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THE USE OF CONCEPTUAL MODELS  
IN LOSS COUNSELING

by  
Jean Lawrence

A Thesis Submitted to the Faculty of the Graduate School  
of Loyola University of Chicago in Partial Fulfillment  
of the Requirements for the Degree of  
Master of Arts

September  
1980

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## VITA

The author, Jean Lawrence, was born June 2, 1938, in Evanston, Illinois. She is the daughter of John Reiter and Jane (Engelbreth) Reiter.

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From 1973 until 1977, she worked as an artist in watercolor and pastel while attending the School of the Art Institute of Chicago on a part time basis. From 1977 until the present, Jean has restored and managed vintage apartment buildings while attending Loyola University.

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## CHAPTER I

### INTRODUCTION

The study of loss is a relatively recent phenomenon. Historically, loss was dealt with in western culture through religious and social rituals and social support. Loss resulting from bereavement was a part of everyone's experience; and as such, was universally understood. As western society changed, however, the rituals and social support changed, and death was no longer considered a suitable topic of discussion. Recently, as a response to the silence and to the resultant pathological grief responses, such as delayed or prolonged grief, the topic has been reopened and expanded to include all losses. Both professional and non-professional persons are becoming concerned with helping persons who are experiencing a loss. The present paper will attempt to explore the loss process from an interdisciplinary standpoint and to develop a preliminary model for loss counseling.

#### The Changing Attitudes Toward Research on Death

Every society has had its own particular taboos, with contemporary western society being no exception. The Victorian era taboos regarding sex have been supplanted in the present century by taboos surrounding death. As recently as 1960, Feifel wrote of his difficulties in setting up a research study to explore the relationship between mental illness and one's philosophy of life and death.



Physicians asked by Feifel to assist in providing subjects for the investigation were horrified: they considered that to discuss death with seriously or terminally ill patients was cruel, sadistic, and traumatic.

As a taboo topic, death is "surrounded by disapproval and shame" (Feifel, 1960). Illness and death are not considered to be normal occurrences, but are seen as being accidents. Such an attitude implies personal failure and loss of identity and status for the person who is dying. Medical personnel perceive the death of a patient as a professional failure. With such feelings being prevalent, it is little wonder that little research has been conducted on death and grief.

During previous eras, religious concerns revolved around the fear of God's judgement. Such apprehension has generally been replaced by fear of "the infringement on the right of life, liberty, and the pursuit of happiness." The expectation of personal immortality has been replaced with a concern for historical immortality and for the welfare of future generations (Feifel, 1960). Some writers perceived this new concern for historical immortality as now being threatened by the possibility of nuclear holocaust, which would make death even more horrible and unthinkable.

To cope with the horror of death, euphemisms such as "passed on" or "demised" are used instead of "died," even by researchers on the topic. Funeral practices such as the cosmetic decoration of the body are common, with mourners routinely commenting on how well or how lifelike the dead body looks. Research sponsored by the funeral

industry tends to support such behavior. Mourners are currently expected to behave in a restrained and dignified manner, and to rejoin society as soon as possible. It is not considered appropriate to make others feel uncomfortable.

It is little wonder that such taboos and customs surrounding death have influenced the research on the topic of loss. Feifel reported in his essay, "Death," (1960), that a review of the then current psychological texts had uncovered not even a single paragraph on death.

The prohibitions against studying death remained strong, with a few exceptions (Lindemann, 1944; Marris, 1956; Engel, 1961; Bowlby, 1961; Gorer, 1965), until 1969, when Kubler-Ross interviewed terminally ill patients at the University of Chicago Hospitals, and published several books and articles about the experience. She developed a model of the stages of grief experienced by the dying patient which, although not revolutionary in explaining the process, appears to have been influential in breaking the taboo on studying death and dying.

#### The Accusation of Faddism

Following the publication of Kubler-Ross' (1969) book, On Death and Dying, a radical increase occurred in the number of books, articles, essays, editorials, and specialized journals dealing with the topic. At the popular level, films, television programs, books, articles, sermons, workshops, and classes suddenly appeared. The topic of death appeared to have both cathartic and educational value, according to Cohen (1976).

Cohen, in an article entitled "Is Dying Being Worked to Death?" in the American Journal of Psychiatry (1976), reacted to the protest of other professionals that the topic was being overworked. Accusations were being made that death had become a fad, that authors were merely jumping on the death bandwagon, and that the topic had long been exhausted. In response, Cohen defended the proliferation of materials on death and dying, pointing out that the newly published material was rich and diverse. The diversity was demonstrated by his division of the literature into six categories (care and treatment of the dying patient; developmental and psychopathological perspective; demographic and epidemiological approaches; sociocultural aspects; legal, ethical, and philosophical issues; peripherally related topics; and nonevaluative, stimulating reports amenable to scientific interpretation). His opinion was that the literature is beginning to provide a rich understructure for psychological theorizing and for improving therapeutic intervention.

Whether or not the recent interest in death is a fad or a manifestation of the zeitgeist, it is rapidly losing its taboo status as persons from all walks of life begin to discuss and deal with the topic. The interest in death and other losses has apparently only begun. The effects of this interest remain to be seen, both in public attitudes and future theorizing.

#### Preliminary Theories Related to Bereavement: Generalizations

Several authors have conducted research with specific populations of bereaved persons, and from the results have developed

preliminary theories of grief. Lindemann (1944) interviewed a varied population consisting of relatives of persons who died in the hospital, bereaved disaster victims, and their close relatives, relatives of deceased members of the armed forces, and bereaved therapy patients. From his data, he developed a "symptomatology of normal grief." The use of such a varied population is unique in bereavement studies.

Those investigators who followed Lindemann interviewed limited groups of subjects, such as young children (Bowlby, 1961), the terminally ill in hospitals (Kubler-Ross, 1969), young widows (Parkes, 1972), or the elderly (Carpenter, 1976). The manifestations of grief exhibited by these specific populations were generalized either by the author or by later writers to explain the nature of the human response to loss resulting from death.

The great similarity in the results of the investigation may have been a factor in the generalization of the responses of a small population to include all bereaved persons. The assembled studies may provide a strong theoretical base for future loss theory. Although many preliminary theories have been presented, none appear to be well enough developed to be considered a full-fledged theory of loss (Adams, Hayes, Hopson, 1977).

That aspect of loss which has been most thoroughly studied is that of the psychic response to bereavement. Another generalization related to the preliminary theories of bereavement is the expansion of the grief theories to include all losses. Loss is viewed as including not only bereavement; but moving, job changes, divorce and separation, change in social patterns, loss of a body part, and

other losses of a major and minor variety (Adams, Hayes, Hopson, 1976; Heikkinen, 1979). This view of loss is not new. As early as 1917, Freud referred to not only loss due to bereavement, but included the loss of an abstraction such as one's country, one's liberty, or an ideal. However, only recently has interest been shown in attempting not only to develop, but also to investigate through research, such a general theory of loss (Adams, Hayes, Hopson, 1976).

Generalization, then, may be viewed as an important aspect of the research and literature on loss. At this time, however, the generalizations appear to be well documented only in the area of the psychic responses to loss due to bereavement. A general theory of loss appears to be somewhat premature; as documentation of the response to losses other than bereavement is lacking. Generalizing to the entire population of the world, as is beginning to occur in bereavement research, may be inappropriate due to varying customs, attitudes toward death, and differences in support systems existing in various cultures.

#### A Broad View of the Loss Process

As mentioned previously, the psychic response to bereavement has been the most frequently researched aspect of loss up to this time; and has generally derived from the disciplines of psychiatry, psychology, counseling, and sociology. The physiological as well as the psychic aspects of loss are considered in the stress literature; much of which comes from the fields of psychiatry, physiology, and psychobiology. An enormous amount of information exists which is

related to stress, but a general theory of stress as it relates to loss has not yet been developed.

Sociology has begun to study the community aspects of divorce or bereavement, as well as kinship changes which occur following such a loss. However, at this time, little information is available. Psychiatrists have explored such aspects of the loss process as guilt, anxiety, and loneliness; but generally not within the context of divorce or bereavement. Anthropology has been concerned with funeral rites and mourning practices across cultures. Psychology, psychiatry, social work, and counseling have introduced intervention strategies designed for working with individuals undergoing a loss. Knowledge of these related aspects of loss and of ways of working with the bereaved and divorced may broaden and deepen awareness of the topic.

Theories not specifically intended to explain or to deal with loss may be added to the literature on the topic in order to better illuminate the topic. An example of a theory employed in this manner would be Maslow's Hierarchy of Needs (1970), which can be viewed in terms of changes which occur in a person's needs following divorce or bereavement. Erikson's Eight Stages of Man (1963) can add a developmental view to the study of the loss process.

Viewing the loss process, then, should not be based only on an awareness of the psychic aspects, in spite of their great importance. It is valuable to understand the physiological responses to loss; sociological aspects; specific components of loss such as guilt, anxiety, and loneliness; and theories from outside of the loss literature which may be integrated with the psychic response to

loss information.

### A Visual Approach to the Study of the Loss Process

In an attempt to explain difficult or complex concepts or theories, many writers employ the use of charts or diagrams. Adding such a visual component to the written explanation appears to simplify understanding for many persons. For example, Maslow's Hierarchy of Needs (1970) is understandable and familiar even to beginning students of psychology. The visual form provides a stimulus for recognition and recall of the underlying concepts.

For some persons, whose thinking may be dominated by the right side of the brain, information may be made more easily accessible through the use of a visual approach. For the majority of others, in whom the left brain is dominant, utilizing a visual approach may open up a means of understanding material which was previously inaccessible (Blakeslee, 1980).

The use of a diagram, which will be referred to in this paper as a conceptual model, may be considered to be a shorthand approach to the viewing of a concept or theory. In its simplicity, it cannot replace the underlying written or verbal explanation, but it can provide a visual reinforcement and a visual reminder of the inter-relationships of the ideas which make up a concept or theory.

The study of loss is made more understandable and more memorable through the use of conceptual models. Several models are available which explain the loss process, aspects of loss, or theories which may be integrated with the topic. Other concepts and theories

related to loss will be translated into visual form for inclusion in this paper.

### The Purpose of the Study

The purpose of this study is to identify, integrate, and organize selected conceptual models which are relevant to understanding and dealing with the loss process. First, identification will be made of those conceptual models and theories which deal specifically with the loss process resulting from bereavement, separation, and divorce, and with losses in general. Second, conceptual models selected from other disciplines which explain aspects of the loss process will be integrated with the loss models to create a more complete theoretical framework. Third, conceptual models will be created for concepts and theories which are applicable to understanding the loss process, but which have not yet been expressed visually. Fourth, the conceptual models will be organized into a preliminary counseling model for the practice of loss counseling. Finally, the use of conceptual models as a counseling tool to be employed in conjunction with other methods will be explored.

### The Need for the Study

Investigation of the literature has indicated a lack of identification, integration, and organization of conceptual models which relate to the loss process. This paper will attempt to bring to the topic a coherent order, with focus on application to the practice of loss counseling.

Some direct applications of the new preliminary counseling model



for the practice of loss counseling are as follows:

1. The education of counselors

The counselor or other professional working with a person experiencing a loss should be aware of the processes which may be affecting the client. The preliminary counseling model which will be presented will provide a clear, visual expression of theories and complex concepts related to loss.

2. A counseling tool

The conceptual models themselves may be utilized as a counseling tool to be selectively employed by the counselor, and may be used in conjunction with other counseling methods.

3. The understanding of the client

The ability of the client to understand and deal with the loss process may be enhanced by the comprehension of the normalcy and universality of the process. An individual experiencing a loss may benefit from the exploration of such aspects of the loss process as grief, stress, anger, and guilt.

The theoretical knowledge of loss and the newly created structure for loss counseling may be useful for future research into the development of an assessment procedure related to the loss process.

### Limitations of the Study

This paper will provide an overview of the topic of loss, taking an interdisciplinary approach. Conceptual models will be utilized as

a basis for the study. The conceptual models will be placed in a framework which may serve as a preliminary counseling model or as a basis for self-exploration or the study of loss. Recommendations will be made regarding possible uses for the new model. A defense of the preliminary counseling model and its use will be made; as well as cautions and limitations regarding its use.

Although new loss rituals may be needed in our society, it will not be within the province of this paper to make recommendations for replacements. Neither will this paper deal with specific counseling theory which may be utilized in conjunction with presentation of the conceptual models to the counselee.

## CHAPTER II

### AN INTERDISCIPLINARY APPROACH TO THE STUDY OF THE LOSS PROCESS

An investigation of the literature which is directly or indirectly related to loss uncovered few attempts to coordinate theories and conceptual models in some manner for the purpose of understanding the loss process from an interdisciplinary viewpoint (Adams, Hayes, Hopson, 1976; Spiegel, 1977). Although serious investigators of the topic have reviewed the literature, rarely was information from outside of the area of loss considered. The fields of psychiatry, psychology, sociology, and counseling were the most frequently mentioned as contributing to understanding of the loss process.

