

## II. CONCEPTUAL FRAMEWORKS

The purpose of this section is to introduce the theories, concepts, ideas, and empirical findings, as well as the ways of thinking and knowing that have shaped my approach to and my interpretations of the data. The life-span perspective of developmental psychology as formulated by P. B. Baltes (e.g., 1987, 1997; Baltes, Lindenberger, & Staudinger, 1998; Smith & Baltes, 1999) serves as an overarching framework. The life-span approach holds that human development is a *lifelong process*, which means that maturity is not considered to be complete at the point of young adulthood. This implies, for example, that developmental processes and shifts can be expected not only among the bereaved children of the Harvard Child Bereavement Study but also among their surviving parents. Propositions about adaptive changes within different life-span contexts also point to delineating age-related differences. This raises questions such as what the situation for bereaved families with adolescent children is like, and how it might be different for bereaved families with younger children.

Proposals about the notion of *multidirectionality* and *multidimensionality* of change are derived from the realization that development is a lifelong process (Baltes, 1987). These concepts reflect the observation that developmental changes involve both growth as well as decline, and that trajectories of change can differ across and within domains of functioning. For example, an adolescent who had to take over more household tasks after the death of a parent may become more responsible and proficient in this area of life, while appearing less focused and willing to learn in school. Thus, in the life-span perspective, development is seen as a process of continuous *gain and loss* in various dimensions of functioning throughout life. This view also implies the possibility that deficits can serve as catalysts, in the sense that a loss can also provide the context for new forms of mastery. For example, the surviving parent may learn how to manage the tasks or domains that the deceased spouse used to deal with.

Another important premise of the life-span approach is that development is always embedded in a larger historical and cultural context. Baltes, Reese, and Lipsett (1980) formulated three sources of *contextual influences*: normative age-graded, normative history-graded influences, and nonnormative influences. Normative and nonnormative events were conceived as having a distinct impact on the course of development (Baltes, 1987). Normative events are experienced by most people with high predictability. Examples for normative age-graded aspects are, for example, puberty in adolescence, and the entering or leaving of high school. History-graded influences include features such as gender roles or cultural values in a particular society at a given time. For example, one could assume that, due to gender

socialization, assuming the role of single parent may pose a different set of challenges for bereaved fathers than for mothers. Furthermore, the bereaved families in the Harvard Child Bereavement Study deal with their loss and its consequences in the context of a Northern American culture that puts strong emphasis on values of individualism and independence (e.g., Bellah et al., 1985; Guisinger & Blatt, 1993; Wilmot, 1995), and may therefore not offer as strong a support network as cultures that estimate values of interdependence and collective purposes more highly. In any society or historical context, however, nonnormative experiences constitute unpredictable events, for which a person has received little preparation (Brim & Ryff, 1980). Whereas normative influences have been studied quite extensively, much less attention has been devoted to developmental trajectories following nonnormative events (Mailick Seltzer & Ryff, 1994). Parental loss in the case of families with school-aged children has nonnormative features in a twofold sense: first, the loss-event itself constitutes a temporal deviation from the norm, and second, the event results in a variation in family structure, such as a surviving parent becoming a single head of household, or a older child assuming the role of surrogate parents for younger siblings.

Taken together, the life-span notions of development as lifelong process, multidirectionality/multidimensionality pointing to a constant gain-loss dynamic over the life course, and contextualism as a paradigm, provide a helpful framework for the study of grief as a family process, within which the reviewed literature can be placed. In fact, elements and features of a life-span perspective appear throughout the four dimensions of theories and empirical findings (Perspectives on Grief, Coping theory, Family theory, and Relational theory) that are discussed in the following sections. Taking into consideration these partially overlapping dimensions results in a multidimensional view of how families deal with their daily life after the death of a parent. This idea is illustrated graphically in figure 1.

Figure 1: Multidimensional view of dealing with daily family life after the death of a parent:



In the following sections, I first review the available literature on grief and loss. Then, I go beyond the framework of bereavement research, and borrow from other approaches that may broaden the view on bereaved families. In so doing, I outline major contributions of coping theory, family theory, and relational theory. After that, I discuss the issue of dealing with conflicts between different research paradigms. Finally, I summarize those aspects that seemed most critical to my work and open up the analysis with my research questions.

### **1. Perspectives on Grief**

As pointed out above, all predominant bereavement models focus on the individual and do not address grief as a family process. Yet, these models had and still have a tremendous influence on the common understanding of grief as well as on bereavement research. While these formulations can serve as a useful framework to help understand the experience of bereaved families, it is important to keep in mind that they cannot explain certain aspects of family grief. To clarify this point, I begin this section with a discussion of the more traditional views on bereavement. Then, I turn to current understandings of grief to point out the more recent developments in research and theorizing that have changed basic ways of looking at grief. Next, the available literature on family grief is reviewed. Finally, the issue of gender effects in bereavement is addressed.

### *1.1 Traditional views*

Several different theoretical formulations have made important contributions to the current state of knowledge about loss and grief (for a more detailed review see Archer, 1999). An early paper that is generally referred to as a classic in the field of bereavement is Freud's paper, "Mourning and Melancholia" (1961). According to Freud, the psychological function of grief is to withdraw emotional energy (cathexis) and become detached from the loved one (decathexis). The underlying idea of this formulation is that people have a limited amount of energy at their disposal. Consequently, only by freeing up bound energy will the person be able to reinvest in new relationships and activities. Freud believed that the mourner has to work through the grief (grief work hypothesis) by carefully reviewing thoughts and memories of the deceased (hypercathexis). He maintained that although the process of "working through" causes intense distress, it is necessary in order to achieve detachment from the loved one. Recently, the idea of detachment has been challenged by a number of researchers (see below).

Another highly influential theoretical contribution has been advanced by John Bowlby. In his attachment model of grief, Bowlby (1980) integrated ideas from psychoanalysis, ethology, and from the literature on human development. Fundamental to his view is the similarity between the mourning behavior of adults and primates, and children's reaction to early separation from the mother. He considers grief to be a form of separation distress that triggers attachment behavior such as angry protest, crying, and searching for the lost person. The aim of these behaviors is maintenance of the attachment or reunion, rather than withdrawal. However, in the case of a permanent loss the biological function of assuring proximity with attachment figures becomes dysfunctional. Consequently, the bereaved person struggles between the opposing impulses of activated attachment behavior and the need to survive without the loved one. Bowlby believed that in order to deal with these opposing forces, the mourner must go through four stages of grief: initial numbness, disbelief, or shock; yearning or searching for the lost person, accompanied by anger and protest; despair and disorganization as the bereaved gives up the search, accompanied by feelings of depression and lethargy; and reorganization or recovery as the loss is accepted, and an active life is resumed. Emphasizing the survival value of attachment behavior, Bowlby was the first to give a plausible explanation for responses such as searching or anger in grief.

In addition to Bowlby, a number of theorists have proposed that bereaved individuals go through certain stages or phases in coming to terms with the loss. One important model based on stages is Mardi Horowitz's Stress Response Model (1983). In this formulation, Horowitz asserts that a person reacts to the initial news about the death with extreme shock, responding with a

sense of "No, that can't be true", termed "Outcry". Then, the bereaved enters a stage that is characterized by denial. It is assumed that in this phase most individuals are overwhelmed by what has happened, and consequently avoid confronting thoughts and feelings about the loss in order to regain some equilibrium. However, after a while, the reality of the loss will break through, in the form of intrusive thoughts and memories. Because the intrusions are too painful to bear, the bereaved person is expected to engage in denial again. For some time, an oscillation between these two states of mind will take place. Horowitz maintained that this allows the individual to face the reality of the loss in low dosages, and integrate it slowly with his or her general life conceptions.

One stage theory that has received a great deal of attention is Kubler-Ross' model, which addresses people's reaction to their own impending death. Kubler-Ross (1969) claims that individuals go through stages of denial, anger, bargaining, depression, and ultimately acceptance. It was her model that has popularized stage theories of bereavement. For the past several decades, stage models like Kubler-Ross's have been taught in medical, nursing, and social work schools. These models also have appeared in articles in newspapers and magazines written for bereaved persons and their families.

As a result, stage models have strongly influenced the common understanding of grief in our society (see Wortman & Silver on "the myths of coping with loss", 1989). There is evidence that health care professionals tend to use the stages as a yardstick to assess the appropriateness of a person's grieving (Osterweiss, Solomon, & Green, 1984). A negative consequence of this, however, is that people who do not follow the expected stages may be labeled as responding deviantly or pathologically. For example, a person who does not reach a state of resolution after a certain time may be accused of "wallowing in grief". Also, legitimate feelings such as being angry because one's spouse died of receiving a wrong medication may be discounted as "just a stage". Such a rigid application of stage models has the potential of causing harm to bereaved persons. Therefore, several researchers have cautioned against taking any "staging" too literally (e.g., Shuchter & Zisook, 1993). For example, Rosenblatt (1996) noted that "the expectation that they [the mourners] can and should reach the end of their grief is based on a misunderstanding of normal grieving and does them a disservice" (p. 45). For the same reason, Osterweiss et al. (1984), in a review on bereavement, warned against the use of stages. Generally, in contrast to the notion of an orderly path of universal stages, the available evidence suggests that the reaction to loss varies considerably from person to person, and that few people pass through stages in the expected fashion (Wortman & Silver, 1989, 1992) The main weakness of stage models is that

they cannot account for this variability in grief response, and that they do not take into consideration outside influences that may shape the course of the grieving process.

### *1.2 Current understanding of grief*

Most researchers to date (e.g., Rando, 1997; Shuchter & Zisook, 1993; Silverman, 2000) emphasize that grief should be considered a series of flexible phases instead of a set of discrete stages. "Grief is not a linear process with concrete boundaries but rather a composite of overlapping fluid phases that vary from person to person" (Shuchter & Zisook, 1993, p. 23). Other authors have suggested that grief be seen as transition (Marris, 1974; Parkes; 1971, 1993; Silverman, 1966; 2000). This concept implies that the bereaved are not expected to return to the previous level of functioning, but rather to accommodate to life's changes. What kind of accommodations this transitional process requires depends foremost on who was lost. It is important to recognize that each individual may experience a unique set of losses. For example, a widow may have lost an intimate friend, a child rearing partner, a protector, and a sexual partner. Bereaved parents may experience their child's death as the loss of a central part of themselves, and of all their wishes, hopes, and expectations for the child's future. Bereaved siblings may have lost a close person to confide in, and may also feel neglected because their parents are so absorbed by their own grief. Furthermore, the circumstances that surround the death are likely to influence what the bereaved will have to deal with initially. For instance, people who experienced a sudden, traumatic loss such as the death of their spouse or child in a drunk driving accident must endure the loss itself, as well as the shattering of their basic assumptions about safety in the world. Families that experienced a death following a long illness may have to deal with memories of dreadful suffering, with exhaustion after long strains of caretaking, and with both the void and feelings of relief after that task is taken away. Following a sudden death, on the other hand, there may be more of a struggle to realize what has happened.

In the past decade, there has also been a thrust of studies trying to identify factors that mediate the grief response (e.g., age, gender, mode of death, nature of the relationship to the deceased, and social support). This research was motivated by the idea that, if risk-factors for a problematic course of the grieving process were found, one would be able to determine that an individual with a certain constellation of circumstances will respond in a certain way. Some authors actually go as far as determining an exact number of factors. For example, Rando (1997) claimed that there were 36 factors mediating the grief response. While providing some valuable information, this approach also introduced a mechanical view of bereavement that seemed to take away the focus from what appears the core question at hand, which is what a loss means to

bereaved individuals and their lives, and how the loss is dealt with in a family context. For a detailed review on mediating factors in bereavement outcome, the reader is referred to Sanders (1981, 1988, 1993), and to Silverman and Worden (Harvard Child Bereavement Study, 1992). In the following subsections, two recent major developments in bereavement research and theorizing are outlined: the concept of loss- and restoration-oriented coping, and the paradigm shift from a breaking bond to a continuing bond orientation. Then follows a review of the literature on grief as a family process.

