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THE DUAL PROCESS MODEL OF COPING WITH BEREAVEMENT AND DEVELOPMENT OF AN INTEGRATIVE RISK FACTOR FRAMEWORK

M. S. Stroebe and Schut (1999) proposed the *dual process model* (DPM) in an effort to overcome the limitations of earlier theories on effective ways of coping with bereavement. In our review of coping theory in chapter 2, we identified a number of shortcomings associated with specific approaches. There are also a number of additional shortcomings inherent in many of the available theories. These problems for the most part involve theoretical constructs, but limitations on empirical testing and application are evident too. In the following sections, we first summarize the most important of these concerns, then we discuss the parameters of the DPM and how it deals with them. Finally, we place the DPM in broader theoretical context, providing an integrative, conceptual framework that we hope will be useful for understanding patterns of adaptation to bereavement among older persons.

SHORTCOMINGS IN SCIENTIFIC ANALYSES OF COPING WITH LOSS

Although theoretical and empirical research have brought us closer to understanding effective and noneffective ways of coming to terms with a

death, inspection of the scientific literature has revealed three types of concerns: First, theoretical constructs need refinement; second, empirical support for postulated (mal)adaptive processes is lacking; and third, (mal)adaptive coping strategies seem not to apply universally. We list the main shortcomings within these categories next.

Theoretical Concerns

- Important terms such as *grief work* are imprecisely defined. For example, following existing formulations it is difficult to differentiate “healthy” working through grief from “unhealthy” rumination.
- The dynamic nature of coping, characteristic of grieving, has not been adequately represented. There is a waxing and waning of deep emotions and a fluctuation in the focus of attention in dealing with loss, rather than a systematic progression through phases or stages of grief.
- Theoretical formulations of patterns of change across time in terms of phases or stages have often been criticized as being too rigid and prescriptive (although a reading of the original texts shows that this was not intended) and for failing to take account of different trajectories of grieving.
- Related to the two preceding points, grieving has frequently been depicted more in terms of a passive process rather than the active, effortful struggle that is a familiar feature of coping with bereavement.
- Theorists have not generally incorporated the concept of “dosage” (in the sense of controlling, limiting the amount) of grieving into their models. Grieving is exhausting if undertaken too relentlessly, and taking “time off” grieving and experiencing positive affect are conducive to adaptation.
- Theorists have not typically been explicit about the range of secondary (i.e., accompanying) adjustments that need to be made when a loved person dies. These associated adjustments may at times be as difficult to cope with as aspects of the loss of the person, per se. In addition to grieving for the deceased, coping can involve a need to take over new tasks, change habits, adjust expectations and plans, and so on. Mastering these secondary changes is an integral part of adjustment to bereavement.
- Following the classic psychoanalytic formulation, the detrimental effects of denial, suppression, and repression have been emphasized, as reflected in the *grief work* notion. However, processes of at least temporary denial may at times be beneficial (e.g., to give respite and restore energy).

- With a few notable exceptions, researchers have focused too narrowly on intrapersonal processes in coping, neglecting important interpersonal dynamics that could affect outcome.
- There have been few attempts to *integrate* constructs and predictions from different theoretical approaches, specifically with respect to subsuming and organizing the various adaptive coping processes.

Empirical Concerns

- In general, empirical evidence of the efficacy of postulated adaptive processes, notably grief work, has too rarely been provided.
- There has been rather a narrow examination of outcomes in terms of health variables, which disregards other aspects of adaptation (e.g., undertaking new roles; social reintegration).

Application Concerns

- The generalizability of theory across cultures has seldom been addressed. Some non-Western cultures, for example, experience very different ways of coming to terms with loss as compared with Western societies (Wikan, 1988). The same is true for different historical periods (Walter, 1999).
- The notion of grief work seems more applicable to traditional female rather than male ways of grieving. Women appear to be somewhat more likely to focus on and express their grief.
- Substantial individual differences have been identified with respect to ways of (effective) coping, intensity (from "normal" to complicated forms) and course of grief, and level of adjustment. Such differences have been insufficiently addressed in the traditional grief work models.

DESCRIPTION OF THE DUAL PROCESS MODEL OF COPING WITH BEREAVEMENT

A major influence behind the formulation of the DPM was Lazarus and Folkman's (1984) cognitive stress theory. To recapitulate (see chap. 2, this volume), cognitive stress theory enables systematic analysis in terms of characteristics of the stressor, the coping process, and the outcome.

- *Stressors:* In the present context, the major stressor would be bereavement, which incorporates a number of specific stressors (e.g., need for relocation).

- *Demands* on the bereaved person, such as the need to organize the funeral.
- *Resources* available to deal with demands (e.g., mobilizing others' help), which must not be overtaxed or exceeded if well-being is to be maintained.
- *Primary appraisal* (e.g., of the impact of the loss) determines whether the situation (bereavement) is perceived as challenging or stressful.
- *Secondary appraisal* refers to the assessment of one's own strengths in dealing with the stressor.
- *Coping mechanisms* are means of dealing with the stressor (e.g., problem-focused versus emotion-focused coping, the former being appropriate in situations that are changeable, the latter in situations that are unchangeable).
- *Outcome variables* are those related to adjustment (e.g., the level of grief; mental and physical health).

Each of these components can be incorporated into the DPM. However, the DPM also went further, by addressing four additional problems in coping theory.