An interdisciplinary approach was chosen for this paper as a means of exploring the loss process more fully. The usual approach to the topic is to outline the stages of grief through which most persons experiencing a loss will pass. Although definition of the stages of grief has illuminated the topic for both professionals and non-professionals; other aspects of loss should also be considered in order to better understand what an individual may experience not only psychically, but physically, socially, spiritually, and even financially and legally.

Additionally, an interdisciplinary viewpoint generalizes loss theory to include other types of losses. Although general loss theories are only beginning to appear, there has been a history of

informal generalizing.

So, for reasons for comprehensiveness and generalizability, an interdisciplinary review of the literature will be presented. Those conceptual models which are most appropriate to the study of the loss process will be combined to form the preliminary counseling model. The use of theory as a basis for a counseling model will be explored.

### Organization of the Chapter

The first part of the review of literature will be divided into five sections:

1. Loss resulting from bereavement
2. Loss resulting from separation or divorce
3. Coordinated models of loss
4. Mind/body/spirit models
5. Specific aspects of the loss process

Selected materials relating to each section will be examined, with emphasis placed on those concepts and theories which have been or may easily be placed in conceptual model form; although some important theory which has been presented only in narrative form will be included. Thus, significant authors not presenting their work graphically will be mentioned in order to provide historical continuity or deeper understanding of the topic.

Following the presentation of the literature related to the loss process, the use of theory as the basis of a counseling model will be explored. Although the use of theory is well substantiated in the counseling literature, the direct use of conceptual models

as a counseling tool apparently has little precedent.

#### LOSS RESULTING FROM BEREAVEMENT

Of all of the types of loss, bereavement appears to be currently the most fascinating to both professionals and non-professionals concerned with the topic. Within the topic of bereavement, the grief response is the aspect which receives the most attention. Several attempts have been made to organize and systematize the complex phenomenon of grief.

The most common means of systematizing grief is by means of stages or phases which occur in the process of normal bereavement. Spiegel (1977) suggested that such division is relevant only for contemporary Western societies in which rituals and local customs have generally disappeared. In order to discern the existence of pathological grief, Spiegel suggests that one must understand the normal grief process.

American sociologist Thomas Eliot (1930) was an early observer of the phenomenon of bereavement, and described the experience as a crisis both for individuals and for families. A sense of abandonment, shock, and denial; accompanied by guilt and sometimes anger are the immediate responses to the loss. Intense and persistent longing for the dead person and disrupted patterns of behavior also occur. The importance of his study of bereavement lay in his presentation of the grief process as a complex emotional state with successive phases. He presented no visual form for his phases, nor did he suggest interventions into the grief process. His purpose was to define the grief

process in Western society.

Viewing the grief process as complex was not new. In 1914, American psychologist A. F. S. Shand (cited in Bowlby, 1961) described the nature of sorrow as having varying effects on different characters, making it rare or impossible for any author to understand all of the complexities. Although the intricacy of the grief process was acknowledged, it was not considered to be a subject worthy of scientific investigation until 1917, when Freud wrote "Mourning and Melancholia." His concern in the essay was not the normal grief process, but melancholia. He described grief as a normal process:

...the reaction to the loss of a loved person, or to the loss of some abstraction which has taken the place of one, such as one's country, liberty, an ideal, and so on.... It is well worth notice that, although mourning involves grave departures from the normal attitude to life, it never occurs to us to regard it as a pathological condition and to refer it to medical treatment. We rely on its being overcome after a certain lapse of time, and we look upon any interference with it as useless and even harmful.... Profound mourning, the loss of someone who is loved, contains the same painful frame of mind, the same loss of interest in the outside world--in so far as it does not recall him--the same loss of capacity to adopt any new object of love (which would mean replacing him) and the same turning away from any activity that is not connected with thoughts of him. It is easy to see that this inhibition and circumspection of the ego is the expression of an exclusive devotion to mourning which leaves nothing over for other purposes or other interests. It is really only because we know so well how to explain it that this attitude does not seem to us pathological (p. 125).

Melancholia, as described by Freud, was a conflict of and ambivalence toward an endangered or lost love object. Pathological grief would then result, possibly requiring outside intervention.

Those involved in the helping professions generally concurred with Freud's beliefs regarding the normal grief process, resulting in little serious investigation of the topic for nearly three decades.

In 1944, the beginnings of an attitudinal change toward the topic were reflected in Lindemann's article, "Symptomatology and Management of Acute Grief"; which he introduced as follows:

At first glance, acute grief would not seem to be a medical or psychiatric disorder in the strict sense of the word, but rather a normal reaction to a distressing situation. However, the understanding of reactions to traumatic experiences whether or not they represent clear-cut neuroses has become of ever-increasing importance to the psychiatrist. Bereavement or the sudden cessation of social interaction seems to be of special interest because it is often cited among the alleged psychogenic factors in psychosomatic disorders. The enormous increase in grief reactions due to war casualties, furthermore, demands an evaluation of their probable effect on the mental and physical health of our population (p. 186).

Lindemann makes four major points in his paper:

1. Acute grief is a definite syndrome with psychological and somatic symptomatology.
2. This syndrome may appear immediately after a crisis; it may be delayed; it may be exaggerated or apparently absent.
3. In place of the typical syndrome there may appear distorted pictures, each of which represents one special aspect of the grief syndrome.
4. By appropriate techniques these distorted pictures can be successfully transformed into a normal grief reaction with resolution.

Psychiatric interviews were conducted with 101 patients. Subjects included bereaved therapy patients, relatives of persons who died in the hospital, bereaved disaster victims and their close relatives, and relatives of deceased members of the armed services. The records of the interviews were analyzed in terms of the symptoms reported and in terms of the observed mental status during the series of interviews. From analysis of the interviews Lindemann developed five indicators which he perceived as symptomatic of normal grief:

somatic distress, preoccupation with the image of the deceased, guilt, hostile reactions, and loss of patterns of conduct. The indicators were not intended to represent stages, although later writers have tended to refer to them as such.

In normal acute grief, Lindemann reported that people experienced a remarkably similar syndrome. The length of time required for completion of the response appears to depend upon the success with which the bereaved person does the grief work; described by Lindemann as freedom from the bondage to the dead person, readjustment to the environment from which the deceased is missing, and the formation of new relationships. Grief is seen as very painful and distressing; to the extent that many persons try to avoid the emotions altogether, refusing to participate in the new behavior which is necessary. Distortions or delay of normal grief may result, possibly proving to be destructive to physical or mental health.

Lindemann's purpose in the study was to attempt to understand both normal and pathological grief responses, and to try to educate psychiatrists in assisting with grief work and in recognizing over or underreaction on the part of bereaved persons for preventive purposes.

Gorer (1965) described Lindemann's paper as, to the best of his knowledge, "the first and still the most complete analysis of the behavior of recently bereaved persons." However, Lindemann was most interested in the grief responses of the survivors of the Cocoanut Grove night club fire. These persons had experienced traumatic loss, which not only fascinated Lindemann, but also



interested later researchers. Although experiencing the symptomatology of grief, more frequent incidences of delayed or distorted reactions occurred among these survivors than among persons experiencing less traumatic bereavements. Lindemann is frequently quoted in the literature regarding his observations of pathological grief reactions, while his insights into normal grief provoke less interest.

In an analysis of the grief of working class widows under the age of 50, English sociologist Peter Marris (1956) outlined a symptomatology of grief: physical symptoms, loss of contact with reality, tendency to withdraw, and hostility; providing details of each category derived from interviews with 72 widows. As a sociologist, his special concern was with the social life of the mourning women. Although his stated interest was in the normal grief process, his widows were all relatively young; introducing a less than normal element to his study. His research findings were comparable to those resulting from other studies (Gorer, 1965). He found that after two years, his widows had not recovered from the loss. Apathy, insomnia, weight loss, withdrawal from former friends and interests, and dependence on immediate family members were common. British customs did not include the rituals, support, and open expressions of grief which Marris perceived as necessary in assisting the women in their grief work.

"Is Grief a Disease?" asked Engel (1961) in his concern with psychosomatic medicine. He defined normal grief as follows:

Generally it includes an initial phase of shock and disbelief, in which the sufferer attempts to deny the loss and to insulate himself against the shock of the reality. This is followed by

a stage of developing awareness of the loss, marked by the painful effects of sadness, guilt, shame, helplessness or hopelessness; by a sense of loss and emptiness, by anorexia, sleep disturbances, sometimes somatic symptoms of pain or other discomfort, loss of interest in one's usual activities and associates; impairment of work performance, etc. Finally, there is a prolonged phase of restitution and recovery during which the work of mourning is carried on, the trauma of the loss is overcome, and a state of health and well-being established (quoted in Gorer, 1965; p. 145).

Bowlby (1961) described grief and mourning in infancy and early childhood in terms of psychological responses: thought and behavior still directed toward the lost object; hostility, to whomsoever directed; appeals for help; despair, withdrawal, regression, and disorganization; and reorganization of behavior towards a new object. The stages appear to be temporal. Similarities are apparent between the stages of grief in the very young and in the adult bereaved.

British social anthropologist Geoffrey Gorer (1965) analyzed mourning practices and attitudes toward death in contemporary society. His stated purpose was "to identify the sociological and cultural implications of a situation--bereavement--which is customarily treated as exclusively or predominantly private and psychological." He interviewed 1,628 persons of all social classes, and found social denial and the individual repudiation of mourning to be the norm. He hypothesized that a society which denies mourning and gives no ritual support to mourners is thereby producing maladaptive and neurotic responses in a number of its citizens.

Although Gorer stated that the insufficient information was available to determine the "normal" pattern of mourning by adults, he hypothesized three stages: shock, lasting until the body is

disposed of; intense mourning, accompanied by withdrawal from the external world and by physiological changes such as disturbed sleep and poor appetite; and finally, re-established physical homeostasis, during which time sleep and weight become stabilized and interest is once again directed outward. In his view, shock is the only stage generally given social recognition; through funeral rituals.

A possible reason for the lack of recognition of the other stages, in Gorer's view, is the "current fun morality", the ethical duty to enjoy oneself and to do nothing which might interfere with the pleasure of others. The right to the pursuit of happiness has been converted to an obligation; making mourning unacceptable socially (even if conducted privately). He saw this denial behavior as resulting in the current callousness regarding death, squeamishness concerning dead bodies, preoccupation with the risk of death and with "the pornography of death," and an increase in vandalism. Such maladaptive responses as well as the lack of support and assistance by others during bereavement is seen by Gorer as causing an increase in loneliness and despair. This is unnecessary, and weighs heavily on society.

The questionnaire which Gorer administered to 1,628 persons of all social classes produced data comparable to Marris' (1956) study. Lindemann's (1944) findings concerning delayed or distorted grief reactions are corroborated by Gorer; but Gorer commented that Lindemann's survivors appeared to be bearing their grief alone, rather than in a social context; as no mention was made of support which might have hindered or facilitated the grief process. However,

Lindemann, Marris, and Gorer similarly defined the normal pattern of grief.

Since the publication of Kubler-Ross' (1969) conceptual model of the loss process as related to one's own impending death; writers and theorists have developed stages of bereavement which appear to, or actually do, derive from her model.

The model, "Stages of Personal Grief," developed by Kubler-Ross, was expressed in conceptual model form by Mwalimu Imara (1975). Grief is conceptualized in terms of personal growth:

...he explains that we must learn to die in order that we may learn to live, that growing to be who you truly are requires sometimes that you die to the life chosen for you by society, that each new step of growth involves a throwing off of more shackles restraining you.... He shows that, in order to grow, you must continuously die and be reborn, much as a caterpillar becomes a butterfly.... And he stressed that although you receive your final opportunity for growth when you are at death's doorstep, your growth should not wait for this crisis in your life. By understanding the growth-producing properties of dying, you can learn to die and grow at any point you choose.... The qualities that predict your being able to deal comfortably and productively with death...are the same qualities that distinguish a growing human being at any stage in his or her life (Kubler-Ross, 1975, p. 166).

The five stages of personal grief, according to Kubler-Ross, are denial (shock), anger (emotion), bargaining, preparatory depression, and acceptance. The individual's mood changes as the stages are experienced. Kubler-Ross indicated that the model holds true for the family and friends of the dying person, as well as for the one who is dying. She also utilized the model to explain the grief of the individual who is bereaved, but added guilt as an additional component of the loss.

The stages of grief are presented as universal and normal for

the dying person, the family, and friends. Kubler-Ross emphasized that the stages do not necessarily occur sequentially, and that the time required to complete the stages varies according to the individual and the situation. Many persons do not experience all of the stages, or may not complete the cycle. It is also possible to experience stages simultaneously. Rather than being termed "stages," then, they might be better termed "indicators," as in Lindemann's approach.