*1.2.1 Loss-oriented and restoration-oriented coping.* Viewing the grieving process as transition implies that grief itself is only a part of what may be involved in coping with loss (Silverman, 1988, 2000). One of the problems with grief models seems to be that they all suffer from an overfocus on grief, while aspects of restructuring life and the self to meet the demands of life's changes tend to be neglected. This seems due to the central role that Freud, and later other authors, gave to the concept of grief work. Stroebe and Stroebe (1991), following up on the idea that coping with loss requires more than confronting one's grief, suggested that grief work involves active efforts to structure memories and thoughts, and to regain mastery over one's life. In this spirit, they advanced a dual-track model that involves two modes of coping: loss-oriented and restoration-oriented coping (Stroebe & Schut 1999). This formulation is very reminiscent of Lazarus' problem- and emotion-focused coping dimensions, the concepts of primary and secondary control (Heckhausen & Schulz, 1995; see section 2.1), and of Horowitz's idea of an oscillation between avoidance and confrontation. Loss-oriented coping involves an effort to confront feelings of grief and loss itself, while restoration-oriented coping is an attempt to appease pain in some way, or distance oneself from one's grief in order to focus on the demands of daily life and to be able to keep going. Basically, the first mode implies approaching the problem, and the latter moving away from it. This may enable a person to deal with grief in smaller dosages and, at the same time, create some space and save energy to attend to aspects of restructuring life. The idea is that usually both modes are needed and used, and that an oscillation between them is most likely to constitute an adaptive coping style. It should be noted that the term restoration-oriented is a little misleading, considering that all coping efforts, including the loss-oriented ones, are in some way restorative efforts to get better.

*1.2.2 Paradigm shift: from breaking bonds to continuing bonds.* Most of Western culture encourages rituals and traditions, such as regular visits to the cemetery or anniversaries of people's deaths, that keep the dead as a part of daily life. At the same time,

the concepts of accepting a loss, putting it behind, and releasing the dead so that one can go on living are very prevalent (Shuchter, 1986). Stroebe, Gergen, Gergen, and Stroebe (1996) have pointed out that the maintenance of the attachment is common in certain non-Western cultures (for example in Japan; Yamamoto, 1970). Besides, they observed that in the Western culture of the 19th century, holding on to the deceased was considered a sign of emotional depth and of the profundity of the lost relationship. From this historical and intercultural perspective, they conclude that the breaking bonds orientation is the product of a modernist world view, which holds values such as efficiency and rationality, and which emphasizes the necessity to quickly recover from emotional reactions that interfere with these values. Although bereavement research seems to move away from this orientation, the topic of what happens or what should happen to the relationship with a loved one after his or her death is still controversial (Klass, Silverman, & Nickman, 1996; Boerner, 1996). Currently, there are two conflicting paradigms:

The old paradigm, that is still very prevalent, reflects the idea that it is necessary to disengage from the deceased, to break the tie, in order to get on with life (e.g., Dietrich & Shabad, 1989; Furman, 1974; Lindemann, 1944; Miller, 1971; Schulz, 1978; Volkan, 1981). This position is based on Freud's notion that the major task to be accomplished in the grieving process is to relinquish the tie to the deceased in order to be able to reinvest in new relationships (Freud, 1961). Bowlby (1979) has pointed out that in this framework, not breaking the tie tends to be labeled as symptomatic behavior requiring treatment. As a result, giving up the attachment became a major goal in grief therapy (Raphael & Nunn, 1988; Sanders, 1989; Worden, 1982). Interestingly though, even Freud himself, in a letter to his friend Ludwig Binswanger, who had lost a son, expressed a conviction quite contradictory to his theoretical notion on the necessity to detach:

"Although we know that after such a loss the acute state of mourning will subside, we also know we shall remain inconsolable and will never find a substitute. No matter what may fill the gap, even if it be filled completely, it nevertheless remains something else. And actually, this is how it should be, it is the only way of perpetuating that love which we do not want to relinquish" (1929/1960, p. 386).

The new paradigm is represented by researchers who believe that some sort of continuing connection to the deceased is a normal rather than an abnormal reaction to loss, and that it does not necessarily interfere with good adjustment (Bowlby, 1980; Goin, Burgoyne, & Goin, 1979; Klass, Silverman, & Nickman, 1996; Matthews, 1991; Moss & Moss, 1984; Rubin, 1985; Shuchter & Zisook, 1993). These authors reported findings which suggest that many bereaved



persons stay attached, and that this continuing relationship with the deceased not only can be adaptive but can also serve as a strengthening resource that helps the individual to cope with life. For example, Shuchter and Zisook (1993) found that a majority of widows in their study endorsed items indicating a continuing relationship with their spouses initially following the loss, and even 13 months postloss.

A critical contribution to the paradigm shift was made by Silverman and associates based on findings from the Harvard Child Bereavement Study (e.g., Silverman & Nickman, 1993; Silverman & Nickman, 1996; Nickman, Silverman, & Normand, 1998). They found that a majority of children who lost a parent developed memories, feelings, and actions that kept them connected to the lost parent. A relinquishment of the tie did not seem to occur. Most of the children seemed to perceive this connection as comforting and helpful. When they were asked what they would advise another bereaved child to do, they gave answers such as "just think of them as often as you can." In fact, children who were able to develop connecting strategies (e.g., talking to the deceased) seemed to have a less difficult time than those children who did not. Silverman (2000) commented on these findings with "most children have not read the books that say they should give up their tie to their dead parent in order to move on. What children are advising is that you do two things: go on living, and never stop remembering" (p. 23). As a result of the strong evidence, Nickman, Silverman, and Normand (1998) suggested that the tie to the deceased can be such a strengthening resource that intervention for the bereaved should encourage finding ways of connecting with the deceased.

### *1.3 Literature review of grief as a family process*

"I am fully persuaded that families can never be understood in any important degree without investigating their ongoing processes in real time and, through repeated observations, over the span of developmental time" (Broderick, 1993, p.245).

In contrast to the large amount of research on bereaved individuals, there is a dearth of studies on bereaved families (Kissane & Bloch, 1994). This may partially be due to the fact that including whole families in a study is more expensive, more time and personnel consuming, and that it creates additional complexity in the data. Therefore, it is not surprising that most contributions explicitly addressing grief in the family context stem from the field of family therapy, and are thus based on case studies and clinical observations. Some of this clinical experience are presented below. Then, the few available systematic studies on family grief are discussed in more detail.

*1.3.1 Case studies and clinical observations.* Case studies suggest that avoidance of or the failure to express grief in bereaved families tend to be related to a problematic course of the grieving process (Berkowitz, 1977; Black, 1981; Jensen & Wallace, 1967). Bloch (1991) pointed out that children who lost a parent often do not express their grief because their surviving parents are unable to be emotionally available to them.

Several authors drew on their clinical observations in order to identify typical response patterns of high-risk families (e.g., Bowlby-West, 1983; Lieberman & Black, 1982; Raphael, 1984). Patterns that were considered maladaptive were not being able to talk about the death, blaming each other, idealizing the deceased, using children as surrogate partner, as well as features such as low adaptability and cohesion. Factors that were considered to be adaptive were an enhanced cohesion that provides a protective space during a time of turmoil, as well as the ability to openly share feelings, to tolerate positive and negative emotions, and to provide comfort and support for each other. Bowen (1976) distinguished between open and closed communication, and concluded from his clinical work that closed communication keeps a family from working through their grief. Unfortunately, a precise definition of the terms open and closed was not provided.

Munson (1978) observed in his work with families who lost a child, that high-risk families typically have extremely high or low scores on the dimensions adaptability and cohesion. In this context, he also pointed out that a family's adjustment to the loss mainly depends on how central the role of the deceased was for the family system; for example, whether the deceased was the one who was in charge of the emotional side of the family life (Bowen, 1976; Vollman, Ganzert, & Picher, 1971).

Another aspect that seemed to be a risk-factor was the lack of social support (Maddison & Raphael, 1975; Parkes & Weiss, 1983). Pollock (1989) observed that social isolation of bereaved families is often associated with parents inability to give their children emotional support, which creates an additional burden and even more isolation for family members. Similarly, Shapiro (1994) concluded from her clinical work that bereaved parents who lack supportive resources are more likely to need their children's cooperation in preserving their own and the family's stability, and that the process of mutual adaptation can become problematic when a parent relies too heavily on his or her child's support in ways that interfere with the child's development.

Walsh and McGoldrick (1991) pointed out that the grief response of families also depends on the point in the family life cycle at which the loss occurs "the meaning and consequences of loss vary depending on the particular phase of life cycle development the

family is negotiating at the time of the loss" (p. 30). For example, they observed that families with younger children and adolescents tend to be more adversely affected than families with adult children who no longer live at home.

*1.3.2 Systematic studies.* The clinical experience presented above provides valuable information and cues as to what aspects could be crucial to grief as a family process. However, this is no substitute for systematic investigations of this topic. It is also questionable to what extent bereaved families that seek out professional help are representative of the general population.

Although there are a number of studies in which several family members were examined, most of them did not address interactive processes following the loss (e.g., Bass, Bowman & Noelker, 1991; Nixon & Pearn, 1977; Videka-Sherman, 1982). What these studies show is that a high level of conflict and low cohesion before the loss is linked to difficulties after the death. Similarly, Reiss (1990) found that tensions occurring during the course of a lengthy illness are often related to subsequent burn-out symptomatology.

Grief as interactive process has only been addressed in a few studies. Davies, Spinetta and Martinson (1986) reported from their study on the death of a child that adaptive coping was related to characteristics such as open communication, empathy and respect among family members, and tolerance for positive and negative emotions. Maladaptive coping seemed associated with blocked communication, suppressed grief, inability to adjust to the others' needs, rigid maintenance of roles, and refusal to receive or mobilize social support. Similar themes were found in a later study addressing the experience of transition in families with terminal illness (Davies, Reimer, Brown, & Martens, 1995). Both studies consistently demonstrated which aspects of family functioning may be critical to times of transition. However, it seems that what exactly constitutes open or blocked communication, or under what circumstances families rigidly stick to their role structure, should be explored before jumping to conclusions about what responses are adaptive or maladaptive. It may be more enlightening to examine what function certain behavior patterns serve for particular families.

Weber and Fournier (1985) investigated families that had experienced the death of a relative. They found that in highly cohesive families, children were hardly involved in the decision making and planning of mourning rituals. Medium cohesive families, on the other hand, were more likely to make decisions about mourning rituals together. In general, children who were not involved in ritual planning had a less differentiated understanding or concept of death and dying than those who were allowed to be part of it. These results suggest that extremely high

cohesion can have detrimental implications. While this is inconsistent with the conclusion that some clinicians had drawn from their work (e.g., Bowlby West, 1983), it is consistent with the assumption in family theory that a medium level of cohesion is more adaptive than extreme levels. It should be noted that this study addressed the death of a relative, but not necessarily of a close relative. Extremely high levels of cohesion may have different implications following a loss such as the death of a parent.

An early study addressing parent-child communication in widowed families following the death of a parent was conducted by Silverman and Silverman (1979). They found that, during the initial phase of bereavement, both the surviving parents and their children showed a disbelief in the finality of death. This continuing expectation of the deceased's presence seemed to interfere with the communication between the surviving parent and the child. The bereaved children who were interviewed appeared to withdraw from their surviving parent as they became aware of the parent's emotional pain. The authors observed that the inability to talk about the loss and one's grief initially after the death reflected a "conspiracy of silence" between family members that served to protect one another from overwhelming pain.