1. *Coexisting stressors*. Although cognitive stress theory incorporates the possibility that different stressors coexist, it does not describe a process of concurrent appraisal and coping with different stressors, or any form of juxtaposition in dealing with different stressors. Rather, it details processes of appraisal and coping with one particular stressor at a time (cf. Folkman et al., 1991).
2. *Emotion regulation*. Cognitive stress theory says little about emotion regulation in terms of a dynamic process of confrontation and avoidance of the bereavement stressors.
3. *A bereavement-specific model*. Although cognitive stress theory is applicable to bereavement, it is a generic model for understanding adaptation following stressful life events. A bereavement-specific model adds potential to comprehend the particular phenomena and manifestations of bereavement, which have long been known to be highly complex (Averill, 1968). For example, bereavement is an *attachment-related* stressful life event, for which exploration of the nature of the (former and ongoing) relationship with the deceased would be needed. Integration of postulates derived from attachment theory would seem imperative.
4. *Emotion- versus problem-focused coping*. There are problems in applying the emotion- versus problem-focused coping distinction to bereavement. Because bereavement incorporates mul-

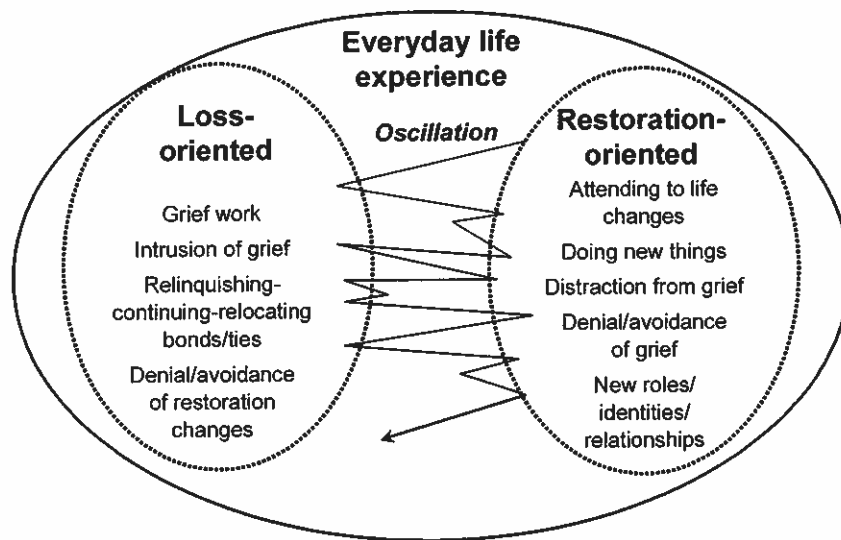


Figure 3.1. Dual process model of coping with bereavement. From "The Dual Process Model of Coping With Bereavement: Rationale and Description," by M. S. Stroebe and H. A. W. Schut, 1999, *Death Studies*, 23, p. 213. Copyright 1999 by M. S. Stroebe. Reprinted with permission.

multiple stressors, some of which are changeable (one can develop skills to overcome deficits) and some of which are not (one cannot bring back the loved one), both emotion- and problem-focused coping would seem appropriate. However, the distinction between emotion- and problem-focused coping seems unclear in the context of bereavement. One of the foremost stressors is the emotion of grief itself, because it is hard to control its overt expression, and lack of control presents difficulties for the self and others. The question then arises: How does one deal with this distressing emotion in an emotion-focused versus a problem-focused way? Apparent problem-focused behavior may indeed be emotion-focused. Furthermore, it is difficult to predict the efficacy of emotion-focused coping given that the strategy incorporates the control of emotions as well as their expression, each of which may help or harm.

Three components of the DPM have been postulated to deal with the previously listed limitations. These are the concepts of loss orientation and restoration orientation (which are two categories of stressors) and oscillation (which is a coping mechanism). These components are depicted in Figure 3.1. The DPM is a taxonomy for describing ways that people come to terms with the loss of a loved person. As can be seen in Figure 3.1, it not only

incorporates the two types of stressor and the dynamic coping mechanism but also places these in the context of everyday life. It also incorporates description of coping strategies and appraisal, and dynamic emotional regulation between these two, as described shortly. As described next, the DPM was originally developed to understand coping with the death of a partner, but it is potentially applicable to other types of bereavement. For the sake of simplicity, most of our examples are drawn from partner loss.

Loss Orientation Versus Restoration Orientation

A variety of adjustments or psychosocial transitions associated with bereavement have been described by researchers and clinicians (e.g., Lopata, 1993; Marris, 1974; Parkes, 1993). The DPM provides a taxonomy for classifying life changes and losses likely to be experienced and defines two main types of adjustments (loss orientation vs. restoration orientation) that need to be made in relationship to coping processes. Each of these types of stressor is encountered to varying degrees (according to individual and cultural variations), and each requires coping effort. However, this coping effort does not occupy all of the bereaved person's time (we noted how exhausting it is, and how necessary it is to rest from dealing with loss). Coping occurs within one's everyday life experience. The loss may be temporarily put out of mind, for example, when reading an engrossing book, attending to children's needs, chatting to a friend about other matters, or sleeping.

Loss orientation involves concentrating on, dealing with, and processing some aspect of the loss experience itself. The grief work concept of earlier theories falls within this dimension, because focus is on the relationship and bond to the deceased, and because it typically includes yearning and rumination about the deceased, dwelling on life together before loss, and going over the circumstances and events leading up to and surrounding the death. Loss orientation encompasses going over one's memories of the deceased and the implications of the death: looking at old photos, imagining how he or she would react, and crying about the irrevocable separation. Myriad emotional reactions are involved, from painful longing for the deceased to pleasurable reminders, and from relief that the deceased is suffering no more to despair that one is left all alone.

Fluctuations in positive and negative emotions occur not only from time to time (even moment to moment) in any one day but also across the course of bereavement. In the early days, negative affect tends to predominate. However, as time passes, positive affect plays an increasingly important role in the adaptation process. The amount of time spent on loss orientation will also gradually lessen over time, but not in a simple, linear manner; there will be recurrences (e.g., on anniversaries, or when a piece of music jogs the memory).