The model, although hardly new, was greeted as revelatory by both professional and non-professional persons. The major difference between Kubler-Ross' approach and that of other investigators (lay) is the fact that she was interviewing dying persons who had previously been shut off from communication concerning their situation and their feelings with both medical personnel and families. The interviews themselves were viewed by the dying persons as therapeutic, assisting them towards acceptance of death. Seminars for professionals in medicine led to the opening up of the topic in hospitals and other settings. In this way, by breaking the taboo, Kubler-Ross' role in the investigation of dying and bereavement was extremely important (See Chapter III, p. 97 ).

The success and popularization of the "Stages of Personal Grief" appeared to provoke other writers into publishing books and articles on the topic. Several authors, following Kubler-Ross' example, developed their own stage models of grief; crediting her for her inspiration and contributions to the opening up of the field.

Kavanaugh, a former Catholic priest presently working as a

counselor, developed seven phases of grieving (1972) which are similar to and apparently based on Kubler-Ross' (1969) stages. He emphasized that his stages are not in any way separate from each other, but are distinct emotional stages which invariably overlap and intertwine. They do not occur in any regular sequence, except that shock is generally the first stage and reestablishment the final one. Stages may be completely bypassed or may last only a few minutes.

Kavanaugh's stages are shock (which may include fainting, bizarre behavior, or other individual reactions) and denial; disorganization; volatile emotion; guilt (which includes self-deprecation and depression); sense of loss and loneliness; relief; and finally, reestablishment. His book is highly personalized; growing out of his inadequacy as a priest in attempting to deal with bereaved persons. He wrote from painful personal experience as well as from his counseling experience with the bereaved. Although he shed no new light on the grief process, his personal difficulties in dealing with loss and in working with the bereaved add a humane element to a topic which appears to be being rapidly reduced to formula.

Four stages were employed by Parkes (1972), a research psychiatrist, to explain the grief process: numbness, yearning and protest, disorganization, and gaining a new identity. He conceptualized grief as a process of realization, in which the individual's internal world changes to match external reality. The discrepancies between the inner and outer worlds are extremely frustrating to the bereaved person, as repeated reminders occur. Eventually, the repetition of the frustration leads to a decrease in pining and searching for the

loved one; and the loss is accepted as a reality.

Parkes joined Glick and Weiss (1974) in a longitudinal study of the grief of young widows during the first year of bereavement, and discovered that the concept of bereavement as a "life crisis" is too simple. A much longer period of time, possibly as long as one lives, is required to complete the mourning process. The process was described as complex, with a succession of short crisis periods occurring during the course of mourning. Additionally, they found that many reactions of the widows which are commonly perceived as pathological grief reactions were occurring frequently enough to be considered normal. An example of this is the widow's conviction that the dead husband continues to be present and active; often walking and talking. The researchers further emphasized that the lack of social support for widows and other bereaved persons may exacerbate the already difficult grief experience. Glick, Weiss, and Parkes outlined five stages of grief: shock and disbelief, expressions of the emotions of grief, disorganization, psychophysical symptoms, and recovery. Guilt and anger were often associated with grief; especially in those persons who displayed later problems of recovery. Distancing helps to develop a new, changed model of the world as it now is for the bereaved person. Linking phenomena (such as objects, people, and occasions which remind the mourning person of the deceased) may be helpful in overcoming grief. Finally, bridging phenomena (such as learning to drive, returning to school, and forming new relationships) represent commitment to building a new life.

Glick, Weiss, and Parkes' expressed purpose was to study the grief process, and thus they were less concerned with intervention than were some of the other authors. However, they made some recommendations for dealing with the bereaved and strongly encouraged that persons learn to accept death, rather than to anticipate it with dread.

Buchanan, a presbyterian minister who has worked with over 3,000 persons who have been widowed wrote in Grollman's Concerning Death: A Practical Guide for the Living (1974), that there is no stereotyped response to the loss of a spouse. However, he outlined psychological stages which he saw as applying to many persons: grieving for ourself, feeling of fear, some form of bitterness and anger, and restructuring life.

Pincus (1974), a British social worker practicing marriage and family therapy, presented stages which are a composite of those of other investigators (Bowlby, 1961; Parkes, 1972). Her stages include shock (particularly severe in the case of unexpected death), a controlled phase (during which arrangements are made and the funeral held), searching for the lost person ("an almost automatic universal defense against accepting the reality of the loss, may go on for a long time"), finding (a sense of the lost person's presence), regression (childish and irrational behavior, insecurity, and fears of insanity), and adaptation (alternating periods of grief and despair and psychological equilibrium). Pincus emphasized that during the mourning process, the bereaved person will experience hostility, anger, and guilt. Identification and restitution are common.



Although she referred to stages, she did not define them temporally. No distinct boundaries exist between her stages of grief, either experientially or temporally.

Pincus saw the individual who is able to tolerate the separation anxiety associated with a loss and who is able to mourn for the dead spouse as being a person with a healthy personality; who is capable of deep attachments to others. She emphasized that therapeutic intervention should be unnecessary in normal grief.

In spite of feeling that professional involvement should be unnecessary in normal grief, Pincus recognizes that the current death taboos and the loss of rituals and other support for the bereaved in our society may result in difficulties in resolving grief. She stated that few opportunities exist for psychological transition or for expression of grief. Both are of fundamental importance in recovery from loss. If an individual is denied the opportunity to grieve, the result may be physical and psychological difficulties. Therefore, she recommended that society begin once again to give sanction to mourning, reducing the need for professional intervention.

Spiegel (1977), a German minister, theologian, sociological researcher, and psychotherapist, approached his stages from the psychoanalytic point of view, as did Pincus (1974) and Bowlby (1961). However, his total approach is an interdisciplinary one; with sections of his book devoted to theological and sociological aspects of grief.

The stage of shock, the controlled stage, the stage of regression, and the stage of adaptation are Spiegel's four stages of normal grief. During the stage of shock, the bereaved person may react to

the news of the death with disbelief, psychic breakdown with tears and self reproaches, or with a stoic response (currently the approved social response). The controlled stage is characterized by the control which the bereaved exercises upon himself, and by the control demanded by family, clergy, funeral director, and friends; in order that the funeral be conducted appropriately. The bereaved person may experience the phenomena of depersonalization and derealization during this time; feeling detached from the environment and from the self. Often, the individual experiences the feeling of impending psychic breakdown and total helplessness. This produces a feeling of panic and extreme anxiety. During this stage, the bereaved person may feel cold, unmoved, robot-like, and without feeling. The individual cannot sustain normal activities. Irritability, suspicion of others, and rejection of proffered assistance is common. The stage of regression begins when the bereaved person gradually realizes the loss and is unable to sustain the formerly appropriate psychic organization. During this time, the person copes in a way that is narcissistic, and in ways that have earlier been relinquished. Some manifestations of regression are helplessness, neglecting one's personal appearance, "the simplification of complex coherences" (including concentrating only on the relationship to the dead person, blaming someone else or God for the death, interpreting the death as retribution for sins, simplifying ethics, and lack of balanced judgement about the deceased person). Primitive religiosity may occur, as may guilt over feelings of relief or the quality of care provided prior to the death. Anxiety over the fate of the dead person, whether the dead can control the

living, and over one's own future is common. Self-esteem and self-respect are diminished, and feelings of deprivation and humiliation related to the loss are common. Behavior is emotionally heightened during the regression stage. Finally, the stage of adaptation begins, during which the grieving person substitutes adaptive behaviors for the regressive ones. The loss is now fully realized, and liberation from the role of mourner begins. The inner world seems renewed, and one's feeling for reality is regained. During this stage, the adaptive behaviors are not continuous. Apathy and despair alternate with periods of adequate coping.

Spiegel refers to the work of the bereaved: relief of grief, structuring, acceptance of reality, the decision for life, expressing socially unacceptable emotions and experiences, evaluating the loss, incorporation of the dead, new life orientation: all necessary to achieve a "normal" grief process.

Spiegel's purpose in the study was to provide for those in the ministry an explanation of the grief process and of grief work, as well as to provide direction in dealing with bereaved persons. His stages are similar to those of other writers, regardless of theoretical orientation.

Milton Greenblatt (1978), an American psychiatrist, presented yet another variation on the now-familiar stages of adult grief. He described the process as one in which one phase gradually fades into another, with the form and manifestations of grief varying greatly as a function of personality, education, rituals, and culture. The time required for completion of the stages is highly variable.

Shock, numbness, denial, disbelief constitute Greenblatt's first stage; with shock and numbness generally lasting only a few days, but denial and disbelief often continuing for a period of months. Pining, yearning, and depression begin within a few days of the death, reach the height sometime before the end of the second week, but may continue indefinitely. Weeping; sighing; feelings of hopelessness; an experience of unreality, emptiness, and distance; lack of interest; and preoccupation with the image of the deceased are common. The third stage, emancipation from the loved one and readjustment to the new environment may require months or years to complete. Finally, identity reconstruction occurs, as the individual develops new roles and relationships.

Greenblatt fully acknowledges his debt to Bowlby (1961), Parkes (1972), Lindemann (1944), and others who have studied bereavement. His specific purpose in writing the article was to present the serious psychological and physiological risks associated with the death of a spouse, for the benefit of psychiatrists who might encounter bereaved patients in their practices.

As part of a study of depressive disorders occurring in response to loss, Horowitz (1978) conceptualized loss in terms of stress response stages and pathological intensification. She delineated phasic responses shown as transitions moving from outcry through denial and intrusion, to working through, and finally, to completion. Pathological extensions relating to each of the phases are shown in the model, along with the state which produced the pathological response. For example, if outcry is excessively intense or prolonged, the

resulting pathological extension might be panic or exhaustion.

Horowitz' conceptual model may be helpful in understanding the relationship between normal and pathological grief, demonstrating that a pathological response may develop at any time during the stress response if any of the states are excessively intense, prolonged, blocked, or not reached. Horowitz includes in her list of pathological states overwhelmed, panic and exhaustion, maladaptive avoidance (suicide, drugs, counterphobic frenzy), flooded states, frozen states and psychosomatic responses, inability to act or love, and character distortions.

#### Summary of Stage Models of Bereavement

Those authors who described normal grief in terms of stages or phases have made a contribution to the study of loss through their conceptualization of grief as a complex problem rather than as a single syndrome. Stage models present grief as consisting of a wide range of feelings and behaviors which are perceived to be normal and universal.

Increased dissemination of information on the topic of loss has caused many professionals who deal with the dying and the bereaved to be more empathic and less fearful of the volatile emotions expressed and erratic behavior exhibited. Non-professionals, including those who are experiencing a loss, are similarly becoming more comfortable with the loss process. It is possible that those involved with the dying and the bereaved are assisted in facilitating normal grief and in preventing pathological grief responses through their understanding

of the complexity of grief and the importance of working through the loss. Undoubtedly, however, increased discussion must occur and more time must pass before death loses its taboo status for most persons. The fear of death continues in spite of the new freedom to explore the topic.

In spite of the positive aspects of opening up the topic of loss, a very basic question remains concerning the conceptualization of the loss process in terms of stages. Most authors are careful to state that the stages do not necessarily occur in predictable sequence, nor do stages occur one at a time. Further, not all persons necessarily experience every stage. Also stressed is the great variation in the time required to complete the loss process. However, presentation in stage form tends to imply the existence of separate, sequential, predictable, and universal stages. This may, in fact, be true; as hypothesized by Adams, Hayes, and Hopson (1977). Currently, research has been limited to studies conducted with limited populations; with the results generalized to include all bereaved or all persons experiencing a loss. Whether in fact the results of the studies are generalizable has not yet been empirically determined.

The consensus is that stages do not occur separately, but overlap. Waves of grief or anger may alternate with numbness or acceptance. Feelings may be ambivalent or conflicting, leading the individual to fear insanity. The overwhelming emotions appears to some persons to be threatening to personal control. The unpredictability of the response to loss; although complex emotional and

physiological responses almost always seem to occur.

Although the examination of the literature indicates strong similarities between the stages of grief delineated by the various theorists and researchers, the similarities may not indicate that the grief process is a universal one. Instead, the similarities may indicate a mind set on the part of the investigator who expects to view grief in stages, as a result of familiarity with the loss literature. It may be that stages are, in fact, an accurate way of conceptualizing the emotional and psychic aspects of the loss process. However, it appears that other states and other concerns which loom large during bereavement are rarely mentioned in the stage theories. Guilt, anxiety, and loneliness are frequently reported by bereaved persons, but are not mentioned as stages.

It would appear that viewing the loss process from some perspectives other than stages would be helpful in understanding the complex responses to bereavement. The section which follows will discuss conceptual models which approach the loss process due to bereavement from a somewhat different perspective.

#### Other Conceptions of Loss Resulting from Bereavement

A theoretical conception of grief in response to the death of someone close which differs from the previously discussed stage models is that of Bugen (1977), who developed a matrix model. Bugen's opinion was that theoretical inconsistencies and weaknesses exist in the stage models. He referred specifically to the work of Kavanaugh (1972) and Kubler-Ross (1969); acknowledging that both were aware

that their stages are not separate entities, but may blend dynamically or may subsume one another; that the duration and intensity of any stage may vary between mourners; and that neither are the stages successive nor is it necessary to experience every stage in order to complete the grieving process. Their persistence in the use of the stage model concept in the face of these facts was a major critical point. Finally, he stated that the stage theory has yet to be substantiated empirically; yet the theory persists as the most prevalent means of conceptualizing grief.

