"It Ain’t Necessarily So"... Challenging Mainstream Thinking About Bereavement

Traditional theories about grief and bereavement have been fundamentally and thoroughly challenged, primarily by Stroebe and Stroebe (1987), Wortman and Silver (1989), and Bonanno and Kaltman, (1999). In contrast to the old grief work perspective with its work through, depression, social disclosure of distress, and termination of the relationship to the dead, a completely different new perspective focusing on repression of depressive emotions and thoughts, display of positive emotions, moderate social disclosure, and continuation of the relationship to the dead has been proposed and scientifically supported. Still, the grief work perspective is very popular. In this article, both the old and the new views are challenged, and a more middle way perspective is suggested. Rational and irrational reasons for the old perspective’s popularity are discussed. Consequences for therapeutic work (psychotherapy, counseling, nursing) are outlined. Finally, it is underlined that grief may be a meaningful, enriching experience. Key words: bereavement, grief work, grief resolution, irrationality, meaning, new perspectives on grief, rationality.

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The tedious slowness of paradigmatic changes

When the opera character “Sportin’ Life” sang the song: “It ain’t necessarily so,” in which he mocked fundamen-
tal views about the Bible, he challenged widely held beliefs, provoked, and irritated. To have one’s firm beliefs questioned, and even refuted, is annoying at best, terrifying at worst. Belief systems cause emotional turmoil when threatened. According to Kuhn, scientific “beliefs” (paradigms) are also invested with emotionality and irrationality. Contrary to our meta-beliefs about scientific logical serenity and “coolness,” signs of paradigmatic shifts, and even minor changes to major theories, are frequently con-
tacted, discarded, ignored, even ardently fought against. For the impatient, scientific “mutations” have a speed re-ssembling the mutation changes in the biologic world. Scientific changes do not take place overnight as a consequence of logically changed convictions or convinc- ing research reports, but as Max Planck wrote, often go along with generation changes and biologic death among scient-
ists.

So also within the field of grief and bereavement. The classical works: Freud’s “ Mourning and melancholia,”1 in which he coined the term: “work of mourn-
ing,” later to become the modern “grief work” and, later, the famous works of Lindemann,7 Bowlby,5,6 Kübler-Ross,8 Parkes,9,10 Parkes and Weiss,11 and numerous others have all opened up new fields for investigation and have given insight and interesting views on grief and bereavement. However, many of the views proposed in these works have been seriously challenged, even solidly con-
tracted. Yet, the old views linger on, even prevail, not only among the general public but even among researchers and practitioners in clinical fields, such as: psychology, psychiatry, counseling, nurs-
ing, and medicine. This situation is the background for this article, which aims at recapitulating some major and essent-
tial, revolutionary changes in grief research and to add some challenges to the challenges. In addition, reasons why the old ideas continue to be popular will be suggested. Finally, some consequences for therapeutic work (psychotherapy, counseling, nursing), will be briefly outlined.

CHALLENGE 1: STROEBE AND STROEBE

There is too little empirical support for our beliefs about grief and bereavement.

Stroebe and Stroebe, in 1987, were the first to point to the disturbing fact that, despite the amount of literature on the importance of “grief work” and related ideas and the rapid spread and popular-
ity of this “insight” among the general public, the benefits from grief work were poorly documented. This was the first blow to a concept that, deriving from Freud, had served as an almost ax-
iomatic foundation for much of the literature on grief and bereavement and for therapeutic interventions. More detailed critique was to come.

CHALLENGE 2: WORTMAN AND SILVER

You do not have to be depressed or do “grief work” — and you might not get over your loss.

Wortman and Silver challenged, in 1989, four of the most profound beliefs of general grief theory: that depression is inevitable following a loss; that distress is necessary, and failure to experience it is indicative of pathology; that it is necessary to ‘work through’ or process a loss; and that recovery and resolution are to be expected following a loss. In the following, this perspective that claims that grief work is neces-
sary will be called “GWP.” Quite the contrary seemed to be true. After a thorough examination of the research-based literature, Wortman and Silver concluded that depression is not inevitable, at least not to the degree formerly believed; it is not necessary to be depressed or do grief work to get out of grief; and you are not bad or mad if you are happy instead of devastated.
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The GWP had even suggested that people who were not depressed after a loss were unable to feel strong attachment to others.24 were too weak to grieve,25 or pathologically denied or repressed that the loss had taken place.15 Such explanations actually attributed emotional incapacity to those who were not depressed, as if signals of severe grief were a sign of mental health, strength, and a proof of being able to love, a kind of "psychological potency." On the contrary, Wortman and Silver concluded that the "grief work," or "process of grieving," often accompanied by intense sadness, actually led to more negative rumination, more depression, and difficulties thinking about, or doing, other things, in short psychological malfunctioning, a kind of "psychological impotency."