Thus, the DPM contrasts with phasal models; it proposes not a sequence of stages but rather a waxing and waning, involving ongoing fluctuations over time. The concept of loss orientation is close to attachment theory's focus on the nature of the lost relationship and its understanding of the importance of types of bond, and it also bears some similarity to Rubin's (1981) concept of the relationship track. Attachment and a continued relationship to the deceased are understood to be major components in grieving and determinants of outcome. We integrate these aspects later on.

The construct of loss orientation is compatible with notions from Neimeyer's (2001) meaning construction approach, Janoff-Bulman's (1992) assumptive worldview analysis, and Worden's (1991) task model (described in chap. 2, this volume). These theories emphasized the need for making sense of and finding meaning in the death, dealing with shattered assumptions about the death and the deceased person, and accepting the reality of the loss and relocating the deceased person.

Restoration orientation refers to secondary sources of—and coping with—stress. It is important to note that *restoration* does not refer to an outcome variable (which would imply adaptation to loss) but to the identification of stressors other than loss-oriented ones and to the description of ways of dealing with them. Thus, this analysis focuses on what needs to be dealt with (e.g., being unable to pay the rent from one's lower pension) and how it is then dealt with (e.g., moving to a more reasonably priced home). Restoration orientation is somewhat similar to Cook and Oltjenbruns's (1998) concept of secondary loss in that both conceptualizations identify accompanying life changes that occur as a result of a death. However, Cook and Oltjenbrun's formulation is conceptually narrower, being limited to defining changes in relationships with others during bereavement.

In addition to grieving for a lost loved one, it frequently becomes necessary to make a number of life adjustments that emerge as secondary consequences of the death. These additional sources of stress add to the burden of loss and can cause considerable anxiety and upset. As such, they are part of the loss and grieving experience. It is not difficult to find examples. Many of the secondary stressors involve tasks that the deceased had previously contributed to the partnership, such as cooking, other household chores, dealing with the finances, and so on. Additional, more complex secondary stressors might involve dealing with arrangements for the reorganization of a life without the loved one (e.g., moving into sheltered accommodation), or as time goes on, the struggle to shape a new identity, from "spouse" to "widow(er)" or from "parent" to "parent of a deceased child." As was the case for loss orientation, a variety of emotions can also be involved in restoration coping. On the one hand, a bereaved person may experience anxiety and fear that he or she will not succeed or manage alone, or despair at the loneliness of being with others and yet on one's own. On the other hand, feelings of having

TABLE 3.1
Comparison of Stressor-Specific Models

Phase model (Bowly, 1980)	Task model (Worden, 1991, 2002)	Dual process model (M. S. Stroebe & Schut, 1999)
Shock	Accept reality of loss.	Accept reality of loss . . . <i>and accept reality of changed world.</i>
Yearning/protest	Work through pain of grief.	Experience pain of grief . . . <i>and take time off from pain of grief.</i>
Despair	Adjust to environment without deceased. ^a	Adjust to life without deceased . . . <i>and master the changed (subjective) environment.</i>
Restitution	Emotionally relocate deceased and move on with life. ^a	Relocate deceased emotionally and move on . . . <i>and develop new roles, identities, relationships.</i>

^aIndicates changes in 2002 to include more restoration tasks. Italics indicate how the dual process model extends the ideas presented in the two other models.

mastered a new skill or having had the courage to go out alone may result in a much welcomed sense of relief and pride.

In formulating the tasks of restoration previously described, the DPM extends our understanding of stressors and coping, relative to formulations in either the phase or task models. Table 3.1 gives a comparative summary of the principles within the three models.

Oscillation

The DPM is most clearly distinguished from all the other bereavement coping models by an emotion-regulation process involving oscillation. Bonanno and Kaltman (1999) included a somewhat similar construct in their theory, and there is some similarity between the two stressor orientations and Parkes's (1993) psychosocial transitions (described in chap. 2, this volume). However, the latter model did not include an analysis of the cognitive processes that regulate attention to losses and gains following bereavement.

Oscillation refers to a process of alternating between loss-oriented and restoration-oriented coping, and between coping and not coping (e.g., in routine, unchanged, everyday life things)—the process of attention to and avoidance of different stressors (and other activities) associated with bereavement (see Figure 3.1). As such, oscillation is consistent with emotion theorists' definitions of emotion regulation (and under the larger category of self-regulation; see Folkman & Moskowitz, 2004), which is the process

by which individuals influence which emotions they have, when they have them, and how they experience and express these emotions. Emotion regulatory processes may be automatic or controlled, conscious or

unconscious, and may have their effects at one or more points in the emotion generative process. (Gross, 1998, p. 275)

Oscillation is a necessary construct to include in the DPM because it is not possible to attend to both the loss- and restoration-oriented dimensions simultaneously. At times a bereaved person will be confronted by his or her loss, at other times he or she will avoid memories, be distracted, or seek relief by doing other things. Sometimes, too, it is simply necessary to put grief aside for a while and attend to other restoration-oriented stressors, such as trying to master the changes in income and taxes following the death. Oscillation, then, is a regulatory mechanism similar to the confrontation versus avoidance coping strategies described in cognitive stress theory (cf. de Ridder, 1997). However, our formulation involves a dynamic alternating process, whereas earlier coping theorists operationalized confrontation versus avoidance as a way of coping reflecting a state or trait. Our approach parallels and benefits from contemporary theory on emotion regulation in the coping and self-regulation literatures (see Baumeister & Vohs, 2004; Folkman & Moskowitz, 2004).