Bugen has developed a conceptual model based on the existence of a variety of emotional states, which represents a definite change in the style and content of a model. His conceptual model is in the form of a 2x2 matrix; in which the vertical axis represents the closeness of the relationship between the bereaved and the deceased, while the horizontal axis represents the extent to which the survivor perceives the death as having been preventable. The dimensions interact to create four reactive stages which reflect the duration and the intensity of mourning.

The model may meet the following needs, according to Bugen:

1. Link pivotal determinants with consequent grief reactions in such a way as to allow for
2. Predictive value, as well as
3. Guidelines for constructive intervention

His hope was that application of the model in a therapeutic setting might help to alleviate extreme grief. The model, when utilized according to Bugen's suggestions, is designed to assist the





therapist in moving a client from a belief in the centrality of the relationship (without which the person feels existence is impossible) to peripherality (detachment from the dead person). From a perception that the death was preventable, a client might be moved to the viewpoint that the death was unpreventable. His suggestions for intervention are very directive. Any conceivable therapeutic strategy was presented as appropriate to convince the guilt ridden mourner that the death was unpreventable. The model is useful to the practicing therapist for the prediction of the intensity and duration of grief, and for the purpose of visualizing the possible movement of the client in therapy.

Bugen's means of conceptualizing the grief process does not delineate the states experienced by the grieving person, as do the stage models. However, he does introduce the dimensions of preventability/unpreventability and centrality/peripherality, which are not discussed by the other theorists.

In spite of the radical difference in form between Bugen's model and the stage models, it would appear that some similarities exist. The dimension of predictability/unpredictability is not mentioned by the other authors, but may in fact be a dimension of the guilt of the survivor; an aspect mentioned by several other theorists. Centrality/peripherality appears to be part of the realization process during which the bereaved person discovers that it is possible to survive without the deceased. Additionally, Bugen mentions in his discussion of grief reactions the stages listed by other theorists.

Bugen's criticism that the other theorists have not substantiated

their theories empirically applies also to his own model. He has presented only case histories. His conceptual model appears in Chapter III, page 101).

Horowitz (1978), who presented a stage model of grief which was discussed earlier in this paper, also developed another model of normal grief differing in concept from that of other writers on the topic. Her focus was on the predisposition to depressive disorders following a loss. This predisposition is expressed in three conceptual models which express the internal self-image of the bereaved as well as the relationship between the bereaved and the deceased. The first of the three models concerns itself with normal grief:

Before the loss the relationship model is that of mutuality between competent persons. The loss alters the model of continued attachment. The other person is now modeled both as lost in current reality and as remembered in past reality. The self-representation is realistic; the person grieves and yearns for the one who has been lost. In the state governed by this model of self and other, experiences of pangs of sadness, preoccupation with images of the deceased, and a sense of emptiness and dejection are expected. Those experiences are attenuated by social support from others and dosed in intensity by inner controls that allow transient periods of denial and numbing.

In this ideal form, the person who is experiencing normal grief sequentially reviews and detaches ties with the lost person, reestablishes her or his self-image as independent and ready for a new attachment, accepts the concept of personal suffering, and retains the previous attachment as a valuable memory. During this mourning process, preoccupation may be dosed with periods of avoidance. Relative completion of mourning is usually achieved within 2 years, with some attenuated mourning for the remainder of life (p. 245-246).

Horowitz's conceptual model of the ideal of normal grief in response to loss is presented in Chapter III, page 107.

Horowitz presented models of pathological grief, also; as the major purpose of the study was the investigation of psychological

predispositions to depressive reactions resulting from recent life events. She emphasized that psychological variables will interact with other factors, such as the individual's neurobiological capacities and the person's social system, to produce the pathological response of reactive depression.

### Summary of the Other Conceptions of the Loss Process

Bugen's and Horowitz' conceptual models add different perspectives to the study of the loss process, and thus enable the viewer to see loss in terms of other dimensions (centrality/peripherality and preventability/nonpreventability in Bugen's model and the relationship between the survivor and the deceased in Horowitz' conception). Both Bugen and Horowitz mention stages occurring during the grief process which are similar to the stages defined by other authors.

### The Expansion of Loss Theory to Include Other Losses

Many of the authors writing about bereavement discuss the similarity of the loss process due to loss of a spouse through death and that due to loss of a spouse through separation or divorce. Those authors have frequently mentioned the applicability of their models to other losses.

The authors discussed in the following section have specifically concerned themselves with loss due to separation and divorce. Some of the conceptual models relating to separation and divorce which may be useful to the understanding of the loss process will be presented.

## LOSS RESULTING FROM SEPARATION OR DIVORCE

The loss of a spouse by death and the loss of a spouse by divorce is a currently popular analogy. The commonality between the two is the loss of an intimate relationship (Krantzler, 1973; Weiss, 1975, 1976; Wiseman, 1975; Froiland and Hozman, 1977).

Pincus (1974) acknowledged the similar mourning process which occurs in separated or divorced and bereaved persons, but pointed out that the absolute finality of the loss due to death makes for a basic difference in the response. For the widowed person, it is usually difficult to acknowledge and express anger, hate, self-justification, or other negative feelings toward the deceased spouse. The relationship and the spouse may become enshrined in the memory of the bereaved person. Juhasz (1979) pointed out that bereaved persons (except in the case of a suicide) are able to preserve some self-esteem by convincing themselves of the spouse's love and need for them. The separated or divorced person, on the other hand, may experience a continuing relationship with the former spouse which is centered around children, money, property, or other common concerns. Contacts between the estranged spouses may be extremely difficult and emotionally charged (Pincus, 1974). Juhasz (1979) saw the separated or divorced person as generally feeling unloved and rejected; with the consequent insecurity interfering with the ability to love or the ability to risk forming a new relationship.

Those experiencing a loss resulting from separation or divorce may be more in need of counseling than are those who are widowed, because in divorce an active choice has been made to terminate the

relationship. Termination may result in a "devalued self-concept" (Froiland and Hozman, 1977). In addition, rituals for divorce are nonexistent, as opposed to the rituals which surround bereavement. The separated or divorced individual is left floundering emotionally, personally, and socially (Krantzler, 1973). Bohannon (1970) stated that widows receive a greater amount of support and sympathy than do divorcees; and that personal rejection, not only by the spouse but by married friends, is common in the divorce situation. He saw final acceptance of the divorce as being more difficult than acceptance of the death of the spouse due to the reality that the former spouse is alive and well, although living separately; a viewpoint shared by Parkes (1965). Finally, the grief experienced by a separated or divorced person may be unexpected; especially for the partner initiating the process. Thus, the grief may be poorly dealt with or go unacknowledged; resulting in pathological responses.

In view of the similarities and the differences between divorce or separation and bereavement, it would appear to be important to consider some conceptual models which may help to illuminate the topic of loss resulting from separation or divorce.

#### Models of Separation and Divorce

Several authors writing on the topic of separation and divorce have devised models similar to those describing bereavement. As in the case of bereavement, most of the models of separation and divorce emphasize the psychological aspects.

Bohannon (1970), a sociologist, considered not only the

psychological, but also other aspects which he defined as "experiences of separation." His six experiences of separation are as follows:

"the emotional divorce, which centers around the problem of the deteriorating marriage; the legal divorce, based on grounds; the economic divorce, which deals with money and property; the coparental divorce, which deals with custody, single-parent homes, and visitation; the community divorce, surrounding the changes of friends and community that every divorcee experiences; and the psychic divorce, with the problems of regaining individual autonomy."

Bohannon's experiences of emotional divorce and psychic divorce correspond most closely to the stages discussed by writers on bereavement. He acknowledged the parallel between the experiences of the divorced person and those of the bereaved individual; indicating that grief is the natural reaction to both types of loss. However, he viewed divorce as even more threatening to some persons than is death; because of the lack of mourning procedures and because the wish for the divorce may have been made consciously. In his view the intensity of the grief will vary, depending upon the amount of emotional involvement the individual has in the marriage. The grief may take several months or even years to subside. In the psychic divorce experience, which Bohannon saw as the most difficult experience to deal with, the individual must gain or regain independence and autonomy. It is the overwhelming emotionality of this experience which has made it the focus of most of the literature on divorce as well as bereavement.

Bohannon's experiences of separation have not been presented in visual form; but Aslin (1976) a counseling psychologist, utilized

the six experiences in a table entitled "Loss of 'Wife' Role," listing each as process. For each of the six experiences, the corresponding stereotypic wife behavior, disorganization caused by loss of role, counseling needs, and single-again role is outlined. The table is designed to underlie the counseling of female divorcees and widows; in order to prepare the women for replacement of stereotypic wife behavior with appropriate emotional, legal, economic, parental, social, and psychic coping behaviors. Although the chart is quite complex, it succeeds in visually and conceptually organizing the information (See Chapter III, page 170).

Erosion of love and persistence of attachment, separation, and starting over (which includes shock and denial, transition and recovery) are Weiss' (1975) stages, developed from his Seminars for the Separated; an educational program. His 1976 paper concerned with the emotional impact of marital separation emphasized the persistent marital bond, which suggested that even though a marriage may not be satisfactory in other ways, it may continue to provide sufficient security to protect against anxiety. Persons who are separated often feel driven by anxiety to reestablish some sort of contact with the estranged spouse, however minimal that contact may be. The bond persists unaccountably, according to Weiss, and may continue even when the person develops an apparently satisfactory new relationship. Weiss reports that the bond is unrelated to respect, admiration, or love for the former spouse. Weiss hypothesized that although most components of love may be altered by negative experience; attachment can be sustained by proximity alone, and disappears slowly when the other person is

absent. In response to the loss of attachment, the separated or divorced person develops separation distress, similar to that described by Parkes as resulting from bereavement (1972). As the acute distress fades, loneliness takes its place ("separation distress without an object"). As in bereavement, anger may be a response to the loss. However, in separation or divorce, the spouse is the clear object for anger; as the individual places blame for the distress. Ambivalence causes separate persons to be uncomfortable with any resolution of their separated status: another result of the persistent marital bond. Paradoxical emotional responses are common during separation or divorce.

Weiss' stages are not presented clearly. He defined phases through which the separated or divorced person may pass, but explained them in a manner which is difficult to follow.

Wiseman (1975) explained the divorce process by means of stages. Denial, loss and depression, anger and ambivalence, reorientation of identity and life-style, and acceptance and integration are his five stages. He emphasized that the process of divorce differs from the process of bereavement because of the presence of rejection and the necessity of more major life-style changes in divorce.

Kessler (1975), a divorce counselor, developed emotional stages of divorce from her clinical group work with more than 600 persons who were going through the divorce process. She emphasized that the stages will vary in length and in strength, and that not all persons will experience all of the stages. The stages do not necessarily occur in a specific order.



Her seven stages are as follows: disillusionment stage, erosion stage, detachment stage, physical separation stage, mourning stage, second adolescence stage, and hard work stage. Briefly, the disillusionment stage begins when the spouses begin to respond to each realistically, rather than continuing the romantic fiction. If negotiations between the two persons do not resolve the irritations, dissatisfaction may cause them to move into the next stage. The erosion stage is manifested by irritations being expressed by looking down on the other person, by passive neglect, or by irresponsible behavior; which results in anger, distrust, and lowered self-esteem. Detachment is a less overtly emotional stage, when apathy, silence, and lack of feeling appear. Ambivalence occurs, and may require a long time to resolve; with the person tending to move towards leaving when the pain is unbearable. Emotional confusion is common in the person moving toward divorce. The physical separation stage begins with the day one or both spouses move, and is an extremely traumatic day. Relief or a severe emotional reaction may result, depending on the individual and the preparation for the separation. One experiences rapid mood swings, becomes more sensitive and excitable, and is more likely to be highly emotional. The mourning stage begins when the person goes beyond the point of no return, and is a time of expression of feelings such as anger, guilt, and sadness. Kessler suggests that persons may use guilt to avoid mourning. During the second adolescence stage the person begins to explore new possibilities, especially in areas in which deprivation was felt. The individual overreacts as new limits are tested. The question of identity is important, and

people begin to question old values and choose to keep or discard what is no longer suitable. The hard work stage is described by Kessler as "the commencement--the end and the beginning." The individual becomes able to trust enough to begin a new relationship, and has new goals which may be partially reached. As the new life begins, the individual may feel newly confident and able to take control of life.

Kessler's stages are combined in visual form by means of a chart for the use of counselors working with small groups of divorced persons, and includes for each of the stages the experience which the person may go through and therapeutic intervention. The model is for the use of the counselor in the structuring of group work. Kessler recommended that clients should not be informed about the loss process which they may experience, nor about divorce statistics or myths. Instead, she suggested that the counselor exercise restraint. The client should be assisted and guided through the divorce process, and allowed to fulfill the need for discovery which will occur through trial-and-error.