Wortman and Silver found that a surprising high number of reports attested that bereaved people did not gain the promised grief resolution from their grief work. Even when taking into consideration the obvious difficulties trying to define what "grief resolution" is (cognitive acceptance and social adjustment, for instance), it was documented that grief could be long lasting, even permanent. This was a problem for a considerable number of people, particularly if they tried to "work through" their grief, and indulged in sad emotions. Also, a part of the GWP was the notion that people who were not sufficiently depressed after the loss and took their grief work seriously would get "the blues" later and even suffer physical health problems.19,20 Again, Wortman and Silver's review revealed the opposite. The amount of early affiliation predicted problems of adaptation later, and those who managed relatively well early in bereavement were also better off later. Wortman and Silver's article was revolutionary indeed. Recognized "truths" were turned upside down. And there was more to come.

CHALLENGE 3: BONANNO AND KALTMAN

You can feel good, smile and laugh, you don't have to talk about your grief—and you don't have to "get over" your loss.

Bonanno and Kaltman published, 10 years later, an article reviewing more reports that, in addition to supporting Wortman and Silver's conclusions, added additional "revolutionary" new views on grief and bereavement.21 These authors also suggested a new theoretically integrative perspective on grief and bereavement. They integrated theories that were partly old and long recognized but had also shown innovative recent developments: the attachment perspective, the trauma perspective,22,23 the cognitive stress perspective,24,25 and finally, the social-functional approach to emotion.26,27

Even stronger than Wortman and Silver, Bonanno and Kaltman not only refuted the presumed beneficial effects of grief work but decisively stated that it hampers and counteracts adequate adaptation, and they argued for this both empirically and theoretically. Contrary to indulging in the pain of grief work and recognition and social expression of sad and painful emotional reactions, the very opposite, defensive defensiveness shown by verbal-autonomic dissociation (between reported levels of subjective distress and measured physiologic arousal), predicted better adjustment and less depression. These findings were stable over considerable time after the loss. These findings led to a perspective on grief that recommended repression, distraction, limited social disclosure, and even a continuation of the relation to the deceased and argued for these standpoints from several theoretical perspectives. In the following, this perspective that advocates beneficial effects of a "don't worry, be happy" attitude, will be called "DWHP."

From a cognitive stress perspective, "avoidance-focused coping," such as depressive defensiveness, distraction seeking, sedation, and other avoidant strategies, may help to alleviate painful emotional and concomitant physiologic reactions on a short-term basis and thereby lead to better and quicker adaptation in the long run. Emotions have physiologic positive feedback loops, which maintain and strengthen them.28 Anything that serves to break such loops puts the brakes on the emotion. Also from a social-functional perspective on emotion, it could be explained why repression of negative emotional expressions may be helpful. Frequent displays of positive emotional expressions have often been interpreted as negative/pathologic signs of avoidance of grief work. However, sad and angry people are not very comfortable to be around; they are avoided, if possible, whereas people who express positive emotions are attractive to be around. It is commonly expected that bereaved people experience and express distress, and therefore contact with them is often avoided (often under the pretense of not wanting to disturb). It is not easy to know what to say and do under such circumstances. Therefore, it is proposed that people in grief who repress their negative emotions will keep better contact with their social network.

From the social-functional perspective on emotion, it could also be explained why a continuation of the relationship with the deceased could be helpful and how it might be related to expressions of positive emotions. In traditional grief research, expressions of positive emotions during grief, particularly when talking about the deceased and their continued value and importance for the bereaved, have been strangely ignored in grief research.21 According to Fred,23 grief work should result in breaking the bond to the deceased, and this assumption was defended and explained from an evolutionary attachment perspective by Bowlby.6 However, in his later works, Bowlby concluded that instead of breaking the bond, a continued, but reorganized, relationship with the deceased predicted better adjustment and a better retaining of the bereaved personal identity.7 This implies that it is not necessary to "get over" a loss in the sense of "breaking bonds." The dead person may continue to be a positive part of the cognitive representative social world of the bereaved.29

From the trauma perspective, it has been advocated that, as part of the grief work, talking about the loss should promote cognitive restructuring.30 Yet, recent studies have shown that social support does not always turn up as an unequivocal adaptive variable in all investigations.31 The needs served and
In two longitudinal investigations on bereavement among widows and widowers, we observed a restrained bodily and emotional stiffness among those who would not let themselves react spontaneously: never cry, be angry, or react in other ways. A similar compulsive stiffness was observed in those who did the very opposite, who "worked through" their grief by daily encounters with sadness and despair. Both forcing one away from, or into, grief reactions may become obsessive. There must be a third option—a "middle-of-the-road" strategy that allows recognition of sad emotions and cognitions, with neither avoidance nor engulfment.