Oscillation, then, is postulated to be essential for optimal adjustment over time. It occurs both in the short term (transient fluctuations taking place over the course of a day) and also throughout the duration of bereavement. Through this process, a bereaved person will come to explore and discover the significance of what has been lost and what remains, what must be avoided or relinquished versus what can be retained and built on. Although we propose that loss- and restoration-oriented coping occurs in concurrent oscillation, there is usually a shift away from loss, as the duration of bereavement lengthens, and toward restoration-oriented stressors (e.g., forming new relationships). It is interesting to note that Martikainen and Valkonen (1996) reported patterns of excess mortality among spousally bereaved persons in Finland in relation to durations of bereavement that reflect these shifts in orientation. Observed patterns of mortality were interpreted to indicate that stress and grief had short-term effects, whereas the effects of loss of social, material, and task support may dominate at longer durations of bereavement.

A balance between loss and restoration components needs to be achieved after a major bereavement. Attending to loss necessitates distraction from restoration-oriented stressors, and vice versa. Focusing exclusively on loss or restoration orientation would not be conducive to adaptation and would be psychologically (and physiologically) exhausting. We postulate that oscillation has an adaptive regulatory function similar to that proposed in emotion theory (see Mesquita & Frijda, 1992). An extreme focus on either loss or restoration orientation with little oscillation would, then, not be associated with positive outcome. We propose that within these extreme boundaries, "optimal" levels of loss- and restoration-oriented coping will vary across individuals, cultures, and time. In general, as the duration of bereavement ex-

tends, in adaptive coping, loss orientation will decrease whereas restoration orientation will increase. These changes occur gradually, with fluctuations. At the present time, we have to be cautious in making further specification with regard to outcome. Future empirical research should help us to establish the nature of "healthy" coping trajectories more precisely.

The process of oscillation between loss- and restoration-oriented stressors is illustrated in the following personal account provided by a 39-year-old widow:

Maybe it would have been better if it hadn't happened so suddenly. We just weren't prepared, that's all. We hadn't been able to save any money ahead and there wasn't even any insurance money to pay for the funeral—I had to get the whole family to pitch in, you see. The main thing was, I didn't have him any more. (as cited in Sanders, 1989, p. 134)

Kagan (2001), speaking of parental bereavement, also captured the need for oscillation as well as a focus on loss and restoration orientations:

Readjustment entails a constant interpretation of the grief experienced. It involves changes in perception of self and changes in the relationships with the living family. . . . The process moves from the attachment to the deceased child to an emergence of a new self identity and may continue to progress to the discovery of new meaning in life. (p. 1)

COGNITIVE MECHANISMS IN THE DUAL PROCESS MODEL

In 2001, M. S. Stroebe and Schut published a first attempt to systematize underlying cognitive mechanisms that could be associated with loss- and restoration-oriented coping and the process of oscillation, especially given the fact that oscillation is a very general concept. Again, drawing on earlier cognitive stress research, a starting point for exploration was offered by Folkman's (2001) revised coping model, which incorporates the adaptive role of positive affect and appraisal in the coping process, and Nolen-Hoeksema's (2001) model focusing on the maladaptive function of rumination. As summarized in Figure 3.2, M. S. Stroebe and Schut's (2001) integration of these two processes into one model postulates oscillation between positive and negative cognitive states, *both* when dealing with loss-oriented *and* restoration-oriented stressors. Positive affect leads to adaptive coping, whereas ruminative coping has negative consequences. Of course, in bereavement, negative affect cannot be totally avoided; it is part of grieving, so again, an adaptive process would entail oscillation between confrontation versus avoidance of positive and negative emotions and cognitions having to do with bereavement. Although this analysis needs extension and empirical testing, it does provide a more precise definition of (mal)adaptive cognitive processing than was provided in grief work theories.

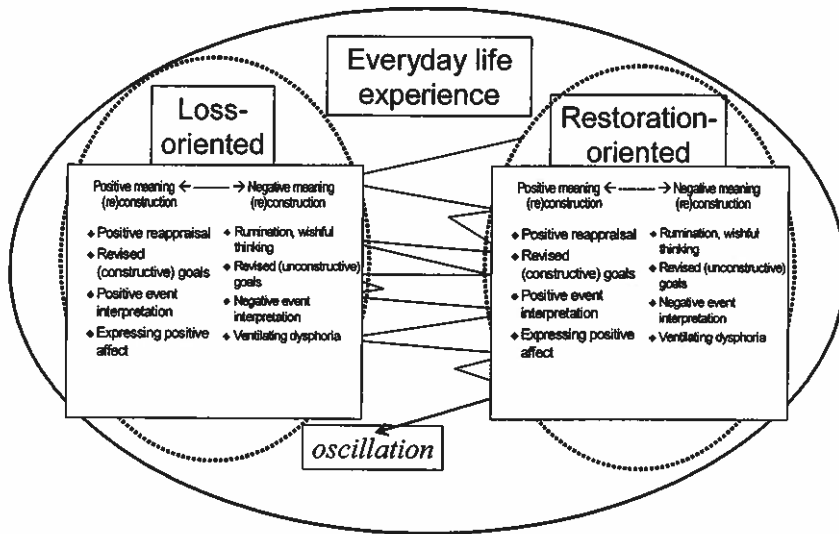


Figure 3.2. Appraisal processes in the dual process model. From *Meaning Reconstruction and the Experience of Loss* (p. 68), edited by R. Neimeyer, 2001, Washington, DC: American Psychological Association. Copyright 2001 by the American Psychological Association.

EMPIRICAL EVIDENCE FOR THE DUAL PROCESS MODEL

As is the case for many of the models already described, the DPM remains in need of much empirical testing. However, both indirect and direct evidence are accumulating. There are suggestive findings from studies of ways of coping with bereavement that support certain tenets of the model, and researchers have begun to use a variety of techniques to directly investigate various parameters of the model. We review these two sources next.