Kressel and Deutch (1977) viewed both partners as experiencing strong emotional reactions over which they have little control. Unpredictable behavior occurs which may be in conflict with the individual's actual feelings. Following in-depth interviews with 21 highly experienced therapists who deal with divorce, Kressel and Deutch constructed a composite account of the process of psychic divorce. Four stages were delineated: the pre-divorce decision period, the decision period, the period of mourning, and the period of reequilibration.

The pre-divorce stage may last for weeks, months, or years. It is a time of increasing dissatisfaction with the marriage, and increasing tension. Attempts may be made at reconciliation, a decline in marital intimacy may occur, there may be a breakdown of the facade of solidarity, and physical separation may occur. The decision period produces anxiety and panic at the proposed separation. Mutually dependent clinging in the form of a renewal of marital intimacy is common, along with a renewal of marital fighting. Finally, the individual accepts the inevitability of divorce. Conflict may occur over the terms of the settlement. The period of mourning is complex and critical. The individual experiences guilt, self-reproach, feelings of failure, and decreased self-worth. Loneliness and depression are often accompanied by a temptation to reestablish ties with the spouse. The return to equilibrium begins when the individual becomes angry at the spouse and begins to increase in self-regard. Eventually, the person accepts that the marriage had both negative and positive aspects. Sadness of a realistic nature replaces the depression. Finally, the period of reequilibration begins, during which the person dwells less on the marriage and begins to grow.

A similarity to the grief models is apparent in the form of Kressel and Deutch's stages; especially in the last three stages, which closely resemble Bowlby's (1961). The authors credit Bowlby in their bibliography, but mention no other grief research.

Differentiation was made in the study between "passionate" marriage and "parallel" marriages. The term "passion" refers in the divorce context to the psychological intensity of the relationship,

to the relatively long duration of the marriage, and to the birth of children. Those divorces resulting from the breakup of passionate marriages are seen by Kressel and Deutch as being most likely to be painful and difficult for the couple. Parallel marriages, on the other hand, are less difficult to dissolve; as they may be of short duration, with less intense psychological involvement, and with no children. Those persons who most often seek help with the resolution of their divorce problems are those who are dissolving passionate marriages. The psychic divorce stages listed above refer to these persons.

The purpose of the study was not only to gain therapist's opinions on the stages of psychic divorce, but also to research the role of the psychotherapist in divorce as a part of a larger project studying third-party assistance in divorce. The stages were not expressed in conceptual model form, nor were the stages designed for use directly with the client in counseling.

The analogy between the loss of a spouse through divorce and the loss of a spouse through death was most directly made by Froiland and Hozman (1977) from their counseling experience. The authors contended that divorce is in reality the death of a relationship. They directly applied Kubler-Ross' (1969) stages of grief to their divorced clients. The experience of divorce, in their view, can be one which produces atrophy in the individual or can be one which is a growth opportunity.

For each of Kubler-Ross' five stages, Froiland and Hozman discussed the feelings and behavior which may possibly be experienced by

the separated or divorced person. From clinical experience, the authors reported that clients responded well to a counseling approach utilizing the model as a base. No specific methodology was used or is recommended for use with the model.

Other than their four years of clinical experience using the model, Froiland and Hozman reported no research resulting from application of the theory. However, from their experience in divorce counseling, they found that persons experience the stages differently, that the stages last varying lengths of time, and that an individual may not experience all of the stages. Most interestingly, the separated or divorced person may be experiencing different stages in different aspects of life; perhaps being at the acceptance stage socially, but in the depression stage emotionally.

The grief model as applied to the divorce process was not presented visually, nor was it suggested that the counselor explain the model to the client. However, it was suggested by Froiland and Hozman that the loss model might provide a comprehensive model to the counselor working with divorced persons (See Chapter III, page 110).

Chiancola (1978), a social worker, does not make the analogy between the losses resulting from death and from divorce, but does view separation and divorce as loss. He utilized a stage model to describe what occurs during separation and divorce, basing the model on his clinical experience.

First, disengagement occurs, which is accompanied by emotional distancing. During this stage, sadness, loneliness, confusion, frustration, and conflict occur. The second stage, is either depression or

euphoria. If euphoria occurs, it may give way to depression; after a period of time. Ambivalence, betrayed trust, internal confusion, loss of intimacy, apprehension and avoidance feelings, loss of feelings of security, guilt, suggestibility, morbid thoughts and conversations, and thoughts of suicide may occur during the depression stage. The readjustment stage heralds the person's increase in emotional stability. Instead of continuing to focus on the loss of the spouse and the loss of the marriage relationship, the person directs attention back to the self. Involvement in new experiences and new activities which do not involve the spouse occurs during the readjustment stage, facilitating the process of resolution.

Chiancola emphasized that the wide range of emotions experienced by separated or divorced persons is normal. He viewed the role of the therapist as that of a provider of a structure within which the losses may be resolved, feelings expressed, and personal values examined and clarified. His approach to counseling emphasizes the growth enhancing possibilities of separation and divorce.

Although he has not expressed his divorce model in visual form, Chiancola has outlined the stages in a handout to be given to clients to assist them in understanding the experience. The divorce process may, in fact, be the most traumatic time in a person's life; but may not necessarily be viewed in this way. The positive changes which occur within an individual must also be considered.

Juhasz (1979) also considered the possibility that divorce may be less traumatic to the self-esteem and adjustment of the individual if the loss is acknowledged, worked through, and resolved; but is

eventually recognized as less than a total loss. She visualized the relationship as a "rope or cord whose strength and holding capacity rest in the interweaving of many separate strands. If one breaks or separates, much remains and the bond can function effectively. All is not lost." This viewpoint contrasts with the more traditional "busted bond" concept, in which "a chain is only as strong as its weakest link." Juhasz suggested that the severed strand concept of divorce may be most feasible for those divorced couples who have no children and who are financially independent. However, she suggested that the concept should be considered for those with more complicated relationships.

Before a new relationship with the former spouse is begun, mourning for the old relationship must be completed. The individual passes through the stages of acceptance, resolution, detachment, and recovery. After recovery, the individual may identify those remaining aspects of the relationship which are intact and independent of those strands which are now broken. A new relationship may be formed on the basis of the intact strands without threat to one's self-esteem and without the threat of failure.

Friends, family, and society may make the establishment and maintenance of such a relationship difficult; due to the expectation that the individual must assign fault. However, as self-esteem may be improved, the effort would appear to be worthwhile from a mental health perspective. Further, Juhasz suggested, the approach "moves away from the concept of people as things, as disposable objects, easily discarded when out of style or slightly worn." The interweaving

of strands from old and new relationships allows for a feeling of continuity.

Juhasz' view that one may maintain positive aspects of the former relationship differs from the more prevalent opinion that one must move on, leaving the old relationship behind. However, both approaches are based on the concept that the experience can result in personal growth. The forming of new relationships is also an aspect of both viewpoints, although Juhasz' idea of renewing the intact strands of the old relationship to form a new one is very different. Other authors have viewed the continuance of the former relationship as an indication of dependency or as a manifestation of separation anxiety or attachment. However the authors may differ on the establishment of a new relationship with the former spouse, they do agree that the resolution of loss is necessary prior to the forming of a new relationship.

The literature directed at the non-professional also emphasizes the importance of resolving loss before beginning a new relationship. In a similar fashion to that of the professional literature, the authors present the divorce process as consisting of stages.

Krantzler (1973), a counselor specializing in divorce adjustment problems viewed divorce as an emotional crisis triggered by a sudden and unexpected loss. He wrote of his own personal divorce experience as well as his subsequent seminars for divorced persons. His book title, Creative Divorce reflects his view that divorce may be a growth experience. The book is directed at the layman undergoing the divorce process.



Krantzler made an analogy between loss due to death and loss resulting from divorce, although he did not credit any of the authors writing on bereavement. He mentioned stages of divorce which appear to be similar to those mentioned by authors writing on bereavement. His stages include separation shock, during which the individual feels detached, has thoughts of death, experiences fear and numbness, and denies the reality of the loss; mourning, with expression of strong feelings of abandonment, guilt, love, hate, attraction, fear, dependency, and resentment; and finally, emotional readjustment. Krantzler emphasized that individual differences and past experiences affect the way in which the stages are manifested. Overlapping of the stages occurs, and the time required for completion of the stages differs from person to person. Krantzler did not express his stages visually. He expressed his approval of an explanation of the stages to the client.

Another stage model of the divorce process is that of Napolitane and Pellegrino (1977). Their divorce groups and self-help book are directed specifically at women. Eight stages are discussed: active bleeding; euphoria; running; all/work no play; post love blues; yahoo!; post yahoo blues; and the search for the real me. Again, the model grew out of personal experience of the authors. The stages are explained to the readers of the self-help book as well as to women participating in the divorce groups, but have not been expressed in visual form.

### Summary of Models of Separation and Divorce

Those models of separation and divorce which deal with the loss aspect of the process generally assume the form of stage models similar to those developed to explain loss resulting from bereavement.

Each of the authors describes a mourning process similar to that experienced in bereavement. Weiss (1975) mentions persistence of attachment and separation; Wiseman (1975) lists loss and depression, anger and ambivalence, and reorientation of identity and life-style; Kessler (1975) discusses the detachment stage, physical separation stage, and the mourning stage; Kressel and Deutch (1977) mention the period of mourning; Froiland and Hozman (1977) use Kubler-Ross' (1969) stages of denial, anger, bargaining, and depression; Chiancola mentioned disengagement and depression; Juhasz wrote of acceptance, resolution, detachment, and recovery; Krantzler described separation shock and mourning; and Napolitane and Pellegrino listed active bleeding and post love blues. Each of the authors described the loneliness, guilt, anger, and depression common to those experiencing separation or divorce; acknowledging that the loss may be severely disruptive to the self-esteem of the individual.

In spite of the fact that the models describe a type of loss, they may be considered to be models of personal growth, which culminate in a final stage expressing optimism. The last stage is variously termed starting over (Weiss, 1975); acceptance and integration (Weisman, 1975); hard work stage (Kessler, 1975); the period of reequilibration (Kressel and Deutch, 1977); acceptance (Froiland and Hozman, 1977); readjustment (Chiancola, 1978); recovery (Juhasz,

1979); emotional readjustment (Krantzler, 1973); and the search for the real me (Napolitane and Pellegrino, 1977).

The parallel between loss resulting from separation or divorce and loss resulting from bereavement is not perceived to be total. Differences include the finality of the loss in bereavement, which makes it difficult to acknowledge and express negative feelings toward the deceased. The divorced person may experience a continuing relationship with the spouse, however negative it may be. The divorced person may suffer from a lack of self-esteem and feelings of rejection and lack of love. Divorced persons appear to be more in need of outside assistance to resolve their feelings. Rituals for the divorced are virtually nonexistent, and sympathy and support may be lacking. Grief may be unexpected in the divorce situation, resulting in lack of acknowledgment and consequent difficulties in working it through. In spite of the differences, however, most authors perceive the similarities between separation and divorce and bereavement to be great.

Bohannon (1970) and Aslin (1976) have considered the emotional and psychic aspects of divorce, but have also concerned themselves with the other experiences: the legal divorce, the economic divorce, the coparental divorce, and the community divorce. Theirs assumes an interdisciplinary approach, which points out other important aspects of the process.

#### GENERAL MODELS OF LOSS

The difficulties incurred in understanding and coping with loss

are being frequently and increasingly discussed, but only recently have attempts been made to place the topic of loss into a broad theoretical framework. Adams, Hayes, and Hopson (1976) attribute this to the fact that applied behavioral scientists rather than researchers have been concerned with the topic of loss, as they deal with such problems in their clinical practices. The models which have been developed are generally based on clinical experience, as they have been devised for the purpose of helping the counselor or other professional to better understand the loss process. The models have sometimes been informally used as diagnostic tools, to determine whether an individual is suffering from pathological grief. The inclination of clinicians, according to Adams, Hayes, and Hopson, is to deal with individuals and small groups rather than to structure research for the purpose of verifying theories. Several loss models deriving from clinical sources have appeared in the literature. Investigation indicates a great deal of similarity, but a general theory of loss has not yet evolved. In addition, most of the existing models deal with the psychic aspects of loss, and are generally only concerned with loss resulting from divorce or bereavement.

A preliminary attempt at a model of transition, which would include loss, and which could become a general model of loss, has been developed by Adams, Hayes, and Hopson (1976). The expressed purposes of the model include using it as a basis for future research, publication, seminars, transition clinics, and public and professional education.

Transition was defined by Adams, Hayes, and Hopson as a

discontinuity in a person's life space of which the individual must be personally aware and which requires new behavioral responses. Any transition, voluntary or involuntary, predictable or unpredictable, involves stress for the person experiencing it. The authors perceive the number of transitions experienced by most persons as rapidly accelerating, which increases the amount of stress.

