overload: Loss-Oriented



## DPM: Additional Difficulties due to Overload



## DPM: Points to Keep in Mind

- Variety of "normal" responses
- Maladaptation only in extreme
- Further need to test DPM

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*The bustle in a house  
The morning after death  
Is solemnest of industries  
Enacted upon earth,—  
The sweeping up the heart,  
And putting love away  
We shall not want to use again  
Until eternity.*

*Emily Dickinson (1830-1886)*

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