Indirect Evidence

First, as we noted earlier, reviews of empirical evidence for the grief work hypothesis showed mixed results (M. S. Stroebe, 1992; M. S. Stroebe & Schut, 1999). Expression of emotions of grief alone has not emerged as a predictor of good adjustment (see Wortman & Silver, 2001), although reappraising or making sense of loss may promote adjustment (e.g., Davis, Nolen-Hoeksema, & Larson, 1998). More recent studies, notably those of Bonanno and his colleagues (for a review, see Bonanno, 2001a), have found some benefits associated with avoiding grief work, further suggesting that the grief work hypothesis needs revision.

It was an empirical study by Schut (1992; Schut, Stroebe, van den Bout, & de Keijser, 1997) and another by M. S. Stroebe and Stroebe (1991) that

first suggested the need for theoretical revision on this topic, and subsequently to the development of the DPM. The Schut study was designed to examine the efficacy of two different types of intervention for bereaved spouses who were moderately to highly distressed approximately a year after bereavement. One of the interventions focused on dealing with emotions, the other on problems. Widows and widowers were randomly assigned to one of the two interventions. The gender patterns were especially interesting to examine, because women are typically somewhat more expressive of emotions such as grief (and more loss oriented), whereas men tend rather to suppress their grief (restoration oriented; Lund, 2001; Walter, 1999). Which gender, then, would benefit from which program? Differential effects were indeed found, with widowers' levels of distress decreasing more following the emotion-type intervention, whereas widows benefited from the problem-type intervention. Such patterns were hard to interpret from a grief work perspective. Rather, they suggested the necessity for these still-distressed persons to avoid those aspects of loss that were, so to speak, the more typical tendencies of each gender and to confront those that were less typical. These bereaved men benefited from counseling that furthered confrontation with grief emotions (loss orientation), whereas their female counterparts gained more from learning how to deal with daily-life problems (restoration orientation). Indirect support was thus provided for the adaptive function of shifting attention from one to the other type of stressor (oscillation) and furthering coping. In the M. S. Stroebe and Stroebe (1991) study, there was mixed support for the grief work hypothesis; although there was some evidence that widowers gained by working through, for widows, working or not working through grief did not make any difference to longer term adjustment.

Bonanno et al. (2004) drew conclusions about differential intervention needs that also seem consistent with the DPM (and the findings of Schut, 1992; Schut et al., 1997), although their study was not set up to examine the model specifically. They reported patterns of resilience and maladjustment during widow(er)hood, using the Changing Lives of Older Couples data set (which is described in detail in chap. 6, this volume). Bonanno et al. (2004) concluded,

of the individuals who exhibit chronically elevated symptoms and distress after the death of their spouse, some will likely benefit most from focusing specifically on processing the loss (e.g., the meaning of loss). In contrast, others will likely benefit most from dealing with the more pragmatic issues of low-self esteem and coping with the strains of meeting life's daily demands. (p. 269)

Further indirect support specifically for the restoration-orientation conceptualization was provided by Gentry, Kennedy, Paul, and Hill (1995), who described characteristic household patterns in bereavement, identifying different types of adjustment consequent to different types of loss. These in-

investigators concluded that the major types of adjustment following spousal loss concerned household roles, with the widowed person having to adjust to “new acquisition, maintenance, and disposal responsibilities, at the same time when his/her motivation and ability to adjust are minimal” (p. 77). By contrast, the death of a child did not change household structures but affected household communication patterns. They argued that men and women handle their grief very differently, causing a redirection of negative emotions toward the spouse. Escalation of problems due to miscommunication or lack of communication could then result (cf. Cook & Oltjenbruns, 1998). It is not hard to see how this might lead to divorce, but also, conversely, loss of a child can lead to couples communicating better and becoming closer (see Dijkstra & Stroebe, 1998). Taken as a whole, the results of Gentry et al.’s (1995) study nicely pinpoint differences in the types of restoration-oriented stressors following different types of loss.

Empirical Tests of the Dual Process Model’s Parameters

Some evidence of individual differences in tendencies to focus on loss-versus restoration-oriented stressors is now available, and links between these patterns and well-being have been established (e.g., Dijkstra, van den Bout, Schut, Stroebe, & Stroebe, 1999; Hogan & Schmidt, 2002; Machin, 2001; V. E. Richardson & Balaswamy, 2001). For example, using a longitudinal design, V. E. Richardson and Balaswamy (2001) examined the predictive value of the DPM in a sample of 200 older widowers. These investigators found loss- and restoration-oriented variables to be important throughout bereavement. It is interesting that they noted that loss-related factors (e.g., circumstances of death) were more important early in bereavement, whereas restoration-oriented factors such as role and identity variables (e.g., dating) became relevant later (which seems neatly in line with the findings reported earlier by Gentry et al., 1995). It should be noted that definitions of the stressors differed somewhat from specifications in the DPM. For example, the specification of restoration-oriented variables in V. E. Richardson and Balaswamy’s study included a broad range of social, formal, and individual activities, some of which would be categorized in the DPM as everyday life activities rather than as secondary—restoration-oriented—stressors in need of attention. In a more recent investigation, V. Richardson (in press) replicated the V. E. Richardson and Balaswamy study, again using a longitudinal design and similar variables. The Changing Lives of Older Couples data set was used, enabling inclusion of both widows and widowers. Again, the findings supported the principles of loss and restoration orientation.