One contribution that directly focused on communication patterns in bereaved families drew on data that were collected in Israel with the purpose of providing a cross-cultural component to the Harvard Child Bereavement Study (Silverman, Weiner, & El Ad, 1995). Based on the analysis of the Israeli sample, two types of families were identified. In less open families language was used to influence children to suppress or avoid their grief. In these families, the deceased parent was considered to be the more competent parent (by both the children and surviving parent), and the surviving parent was preoccupied with his or her own needs. In more open families language was used to comfort, to share, and to inform each other. These families were more often mother-headed following the death, and parents were more aware of their children's needs and felt able to meet them. Yet, attempts of family members to protect each other from loss-related pain and sadness was found even in more open families. Unfortunately, this analysis did not include a longitudinal perspective. It is possible that certain patterns change over time. For example, over time, the surviving parent may learn to get a better sense for the children's needs, or family members may develop ways of talking about the deceased over time.

Another study on death of a parent was conducted by Kissane et al. (1996). The aim of this study was to develop a typology to be able to identify high-risk families. For this purpose, the participating families completed questionnaires on cohesion, adaptability, coping styles and grief, 6 weeks, 6 months, and 13 months following the death. A cluster analysis created 5 family

profiles. The profiles supportive and conflict resolving were characterized by higher cohesion, less conflicts, lower depression scores, and generally better adjustment than the other three profiles (intermediate, sullen, and hostile). Those were characterized through medium and low cohesion, more conflicts, and less use of social support. All profiles seemed to be stable over time. However, it should be noted that effects of the loss experience often become apparent after the first year of bereavement. For example, bereaved individuals often report that the second year is more difficult than the first because the extent of social support decreases after a while, and the reality of the death becomes more apparent (Rando, 1993). Furthermore, Worden and Silverman (1996) reported from the Harvard Child Bereavement Study that differences between bereaved and nonbereaved children only showed in the second year after the bereaved group had experienced the loss. Another aspect to keep in mind is that the sample Kissane and his associates used consisted of families with adult children, most of whom no longer lived at home. Most likely, an investigation of families with younger children, in which family members actually live together, would result in a different picture.

Several recent studies have focused on the issue of family meanings. Patterson and Garwick (1994) investigated how families construct meaning related to the chronic illness of a family member. Nadeau (1998) examined how bereaved families construct and share meanings. In both studies, at least three levels of meanings were found: situational meanings, such as the notion that the death or illness was not preventable; issues of family identity, such as how the family has changed since the death; and family worldviews, such as the belief that things usually turn out alright. Nadeau provided a more detailed analysis of how family members try to make sense of their loss. She found that families not only talked about what the death meant, but also defined what the death did not mean. An important finding from this study was that families also constructed negative meanings, for example by concluding that the death made no sense. Among the meanings that family members perceived as positive were that the loss had changed them, that it had caused them to reflect more on their relationships and priorities, and that it had put into proportion what life is really about. In a similar study, Harvey, Orbuch, Weber, Merbach, and Alt (1992) found that the attempt to make sense out of what happened was a central healing force in families' adjustment to loss. These authors concluded that meaning making is crucial not only in the context of bereavement but generally in reaction to major negative life events.

Most of the studies described above focused neither on patterns of interaction nor on processes of growth in bereaved families. The few studies that do address these issues demonstrate how insightful such a perspective can be (Davies, Reimer, Brown, & Martens, 1995; Davies, Spinetta, & Martinson, 1986; Nadeau, 1998). Aspects such as cohesion and

coping styles received more attention. However, the available evidence is quite inconsistent. For example, it is unclear what degree of cohesion, or which coping styles are most likely to be adaptive at which time point following the loss. Furthermore, all studies either lack a longitudinal perspective, which means that changes over time could not be followed up on, or include a time frame that seems too short to draw reasonable conclusions. Also, most of the studies do not include a control group of nonbereaved families, which means that there was little means of assessing to what extent phenomena in bereaved families may have been just related to common developmental processes that occur in nonbereaved families as well.

These methodological shortcomings were taken into consideration in the Harvard Child Bereavement Study (e.g., Nickman, Silverman, & Normand, 1998; Silverman, Weiner, & El Ad, 1995). Furthermore, this study provides rich data from bereaved parents and their children that enables us to examine interactive and developmental process in bereaved families. Nickman, Silverman, & Normand (1998), for example, studied interactive processes in the context of children's construction of a connection to their deceased parent (see above). They were interested in how parents may enhance their children's ability to construct such a connection. Findings suggest that the extent to which parents engage in connecting strategies themselves is crucial for their children's adjustment. Another important factor is whether family members, in addition to individual strategies (e.g., talking to the deceased), have collective strategies (e.g., talking about the deceased) at their disposal that allow them to give the deceased a place in family life.

#### *1.4 Gender effects in bereavement*

Bereavement research has not only focused more on individuals than on families, but it has also mainly investigated women. Belle (1989) observed that little is known about the reactions and coping styles that men show in times of stress and crisis because most studies of such kind involve women. Similarly, Cook (1988) pointed out that our understanding of the grieving process is shaped by the study of grieving mothers rather than fathers, and that male mourning may be more private and involve less disclosing of feelings than female mourning. Based on similar observations, Martin and Doka (1998) suggested the concepts of masculine and feminine grief. Furthermore, studies that have examined the role of gender in bereavement have shown higher illness rates (Stroebe & Stroebe, 1987), higher death rates (Bowling, 1989), and more of a tendency for clinical depression (Harvard Child Bereavement Study; Worden & Silverman, 1993) for widowers than for widows. One of the possible explanations that is discussed with regard to gender differences in the grieving process is that women tend to have a stronger social

network than do men. For example, Levinson (1978) found a general lack of friendships among the men he studied (see also Weiss, 1990).

Because of the strong evidence that social support buffers negative effects of bereavement (Sanders, 1993), these differences in social integration may account for the higher rate of health problems among widowers, and point to the unique set of problems that men and women may face following the death of a spouse. Silverman (1988) found that widows deal with a more disrupted sense of self after the loss than do widowers because they tend to define themselves in the relational terms of being a wife. Based on findings from the Harvard Child Bereavement Study, she also suggested the concept of child- versus parent-oriented parenting (see Silverman & Gross, 1996), and raised the question that these parenting styles may also be gender-related.

Furthermore, Silverman & Worden (1992) argued that, when boys and girls grow up, they most likely internalize different societal expectations some of which will also affect how they deal with the death of a parent and its consequences. The evidence on gender differences reported above strongly suggests that it may be a different story for a family to lose a mother as opposed to a father, and that internalized gender-related stereotypes and role expectations affect a family's interaction and coping after the loss. After all, the grief response of all family members not only needs to be understood in terms of family dynamics, but also as gender-based crises of role functioning and identity (Shapiro, 1994).

### *1.5 Summary*

The literature review of family grief shows that there is still much to be learned about family dynamics following a major loss. Both sources of information, clinical experience, and research, suggest that certain aspects play an important role in the functioning of bereaved families. Among these themes are cohesion, mutual support, flexibility in role adjustment, parenting, empathy, communication, coping styles, social support and integration, as well as meanings and interpretations attached to families' experience. While the reviewed evidence is not entirely consistent, there is some consensus in what most authors consider to be adaptive or maladaptive. Features that tend to be looked at as problematic are low cohesion, rigidity in role structure, blocked communication, an avoidant coping style, destructive meanings related to the death, and lack of mutual support, parenting skills, empathy, social support and integration.

A review of the general bereavement literature indicates that instead of the traditional view of grief which holds the breaking bond orientation, recent research points to a continuing bond orientation as a new perspective on grief. This leads to the assumption that issues of

including the deceased in family life are part of families' experience. Second, the concept of grief as a transition seems to allow a more comprehensive understanding of what bereaved families go through than a stage approach. Third, Horowitz's concept of oscillation between avoidance and confrontation as well as Stroebe's dual track model acknowledge the need to take breaks from confronting one's grief, and to deal with it in small dosages. This seems to have particular relevance for bereaved families because family members not only have to endure their own, but also each others' pain. In addition, there still is the family life and routine that needs to be kept up. The idea of two major dimensions of coping, as outlined in the next section, which were initially formulated by Lazarus and associates (e.g., Lazarus, 1977; Lazarus & Folkman, 1984), still constitutes an influential paradigm in coping research (Compas, 1998; Losoya, Eisenberg, & Fabes, 1998).

## **2. Coping Theory**

While the grief literature focuses on the implications of the loss of a loved one, general coping models are not event-specific. Interestingly, most bereavement studies have not drawn on the latter as a theoretical framework (Mikulinger & Florian, 1996). Yet, including coping theory in the discussion of family grief may provide a broader view on the processes involved in loss-related transitions and life changes.

Three theoretical formulations of coping are discussed below: The transactional model of coping (Lazarus, 1977; Lazarus & Folkman, 1984), the model of conservation of resources (Hobfoll, 1989), and the model of selective optimization with compensation (Baltes & Baltes, 1990). The transactional model, representing the more traditional views of coping research, serves as a background for the discussion of more recent and comprehensive models of coping and adaptation. Furthermore, it is the one general coping model that bereavement researchers adopted and applied to their field (see dual-track model; Stroebe & Schut 1999). Hobfoll's model is included in the present review because it specifies loss as the main source of stress, and because the concept of resources can be applied to almost all the variables of family functioning that have been found to be critical in bereavement as well as family research. Furthermore, Hobfoll has explicitly applied his model to the case of family stress (Hobfoll & Spielberger, 1992). Finally, the model of selective optimization with compensation was chosen because of its explicit life-span perspective and meta-character, and because it not only involves an individual but also a collective perspective on adaptation across the life span (Baltes & Carstensen, 1998).



## *2.1 Two major coping modes*

The most commonly adopted model of stress and coping (Lazarus, 1977; Lazarus & Folkman, 1984) defines stress as a perceived discrepancy between the demands of a situation and available coping resources. The focus is on the individual's cognitive appraisal. It is assumed that the extent to which a person experiences stress, and which coping strategies he or she employs, depends on how great the demand-resource imbalance appears to be.

An important feature of Lazarus' work is the distinction between coping efforts that aim at transforming a stressful situation itself (problem-focused coping), and strategies that aim at altering the emotional responses induced by this situation (emotion-focused coping). The problem-focused mode includes concrete problem-solving efforts as well as exploratory efforts such as improving one's knowledge regarding sources and implications of the crisis. The emotion-focused mode comprises both deliberately chosen instrumental action to alleviate negative emotional distress as well as responses beyond personal control. Thus, it encompasses strategies such as using sedatives or relaxation techniques as well as the palliative reappraisal of a negative life-event, or defensive processes such as denial or suppression. Lazarus argues that "situations in which the person thinks something constructive can be done...favor problem-focused coping, whereas those having to be accepted favor emotion-focused coping" (Folkman & Lazarus, 1980, p. 219).

Since the 19th century, research on defense mechanisms, and later, from the 1960's, on coping, has been concerned with the attempt to define which mechanisms may be more adaptive than others (see Parker & Endler, 1996). Although this interest was more strongly focused on how defense is linked to pathology, there has always been the notion that certain defense mechanisms may be healthier than others. For example, Vaillant (1977, 1986, 1990) distinguished between mature (e.g., humor, sublimation) and immature (e.g., dissociation, projection) defenses. He developed a hierarchy of defenses in which the more unconscious, automatized defenses are placed at a lower level, and the more conscious, purposive defenses at a higher level of effectiveness. Some authors referred to defense mechanisms as unconscious responses, and to coping as conscious strategies, implying that the first tend to be less adaptive than the latter (Haan, 1963; Kroeger, 1963). According to Haan (1965)

"coping behavior is distinguished from defensive behavior, since the latter by definition is rigid, compelled, reality distorting, and undifferentiated, whereas, the former is flexible, purposive, reality oriented, and differentiated" (1965, p. 374).