The authors are counselors with backgrounds in group work, management studies, organization change, and vocational guidance. A concern with transition led them to conduct transition workshops with more than 100 people. Through content analysis of reports of transitions experienced by the participants, they hypothesized that the cycle of reactions and feelings is predictable.

To describe the transition cycle they formulated a preliminary conceptual model of the human being's response to transition. Seven stages were employed to explain the response: immobilization, minimization, depression, acceptance and letting go, testing, search for meaning, and internalization. The individual's self-esteem changes as the phases are experienced, and appears to follow a predictable path, according to Adams, Hayes, and Hopson.

The authors emphasized that the stages are meant to represent the general experience. Each individual and each situation is unique. Adams, Hayes, and Hopson discuss some of the differences in the response to transition: stages may occur simultaneously, or may occur in differing orders; regressions and progressions may take place at different rates; and some persons may skip some of the stages, or may not complete the cycle. The model is based on the potential for growth

following a transition, regardless of how calamitous the change or loss may be.

Adams, et.al. expressed the intention of refining and validating the preliminary model through research. They hope to develop a theory which will explain and predict the transition process. Additionally, they plan to utilize the theory to train persons to cope with future life transitions; preferably in the school setting.

The concern in their present research was with finding the similarities and overlaps in theories developed by theorists and researchers from several disciplines who were concerned directly or indirectly with the transition process, and with synthesizing the information into their own theoretical model. Their interdisciplinary approach (which included psychiatry, counseling, psychology, and physiology) uncovered a great deal of similarity between theories; as has been noted in the present paper.

Adams, Hayes, and Hopson presented their model in visual form (See Chapter III, page 115). However, they made no mention of the use of the model itself as a tool to be used in the understanding of loss or in the counseling setting. However, such a use is implied by their plans to implement transition workshops in schools and other settings.

A conceptual model expressed in chart form for the purpose of resolving personal loss was developed by Heikkinen (1979), a counselor. He perceived grief as normally creating its own pressure for resolution. Some persons, however, are blocked or resistant; and thus may need the assistance of a counselor in resolving the loss. In

Heikkinen's opinion, loss includes all life changes, ranging from the loss of one's previously held image of oneself to more familiar losses such as divorce and bereavement. Heikkinen was apparently unaware of Adams, Hayes, and Hopson's (1976) transition studies, which approached the topic in a similar manner.

Heikkinen's chart consists of five categories: Stage of Grief, for which he credited Kubler-Ross (1969) and Parkes (1972); General Issue, with credit to Lindemann (1944); Tasks and Dangers, for which he credited Erikson (1963); and Approaches, which appear to be from various sources. For each stage of grief (shock/numbness, anger and guilt, depression: resolution, and postresolution), he suggested the appropriate general issue, tasks, dangers, and approaches. Heikkinen perceived his model as "presenting a unified way of thinking about the affective stages of grieving, general issues in resolving loss, and the concept of developmental issues and consequent dangers of tasks left undone." It is intended as a structure for loss counseling, for the counselor's use only.

Although Heikkinen presents a less thorough, less broad, and less substantiated approach to the topic of loss than do Adams, Hayes, and Hopson; his practical form of presentation utilizing major concerns of other theorists is an interesting one.

In summary, both Adams, Hayes, and Hopson and Heikkinen present an interdisciplinary approach to the topic. Both models include loss as a part of a larger concern, termed transition by Adams, Hayes and Hopson and loss by Heikkinen. Both models take a pragmatic approach. The transition model, however, is designed for either pre-need or

post-need, while the loss model is designed for use after the loss has occurred. See page 175 for Heikkinen's conceptual model.

#### SUMMARY OF THE RELATED LITERATURE ON LOSS

The literature which deals with loss may be divided into three categories: theories and models of bereavement (Lindemann, 1944; Marris, 1956; Engel, 1961; Bowlby, 1961; Gorer, 1965; Kubler-Ross, 1969; Kavanaugh, 1972; Parkes, 1972; Glick, Weiss, Parkes, 1974; Pincus, 1974; Spiegel, 1977; Bugen, 1977; Greenblatt, 1978); of divorce (Bohannon, 1970; Aslin, 1976; Weiss, 1975; Wiseman, 1975; Kessler, 1975; Kressel and Deutch, 1977; Chiancola, 1978; Juhasz, 1979; Krantzler, 1973; Napolitane and Pellegrino, 1977); and theories and models which include all losses, termed coordinated models of loss (Adams, Hayes, Hopson, 1977; Heikkinen, 1979).

The emphasis in the literature is on the psychological aspects of loss, and is usually focused on the grief response. Other aspects of loss are generally mentioned, but only Bohannon (1970) and Aslin (1976) give equal emphasis to such experiences as legal, economic, parental, and community. Most of the authors acknowledge the parallel between the grieving process resulting from bereavement and that resulting from other losses, such as divorce.

The organization of the models is generally similar, with loss being expressed in terms of stages or phases. The authors almost universally emphasize that not all persons will experience all of the stages, nor will the stages necessarily occur sequentially. The person will not necessarily experience only one stage at a time, nor will the



time required for the stages be the same for all. Such qualifications appear to make the terms stages or phases inaccurate: the term experiences might be more appropriate in the context of loss, as suggested by Bohannon (1970) or the term indicators, as it is used by Lindemann (1944).

Only Horowitz (1978) and Bugen (1977) utilized a form other than stages or indicators of grief to define the loss process. Horowitz focused on the relationship between the deceased and the bereaved, presenting the relationship and the response to the loss in flow chart form. Bugen employed a 2x2 matrix to outline the dimensions of preventability/unpreventability and centrality/peripherality in his prediction model for determining the course of grief.

Most of the authors have derived their findings from interviews with the dying, the bereaved, or the separated and the divorced; from clinical experience with those populations; or from interviews with therapists concerned with the topic. Only a few of the writers have conducted research based on their models or have created models on which they based their research (Lindemann, 1944; Marris, 1956; Gorer, 1965; Parkes, 1972; Glick, Weiss, and Parkes, 1974; Adams, Hayes, and Hopson, 1976).

In spite of the proliferation of loss models, a general model of loss has not yet been designed. Although Adams, Hayes, and Hopson have created a preliminary model to include all transitions (including loss), they have not yet completed research using the model. Therefore, they hesitate to consider their present effort a theoretical model, in spite of its interdisciplinary approach and broadness of

scope.

#### THE INTERRELATIONSHIP BETWEEN THE MIND AND THE BODY

The experience of loss can be viewed as having impact on both the mind and the body, although most authors who have dealt with the topic have concerned themselves primarily with the psychological aspects.

The tradition of the separation between the mind and the body may be traced back as far as the writings of Plato. He viewed the mind as having both influence and dominance over the body (Benson, 1979). Descartes, during the seventeenth century, still considered that the mind and the body were separate, but equally influential. He conceived of the mind as responsible for consciousness, thought, and "the passions"; subject to God and reason. The body was thought by Descartes to be a machine which was subject to mechanical laws. It was separate from the mind, and was responsible for its own functions. However, the will (governed by the mind) could make the body do what it wanted: this was the interaction between the mind and the body.

Continuing in common knowledge today is awareness of the inter-relationship between the mind and the body. Folklore, the Bible, and Shakespeare's plays contain many examples of this awareness. Most persons readily recognize such bodily responses to fear or anxiety as rubbery legs, a dry mouth, heart palpitations, knotting of the stomach, and sweaty palms. Voodoo practices, the activities of healers, medicine men, and even some physicians in current practice reflect the

knowledge of the interrelationship between the mind and the body. However, in this age of scientific quantification and professionalization of mental and physical health fields, the knowledge tends to be disdained. Professionals tend to treat either the mind or the body, even while acknowledging that a large proportion of those coming to a physician for treatment of physical illness have difficulties originating in the mind. Instead of responding to the apparent need for an approach which includes both the mind and the body, the patient may be dismissed with tranquilizers, unneeded medicine, or with the statement, "It's all in your head." The individual with a psychosomatic illness may be scorned.

#### Mind/Spirit/Body Models

Psychiatrists and others who are concerned with the mind have been interested in the interrelationship between the mind and the body since the time of Freud's early writings on hysteria (Horowitz, 1979). Viktor Frankl (1959) emphasized the interaction between the mind, the spirit, and the body; viewing them as a continuum (See Chapter III, page 120). O'Connell and O'Connell, in a discussion of personality theory, reemphasized that there is no real distinction or separation between the mind and the body. They stated that our dualistic language divides unitary functioning into "mind" and "body".

From motivational theory comes another means of showing the interrelationship between the mind and the body. Maslow (1970) presented a humanistic theory of motivation based on the needs of the individual. The theory states that needs must be met if the organism

is to live and to thrive. Some of the needs are innate, and others are acquired. The needs vary from person to person, from situation to situation, and from time to time. Needs relate to both the body and the mind. The needs have been placed in a hierarchy, according to their level and their strength; with the most basic needs being the strongest. Generally, the lower level needs must be met before the individual can concentrate on the higher levels; although some persons can reach the highest levels while relatively low level needs remain unmet. The model is presented in Chapter III, page 123.

A somewhat different model combines the idea of psychological/spiritual aliveness and chronological age; another way of viewing the interrelationship between the mind, the spirit, and the body. McIlroy (1979) developed a conceptual model presenting the traditional view of life versus an alternate view of life. Her viewpoint was an existential one. She concerned herself with psychological or spiritual death which may result from life shocks such as death of a loved one, divorce, financial disaster, or physical impairment. The traditional view of life begins with a warm-up period which leads to the peak middle years and then moves downhill. Psychological and spiritual growth decreases during the last part of life, as does potency and ability to respond. The alternate view presented is that of life which continues upward, perhaps unevenly, toward spiritual and psychological development. This existential view emphasizes personal meaning in life and personal choice. Increasing satisfaction and clearer meaning in life result from this life pattern, in McIlroy's view. The visual form of the model is presented in Chapter III,

page 129.

### Summary of the Mind/Spirit/Body Models

Both Maslow's and Frankl's conceptual models may be helpful to the counselor or to the individual who is attempting to understand the human response to loss due to separation, divorce, or bereavement. Maslow's Hierarchy of Needs may be seen in terms of the difficulties incurred in meeting one's higher level needs when lower level needs are unmet. A person undergoing a loss may be forced to consider such low level needs as shelter and food, or slightly higher level needs for security and dependency. Belongingness and love needs may be unmet. Such deficiencies may preclude higher level functioning. Frankl's model may be viewed in terms of the individual's meaning in life. Loss of one's spouse may produce a feeling that life has no meaning. The individual may then attempt to discover a new meaning in life, or may attempt to escape by means of excessive sleep, over-activity, alcohol, drugs, acquisition of material objects, or excessive pleasure seeking.

The abstract nature of the two models lends itself to the understanding of loss, in spite of the lack of intention to do so on the part of the authors. It is apparent from the models that significant loss may interfere with the growth process of the individual.

McIlroy's conceptual model may be used to visualize the choice the individual can make to view life in terms of spiritual and psychological growth which increases as one ages. A personal loss, although a severe blow, does not have to interfere with personal growth, but

may be incorporated with other experience to enhance the individual spiritually and psychologically.

### Stress as an Aspect of the Loss Process

Related to the theoretical models connecting the mind and the body is a more pragmatic sort of theory: that deriving from stress research. In addition to increasing the awareness of the interrelationship between the mind and the body, stress research brings into the picture external events and the individual's subjective response to them.

Research on stress has become very important in terms of the study of loss, especially in the case of loss resulting from divorce. In 1976 alone, 1.5% of the population of the United States was directly involved in divorce. The figure included two million adults and one million children. This information may be seen both as an indicator of the significance of the impact of separation and divorce as a stressor and of the need for developing some kind of preventive intervention to ameliorate the stress. Bereavement, too, has impact on the entire population, as no person can go through life without experiencing the death of another.

In a summary of relevant research, Bloom, Asher, and White (1978) reported a clear association between marital disruption and emotional disorder. They noted two interdependent components:

...an unequivocal association between marital disruption and physical and emotional disorder has been demonstrated...this association probably includes at least two interdependent components: First, illness (physical or emotional) can precede and can help precipitate marital disruption. Second, marital disruption can serve to precipitate physical and psychiatric difficulties

in some persons who might otherwise not have developed such problems (p. 886).

They reported that the stress resulting from separation and divorce had replaced "the slow tortures of connubial disturbance" which was identified a century ago as being among the causes of emotional illness. It is this awareness of the stressful nature of separation and divorce which has precipitated a great deal of research on the topic.

Research findings include the overrepresentation of divorced and separated persons among psychiatric patients, and the underrepresentation of married persons in therapy. Divorced persons have an automobile accident fatality rate which is three times higher than that of married persons. Alcoholism rates are higher, as are disability rates, illness, acute illness (especially among women), suicide, and homicide rates. This information was summarized by Bloom, Asher, and White (1978) as part of a review of the literature concerning the stressful nature of marital disruption.