Preliminary evidence for the occurrence and adaptive function of oscillation was provided by Hogan and Schmidt (2002). The construct was examined in a sample of 167 bereaved parents. Structural equation modeling was used to test the DPM and other models. Oscillation, which is difficult to

operationalize, was measured in terms of dealing with intrusive thoughts of experienced loss and avoiding reminders of the loss. The authors found that bereaved persons do indeed oscillate between dealing with intrusion and avoidance as a means of coping with and processing grief, and that they are both part of the grieving process. The study was cross-sectional and did not allow further tests of the DPM.

Finally, research teams at different locations are beginning to examine the efficacy of intervention programming following DPM principles (e.g., Lund, Caserta, de Vries, & Wright, 2004; Shear, Frank, Houck, & Reynolds, 2005). Shear and colleagues, for example, demonstrated that a DPM-based intervention for complicated grief was more effective than a standard psychotherapy for targeting grief. In addition to such intervention studies, further research on DPM phenomena and manifestations needs to incorporate better ways of measuring oscillation, as well as loss and restoration orientation, and needs to include additional predictions from the model (e.g., with respect to the cognitive pathways). Longitudinal studies using sophisticated techniques that go beyond questionnaire measurement are called for.

EXTENSION OF THE DUAL PROCESS MODEL: PATTERNS OF ATTACHMENT IN BEREAVEMENT

In their original formulation, M. S. Stroebe and Schut (1999) included a consideration of complicated forms of grief in relationship to the DPM, which became basic for subsequent developments. Complications have been described as falling into specific categories, usually defined as chronic grief, traumatic grief (which is still ill defined; see M. S. Stroebe, Schut, & Finkenauer, 2001), and a category including nuances associated with absent, delayed, inhibited grief (cf. Parkes & Weiss, 1983; M. S. Stroebe, Schut, & Finkenauer, 2001). For example, people experiencing chronic grief (long-lasting presence of symptoms of intense grief, absence of progress in coming to terms with loss) would find it difficult to take time off from loss orientation and would neglect secondary tasks (they might be very reluctant to start new relationships). By contrast, those experiencing absent grief (characterized by the nonappearance of symptoms typical of grief) would avoid expression and reminders, tending rather to immerse themselves in work or a new partnership. In either of the two types of complication, there would be too little oscillation occurring. Those experiencing traumatic grief might be expected to have trouble either in alternating between—or coherently dwelling for a period of time on—loss or restoration orientation. Here the problem lies partly with the oscillation itself, this being less balanced, less coherent, or less controlled than in “normal” grief (cf. the intrusion–avoidance symptomatology described as diagnostic criteria for posttraumatic stress disorder; American Psychiatric Association, 1994).

More recently, M. S. Stroebe, Stroebe, and Schut (2005b) extended the DPM to integrate attachment theory propositions. Attachment theory is fundamentally a theory of relationships between people, from infant-caregiver, to romantic relationships, to reactions to the death of a loved one. As such, it provides an excellent framework for understanding individual differences in bereavement (see Bowlby, 1980). The extension of the DPM to incorporate this perspective was fuelled by the analyses of Parkes (2001b) and Shaver and Tancredy (2001), who—independently of each other—drew links between types of attachment (secure vs. the three insecure types) and the different complications in the grieving process outlined earlier. The four styles have been described for infants with generalizations made for adults. It is important to note that although the attachment style category system is useful for the identification of regularities, in reality the descriptive categories are not so clear-cut or as distinctive as outlined here. With this in mind, in brief, the four styles can be typified as follows:

- *Secure attachment*: Normal distress at separation from the caregiver or partner and enthusiastic response on return.
- *Insecure-preoccupied* (also called anxious-ambivalent): Unusual upset and clinging on departure, anger and rejection on return.
- *Dismissing* (also called avoidant): Calmness and avoidance on departure and rejection on return.
- *Disorganized-disoriented* (also called unresolved; fearful): Varies more, with some having contradictory reactions (approaching with head turned away) or disoriented (freezing as if dazed).

Parkes's (2001b) and Shaver and Tancredy's (2001) suggestion was that securely attached individuals would tend to have normal or healthy grieving, experiencing and expressing their emotions to a moderate degree: "more than dismissing individuals but less than preoccupied ones" (Shaver & Tancredy, 2001, p. 80). Furthermore, they would "be able to provide a coherent account of their loss-related experiences (unlike unresolved/disorganized individuals)" (Shaver & Tancredy, 2001, p. 80).

It became evident that these predictions fit the DPM extremely well (for further detail, see M. S. Stroebe, Stroebe, & Schut, 2005a). Secure individuals would be able to oscillate more easily between loss and restoration orientation and would not suffer complications in their grieving, harrowing though their loss may be for them too. Anxious-ambivalent, preoccupied individuals might be more exclusively loss oriented and display more chronic forms of grieving. Dismissing individuals would tend to be the most restoration oriented, delaying and inhibiting their grief, whereas unresolved-disorganized individuals would have a more disturbed, less coherent manner of oscillating between these orientations.

Thus, this extension of the DPM provides not just a description of types of coping that are (mal)adaptive, but a suggestion as to how these patterns

are related to styles of attachment. We are beginning to understand what adaptive coping is at a theoretical level, to be able to identify personal and situational factors that contribute to adaptation, and to move toward theoretical integration. Some evidence for the connections between attachment style and coping with bereavement already exists, much of it relating to attachment among older bereaved persons (e.g., Bradley & Cafferty, 2001; Hays, Gold, & Pieper, 1997; Jacobs et al., 1987–1988; Sable, 1989, 1991; Wayment & Vierthaler, 2002). Further research is currently under way to examine the links between the DPM and attachment styles in bereavement (see M. S. Stroebe et al., 2005a).