While empirical work (e.g., Vaillant, 1986) generally supports the notion that specific responses or strategies (of which the more adaptive ones happened to be more intentional in nature) are adaptive, studies that have addressed the question if conscious responses are more adaptive than nonintentional, unconscious processes, have yielded rather inconsistent findings (e.g., Lazarus & Folkman, 1984; Baum, Fleming, & Singer, 1983).

Although certain responses may have more of a potential to be harmful than others, assessing whether a particular strategy is adaptive or not requires an examination of situational and personal factors, and how these factors interact (Zeidner & Saklofske, 1996). As Filipp (1992) formulated it "a given coping strategy is not intrinsically adaptive or maladaptive, rather, it may be beneficial for some people in some situations at some times" (p.28). Similarly, Lazarus (1993) emphasized that coping strategies should not be prejudged as more or less adaptive, rather, that coping effectiveness must be examined in the context in which the problem occurs. He also pointed out that under certain circumstances, one coping function may be achieved at the expense of another. For example, if an individual, who is diagnosed with cancer at an early stage, refuses to acknowledge this reality in order to alleviate the related emotional distress, he or she may miss out on crucial treatment opportunities at the right time. On the other hand, intense emotional distress can also impede problem-focused coping, or under certain circumstances, emotion-focused coping may enable a person to make use of the problem-focused mode (Silver & Wortman, 1980). On this note, it has been suggested that adaptiveness of coping is always a function of the interaction between response-mode (problem -emotion-focused) and controllability of the situation (e.g., Compas, 1998).

On a theoretical level, the model of primary and secondary control (Heckhausen & Schulz, 1995) offers the most concrete predictions of the circumstances under which either mode would be adaptive. According to this formulation, the main function of both dimensions is to maximize the potential for primary control. For the case of an irrevocable loss this means that the compensatory mode of secondary control serves to protect one's motivational resources for primary control, that is to act and take an active role in influencing one's situation. In empirical studies, problem-focused strategies have been found to be linked to lower levels of emotional distress in response to situations that seemed controllable, whereas emotion-focused strategies were associated with lower levels of distress in reaction to events that were perceived as uncontrollable (Weisz et al, 1994).

There is also the aspect of timing. A particular strategy may be more effective at one stage than another (Auerbach, 1989). For instance, avoidance strategies may serve an adaptive function initially after the death of a loved person, because they enable a person to deal with the

demands of this situation, while later in the grieving process, the same strategies may have problematic consequences. Moreover, developmental differences across the life span have been demonstrated, suggesting that emotion-focused (also secondary control) strategies increase during early childhood (Brotman Band & Weisz, 1988), that adolescents make more use of an emotion-focused mode than do younger children (e.g., Brotman Band, 1990; Ebeta & Moos, 1994; Compas, Worsham, Ey, & Howell, 1996; Losoya, Eysenberg, & Fabes, 1998), and that the tendency to make use of this coping mode increases again in late adulthood (Brandtstaedter & Greve, 1994; Heckhausen, 1999; Heckhausen & Schulz, 1995). In terms of gender differences in coping styles, there is some evidence that girls are more likely to use both modes than are boys (Boekartz, 1994). With regard to adults, men have been found to engage more in problem-focused coping than women, who seemed to practice more emotion-focused coping (e.g., Billings & Moos, 1984; Endler & Parker, 1990).

In sum, the main idea in Lazarus' model is that most situations require the flexible use of a diversity of coping strategies and coping modes, and that the adaptiveness of a single strategy depends on the context in which it is used, and on the extent to which (or in combination with which) other strategies it is employed. For example, daydreaming can serve adaptive functions in buying time to recover from stress or in playing an important role in a person's creativity. However, it most likely is problematic, when it becomes the exclusive coping style, or when it goes along with other reality avoiding strategies.

For the past two decades, Lazarus' model has provided conceptual ideas that have contributed a great deal to the understanding of coping processes. Almost all coping measures developed since include scales that assess these two dimensions (e.g., Billings & Moos, 1981; Carver, Scheier, & Weintraub, 1989; Endler & Parker, 1990; Epstein & Meier, 1989; Folkman & Lazarus, 1980, 1985, 1988; Norwack, 1989; Patterson & McCubbin, 1987; Compas, Worsham, & Howell, 1996). Furthermore, other researchers have drawn on Lazarus' concepts for new theoretical formulations. For example, the dual-track model of grief (Stroebe & Schut 1999) described above, basically consists of the concepts of emotion- and problem-focused coping, applied to the topic of bereavement.

However, Lazarus' model also holds some basic weaknesses. First, as Silver and Wortman (1980) pointed out, Lazarus has not provided a sufficiently detailed discussion of under which condition each mode will be employed. Second, Lazarus' definition of emotion-focused coping probably has contributed to the confusion surrounding discussions of adaptiveness because it includes conscious activities (such as drinking, using sedatives, but also relaxation techniques etc.) as well as more automatic responses that may be reflected upon

retrospectively, but are usually not deliberately chosen (e.g., positive reappraisal of a negative event). Each of these strategies is likely to have different implications. For example, adaptive coping may be positively related with positive reappraisal and negatively related with denial. Thus, the use of such a global category may prevent the more differentiated analysis of single strategies or their interplay (Zeidner & Saklofske, 1996; Lyons, Mickelson, Sullivan, & Coyne, 1998). Therefore, more complex categorizations have been proposed, in which emotion-focused strategies are divided into reappraisal- or avoidance related strategies (Endler & Parker, 1990; Scheier, Weintraub, & Carver, 1986). Ayers and associates (1996), in a study on school age children's coping behavior, found four factors rather than a two-track model. Confirmatory factor analysis indicated a four-factor model of coping, with the factors active, distracting, avoidant, and support seeking. These findings support the recent discussion of the need for less broad categories of coping.

Finally, Hobfoll (e.g., 1989) criticizes the following aspects in Lazarus' model: that it is tautological because it does not separately define demand and coping capacity; that the sole emphasis is on perception, which does not allow the idea that there are events that everybody would consider stressful or that one can also be unaware of a stressful situation; that the goal of coping is not specified, except for the attempt to limit stress; and that the model does not define what constitutes balanced coping. For these reasons, Hobfoll suggested that the Lazarus model is best thought of as a general conceptual framework rather than a theory.

## 2.2 *Conservation of resources*

"People's constellation of resources and the circumstances in which they find themselves, are sources that contribute to what people see themselves as being" (Hobfoll, Freedy, Lane, & Geller, 1990, p. 476).

The model of conservation of resources (COR) (e.g., Hobfoll 1989, 1998) is based on the motivational tenet that people generally strive to retain, protect, and build their resources. Consequently, it is assumed that the potential or actual loss of these resources triggers stress. In contrast to Lazarus' focus on cognitive appraisal, Hobfoll states that both perceived and actual loss of resources can cause stress. Furthermore, COR-theory goes beyond previous models in specifying what people do when confronted (or not confronted) with stress. In the first case, people aim to minimize the loss of resources, in the latter, they strive to develop resource surpluses in order to prevent or handle future losses.

Resources are considered to be finite, which inherently means that they can be depleted. They are also interrelated, which implies that the depletion of resources can cause loss spirals.

Hobfoll (1998) argues that resources tend to enrich other resources, and that lack of resources tends to lead to further resource loss. Similarly, Dohrenwend (1978) pointed out that people who lack resources in the first place are more vulnerable to additional resource loss. For example, individuals with low self-esteem may be particularly vulnerable to the implications of life events such as loss of a job. An important element in COR-theory is the aspect of resource replacement or substitution. When direct replacement is not possible, symbolic or indirect replacement may be an option. In the context of bereavement, for example, symbolic replacement may occur by transforming the relationship to the deceased to the level of a symbolic connection.

Hobfoll suggested four general categories of resources that involve both personal and social resources: Object resources include materialistic values such as a home, a car, or clothing. These are often a necessary precondition for problem focused efforts (e.g. transportation to go to the cemetery). Condition resources refer to conditions such as a good marriage, stable employment, or good friends. It is assumed that a person's ability to act in a problem-focused mode is strongly related to such conditions. Personal resources include characteristics such as job skills, self esteem, sense of self-efficacy, mastery, or sense of coherence. Parker & Endler (1990) suggest that individuals with high self esteem and mastery will be more likely to use the problem-focused mode. Energy resources include aspects such as money, time, or knowledge. These are thought of as facilitating access to other resources. Hobfoll (1996) argues that when energy resources are depleted, individuals tend to use more emotion-focused than problem-focused coping.

Unlike most stress theories that depict loss as one of many situations which may trigger stress, COR-theory considers loss to be the most central source of stress. There is evidence that stress usually concerns some sort of loss or potential loss of resources. For example, stressful event surveys (e.g., Holmes & Rahe, 1967) show that items clearly reflecting loss are the most threatening. In a similar vein, Brown & Andrews (1986) found that 90% of the cases of depression they had studied were related to loss experiences. Moreover, stress is often related to a whole set of losses. Bereavement research shows that loss of a loved one constitutes not only loss of a loved individual, but also social loss, potential loss of status, economic stability, and the loss of a way of life (Silverman, 2000). Despite Hobfoll's emphasis on loss as source of stress, and the underlying assumption that losses generally loom larger than gains, the COR-model holds that resource loss is intertwined with gain. Hobfoll (1998) observed that those individuals who experienced more loss also reported more gain of resources, and suggested that losses may draw attention to the need to protect or rebuild resources, and that even small gains may appear more important in the face of loss.

While Hobfoll assumes that stress is not just a result of perceived loss, but that there are objective losses, he also proposes an important role for appraisal of resources as a way of coping. In line with the literature on compensation (e.g., Dixon & Baeckman, 1995; Brandtstaedter & Greve, 1994; Heckhausen, 1995; Baltes, 1997), he suggests strategies such as reinterpreting threats as challenges, and reevaluating or devaluating resources. The first strategy basically represents what is usually referred to as positive reappraisal or reframing (e.g., Lazarus & Folkman, 1984). For example, widows often report feeling stronger and more independent after the loss of their spouse (Silverman, 1988). However, Hobfoll (1989) comments that this kind of reappraisal should not be romanticized, and that the little hassles of daily life may be more open to reappraisal than many tragic events with more straightforward meaning in terms of their consequences (e.g. the death of a child). The aspect of reevaluation or devaluation is mostly found in the context of models that are concerned with disengagement from incentives (Klinger, 1975), goals that are no longer feasible (Brandtstaedter & Renner, 1992), or commitments (Brickman, 1983). For example, after a break up, what once was considered a minor flaw in the relationship may now appear a fatal weakness, and the individual may come to the conclusion that the past situation had many other disadvantages as well.