Individuals differ in their vulnerability to the stresses associated with separation and divorce, however; making the relationship between the loss and the resulting physical or emotional difficulties less obvious. Blair (1960), quoted in Bloom, Asher, and White (1978) following a study of white, middle class women concluded that those more vulnerable to stress following the disruption of marriage included women who were older, those who had been married longer, those recently divorced, those with low self-esteem or high anxiety, those not initiating the divorce, those whose families were

opposed to the marriage, and those with poor economic status. Other researchers generally concurred, but also included those women with dependent children and those with traditional sex role identification. Although women have been more frequently studied in this context, men are not exempt from stress associated with separation or divorce, according to Weiss (1976). Both sexes found separation and divorce to be distressing, regardless of who initiated the separation, in Weiss' experience.

The stress of bereavement is also well documented. Examples include Carey's (1977) finding that 25% of his widowed population was severely depressed thirteen to sixteen months after the death of the spouse. Bornstein, Clayton, Halikas, Maurice, and Robins (1973) reported only 17% of their widows still depressed after a comparable period of time. One-third of Lopata's widowed subjects reported that their grief lasted for more than two years. Younger widows had more severe grief or stress responses to bereavement than did older widows (Lopata, 1973; Parkes, 1975; Carey, 1977); a finding unlike that of the divorce research, which found that older women experienced more stress (Blair, 1960).

It is no wonder, then, in view of the reported impact of separation, divorce, and bereavement on physical and mental health that stress research has become very important. The discussion which follows will review the stress literature in terms of conceptual models which are appropriate to this paper.



## Two Views of Stress

Understanding stress research is difficult for persons from outside of this highly technical field. A lack of consensus regarding the nature of stress has been a major difficulty conceptually for those within the stress field as well as for those without.

The first view considers stress to be stimuli or situations to which all persons are exposed to varying degrees during the natural course of life. These stimuli or situations are sometimes referred to as "life events," and include such experiences as marriage, the birth of a child, divorce, and the death of someone close (Holmes and Masuda, 1974).

The second view is that "stress is a part of life; a natural by-product of all our activities"(Selye, 1956). He conceived of stress not as the stimuli or situation itself, but as a nonspecific body response that is wearing on the biological system; according to Dohrenwend and Dohrenwend (1974), who clarified the different ways to viewing stress.

Both views of stress are common in the current literature. The same article may contain both uses of the term; especially those articles directed at lay persons or professionals from other fields. Confusion has resulted.

The quantity of theory and research in the area of stress is almost overwhelming, even for those persons specifically concerned with the topic. Much of the information emanates from the fields of physiology and psychobiology, which makes direct investigation difficult for persons from other disciplines. However, the common practice

in stress research of presenting the information in conceptual model form assists in the understanding of a very complicated topic. This review of the stress literature as it relates to loss will concentrate on selected conceptual models of stress; and will present models which exemplify both major viewpoints.

### Stress as Stimuli or Situations

The familiar life-event rating scales are included in the view that stress is the life stimuli or situations themselves. The impact of life changes on physical health is assumed to be great. Currently, research is being conducted to determine the importance of the meaning of the life events to the individual, what new life demands are made, and what kind of adjustment is required by the individual. Reports of studies conducted in the area of psychological well being vary widely, due to the differences between persons (Sarason and Spielberger, 1979).

In spite of the many uncertainties which remain regarding the connection between stress and physical and mental health, life event rating scales designed to determine the amount of stress experienced by an individual are currently in use. The scales are familiar to both professionals and non-professionals, and are frequently misunderstood by both groups.

As early as 1951, Adolf Mayer attempted to use a life chart in medical diagnosis to relate periods of bodily disorder to such events as change of residence, change in job, births or deaths, and entrance into school. He hypothesized that to be pathogenic, events did not

have to be catastrophic in nature.

The most familiar and available model for the assessment of life changes is the "Social Readjustment Rating Scale" (also referred to as the "Schedule of Recent Experiences" or "SRE"), developed by Holmes and Rahe (1967). The scale is based on the concept that the capability of the body to adapt is finite. Only so much stress can be endured before the ability of the body to adjust is temporarily exhausted. The more life changes a person has recently experienced, the greater the susceptibility to physical illness, according to Holmes and Rahe.

The scale ranks 43 life events (stress) according to the amount of life change required to restore equilibrium. Each event has been assigned a numerical value which was derived from prospective and retrospective evaluations of the amount of stress which would be placed on the individual in the case of the occurrence of the event. Holmes and Rahe received such reports from 394 persons before developing the chart. No differentiation is made in the scale between positive and negative life events. Each event has a life change unit ("LCU") value. The most stressful event is assigned a value of 100, while the least stressful event is given a value of 11.

Research reports based on the Social Readjustment Rating Scale summarized by Holmes and Masuda (1974) indicated that the magnitude of life change was highly significantly related to the time of disease onset. The greater the magnitude of the life change, the greater the probability of disease onset. A strong positive correlation between the magnitude of the life change and the seriousness of the chronic illness experienced were found. Holmes and Masuda reported their

findings in terms of a wide range of physical diseases and in terms of psychiatric illness, although most commonly the chart is used to predict only physical illness.

The importance of this scale to the study of loss is that research leading to the development of the Social Readjustment Rating Scale indicated that the most readjustment was required following the death of a spouse (100 LCU), divorce (73 LCU), and marital separation (65 LCU). These events, of course, do not occur in isolation. Possibly occurring concurrently could be marital reconciliation (47 LCU), sex difficulties (40), change in financial state (39), change in number of arguments with spouse (35), change in living conditions (25), change in residence (20), and change in recreation (20). The respondent tallies the score for the previous one year period. The resulting score indicates the possibility of serious mental or physical illness occurring.

The scale is currently being used by both professionals and non-professionals. Its readily understandable nature has proved to be somewhat of a problem, however. Variables such as one's previous life experiences, one's physical health prior to the stressful life event, and one's own coping mechanisms are not considered when adding up the Life Change Units. Since the cumulative score is supposed to indicate the possibility of illness occurring in the near future, the respondent could be badly frightened by a high score. The Social Readjustment Scale is presented in Chapter III, page 132.

A conceptual model representing the pathway between a person's exposure to recent life change and one's near future illness reports

was presented by Rahe (1972). The model conceptualizes the many intervening variables which occur between a person's recent exposure to life change and the perception of body symptoms and the reporting of illness. Optical lenses and filters are used in the model to depict various steps along the pathway to illness reporting. It would appear that Rahe's model would be useful to present along with Holmes and Rahe's (1969) Social Readjustment Rating Scale in order to convey that there is not a direct relationship between life change and illness. See Chapter III, page 132 for the conceptual model.

Sarason, Johnson, and Siegel (1978) developed "The Life Experience Survey" for the measurement of life changes. Perceived deficiencies in the Holmes and Rahe (1969) scale regarding intervening variables led to the development of a scale which met the following criteria: a list of events experienced with at least some degree of frequency in the population being investigated, an allowance for ratings by the respondents of the desirability or undesirability of the events, and an allowance for individualized ratings of the personal impact of the events.

The LES is a 57-item self-report measure, in which three additional spaces are left blank for the respondent to list other important events which may not have been included. Research has suggested that the LES is superior to the Social Readjustment Rating Scale in assessing the impact of life changes.

Despite the apparent superiority of the LES, Johnson and Sarason (1979), in reviewing the effectiveness of the two scales, suggested that the role of moderator variables is not being considered

in either of the two scales. Moderator variables determine which persons are most likely to be adversely affected by life changes. Social support, locus of control, perceived control, stimulation seeking and level of arousability, previous history of dealing with stressors, and the coping style of the individual are moderator variables suggested by Johnson and Sarason. They hypothesized that because moderator variables have been often ignored in stress research, the correlations between life stress indexes and physical or mental illness are low. Finally, they emphasized that life change is not synonymous with stress. Life changes have different meanings for different people.

A model of the coping process expressed in the form of a flow chart shows coping mechanisms as an intervening variable between life change and psychological and physical illness (McC. Miller and Ingham, 1979). The chart depicts the manner in which a life event of an undesirable or threatening type may be coped with. Immediately following an event of this sort, psychophysiological effects such as anger, anxiety, and depression occur. Such "normal symptoms" are considered to be understandable reactions to adverse circumstances. Generally, such psychophysiological effects do not prevent the person from coping adaptively with the problem. As the person copes, the effects are decreased or eliminated.

In some situations, the individual is unable to cope; manifesting great distress. When stressful events continue without the effects being ameliorated through the use of coping mechanisms, or when psychological difficulties become severe; then such drastic coping measures as antisocial aggression, drastic reappraisals of the situation,

attempted suicide, and other disturbed behavior may occur. If the individual has been only partly successful in coping or has failed to cope, then even more drastic measures (such as suicide) may be utilized or the physical or psychological problems may become chronic.

The model is psychiatric in viewpoint, and is somewhat difficult to follow. Thus, use by non-professionals is unlikely. However, the model may be useful in presenting to professionals the idea that the coping process may have an effect on physical and mental health. For a more complete explanation of the model, see Chapter III, page 140.

#### Stress as the Bodily Response to Demands Made Upon It

Selye's approach, the second view of stress, conceptualizes life events as "stressors" which produce a stress response in the individual. Stress is defined as "the nonspecific body response to any demand made upon it" (1974). It is unimportant, according to this viewpoint, whether or not the situation which the person faces is pleasant or unpleasant. The intensity of the demand for adaptation or readjustment is considered to be the only important factor. Selye pointed out that the biochemical reaction in the body is the same regardless of the nature of the stressor; whether it be heat, drugs, sorrow, joy, or hormones. According to Selye, stress is not just "nervous tension," is not always damaging, is not something which a person should attempt to avoid, and that to be completely without stress is to be dead. Levi (1974) has conceptualized Selye's view of stress, and Selye (1975) has similarly conceptualized it. The models are presented in Chapter III, page 140.

Important to Selye's concept of stress is the idea of a general adaptation syndrome (G.A.S.), which is also labeled the biological stress syndrome. The G.A.S. was first described in 1936, but was later revived as a concept by Selye. The syndrome may be conceptualized as having three stages: the alarm reaction, the stage of resistance, and the stage of exhaustion. According to the theory, the body has a finite amount of adaptation energy. Selye's (1974) conceptual model of the G.A.S. is presented in Chapter III, page 143.

Lennart Levi (1974) agreed with Selye's definition of stress, and with his concept of nonspecific and stereotyped physiological responses to stressors. Levi developed a conceptual model which depicts psychosocially mediated disease. The model traces a sequence which moves from stressors to intervening variables, mechanisms, precursors of disease, and to disease itself. Subsequent research using the model as a base encompassed study of both the mind and the body; employing an interdisciplinary approach involving clinical medicine, biochemistry, and social psychology.

Critics have argued that the concept of stress may be a misconception, regardless of which definite of stress is chosen. It has been pointed out that a great deal of similarity exists between the idea of stress and the already rejected concepts of fatigue and effort. As occurred with the older research on fatigue and effort, stress investigation may find itself at a standstill due to the disagreement on the on the basic definition of stress and because of the many inconsistencies to be discovered in the literature. Other difficulties in doing stress research involve the application measures designed for the physical or



biological science to what is basically a psychological area.

### Summary of the Interrelationship between the Mind and the Body

The interrelationship between the mind and the body can be demonstrated through such models as Frankl's (1959) representation, Maslow's Hierarchy of Needs (1970) or McIlroy's Traditional View of Life and Alternate View of Life (1979). More specifically, the literature on stress has provided a variety of models demonstrating the two major views of the topic as well as models demonstrating intervening variables and coping processes.

A lack of consensus exists regarding the definition of stress and the results of stress. Research on the topic is extremely difficult. In spite of such difficulties, however, it is apparent that some relationship exists between life change and physical or mental illness, and that mediating variables play a role in the severity of the response.

It would appear, therefore, that stress research is important to the individual attempting to understand the loss process. Whatever the life events may be labeled, there appears to be no question that bereavement, separation, and divorce may have a great impact on the individual. Those who have experienced a loss or are working with those who have should be aware of not only the impact, but also of coping mechanisms which may be employed to deal with the event and of variables which play a role in ameliorating or exacerbating the associated physical or mental problems. Thus, stress research reaffirms the interrelationship between the mind and the body.

## SPECIFIC ASPECTS OF THE LOSS PROCESS

Although a great deal of investigation has occurred in the areas of grief and stress, other components of the loss process have been less frequently studied or have not yet been integrated into the existing literature on loss.

Emotions other than those mentioned in the stage models of grief are important to the understanding of the loss process. Plutchik, Kellerman, and Conte (1979) have developed a conceptual model presenting emotions with their corresponding ego defenses and diagnostic categories. The model shows the relationship of the emotions to one another, as well as between the emotions, ego defenses, and diagnostic categories; but makes no effort to more fully explain the emotions themselves.

In the experience of loss, many and conflicting emotions occur. Understanding these emotions theoretically may be helpful in dealing with the loss, as the feelings may then be viewed in terms of their relationship to the event and to physical or psychological consequences.