THE DUAL PROCESS MODEL IN BROADER PERSPECTIVE: AN INTEGRATIVE FRAMEWORK FOR PREDICTING ADJUSTMENT TO BEREAVEMENT

It is important that theory development on coping be kept in proper perspective. The topics addressed thus far in this volume have covered a range of variables and processes associated with adaptation to bereavement. We continue to show in forthcoming chapters that a broad range of factors, over and above coping, contribute to bereavement outcomes. We have proposed a framework for the prediction of bereavement outcomes, which we call the *integrative risk factor framework* (referred to hereinafter as the *integrative framework*; see Figure 3.3; M. S. Stroebe, Folkman, Hansson, & Schut, 2006). Our aim has been to provide order and suggest cause–effect relationships that can be, and sometimes have been, examined through empirical research. The variables described in the integrative framework include the nature of the bereavement stressor, resources, protective and risk factors, coping processes, and health consequences. The framework builds on a schematic description by Lazarus and Folkman (1984), which was formulated within cognitive stress theory (see also Folkman, 2001, for application to bereavement). As such, it identifies the nature of the stressor (Category A in Figure 3.3)—in our case, bereavement—as an event that signals change or threat: “Psychological stress is a particular relationship between the person and the environment that is appraised by the individual as taxing or exceeding his or her resources and endangering his or her well-being” (Lazarus & Folkman, 1984, p. 19). Thus, the extent of stress experienced, which will have an impact on outcome (Category E), depends neither solely on the intra- and interpersonal demands of the situation nor on the intra- and interpersonal resources (Categories B and C) but on the relationship between such demands and resources. The person appraises the personal significance of the event and the options for coping (Category D). Coping is understood as “constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are

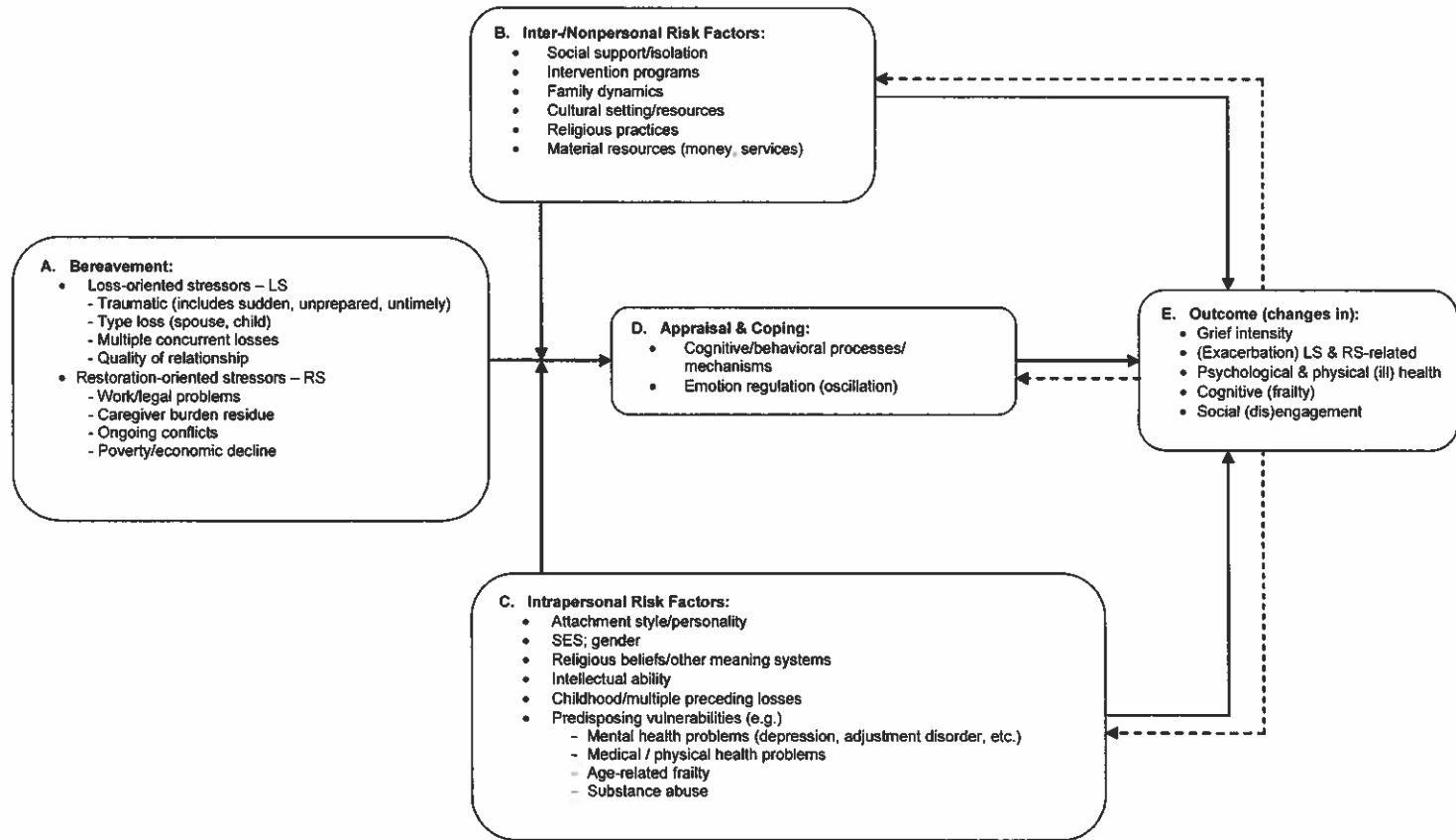


Figure 3.3. The integrative risk factor framework for the prediction of bereavement outcome. SES = socioeconomic status.

appraised as taxing or exceeding the resources of a person" (Lazarus & Folkman, 1984, p. 14).