Taken together, COR-theory goes beyond the Lazarus model by specifying what coping efforts are aimed at, and by allowing the idea that resources have both objective and subjective components. This means that stress can also be created by an event that has not been appraised as threatening or stressful by the individual. Like Lazarus, but unlike many other coping researchers (Zeidner & Saklofske, 1996), Hobfoll includes both conscious efforts and more automatic responses in his model. Yet, he primarily uses negative examples of emotion-focused coping, which suggests that he to some extent considers problem-focused coping as the more adaptive mode. For example, in an article on stress in extreme situations, Hobfoll and his associates only refer to emotion-focused coping in terms of avoidance, drinking, and using drugs. At some point he writes "sustaining a positive sense of mastery allows individuals to remain in a problem-directed mode, rather than in typically less successful forms of coping, such as avoidance and drinking" (Hobfoll, Freedy, Green, & Solomon, 1996; p. 337). However, emotion-focused coping as originally conceptualized clearly holds more than that, and the available empirical evidence certainly does not allow the conclusion that the emotion-focused mode is necessarily the more harmful or less preferable coping mode under all circumstances (e.g., Collins, Baum, & Singer; 1983; Forsythe & Compas, 1987; Taylor & Brown, 1988; Vaillant, 1986; Zeidner & Saklofske, 1996). Therefore, Zeidner and Saklofske (1996) concluded in their review of the coping literature that "each coping strategy has its benefits as well as its

costs" (p. 522), which points to the need for a theoretical framework in which adaptive processes can be both passive and reactive as well as proactive in nature.

### 2.3 *Selective optimization with compensation*

The model "Selective Optimization with Compensation" proposed by Baltes and Baltes (1990; P. B. Baltes, 1997; Freund & Baltes, in press) can be considered a meta-theory for the study of adaptation and development across the life span. It provides a framework to explain how successful adaptation may be possible despite or in the face of life's challenges, transitions, losses and limitations. The model consists of the three components selection, optimization, and compensation. Selection is concerned with the choice of life goals, domains or tasks, while optimization and compensation involve means to maintain or improve the level of functioning in the areas of focus. On an individual level, all three components can be conceived as being both proactive and reactive.

Based on the notion that constraints of resources exist throughout the life span (P. Baltes, 1997), *elective selection* serves to give direction to development by focusing resources on certain developmental options. This can occur through avoidance of one aspect of life, or through restriction of the tasks that one takes up. Selection can also be *loss-based* (Freund & Baltes, in press). For example, in the face of a loss or reduced resources, individuals are likely to focus on domains of high priority, or to choose new areas or goals to concentrate on.

*Optimization* is concerned with the enhancement of one's resources so that capacities in the selected areas are maximized. Examples are studying harder to improve grades, or practicing more to refine one's expertise in playing an instrument.

*Compensation* is a functional reaction to the loss or decline of goal-relevant means, which can include an acquiring or activating of substitutive resources. These compensatory strategies are different from selection in that they do not involve a change in life domains, but in the means that are sought to maintain functioning in this domain. For example, there is evidence indicating that widows tend to establish a larger social network after the death of their spouse (e.g., Ferraro & Baressi, 1982; Gallagher & Gerstel, 1993). This suggests that an increase in social contacts may serve as compensation for at least some aspects related to such a loss. When compensatory efforts fail or the involved costs begin to outweigh the gains, processes reflecting loss-based selection may be more adaptive (Freund & Baltes, in press).

The three components described above are assumed to be interrelated and to operate dynamically as a unit. Baltes and Baltes (1990) give the example of the pianist Arthur Rubinstein, who described in a television interview how he tries to deal with the consequences

of aging on his piano playing: He reduces his repertoire to smaller number of pieces (selection), he practices this smaller repertoire more often (optimization), he slows down the speed of playing prior to fast movements to produce a contrast that enhances the impression of speed in fast movements (compensation) (p. 26). This example demonstrates how adaptation is a result of the interplay of the three components: His compensatory efforts would not have been sufficient as a means of keeping up his level of playing, if he hadn't selectively reduced his repertoire, and if he had not practiced these more often. On the other hand, selection and compensation facilitated optimization for him. Of course, dealing with the physical declines of aging involves different kinds of losses than the death of a loved person. At least, there seem to be unique characteristics inherent in human attachment (such as the giving and receiving of emotional security and support). However, both types of life events can involve the loss of a very central aspect or even of a way of life, and both confront a person with the challenge of how to continue living in the face of this major loss. Therefore, a loss such as the death of a parent will most likely require the surviving family members to selectively focus on and try to optimize areas of life that are most crucial to family functioning, and to compensate for those implications of the loss that can be compensated for.

It should be noted that optimization is the only component of the model with an a priori value, in the sense that more efforts to optimize imply better results. This is not assumed to be the case for selection and compensation. For example, a person may be overselective in focusing on too few areas and as a result miss out on developmental opportunities. In a similar vein, overcompensation may prevent a person from optimizing in other areas or from realizing that certain losses cannot be compensated for.

An important point made by Carstensen, Hanson, and Freund (1996) is the question of what resources people draw on when they engage in adaptive efforts. They emphasize the need to discuss external and internal resources that seem crucial in guiding and activating these processes. External resources include financial resources as well as social resources such as social support and integration. Internal resources include characteristics such as self efficacy and control beliefs. For example, a person's sense of self efficacy may influence what domains are focused on, to what extent efforts are made to optimize, and what means of compensation are employed.

Like other developmental theorists (e.g., Brandtstaedter & Renner, 1992; Heckhausen, 1999), Baltes and colleagues talk about adaptive processes rather than about coping strategies. Unlike the current coping literature that tends to view coping as an active and conscious activity (Zeidner & Saklofski, 1996), their model is not restricted to the level of intentional, proactive



coping efforts. Theoretical frameworks of this kind imply that adaptive processes are not always a result of a conscious decision, rather that they often have a more automatic character and may be reflected on retrospectively (e.g., Brickman, 1983; Brandtstaedter & Renner, 1992; Klinger, 1975). Empirical research has shown that processes that are normally not a result of one's decision, such as the adjustment of life goals to feasible options, can serve a very adaptive function (e.g., Brandtstaedter & Greve, 1994). In the context of coping with the loss of a loved one, this aspect has great relevance because many of the strategies described in the bereavement literature (e.g., positive reappraisal or seeking distraction as part of restoration-oriented coping; Stroebe & Schut 1999) seem to be nonintentional in nature.

Because of the meta character of the SOC-model, Baltes and Baltes (1990) emphasize that specific theories are needed to understand particular manifestations of the model, and that the three components are meant to provide a heuristic framework. This is related to the issue of adaptive coping discussed above. No matter whether we talk in terms of coping strategies or adaptive processes, any kind of adaptational responses can be fully understood and assessed only in context. As Lazarus and Folkman put it "without information about the social context we would have half of the story" (1984, p. 299). In line with this argument, Baltes and Carstensen (1998) point out that the study of adaptation across the life span should involve a collective as well as an individual perspective. For example, in a family context, there has to be some shared understanding with regards to which areas should be focused on and when, or what kind of efforts should be made to optimize and compensate, in order to improve or maintain functioning for the family as a whole. Therefore, the authors suggest looking at how adaptive processes evolve in couples, families, or groups.

#### *2.4 Summary*

As pointed out above (see section 1.2.1 on loss- and restoration-oriented coping), the idea of two coping dimensions (e.g., problem- and emotion-focused) seems to be particularly relevant for the case of family grief because, next to the grieving process, there still is the family life and routine that needs to be maintained or rebuild. The point to be made here is that one mode is not necessarily more adaptive than the other, but that both modes and a certain balance in applying them may be needed. Hobfoll's framework of resources and resource loss seems to highlight aspects of bereaved families' situation that are related to dealing with daily life following the loss. Especially, in the case of a death after a long illness, families may deal with a state of depleted resources. Baltes' meta theory provides a general framework for understanding adaptational processes. In the case of bereaved families, adaptive coping may involve an

enhanced focus on areas of high priority (e.g., continuity in family routine), efforts to optimize resources (e.g., parenting skills), and to compensate for some of the lost resources (e.g., mobilizing social support). One important feature that all three approaches to coping have in common is the assumption that effective coping can involve both conscious coping efforts and more automatic, nonintentional responses. Finally, all the reviewed formulations acknowledge the need to understand coping in context. In the case of bereavement, this means taking into consideration, the most immediate, family context, as well as the larger social context surrounding the family.

### **3. Family Theory**

Family theory is concerned with the description and prediction of family functioning, especially in the face of life's changes and challenges. Since the death of a parent typically results in a period of major transitions for families, this theoretical framework provides cues as to what aspects of family functioning may play crucial roles in bereaved families. Family theory comprises a number of different approaches, among the most influential are systems theory, social exchange theory, symbolic-interactionist theory, family development theory, and family stress and coping theory (Epstein, Baldwin, & Bishop, 1983). The models discussed below were selected from this variety of theories because they constitute the most general approaches. Furthermore, among the family theories, they seem the most helpful in trying to grasp how families with dependent children deal with a nonnormative event such as the death of a parent.

#### *3.1 Family systems theory*

The most fundamental assumption of systems theory is the concept of holism: a system must be understood as a whole, and cannot be comprehended by examining its individual parts in isolation from each other; or as Whitchurch and Constantine (1993) expressed it "systems theory is a way of looking at the world in which objects are interrelated with one another" (p. 325).

Family systems theory is an adaptation of general systems theory as it applies to the family system. As a framework, it provides concepts necessary for describing and explaining structural changes in roles, rules, and boundaries. One crucial assumption of systems theory is that transactional patterns of the family system shape the behavior of family members and the openness of the family system (Epstein, Bishop, & Baldwin, 1983). Unfortunately, definitions of openness that appear in this context often seem to reflect "armchair thinking" rather than realistic standards for "real families". For example, Herz Brown (1988) defined openness of the family

system as the "ability of each family member to stay nonreactive to the emotional intensity in the system and to communicate his or her feelings to the other without expecting the others to act on them" (p. 472). Another assumption implicit in systems theory is that systems strive to maintain systems processes as they were (homeostasis) and to maintain the systems structure as it was (morphostasis). However, Wertheim (1975) suggested that family theory should put more emphasis on a family's potential to develop and grow as a system (morphogenesis).

The notion that families change and that changes can be beneficial to maintain and improve family functioning is inherent to the circumplex model of family behavior (e.g., Olson, McCubbin, & Barnes, 1983; Gorall & Olson, 1995) as well as Beavers systems theory (Beavers, 1977; Beavers & Hampson, 1990, 1993). These two models attempt to synthesize and integrate the diversity of concepts in family systems and family theory. Because of the considerable conceptual similarities between these models, I will focus on the circumplex model, and later briefly delineate Beavers' critique of it.

The circumplex model proposes three dimensions of family behavior: cohesion, adaptability, and communication. Similar variables have been proposed by other theorists and therapists describing clinical and nonclinical families (e.g., Beavers & Hampson, 1993; Kantor & Lehr, 1975), or addressing clinical interventions (e.g., Epstein, Bishop, & Baldwin, 1983).

Cohesion is defined as emotional bonding that family members have toward one another. Adaptability refers to the modifiability of a family's structure, roles, and rules in response to environmental changes. The dimension of cohesion has four levels; disengaged, separated, connected, and enmeshed. Adaptability ranges from rigid, structured, flexible to chaotic. On both dimensions, the two central levels are assumed to reflect more optimal family functioning, while the two extreme levels are considered more problematic.

Thus, the circumplex model proposes that a balanced level of both cohesion and adaptability is the most functional to family development, and that families with more problems tend to fall at extremes of dimensions (curvilinear hypothesis). However, the term balanced does not imply a static state:

"being balanced means that a family system can experience the extremes on the dimensions when appropriate but that they do not typically function at these extremes for long periods of time...Conversely, extreme family types tend to function only at the extremes and are not encouraged to change the more they function as a family (Olson, Russell, & Sprenkle, 1987, p. 73).

Moreover, despite the assumption of curvilinearity, it is hypothesized that if the normative expectations of a family support extreme behaviors, they will function well as long as they all accept these expectations (Olson, McCubbin, & Barnes, 1983).