Mediation is a practice that encourages a similar problem: the need to push away disturbing thoughts, with the intention of emotional relaxation and cognitive emptying of the mind. Like the monk's dilemma, it is paradoxical to think that one should not think. The mediator's solution is to just let whatever comes into the mind flow and pass, not fight it, not indulge in it, just recognize it, and let it go. Perhaps, similarly, it would help the bereaved to simply let thoughts and emotions "come in" and "float away" without forcing anything too much.

Those widows and widowers, in the aforementioned investigations, who managed best, did something similar with regard to their loss-related thoughts and emotions. They reported that they "took it as it came" whenever painful thoughts and emotions caught them, trusting either that, "It will stop by itself, after a while" or trusting that, "When it is enough, I know I can stop the crying and thinking by doing something, either around the house, make a phone call to somebody, visit somebody, or take a walk. I just tell myself to do something.

(Actually, to take a walk seemed particularly helpful.) These quotations illustrate how a person can do a kind of modified "grief work" in the sense of letting oneself cry and think about the events around the loss and its various consequences without being engulfed in depressive and overwhelming obsessive reactions and thoughts or be retracted from the social network. Therefore, a new perspective on grief is suggested, a "middle-of-the-road" perspective (in the following called "MRP"). The MRP both recognizes the bereaved person's need for reactions and reflecting and the need for stopping sadness and pain when grief becomes too burdensome.

To sum up, the traditional GWJ states that a proper amount of grief work, depression, working through, and ending the relationship with the dead is necessary for adaptation and well-being. In contrast, the modern DWHP claims the opposite. All that the GWP regarded as beneficial has negative effects on adaptation and well-being; in contrast, depression, defensive repression, promotion of positive emotions, and continuing the relationship with the dead have positive effects. This article advocates a perspective representing a balanced synthesis between the GWP and the DWHP: the MRP. Within this view, thinking about and cognitive sorting out does not mean a compulsive grief work and working through; depressive and other negative emotions should not be cultivated or desperately avoided.

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*Quotations from widows. Data from a study on grief reactions and gender roles (reference 50).
but simply accepted and let pass away, aided by an active approach toward positive emotional experiences; social contacts should be used for positive rebuilding of oneself and one's life, planning, and implementation; and finally, bonds to one's dear deceased should neither be severed nor cultivated but regarded as a natural and comforting continuation of the relationship on the level of mental representations.

The tedious slowness of paradigmatic changes resisted

However, as outlined initially, the pure GWP still holds a widespread popularity despite contradictory evidence. Why is this paradigmatic change so slow? How can we explain that people still easily and unquestionably embrace the idea of necessity of grief work, beneficial effects of depression and social display of distress, and demands to cut the bonds to the deceased. Why do these ideas become so widespread and long lived?

First, the GWP recommends what comes naturally. When it suggests that bereaved people should think through the loss and deeply experience sadness, it actually recommends behavior that bereaved people find very hard not to do. We all like to have our inclinations and beliefs about what is right supported and legitimized by science. The GWP does exactly that. It is common and normal to be depressed after a loss; therefore, it is easily accepted when, with the support of science, normal becomes normative.

Second, depression and other negative emotional reactions are indeed regarded as so normative that their absence is regarded as offensive. After having lost someone close, happy or seemingly indifferent people are easily labeled sick, immoral, and socially dejected. The GWP added scientific weight to this judgment by stating that such people have psychological deficiencies.14-16 Yet, there are at least two comments to make here.

First, a person who is close with regard to marriage, kinship, or work need not be psychologically close (or close any longer). Many widows I've met experienced more relief than grief. Second, such reactions (of relief, happiness, or indifference) are hardly accepted in the Western, or any other, society. It is almost universally socially expected and approved that bereaved people feel and show a certain amount of distress. Such behavior shows that the idea of the importance of close and lasting social relationships is accepted and approved. The acceptance of social bonds, relationships, and their obligations is fundamental for any society. Therefore, appropriate grief behaviors and funeral rites are important demonstrations of adherence to social norms and values.27,28 So, when GWP -influenced bereavement experts advocate behaviors that are in line with society’s customs and needs, why should anybody object?

Third, it is a cross-cultural common attitude that bereaved persons owe something to the dead. A decent or pompous burial is not enough; tears should be shed. The feeling that the dead person is still present in some way is very common.29,30 Therefore, the bereaved often feel that the deceased observe them. Depression and tears are the final proofs of love and respect the bereaved person can give to the dead. Again, mourning is normative.