Various parameters of the DPM are evident in this general integrative framework. For example, following the DPM, coping will entail alternation between appraising and dealing with (Category D) stressors (Category A) related to the loss of the deceased (loss orientation), and also to those changes that are indirect consequences of the death, such as a drop in income (restoration orientation). Likewise, consequences or outcomes of bereavement (Category E) cover aspects of the loss itself (e.g., increase or decrease in grief intensity) and of secondary stressors (e.g., withdrawal from or reintegration in social activities). In this way, the framework is easily able to incorporate a wider range of outcome variables than health variables (a restriction in previous studies noted earlier in this chapter). We believe that each of the other theories listed in Table 2.1 can be discussed within this integrative framework too. For example, the attachment approach would be useful in the specification of intrapersonal resources—risks (Category C), whereas family systems theory (Nadeau, 1998, 2001) would be useful in addressing interpersonal resources—risks (Category B). Furthermore, the framework is applicable across a variety of cultures (we saw this to be a shortcoming of previous formulations), particularly through the specification of societal—cultural factors in Category B.

In particular, with this integrative framework, we have tried to advance the notion that factors relating to adjustment cannot be evaluated in isolation; they need to be understood in relationship to one another. For example, coping will entail oscillation between appraising and dealing with both loss and restoration types of stressors. Likewise, as previously noted, consequences or outcomes of bereavement (Category E) cover aspects concerning the loss itself (e.g., increase or decrease in grief intensity) and concerning restoration (e.g., withdrawal from or reintegration in social activities).

Much research still needs to be done to find out whether and how all of the listed variables are related to bereavement outcome (we compiled the list of factors from variables mentioned in the bereavement research literature), to establish their relative impact on adjustment to bereavement and to see how much variance in reactions can be accounted for. Nevertheless, the integrative framework provides a structure for making sense of the wide variety and types of factors associated with bereavement adaptation. In subsequent chapters of this volume, we often revisit the framework as a conceptual foundation for understanding the bereavement experience of older adults.

CONCLUSIONS

We have seen in this chapter that the DPM addresses the limitations of earlier theories in a number of ways. The three basic components—loss ori-

entation, restoration orientation, and oscillation—further our understanding of healthy grieving as an ongoing, active, fluctuating process that incorporates avoidance as well as confrontation with aspects to do with loss and change. In line with this, denial processes are seen as—sometimes and to some extent—conducive to adjustment, just as positive affect and (re)appraisal are seen as important additional elements to the negative affect and (re)appraisal that are fundamental to grieving.

We noted earlier a predominance in the literature of intraindividual, rather than interpersonal, approaches to coping with bereavement. The DPM lends itself to interpersonal analysis. For example, one would expect to find different grieving profiles (e.g., comparing them with respect to orientations and oscillation in Figures 3.1 and 3.2) for a grieving father compared with a grieving mother. Discrepant patterns of grieving (e.g., if one partner were more loss oriented than the other) could affect the outcomes for both partners. In fact, preliminary evidence has been provided in a study of bereaved parents by Dijkstra et al. (1999), who showed that perceived discordance (in terms of loss vs. restoration orientation) was negatively related to mental health and marital quality among bereaved parents.

It is a strength of the approach that the DPM accommodates consideration of a range of individual and subgroup differences in a way that traditional theories would find more difficult. For example, we are able to specify predicted attachment-style differences that should influence coping with loss of a loved person. Furthermore, gender and cultural differences are more easily understood within the DPM framework; we should expect variations reflecting subcultural and cross-cultural norms about healthy grieving to be reflected in ways of coping. Some people and some cultures will be more versus less loss or restoration oriented (e.g., men are likely to be more restoration oriented in traditional Western culture), but only if there is extreme adherence to one orientation, at the expense of attending to the other, would we predict grief (and perhaps general health) complications.

The specifications previously summarized may be useful for practitioners and clinicians, encouraging a focus on individual differences in grieving. In contrast to the underlying principle of furthering grief work, they emphasize the need for a focus on different patterns of going about grieving, attention to both loss and restoration orientations, and a need for “time-off” from grieving.

We have also seen that the DPM can be placed within the broader perspective of an integrative framework to predict adjustment to bereavement. This extension provides a more comprehensive framework for understanding individual differences in adaptation, including not only the different types of stressors and coping variables that featured prominently in the DPM but also intra- and interpersonal risk factors and a variety of outcome variables. As we show in later chapters, this framework enables us to highlight the unique nature of the bereavement experience among older persons.

It also furthers examination of the impact of different factors in combination and, potentially, it permits assessment of the relative strength of different variables in accounting for individual differences in adaptation. The focus of the framework is on assessing risk (given that bereavement is associated with negative health consequences). However, it will become evident that bereavement among older adults is associated with much that is positive: Older persons have many resources and also show resilience (in a sense, such aspects reflect "the other side of the coin," denoting low risk). It is hoped that researchers will be able to examine parameters of the framework more systematically in the future, to confirm validity.

In the chapters that follow, we begin to explore the nature of bereavement among older adults, patterns of outcome, and age-related variables and processes that appear to make a difference. Then, in the concluding chapter of the book, we revisit the DPM and the integrative framework, to consider their potential application in understanding coping with bereavement among older adults. We examine, for example, ways in which a late-life developmental perspective can be integrated into the dynamics of the DPM (e.g., to accommodate maturation; late-life tasks of development; and developmental changes in cognitive, emotional, and physical status). At the same time, examining the bereavement experience among this particular population will allow us an opportunity to consider the need to extend the spectrum of coping demands specified in the DPM to reflect coping tasks characteristic of late life. Are the coping tasks characteristic of late life—the specific demands that are placed on older adults when they become bereaved—well enough represented in the DPM?