The third dimension, communication, is assumed to facilitate families to move on the other two dimensions. Olson and his associates (1983) hypothesize that positive communication skills (or what they define as such, for example, empathy, or supportive listening) enable family members to share changes in needs and preferences as they relate to cohesion and adaptability. Negative communication skills (e.g., double binds, disqualifying messages, lack of empathy), on the other hand, are expected to minimize this ability to share and accordingly to move on these dimensions. The model predicts that balanced families tend to have more positive communication skills than extreme families, and that these skills enable balanced families to change on dimensions more easily.

The most frequently criticized aspect of the circumplex model is the curvilinear interpretation of adaptability (e.g., Beavers, 1977; Lee, 1988; Minuchin, 1974). The empirical evidence on this issue is inconsistent. Some studies show ambiguous results, others clearly do not support Olson's interpretation (Lee, 1988). Beavers' systems model seems to be more in line with the empirical evidence because it relates adaptability to competence, and places it on a continuum, on which low adaptability is considered problematic and high adaptability functional (Beavers & Olson, 1983). This means that adaptability is viewed as linearly related to effective family functioning.

Another point of critique made by Broderick (1993) as well as by Epstein and associates (1983) is that typologizing seems premature and not fruitful, since it does not take into account the complexity of "real families". Furthermore, although the model allows for the idea that different levels of cohesion and adaptability may be more or less satisfying at different stages of the life cycle, it does not specify when and under what developmental circumstances certain levels may be more effective for family functioning.

Finally, communication appears to be the stepchild of the circumplex model. Neither its role within the model, nor the differentiation of negative and positive communication skills is as clearly and coherently defined as the other two dimensions. This seems to be the case in other family systems models as well. Beavers, for instance, defined quality of communication in terms of clarity. Similarly, Epstein and colleagues postulated that direct and clear communication is most effective, and indirect or masked communication is least effective. In both these models "healthy" families are distinguished from "less healthy families" depending on their communication style. However, under certain circumstances, the call for clear or direct communication may simply be unrealistic. For example, following the death of a parent, talking about feelings of grief may be difficult, even in families that usually communicate quite openly.

There may also be times during which indirect or masked communication can serve family members as necessary means of protection from overwhelming emotions.

For these reasons, it seems important to specifically look at how families react when confronted with stressful events or transitions in their lives. When such transitions occur in an individual's or family's life course is of critical importance for the family's adaptation and the individual's subsequent life history (Elder, 1991). This means that it is not only crucial to what extent a life event (e.g., loss of a parent) occurs at a point in the life cycle that would be considered on- or off-time, but also if the situation of a particular family is shaped by other normative transitions (e.g., children during preadolescence versus late adolescence) that different family members may go through. Reflecting these developmental trajectories of individual family members, and of the family as a unit, family systems, like other systems, evolve and change over time, and try to adapt to new situations.

### *3.2 Family stress theory*

Family stress theory attempts to identify variables that account for differences among families in adjustment to stressful situations. It seeks to explain why some families are better able than others to cope with stress, and why some become stronger through their experience. The earliest conceptual foundation was Hill's classic ABCX model (1958), developed to explain families' course of adjustment to separation and reunion resulting from the second World War. In Hill's model the A factor represents the stressor, interacting with the B factor, which stands for the family's resources (e.g., personal resources of family members, social support, coping), interacting with the C factor, which represents the family's definition of the event, all of which produces the X Factor, which stands for the resulting crisis.

McCubbin and Patterson (1983), who studied families that had lost a member in the Vietnam War, noted that the ABCX model focuses primarily on pre-crisis variables, and that a perspective on families' efforts over time to adjust to a crisis situation was lacking. Therefore, they elaborated each of the factors so that post-crisis variables were added, and referred to them as double factors.

This double ABCX-model (Aa, Bb, Cc, d, X) postulates that resources are not only used to deal with stressors, but that they themselves are transformed in the process of coping. The factor "a" stands for the pile-up of additional stress or strain as a result of the crisis evolving over time (e.g., stressors that accompany hardships, normative transitions, prior strains, consequences of coping efforts). The "b" factor represents efforts to activate, acquire and utilize new resources, so that Bb not only refers to existing, but also to expanded resources (e.g., social support). The

"c" factor represents modifying the perception of stressors, resources, and the crisis, of the meaning that is attached to a situation (e.g., redefining loss as an opportunity to grow). The "d" factor represents a family's coping strategies to change the family structure to adjust to the new demands.

According to McCubbin & Patterson, coping strategies may be directed at eliminating or avoiding the stressor, at managing hardships, at maintaining a family's integrity and morale, at developing resources to meet new demands, and at implementing structural changes to meet new demands. With regard to the X factor, the authors point out that restoring homeostasis is not the only purpose of adjustment, rather that disruption can also stimulate desirable changes in family life. As Hansen & Johnson (1976) noted "families are often observed 'accepting' disruptions of habit and tradition not so much as unwelcome problems, but more as opportunities to renegotiate their relationships (p. 584). This is consistent with the more recent emphasis on a need for both stability and change, and on the aspect of growth in the context of family systems theory (e.g., Beavers, 1993; Mattessich & Hill, 1987; Olson, et al., 1983).

Because there often is no perfect demand-resource fit, McCubbin and Patterson (1983) proposed that families will always need a sense of coherence. This concept was advanced by Antonovsky (1979) who was interested in origins of health. He defined sense of coherence as the extent to which one sees one's world as comprehensible, manageable, and meaningful (Antonovsky & Sourani, 1988), and hypothesized that strength of coherence is positively associated with healthy adaptation. Later he applied his concept to families, terming it "perceived coherence of family life" (Antonovsky & Sourani, 1988). McCubbin and Patterson argued that sense of coherence in a family context means to be able to differentiate when the family should take charge of things from when other sources need to be trusted.

In an effort to describe processes by which families cope with chronic illness, the double ABCX-model was incorporated in a process model called Family Adjustment and Adaptation Response Model (FAAR) (Patterson, 1988). The model proposes three stages of adaptation: resistance, restructuring, and consolidation. The first stage describes attempts to avoid, eliminate or assimilate the stressor with the aim of protecting the family from changes in structure. This phenomenon of families' resistance to change has been found in other contexts as well (e.g., Rosenblatt, 1983; Nadeau, 1996). When, over time, the family realizes that these protective efforts will not work, the situation is likely to be perceived as a crisis. The disorganization involved creates a demand for structural changes, which moves the family towards the stage of restructuring. How and to what extent roles, rules, goals, or patterns of interaction are modified in this phase depends upon the nature of the stressor, the perception of the crisis and resources.

Changes at this point are thought of as being more intuitive, and not settled yet. In the third stage, the family needs to establish a new orientation that supports and legitimizes the changes, that makes them coordinated, stable, and congruent.

Families can get stuck at one stage, and may need to return to an earlier stage. For example, a family may return to the state of crisis from restructuring or consolidation, or to restructuring from consolidation, if intuitive changes turn out not to work. Exhaustion can occur if resources are depleted because there were few in the first place, and all available resources are used to deal with the pile-up of stressors so that nothing is left for the following steps.

The FAAR-model basically holds similar ideas as phase models of grief. However, unlike the grief models, it is directly applied to families. Furthermore, the notion of intuitive or spontaneous structural changes that need to be routinized and consolidated over time seems an important point because it emphasizes the process character of restructuring.

Hobfoll and Spielberger (1992) proposed their COR-model (described above) as a framework for family stress research. They argue that in most family theories (e.g., Hill, 1958; McCubbin & Patterson, 1983; Epstein, Bishop, & Baldwin, 1982; Reiss 1981; Boss, 1987; Moss, 1984) family resources are major components. Variables that have been shown to be crucial to the understanding of family functioning, such as adaptability, cohesion, and communication, seem to constitute family resources. This is also the case for shared values and meanings (Antonovsky, 1979; Hill, 1949; Boss, 1988; Frankl, 1963). For example, Reiss & Oliveri (1980) asserted that the shared family paradigm is a major resource in dealing with life events. Hobfoll and Spielberger concluded that "to the extent that an event threatens or results in a loss of family cohesiveness, depletes family mastery, or attacks family order, families will react to the event as stressful" (1992, p. 108).

Considering the evidence on gender effects in bereavement (see above), it seems that, in the case of the death of a parent, the extent to which these resources are threatened or depleted would depend on which parent died. Certain resources may have been provided mainly by the mother and others by the father of a family, so that losing a mother or a father would result in the lack of different types of resources. Unfortunately, research addressing the impact of the parent on family functioning has primarily been conducted either with two-parent families, or with single parent situations after a divorce (Lamb, Hwang, Ketterlinus, & Fracasso, 1999). Conclusions from the latter type of studies seem to be of limited value for the case of bereavement because the major determinants of outcome has been shown to be associated with pre- and postdivorce marital conflict (Cummings, 1998).

### 3.3 Summary

The most central notion taken from family systems theory is that families form a system in which all members are interrelated, and that neither individual family members nor aspects of the family life can be fully understood without this systems framework. Furthermore, time is viewed as having an important role for understanding the family system and how this system deals with changing situations and demands. In general, research on family functioning (e.g., Beavers, 1993; Gorall & Olson, 1995; Olson, et al., 1983) has shown that cohesion, adaptability, and communication are crucial dimensions. Furthermore, the double ABCX-model (McCubbin & Patterson, 1983) emphasizes that families not only depend on their resources in dealing with stress, but that resources also can be transformed and expanded in the process of coping (e.g., expanding one's support systems). In the same way, it is assumed that the perception of a crisis, and the meanings attached to it, can be modified over time. The emphasis is on the potential of growth in the context of transitions. Another important point made by Patterson and colleagues (FAAR-model; 1988) is that structural changes take time to be routinized and consolidated, and that initially, there may be a time of "trial and error" with a repeating pattern of readjustments. For example, after the death of a parent, children may initially be able to take over household responsibilities, but may feel overburdened if this role distribution becomes permanent. Related to the process of restructuring daily family life is the question of what kind of developmental patterns may underlie the impact of gender roles on the way the surviving parent handles his or her new role as single parent.

## 4. Relational Theory

"Identity development and, indeed, all human experiencing take place within contexts of human relationships...even though individuals are always unique and diverse, their individuality emerges within (and not apart from) their human bonds. From this perspective, the self is not the isolated entity revered in Western male images of individuation. More consonant with feminist and Eastern viewpoints, the constructive self is a dynamic, diversified, and thoroughly "connected" complex of processes. Not only is the self embedded in social systems, but social systems pervade the self. Developments in one necessarily influence the other" (Mahoney, 1996, p. 130).

Relational theorists have pointed out that the classic developmental (stage-) theories (e.g., Erikson, 1950; Kohlberg, 1984; Levinson, 1978; Piaget, 1954; Vaillant, 1977) tend to consider autonomy and independence the highest and most desirable level of development (e.g., Gilligan 1993, 1996; Gilligan & Rogers, 1993; Jordan, 1993, 1997; Lyons, 1989; Miller, 1994; Miller et



al., 1997; Surrey, 1993; Wilmot, 1995). Gilligan (1988) criticized "the overriding value psychologists have placed on separation, individuation, and autonomy" (p. xii), and noted that these values are not central to female development in the same way that they are central to male development. In relational theory, it is argued that female development occurs in relation to others, rather than away from others, and that it is characterized by the value of interdependence rather than independence. Moreover, relational theory objects to framing development in terms of stages, levels, and transitions between them.

"To organize growth into stages, and call some stages higher, or more complex, misses the point. Development is fraught with vulnerabilities; it entails both losses and gains, and it is open to the world beyond the individual's personal control, including changes in relationships critical to growth" (Gilligan, Rogers, & Brown, 1989, pp. 319-320).