In line with this, particularly in earlier times, there was a fear of outright revenge from the dead in case they had not been properly buried and mourned. No wonder that professional undertakers and wailers became important professionals! Yet, fear of revenge may seem alien to our modern societies; still, remorse and related feelings are not. The fear of having something uncompleted in the relationship may instigate ameliorative strategies. Symbolic completion and making up for unresolved issues is another motive for cognitive working through and depressive, introverted behavior, particularly shortly after bereavement. Therefore, without returning to a recommendation of grief work, we should recognize many grief reactions are related to the fact that people actually do continue to have a relationship with the deceased. Still, bereavement necessitates many changes and a cognitive reorganization of the relationship. Somehow, the grief work view recognizes this need, which may be one of the reasons for its widespread popularity.

The GWP claim: “depression is necessary to get out of grief” does indeed seem contradictory to the point of being paradoxical. Yet, people, professionals and laymen alike, have accepted this thesis. Why?

First, mere observation of bereaved people may confirm it. We have all experienced devastated grief-struck people and some time later marveled at their recovery. A causal relationship may easily be inferred: The grief reactions themselves had healing effects. This way of thinking seems strangely familiar and, at closer inspection, has many parallels.

In Norway, we have a proverb: “Onsdag skal onsdag fordrive.” It has two translations: “Evil shall desip evil”; but also “Pain shall desip pain.” The proverb attributes positive effects of something that is immediately experienced as negative. At the bottom of this lies the idea that no pain should be in vain. If pain is in vain, it becomes even more painful, even unbearable. The belief that pain is useful and works to abolish itself gives hope to the afflicted.

A similar rationality lies behind other popular advice. Until recently, it was recommended to rub seriously frozen limbs with snow. The friction of the snow was supposed to heat up the limb. Now we know that it makes bad worse. But there is related advice that still is believed in: To take a really cold shower makes you warm! Physiologic research has shown that quick shifts between warm and cold water enhance blood circulation, but in people’s minds, it is the cold water that attracts attention. People believe in the cold against the cold.

And there are more ancient irrational beliefs. One is: “Something must become worse before it becomes better.” In ancient Greek medicine, wounds that healed “too fast” were disturbed and deliberately infected, because it was believed that wounds would not heal properly without a proper infection and prolongation of pus.40 Even today, physicians have told me that patients tend to trust the healing effects of a bad-tasting medicine more than a candy-tasting one.

Therefore, it is here proposed and concluded that the continued belief in the GWP partly rests on an irrational rationality inherent in popular proverbs and...
lores but also on the factual observation that grief is normal, normative, and that most grieving persons recover.

CONCLUSION

What should we do as professionals? Research and counseling. First, we should admit that conflicting views exist and that we have too little knowledge to claim that we know "the best way to grieve" or can give "the best bereavement counseling." The field of bereavement research is also complicated by the fact that the losses are varied: spouse/parent/child/relative/friend; sudden/expected; accident/natural/infectious/self-inflicted; and that cultural norms and religious/philosophical convictions are also part of the intricate field of bereavement. Any investigation would have to take these factors into consideration. An ideal research design would be an experiment with bereaved people assigned to one of three kinds of counseling based on the three Bereavement perspectives. Yet, for ethical reasons, a quasi-experimental design with self-assignments to counseling would probably be more realistic to perform. However, in all intervention designs, any intervention tends to have an effect (placebo effect) that would be a serious threat to the validity of any such study. Therefore, the simplest, and most non-interfering, naturalistic design would be, without any offer of counseling, simply to register closely how people deal with their bereavement, and the effects of their different ways of coping, in addition, any of these designs would require multiple stages of measuring/registring of a wide array of variables, such as social support, mood, anxiety, depression, well-being, quality of life, perceived meaning in life, health parameters, sick leaves, leisure time activities, and finally quality, severity, and duration of grief reactions. Both quantitative and qualitative methods ought to be used. Yet, based on what we know now, as counselors or therapists, we should probably stop recommending grief work, depressive reactions, and too much social disclosure. On the other hand, we should not tell devastated people that their desperation will only make things worse and make grief last longer. Rather, we could tell people to accept their emotional and cognitive reactions in a very simple and relaxed way: recognize them and let them pass without trying to push them away in an obsessive manner. We should reassure them that the simple passage of time usually has a dampening effect on any emotions and a healing effect on any wound, bodily or mental. Then, we should recommend the bereaved to get involved in non-grieving life as soon as and as much as they can manage. "Do things!" The daily tasks and social encounters of most people's lives have innumerable connections (through classical and instrumental conditioning) to positive associations and experiences. To "disconnect" oneself to other things in life may have the effect of a gradual revelation. Like one widow said: "Despite my loss and grief, I have rediscovered that there are also other things that matter to me and give meaning to my life!"

*Quotations from widows. Data from a study on grief reactions and gender roles (reference 36).

REFERENCES

Challenging Mainstream Thinking


