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Grief work, disclosure and counseling: Do they help the bereaved?

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Abstract

Bereavement is associated with increased risk of morbidity and mortality. How to protect the bereaved against extreme suffering and lasting health impairment remains a central research issue. It has been widely accepted that to adjust, the bereaved have to confront and express intense emotions accompanying their loss. It has further been assumed that others assist in this process, and that intervention programs are effective. To assess validity of these assumptions, this article reviews research on the impact of expressing and sharing emotions across four research domains (social support; emotional disclosure; experimentally induced emotional disclosure; and grief intervention). In none of these areas is there evidence that emotional disclosure facilitates adjustment to loss in normal bereavement. Implications of these findings are discussed.

Suffering the loss of a loved one is a tragedy which is not only characterized by extended periods of anguish and pain, but it also increases risk of depression, physical illness and mortality (e.g., Parkes, 1972/1996; Stroebe & Stroebe, 1987). However, even though loss of a loved one is generally painful,

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only a small minority of bereaved persons is likely to suffer enduring health impairment.[1] The question how we can protect these bereaved from lasting detriments to their health has been a central issue in bereavement research.

Since Freud's (1917) development of the concept of "grief work", it has been generally accepted by bereavement researchers and practitioners alike that a healthy process of adjustment requires that the bereaved confront and express their feelings and reactions to the death of a loved one, and that failure to do so is maladaptive (for dissenting voices, see Bonannon & Kaltman, 1999; Silver & Wortman, 1980; Stroebe & Schut, 1999; Stroebe & Stroebe, 1991; Wortman & Silver, 1989). This article questions assumptions that emotional disclosure (and "grief work") facilitate coping with loss and accelerate adjustment, that support from others during bereavement ameliorates the impact of loss, and that intervention is generally efficacious in facilitating adjustment.

The first part of this manuscript presents the theoretical rationale underlying the grief work hypothesis, delineates components of grief work in terms of meaning construction, and discusses the relationship between grief work and emotional disclosure. The second part reviews relevant empirical evidence on four related issues: (1) does social support facilitate adjustment? (2) Does emotional disclosure facilitate adjustment? (3) Does inducing emotional disclosure facilitate adjustment? (4) Do bereavement interventions facilitate adjustment? In reviewing research on these issues we focus mainly (but not exclusively) on marital bereavement, because the majority of studies on the health impact of loss has been conducted on the loss of a marital partner (Stroebe et al., 2001). However, since we are not assuming a qualitative difference between marital bereavement and other types of losses, we will draw on the general bereavement literature whenever relevant studies are available.

1. Grief work, emotional disclosure and adjustment to loss: theoretical rationale

1.1. Grief work and emotional detachment

In his classic monograph on "Mourning and Melancholia" Freud (1917) developed a theory of coping with bereavement, which has had a lasting impact on scientific thinking in the area of bereavement. Freud conceptualized love as the attachment (cathexis) of libidininal energy to the mental representation of the loved person. When a loved person is lost through death, the survivor's libidinal energy remains attached to the thoughts and memories of the deceased. Since the individual has only a limited pool of energy at his or her disposal, the emotions invested in the deceased have to be detached to enable the person to form new attachments. According to Freud (1917), the psychological function of grief is to free

[1] Although prevalence rates for various detriments vary not only according to the particular debility in question, but also across investigations of different bereaved samples, they are consistent in indicating that only a minority of bereaved persons are likely to suffer enduring health impairment. A review of studies of pathological grief reported estimates from different studies ranging from 5% to 33% among acutely bereaved (Middleton, Raphael, Martinek, & Misso, 1993). These prevalence rates are difficult to interpret because criteria have not been established and the definition of pathological grief remains imprecise. Major depressive syndromes have been found to occur in 24–30% of widowed persons 2 months after the death, approximately 24% 4 months after bereavement, and 16% 1 year after bereavement (Shuchter & Zisook, 1993). Research on physical ill-health has also consistently reported elevated rates among bereaved persons on measures of physical symptoms, doctor's visits, use of medication, disability and hospitalization (Stroebe, Hanson, Stroebe, & Schut, 2001). For example, in our Tübingen Study to be described later, 20% of the widowed (as compared to 3% of the married) scored above the cut-off point for severe physical symptomatology 4–6 months after loss (declining to 12% after 2 years) (Stroebe & Stroebe, 1993).