They suggested that development should not only be viewed as progression from a simple to a more complex level, but also in the sense of a process of unveiling, revealing, or as Oxford English Dictionary defines it "to unfold more fully, to bring out all that is potentially contained in it" (1987, p. 280).

There are at least three reasons for discussing ideas of relational theory in the context of family grief. First, the concept of "letting go" in traditional bereavement theory (see above) seems to reflect values of independence and autonomy. At least, Freud's notion that detachment from the deceased is necessary to carry on with life, is derived from his basic concept of development as involving necessary steps of detachment. Detachment from one's parents is seen as a necessary, although painful, developmental move during adolescence, and the failure to resolve this problem of separation is seen as failure of development (1905, 1961). In contrast to this view, the concept of continuing bonds with the deceased (Silverman, Nickman, & Klass, 1996) clearly represents the value of seeking interdependence. Second, examining general differences in male and female development may help to better understand and explain differences between mother-headed and father-headed bereaved families. Finally, the conception of development as ongoing dynamic process that involves both gains and losses fits the basic tenets of a life-span perspective.

Relational theory is based on evidence of gender differences from a variety of studies. Gilligan and Rogers (1993) found that women tended to define themselves in the context of relationships and to judge themselves in terms of their ability to care, while men tended more to define themselves through individual achievements, or features such as intelligence and honesty. In the same way, Gilligan's earlier work with girls showed that girls tend to tie their experience of self to activities of care and connection (Gilligan, Rogers, & Brown, 1989). Savin-Williams &

Berndt (1993) found that boys validated their sense of self worth more through action and deeds, while girls tended to do this through sharing feelings and personal thoughts (see also Josephs, Markus, & Tafarodi, 1992). Further empirical support comes from a different line of research. As an effort to understand the higher prevalence of depression among women, Nolen-Hoeksema (1995) conducted a study of worries among adolescents. She found that girl's worries centered around personal worth (being a good person) and interpersonal relationships, whereas boys' worries mainly concerned school problems, future careers, and hobbies. Consistent with these findings, family researchers demonstrated that interdependence and attachment are more often and more easily expressed by women than by men, and that establishing the family connectedness tends to be a female task ("women as kinkeepers", Antonucci, 1990; 1994; Chappell, 1992; Troll, 1987, 1994). Based on their findings from a longitudinal study of self-esteem (ages 14-23), Block & Robins (1993) concluded that females are still socialized to "get along", while males are socialized to "get ahead".

While equating maturity with a capacity for autonomous thinking, rationality, clear decision making, and responsible action, the psychoanalytically oriented developmental theories failed to describe a progression of relationships toward a maturity of interdependence (Gilligan, 1993). An example for this are Erikson's eight stages of development that suggest connectedness as part of the first stage (trust versus mistrust). Then, the aspect of connection does not appear again until the sixth stage (intimacy versus isolation), which means that all other stages prior to adulthood involve individual rather than relational issues (e.g., autonomy versus shame and doubt; initiative versus guilt; identity versus role confusion). Finally, the last stage (ego integrity versus despair) appears to relate to individual rather than interpersonal aspects of development. From the age of 20, characteristics that refer to interpersonal issues (doubt, shame, guilt, inferiority, role confusion) signify the opposite of a healthy identity (see McGoldrick, 1988). Clark and Reiss (1988) argued that theories such as Erikson's cannot explain how a striving for independence from childhood on allows for the development of connectedness and intimacy in adulthood. Along with other researchers (e.g., Franz & White, 1985; Ryan, 1991), they maintained that any marked imbalance between independence and connectedness will cause problems in both men and women.

Examining the dynamics of dependency and autonomy through the life course, Baltes and Silverberg (1994) observed that more and more scholars begin to support the notion of a self embedded within relationships, which does not conceive of autonomy as necessarily reflecting a state of separateness or disconnection (e.g., Clark & Reis, 1988; Hazan & Shaver, 1990; Ryan, 1991; Takahashi, 1990). Rather, the nature of dependency and autonomy is thought of as

transforming over the life span (Guisinger & Blatt, 1993), and the balance between these two qualities is assumed to shift depending on personal resources and contextual conditions and demands. This means that whether there is more of a shift toward dependence or independence is also related to how social roles are distributed and socialized in a particular culture. Therefore, differences regarding what Gilligan called separate versus connected style are not only associated with gender roles. Kegan (1994) noted that North American culture traditionally emphasizes individual rights and independence, and therefore promotes individuation, while South American as well as Asian cultures expect the self to fit in the collective and to be able to maintain attachment (see also Bellah et al., 1985; Gergen, 1991; Guisinger & Blatt, 1993; Klass, 1996; Markus & Kityama, 1991). This is very eloquently expressed in a paragraph taken from the novel "Snow Falling on Cedar" by David Guterson (1995). A Japanese father explains to his American born daughter:

"The whites, you see, are tempted by their egos and have no means to resist. We Japanese, on the other hand, know our egos are nothing. We bend our egos, all of the time, and that is where we differ. That is the fundamental difference....We bend our heads, we bow and are silent, because we understand that by ourselves, alone, we are nothing at all, dust in a strong wind, while the hakujin believes his aloneness is everything, his separateness is the foundation of his existence. He seeks and grasps, seeks and grasps for his separateness, while we seek union with the Greater Life - you must see that these are distinct paths we are traveling" (p. 201).

Taken together, relational theorists maintain that male development tends to be oriented towards independence, while female development tends to be more oriented towards interdependence (e.g., Gilligan, 1993). Another line of argument holds that the relational concept of self can be found in both sexes, and that both the separate and the connected style are confronted with developmental tasks of autonomy and of connection, only in different ways (Kegan, 1994; Lyons, 1989). Therefore, it was argued that the focus should be the balance between autonomy and connectedness (e.g., Baltes & Silverberg, 1994; Clark & Reiss, 1988; Guisinger & Blatt, 1993; Harter, 1998; Ryan, 1991). The proponents of this view, however, acknowledge that the balance between these two qualities may shift more in either direction, depending on contextual conditions such as the role distribution and socialization in a particular culture. In Western culture, independence and autonomy are highly valued (Gergen, 1991), and women still tend to assume the role of kinkeepers more than do men (Troll, 1994; Antonucci, 1994). It seems obvious to assume that this has crucial implications for what families face following the death of a mother or a father. Nevertheless, the discussion above also reminds us that, while understanding gender-related differences in development is certainly an important

step, the placement of our thinking in dichotomous categories such as male versus female can also be very limiting.

## **5. Approaches to Research: A Brief Digression**

"What we (think we) know is always a reflection of our methods of inquiry, and our methods necessarily reflect the legacy of traditions" (Mahoney, 1996; p. 128).

Dualistic thinking is a characteristic feature of Western tradition. In this mind frame, phenomena or activities tend to be described in dichotomies such as emotional versus rational, or male versus female. In the same way, research approaches are typically categorized as qualitative or quantitative, and inductive or deductive. Goldberger (1996) observed that the "mind-body dualism, tracked across time and the evolution of Western thought, has resulted in the pitting of reason against emotion, and male against female. Such a split has contributed to the persistent dichotomizing and stereotyping of modes of thought and ways of knowing and being" (p. 14). Some of these dichotomies are closely interrelated. Qualitative research approaches tend to be associated with emotionality, subjectivism, and femininity. In contrast, quantitative research tends to be associated with rationality, objectivity, and masculinity (Becker-Schmidt & Bilden, 1991; Rowles & Reinharz, 1988). Since my own experience in the course of working on this dissertation was very much marked by the negative as well as the enriching implications of existing between paradigms, the following short digression on qualitative and quantitative research, and on connected and separate knowing, is an attempt to call for an equal legitimization of different approaches.

### *5.1 Qualitative and quantitative research*

The contrasting of qualitative versus quantitative research, and the idea of the latter as the "hard science" go back to the 19th, and beginning of the 20th century (for a more detailed discussion see Bonss, 1982; von Kardorff, 1991; Kleining, 1991). Ever since, this tradition has been called into question at different stages, especially through what went down in the history as the "positivism conflict". The discussions about the foundation of traditional scientific research were started by the sociologists Adorno and Habermas as representatives of the Frankfurt school on the one side, and Popper and Albert as proponents of the traditional positivistic approach on the other. Two major themes in this conflict were the problem of insufficient consideration of complexity and interrelations between individual phenomena, and the role of values in scientific

research. Inspired by the Frankfurt School, a similar discussion arose among psychologists, which gave birth to the Berlin School of Critical Psychology (Holzkamp, 1977, 1983). The criticism of Holzkamp and colleagues mainly addressed the lack of social relevance and methodological adequacy in most psychological mainstream research. Another critical psychological school, "Dialectical Psychology" (e.g., Riegel, 1975; Buss, 1979), developed around the same time in the United States.

It would go far beyond the scope of this little digression to describe these schools and their positions in more detail. For a more extensive review the reader is referred to van Ijzendoorn & van der Reer (1984). What I wanted to demonstrate by naming these schools, though, is that the debate surrounding these research paradigms has been going on for a long time. With this background and despite an increase in qualitative research and refinement of methods over the past two decades (Hopf, 1993; Mayring, 1993, 1996), it is astonishing to what extent the gap between the paradigm still seems to exist. How else would one explain that at most psychology and sociology departments of German as well as at American universities, classes about qualitative research methods are hard to find (Hopf, 1993). Furthermore, many researchers still perceive the quantitative paradigm as the dominant approach in psychology research, which tends to be considered the more scientific approach (e.g., Mahoney, 1996; Reinharz, 1988; Strauss, 1987). Qualitative researchers tend to feel that they are required to justify their procedures and choices to a greater extent than quantitative researchers, and that they are often at a disadvantage when it comes to publication, funding, or job opportunities (Davies et al., 1995; Kanter & Stein, 1980; Kegan, 1994; Reinharz, 1988). As Kegan (1994) comments "each sees differently. Neither sees more. But in a world that arbitrarily favors the deductive style those who prefer the inductive style are consistently at a disadvantage" (p. 216).

This comment touches on one of the core issues in the discussion of qualitative and quantitative research, the aspect of induction and deduction. Qualitative research tends to be characterized as an inductive approach, which means that the researcher supposedly starts out from scratch, and with open research questions. This view is most strongly represented in the early works of Glaser and Strauss (e.g., 1967). Quantitative research presumably holds a deductive approach, which means that the researcher starts out with a theoretical framework from which the hypotheses to be tested are derived. Interestingly, the Frankfurt as well as the Berlin School agreed with their opponents in this point, in the sense that empirical research without a preconceived theory was not considered as an acceptable approach. However, elements of induction and deduction are likely to be part of the research process in both quantitative and qualitative research (Hopf, 1993; Mayring, 1996; Strauss, 1987; Strauss &

Corbin, 1998). This means that in reality the differences tend to be not as clear-cut. At least, it is hard to imagine that anybody would limit a discovery process by not paying attention to unexpected patterns in the data. Conversely, one would have to live in a vacuum in order to approach a research project without any preconceived assumptions. The difference seems to lie more in the extent to which these elements are deliberately implemented or reflected upon by the researcher.

There is some consensus that the choice of research approach should be determined by the nature of the research question, and by the current state of knowledge about the topic of interest (Hopf, 1993; Kleining, 1991; Lofland & Lofland, 1984; Maxwell, 1996). This approach reflects what Holzkamp (1977) called "object adequacy", the idea that different research techniques are acceptable as long as they suit the research object. Important to note is that this should not be confused with the "anything goes" proposition made by Feyerabend (1975). Rather, it concerns the best possible fit of research topic and methodology. In this spirit, Reinharz (1988) pointed out that certain aspects of a phenomenon are likely to be uncovered by quantitative, and others through qualitative approaches. In a similar vein, Lofland and Lofland (1984) noted "if you are asking 'what are the causes?' of a given outcome, you are asking a quantitative question...if you are asking 'how did this build up, how did it happen?'...you are proposing a qualitative process" (p. 18).

