

## Grief and loss: past, present and future

*A change of focus in recent years has renewed interest in the normal and positive aspects of grieving*

RESEARCH AND PRACTICE IN GRIEF AND LOSS have been undergoing something of a sea-change in recent years. Past research-based models of grief have attracted much criticism, not only from practitioners but also from researchers in the social sciences. There have been persistent calls for greater sensitivity to the contexts of grief and a more balanced understanding of its positive and cultural influences in our lives.

Most of our understanding about grief has been drawn from psychoanalytical sources (eg, the work of Freud or Klein) and later from attachment theory (eg, the work of Bowlby).<sup>1</sup> These sources have emphasised the role of the emotions and psychological defences. Research commonly focused on particular populations (such as children, the terminally ill, the mentally ill, or victims of disasters), while the research on community samples examining the loss of spouses, parents or children overidentified grief with bereavement.

The conceptual emphasis that emerged from this research stressed issues such as “loss”, “disengagement” or “resolution”.<sup>2</sup> There were debates about whether grief was a “state” or a “process”, and later, when the process theories became popular, whether these processes had “phases” or “stages”. Many practitioners and popular writers working in bereavement care embraced much of this important early work, which still forms the basis of our understanding of personal control and adaptation in the face of loss.

But a concentration on the psychodynamics of attachment and defence inadvertently resulted in overattention to professional interventions and an underemphasis on social relationships, contexts and cross-cultural issues.<sup>3</sup> The early work by the psychological professions also led to a concentration on the negative experiences of grief. The traumatic, obsessional and socially destructive aspects of grief were stressed and examined. The concern was to reduce the morbidity and mortality associated with grief, particularly to lessen its role in suicide, substance misuse and other psychiatric conditions, such as severe anxiety or depression.

Recent research has attempted to restore greater professional and conceptual balance to these early insights and concerns. There are now increasing numbers of sociologists, anthropologists and historians entering the field, and many of these have been critical of the psychological emphasis on attachment, separation and “letting go”.<sup>4,5</sup> There has been greater attention to the different ways people grieve according to their own social norms, cultural prescriptions and personal styles.<sup>6</sup> There is a growing awareness and theoretical interest in the relationship between bereavement and other kinds of loss, such as the dispossession felt by Indigenous people and refugees, or losses associated with adoption.<sup>7</sup> There has been growing international acceptance of a theory of “continuing bonds” — a recognition that people do not necessarily “let go”, but transform their

former relationships by renewing their meanings about them and continuing the relationship in new ways.<sup>8</sup>

There has been some recognition of the limits to professional help, reflected by the growing interest, worldwide, in support and self-help groups. The growing input of the social sciences has encouraged a parallel interest in the role of social and cultural differences in the expression of grief and its diverse coping styles. There has been a renewed interest in normal and positive aspects of grieving.

There is a growing realisation that the dead may be important role models for the grieving; that they may continue to be “significant others” to the bereaved. People continue to relate to their dead as “active and living memories” at times of personal crisis and success.<sup>9</sup> Grief can also create a positive social legacy — in advocacy (influencing policy and education), in political activism (giving rise to groups such as Mothers Against Drink Drivers), in foundations (supporting research or service development) and in careers (heightening the personal achievements and ambitions of survivors).<sup>10</sup> Grief also creates “social ghosts” in the form of influential memories, dreams, or visions.<sup>11</sup> These can be both comforting and disturbing; motivating and hope-giving as well as upsetting. Furthermore, the general experience of grief can enhance personal empathy and social compassion.

These previously under-recognised perspectives present new but complementary challenges for research and practice in the care of people suffering grief. We need to return our attention to the diverse expressions of normal and healthy grieving, while continuing to recognise that grief can cause marked health changes in some individuals. The new insights also highlight the limits to professional care and the need to create supportive environments in our communities for people living with loss.

There is a major need for government policy development in this area to reflect a broader public health sensitivity towards our diverse national grief and loss needs. Policy and research priorities might address issues such as the social impact of grief on Indigenous health, on the lives of elderly people, or on the desire for suicide. These research directions will assist us to understand public expressions of creativity or personal experiences of resilience. Our referral options for people suffering grief should include community support, such as pastoral care or the National Association for Loss and Grief, as well as specialist medical and psychological services. These issues are only some of the recent practice and research challenges to emerge in the field of grief and loss, but they point to its constructive and positive revival.

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