Out of the context of family research, Rosenblatt and Fischer (1993) argued that qualitative research is useful to reveal complex phenomena, and to study sensitive issues that may be out of the reach of quantitative approaches: "qualitative family research methods are most useful when one wants answers to theoretical questions about meanings, understandings, perceptions and other subjectivities in and about families" (p. 18). Kleining (1991) suggests that qualitative and quantitative approaches reflect different levels of abstraction. He notes that all psychological or sociological data are in essence qualitative, and that quantitative methods can serve to simplify or reduce qualitative information and lift it to a higher level of abstraction. Thus, qualitative research is seen as starting point, and the use of quantitative approaches as depending on the level of abstraction that has already been reached in the course of the research process. This way, Kleining (1982) argues, the picture of a contrast between the two paradigms can be corrected, including the assumption that quantitative methods are more scientific.

## *5.2 Connected and separate knowing*

The call for a legitimization and acknowledgement of different research approaches has also been underlined by concepts developed in the framework of feminist theory in the United States

(Gilligan, 1993; Goldberger, Tarule, Clinchy, & Belenky, 1996; Lyons, 1982, 1983; Miller 1997). In the context of their research, as discussed above, these authors proposed the concepts of "connected" and "separate" knowing. Silverman (1988) observed that quantitative research primarily involves separate knowing, while qualitative research holds the features of connected knowing. According to Clinchy's definition (1996), the typical mode of discovery in separate knowing is argument, which means that ideas are examined for flaws, for sufficient evidence, or for alternative interpretations. Elbow (1973) referred to this approach as "playing the doubting game". Connected knowing, on the other hand, embraces new ideas in an effort to understand where the other is coming from. Clinchy gives the example of Virginia Woolf, whose suggestion on how to read a book was that the reader try to become the author. Thus, the question at hand is not what are your arguments, but rather what do you see, and why do you think a certain way. Often, the difference between separate and connected mode are demonstrated through the "tone" of a publications. Journal articles reflecting the separate style typically start out discussing flaws and insufficiencies of previous research or theory. The author then presents his or her own contribution, which is basically defined by not having the flaws of previous work. Journal articles in the connected style, on the other hand, focus more on what has been gained by previous research, and then pull together one's own and other's contributions.

Clinchy emphasizes the importance of distinguishing connected knowing from subjectivism. Perkins, Farady, and Bushey (1991) distinguished between "make sense epistemologies" (identifying with what feels right) and "critical epistemologies" (extending one's understanding even into positions that may feel wrong at first). Separate and connected knowing are both conceived of as modes of knowing that transcend "make sense epistemologies", because they both involve an achieving of distance from one's prior beliefs, and they both are constituted by systematic processes of reflecting and reasoning.

Although features of connected knowing were more often found in women than in men, Belenky and her associates (1986) point out that the two modes of knowing are gender-related rather than gender-specific. Being aware of having created another dichotomy, Clinchy (1996) urges that the two modes should not be understood as mutually exclusive, but that they can be complementary. As some researchers have argued with regard to quantitative and qualitative research, she emphasizes that one mode of knowing should not be considered superior to the other, but that different ways of knowing are needed.

### *5.3 Efforts of integration*

Attempts to integrate research approaches may occur on different levels. Several authors have called for a combination of qualitative and quantitative procedures (e.g., Hopf, 1993; Lamnek, 1989; Mayring, 1991; Miles & Huberman, 1994; Miller & Fredericks, 1991; Reichardt & Cook, 1979; Salomon, 1991). This may involve a research design that includes quantitative as well as qualitative elements, with the purpose of taking into consideration the degree of consistency between the two data sources, and of making use of both of their merits (e.g., Denzin & Lincoln, 1994; Flick, 1992; Rossman & Wilson, 1991). Another possibility is collecting qualitative data, doing the basic steps of analysis through means of qualitative methods, but eventually aiming at quantification of these qualitative findings (e.g., Hopf, 1993; Lofland & Lofland, 1984; Mayring, 1996; Weiss, 1994).

However, not all research questions or situations lend themselves to either approach of integration. First of all, the researcher may not always be in the position to collect or make use of different kinds of data. Secondly, the quantification of qualitative findings may lead to information gain in some cases, but in others it may result in information loss to an extent that the most relevant findings are lost through this analytical step. Gherardi and Turner (1987) argue that the point is to recognize when it is useful to quantify and when it is inappropriate to count at all. But even in such a case, the choice of a qualitative approach does not exclude the possibility of at least some level of integration. For instance, the researcher can make an integrative effort by allowing induction and deduction as much as connected and separate knowing. As Goldberger (1996) expressed it "any individual's way of knowing would be the constellation of various strategies in the repertoire, some perhaps more prominent or commonly used" (p. 362). To step out of the frame of dichotomies and polarization, no matter on which level, involves the risk of not being acknowledged by either side. Those who choose to stick to either one of the polarized ends will probably look at any attempt to integrate in the same way as the viola is often looked at in comparison to other string instruments. She is not a violin and not a cello, she does not have as clean of a sound. However, nobody would seriously question the legitimate existence of the viola as part of an orchestra.

Because of the sensitive nature of my research topic as well as the current state of knowledge on grief as a family process, a largely qualitative approach seemed most fruitful in the case of this study. Yet, as the section on conceptual framework demonstrates, the procedure chosen for my study involved inductive as well as deductive elements. In an attempt to make use of separate and of connected knowing, theoretical concepts and empirical evidence were first critically scrutinized and were then summarized with respect to the contributions that provided



valuable insights for my research. Then, I approached the data with this information in mind but also with a basic openness to the discovery of new patterns or phenomena. Furthermore, I included some of the quantitative outcome data available within the Harvard Child Bereavement Study to help interpret the qualitative findings. Thus, while there are certainly more coherent ways of integrating the two paradigms (e.g., giving the same weight to qualitative and quantitative components), I settled for the level of integration that seemed most reasonable and pragmatic considering my research questions (see below), the state of knowledge in the field, and the type and quality of data available to me for data analysis.

## **6. Concluding Summary**

What can be drawn from the literature reviewed above? Clearly, the message from a life-span perspective that context plays an important role in human development can be found in all of the discussed theoretical conceptions. Keeping in mind the premise of contextualism, one could say that in order to understand transitional processes triggered by an event such as the death of a parent, the immediate context (the nuclear family and social surrounding) as well as the larger cultural and historical context need to be considered.

The review of research on family grief as well as the family literature suggests that a number of dimensions should be examined in order to get an idea of family functioning. Thinking in terms of family resources, one important aspect is the embeddedness of families in social networks, which includes the social integration of each family member as well as the availability and perception of social support (see Parke & Buriel, 1998). To characterize actual everyday family life and interaction, the dimensions most often highlighted in the bereavement and family literature are: communication, empathy, cohesion, adjustment of roles in home life, and parenting styles. In particular the two latter aspects touch on the cultural and historical context within which family members of the Harvard Child Bereavement Study were socialized. Especially in a single parent situation, the impact of gender roles that are common in a particular society will influence how home life is structured and what kind of parenting style is assumed by the single parent. For example, there is evidence suggesting that bereaved mothers may be more in touch with their children's needs than bereaved fathers (Harvard Child Bereavement Study; Silverman, 2000). This observation is supported by research demonstrating the role of women as kinkeepers (Antonucci, 1994; Troll, 1994), as well as the notion that female development is characterized by interdependence more than male development (e.g., Gilligan, 1993). In this context, Silverman (2000) poses the question whether bereaved mothers tend to have a more

child-oriented parenting style, whereas bereaved fathers tend to be more focused on themselves and their own needs.

Another contextual issue that appears across most of the reviewed theoretical formulations is the assessment of what family-stress theorists call the "pile-up effect" (McCubbin & Patterson, 1983). This includes possible prior strain (e.g., a lengthy illness before the death), and an overlap of normative and nonnormative transitions (Cowan, 1991). For example, children of different ages may experience different normative transitions at the same time, which is then topped by a nonnormative event such as the death of a parent. Such a pile-up of stressors and transitions can leave a family in a state of a complete depletion of resources (Hobfoll, 1998).

As the bereavement and coping literature indicates, dealing with family life following the death of a parent requires a diverse coping repertoire. It has been suggested that individuals are most likely to engage in emotion-focused type of strategies when important resources are depleted (Hobfoll, Freedy, Green, & Solomon, 1996), and that this mode of coping is associated with positive adjustment in response to events that are perceived as unchangeable and beyond personal control (Weisz et al., 1994). Conversely, problem-focused efforts have been shown to be more adaptive in situations that are controllable or changeable (e.g., Compas, 1998). The death of a parent leaves a family with both elements, the unchangeable fact of the loss, as well as the need to take up the task of restructuring family life. Therefore, the paradigm of two coping dimensions (e.g., problem- emotion-focused; loss- restoration-oriented), which reflects aspects of multidirectionality and multidimensionality, seems of particular relevance for the case of family grief. At least, the basic assumption of this model is that coping works in different directions on distinguishable dimensions at the same time, and that, depending on the point in the life cycle, the context and available resources, a particular constellation of strategies can be more or less adaptive. In this spirit, loss-oriented strategies (e.g., talking about the deceased, or mobilizing support to help coping with the loss) are expected to coexist or alternate with restoration-oriented efforts (e.g., reestablishing a family routine, or doing more socializing).

Bereavement research shows that, while bereaved individuals talk about their immense loss, aspects of growth are also reported, such as the loss causing them to reflect more on life and putting into proportion what life is really about (e.g., Nadeau, 1996). The dynamics between gain and loss depend on the meanings and interpretations attached to the experience of each family member, in other words on what the loss means for a particular person. Meanings and implications of the loss may change over time, as adaptive processes such as compensation of lost resources or positive reappraisal of the situation come into play (e.g., Hobfoll, Freedy,

Green, & Solomon, 1996; Brandtstaedter & Greve, 1994; Baltes, 1997). In a similar vein, family theory emphasizes that adaptation is not about restoring homeostasis but that family systems can grow and adapt to new situations (Mattessich & Hill, 1987), for example by activating or acquiring new resources (e.g., mobilizing more support). Finally, in a life-span perspective, processes of growth and development (as much as of loss) are possible for both children and parents.

Obviously, the conceptual frameworks discussed above, as well as the available findings from the Harvard Child Bereavement Study that I have pointed out throughout the sections, greatly influenced my thinking and my way of looking at the data. For example, most of the main categories, that I used for a first grouping of the data, reflect the dimensions that are generally acknowledged to be crucial for family functioning. Secondly, some of the subcategories were already available as codes from earlier analyses of the Harvard Child Bereavement Study. Furthermore, the theoretical formulations discussed above served as an interpretive framework, leading me through the process of analyzing the interview data and trying to make sense of the findings.

Because of the nature of qualitative research<sup>1</sup>, however, I did not begin my study with a set of hypotheses to be tested, but with open research questions. As Silverman and Klass (1996) expressed it: "researchers applying qualitative methods do not set out to verify a hypothesis or to prove preconceived theory. They are instead reporting on what people experience and the way people make meaning out of their experience" (p. 22). Thus, I tried to remain open to the stories told by the data, and, at the same time, drew on the available experience and knowledge from the literature. While examining how families deal with their daily life after the death of a parent, and how this process develops over time, I was also alert to differences between families who lost a mother and families who lost a father.

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<sup>1</sup>This approach was also most compatible with the ongoing data analysis conducted on the data of the Harvard Child Bereavement Study (e.g., Silverman & Worden, 1993, Silverman & Nickman, 1996; Silverman, 2000).