Emotions which have not been integrated with the loss process, although they are generally mentioned in the literature on the topic, are guilt, anxiety, and loneliness. Guilt has been identified by Kubler-Ross (1969) as being present in bereaved persons, and by Froiland and Hozman as being part of the emotional response to divorce. Stein's (1968) model of guilt may be helpful in illuminating the topic. Loneliness is frequently reported as a severe emotional response to loss, according to most authors. Moustakas (1972) model of loneliness may assist in relating this emotion to the topic of

loss. Anxiety, too, is frequently mentioned by those who have concerned themselves with loss. However, anxiety does not appear to be fully integrated into the literature. Fisher (1970) presented the emotion of anxiety as a gestalt. A conceptual model based on Fisher's concepts is presented in the present paper.

The sections which follow will discuss some of the emotional responses to loss, in an attempt to integrate them into the loss literature.

### Ego Defenses and Emotions

Just as in the case of physical pain, each person has a tolerance limit for emotional pain. According to O'Connell and O'Connell (1974), when that limit is reached a psychological "trigger point" occurs; at which time the person begins to use defense mechanisms to ward off further psychological pain.

Plutchik, Kellerman, and Conte (1979) credited the concept of ego defenses to psychoanalysis; viewing it as among the more significant contributions to personality theory and to the theory of psychological adaptations coming from that discipline. The psychoanalytic view is that ego mechanisms of defense are "mental processes that attempt to resolve conflicts among drive states, affects, and external reality."

Defenses are not something from which a well-adjusted person is free. On the contrary, everyone has and needs defenses for the purpose of physical and psychological survival (Bernard and Huckins, 1975). Defenses check the emotions produced by stress, assist in

keeping awareness of certain drives at a minimal level, provide the individual with time to deal with traumatic life events, and help the person to deal with losses which cannot be regained. Izard (1979) stated that in spite of the important role played by the defense mechanisms; few attempts have been made to develop a theoretical framework for understanding the relationships among the defenses, the relationships between specific defenses and specific emotions, and the implications of the emotions for human adaptation. He perceived a need for a model of the defenses which would integrate these concepts.

The number of ego defenses is still a debated topic, with the estimate ranging between 15 and 23 (Plutchik, et.al., 1979). Naming the defenses has presented another problem, as overlap of meanings is common. Distinct boundaries do not appear to exist between the different defense mechanisms. Even the definitions are still being argued. Some writers distinguish between primary and secondary defenses, while others refer to the degree of primitiveness of the defense mechanism. The idea of polarity is also being currently discussed, with some authors viewing one ego defense as the polar opposite of another.

In spite of the lack of consensus on the topic, attempts have been made to measure defense mechanisms through the use of self-report measures; which Plutchik, et.al. (1979) viewed as generally unreliable and invalid. They perceived the difficulty in measuring ego defenses to be related to the lack of an adequate theoretical framework. Their theoretical model is an attempt to remedy this

perceived lack (See Chapter III, page 194). The form is that of a "circular topographic analogue structure for representing ego defenses." Accompanying the model, but not presented in this paper, is a self-report test designed to measure basic ego defenses. The model is a culmination of fifteen years of research by Plutchik on the topic of ego defenses and emotions.

The importance of an understanding of defense mechanisms as they relate to loss resulting from separation, divorce, or bereavement may be explained in terms of Bernard and Huckins' (1975) view that defenses may be protective of one's physical or psychological well being; but may also be self-defeating, blurring, confusing, or distorting one's view of the world or one's perception of events.

In the event of a loss, defense mechanisms may assist in easing the initial psychological pain; protecting the person against excessive or unmanageable anxiety or grief. However, the person experiencing the loss may repress events or thoughts which have become anxiety producing, engage in fantasy to enhance self-esteem, deny the reality of the death or divorce, become emotionally blunted, become isolated, rationalize the loss or present state of being, project blame onto others, displace anger, sublimate sexual and love needs, indulge in excessive sexual behavior, attempt to manipulate others into feeling excessive or prolonged pity, or may deny responsibility or guilt.

It is extremely difficult to identify one's own defense mechanisms. Even if they are identified, Bernard and Huckins (1975) saw a dilemma for the person seeing them objectively: inability to accept the defenses may result in even less clarity in viewing the situation.

In spite of this dilemma, it may be useful for the counselor to be aware of defense mechanisms. Removal of the defense mechanisms may be harmful, as the person experiencing a loss may need them for psychological or physical protection. In the case of pathological grief, however, the counselor may have to become more involved with the client's defense mechanisms.

### Guilt

As guilt appears to be among humanity's most basic emotions, theoreticians in the behavioral sciences have long been interested in the topic. Freud, in Civilization and its Discontents (1917), wrote of guilt as being the most important problem in the evolution of culture, and stated that culture is impossible without guilt (cited in Stein, 1968).

Culture is also nearly impossible with guilt, according to Ernest Jones (cited in Stein, 1968). Stein, a theoretician concerned with guilt, saw guilt as "the special form of anxiety which is experienced by humans in society; the warning tension of life principles violated, of conditions of human social existence transgressed, of sociospiritual reality ignored or affronted, of God alienated, of self being destroyed."

Kaufmann (1973) disagreed that guilt is necessary for the moral well-being of the individual, for purposes of restitution, or for the protection of society. Instead, he saw guilt as a manifestation of an initially external authority which has been internalized. He referred to the example of Martin Luther, who entered a monastery as

a result of guilt feelings following the stabbing death of a close friend. Other bereaved persons may fail to understand why they should deserve to live if the other person died. Such persons would be considered by Kaufmann in need of assistance in understanding their guilt feelings.

Other authors, writing specifically on the topic of loss, mentioned guilt as a component of the loss process. Kubler-Ross (1969) added guilt to her Stages of Grief when she applied the model to bereaved persons. Lindemann (1944) listed guilt as an inevitable component of grief, as did Kavanaugh. Loss resulting from divorce may also produce guilt, when the individual initiates the divorce or attempts to understand what went wrong in the marriage (Krantzler, 1973).

Currently, three general categories of guilt theory are prevalent: psychological, sociological, and theological. The three viewpoints are not necessarily compatible; in fact, their proponents are usually in conflict. The arguments will continue, but the person who is dealing with guilt feelings is unconcerned with the theoretical source of the guilt (Stein, 1968). However, an understanding of the relationship between the event, the guilt and its manifestations, and inhibition or expression of guilt may be helpful in placing the guilt into perspective.

For the purposes of this paper, one important differentiation should be made. The difference between feeling guilt and actual guilt needs to be understood, and the guilt dealt with accordingly. Usually, guilt is appropriately experienced, and dealt with in the

proper time and way. Occasionally, however, guilt may become pathological; expressed as too little or too much of a response, Stein presented a theoretical model of guilt deriving from a psychoanalytic base, which clarifies the guilt process in terms of perceived violation of internalized values, the resulting guilt and its manifestations, the individual's control system, and the inhibition or expression of the guilt in normal or pathological ways. A visual form of the model is presented in Chapter III, page 153.

### Anxiety

Anxiety as a component of the loss process has rarely been considered in the divorce or bereavement literature, although most authors mention the topic. Parkes referred to separation distress (1972), while Weiss discussed persistence of attachment (1975), and Kressel and Deutch mentioned anxiety and panic related to the decision to separate. Consideration of the topic in somewhat more detail may be helpful in understanding the relationship between anxiety and loss.

Rollo May (1953) defined anxiety as the human being's basic reaction to a danger to his existence or to some value he identifies with his existence. Anxiety strikes at the "very core" of the person, according to May. It is what we feel when our existence as selves is threatened, in his view. Leavitt (1967) stated that anxiety occurs unrelated to a specific frightening object. The reaction is disproportionate to the actual situation, and is subjective and imaginative in nature. Anxiety is generally a chronic state, and is less acute than is fear.



Fisher (1970) presented a theoretical model of anxiety which may be useful in studying loss. He perceived anxiety as a whole (a "gestalt") rather than as a simple sum of experiences which were originally unconnected. Anxiety in his view is a linkage of events and perceptions which combine to produce a response. Fisher's model is presented visually in Chapter III, page 156.

The relationship between loss and anxiety may be seen in terms of perceived danger to existence. The loss of a spouse, whether through divorce or through death, may produce anxiety in the person regarding the most essential aspects of life, if inability to care for oneself physically is a real or imagined possibility. Anxiety may result from the realization of one's own personal mortality, emphasized by the death of the spouse. Less basic, but still important, is the anxiety felt at the loss of the relationship which provided some security. Anxiety resulting from divorce or bereavement is based on an actual situational event which is perceived by the individual as involved with the whole world and with personal identity, life style, and the primary relationship. New relationships or encounters, for example, may assume great importance in the life of such persons, and may be imbued with meanings far beyond that of their actual importance. Reaching out to others may become highly anxiety provoking when perceived as a "milestone-to-be-achieved" (Fisher, 1979), which one feels must be successful even while one doubts one's own competence in relationships.

## Loneliness

Loneliness is an aspect of the loss process which is frequently reported by divorced and bereaved persons, but which has not been extensively studied in the context of loss. According to Moustakas, loneliness can be differentiated from solitude (1972). He viewed solitude as filled with dreams, memories, desires, and imaginations; as a period of awakening; and as a time when a person can grow and create. Loneliness, on the other hand, is a powerful experience brought forth by feelings of guilt or experiences of rejection. It occurs especially in times of tragedy, illness, or death. Moustakas related the experience of loneliness to one's feelings of being different from others in a group or with feeling misunderstood or apart from others. Loneliness is frequently associated with broken relationships and separation experiences, and differs according to the person and the specific experience.

In the case of the divorced person, Moustakas defined "the loneliness of a broken life," which he described as a life suddenly shattered by betrayal, rejection, deceit, gross misunderstanding, pain, separation, death, illness, tragedy, and crisis. The experience of divorce may severely alter the person's sense of self and the world, in a very disruptive manner. An important aspect of one's life is being challenged, threatened, or denied. The difficult emotional struggle which results is often faced alone. Loneliness is reported by Krantzler (1973) as the most difficult problem experienced by recently separated or divorced persons.

The bereaved individual similarly experiences great loneliness,

although those authors who defined stages of grief did not generally include this emotion. Eliot (1930) described a stage termed "intense and persistent longing", Engel (1961) wrote of "developing awareness of the loss", Gorer (1965) mentioned "intense mourning", Parkes (1974) mentioned "pining, yearning, and depression"; all of which stages include loneliness as a component. Lack of specific mention of loneliness as a component of loss resulting from bereavement, however, as those interviewing or counseling bereaved persons report loneliness as an intense emotion (Kavanaugh, 1972; Parkes, 1972, 1974; Glick, Weiss, and Parkes, 1974). Loneliness for the divorced and the bereaved may differ qualitatively, however.

One major difference in the experience of loneliness may be in the amount of social support provided to the widowed in contrast to that given to the divorced person. Social customs have always included support for the widowed person, although this seems to be lessening as death denial increases in our culture (Gorer, 1965). However, the social acceptability of the widow or widower is greater than that of the divorced individual. The divorcee may not only receive little or no sympathy or support, but may actually lose married friends. The problem is especially severe in the case of the divorced woman, who may be perceived by others as a threat to their marriages. The divorced person may initially be unaware that loneliness is related to social support, and may blame the emotional response solely on the fact of living without the spouse.

Even within the individual's family, social support may be lacking or may be perceived as lacking. Krantzler (1973) pointed out

that some divorced persons are even reluctant to disclose their status to their families, as they feel that they will be blamed for the failure of the marriage. In spite of the fact that most families ultimately prove to be understanding and supportive, the anticipation of the disclosure can produce feelings of loneliness and isolation. In the case of bereaved persons, family support is normally expected, although not always provided (Parkes, 1972). The loss of the spouse's family may increase the feelings of loneliness in both the bereaved and the divorced; although in bereavement, the spouse's family may provide a continuing source of support.

For many persons, an escape from the experience of loneliness may be found in a frenetic social life, excessive work, or in meaningless relationships: anything to avoid being alone. Such behavior may continue for months or years, but does not contribute to the solution of the basic problem. As loneliness springs from feelings of rejection, deprivation, and loss; then filling one's life with work, people, and activities lacking in meaning is not conducive to alleviating the emptiness (Moustakas, 1972).

As loneliness is closely related to other feelings experienced following a loss (such as guilt, anxiety, and grief), it is important to attempt to understand it in the context of the loss process. Loneliness is a part of the loss process which must be experienced in order to find a way back to contact with oneself. However, Moustakas pointed out that it is difficult to see loneliness as a growth experience when one is experiencing inner turmoil. A conceptual model which is derived from Moustakas' exploration of the

topic is presented in Chapter III, page 159.

### Summary of Specific Aspects of the Loss Process and Recommendations for Further Study

Guilt, anxiety, and loneliness are emotional responses to loss which have not been discussed in detail in the literature pertaining to the topic. Similarly, ego defenses have importance to loss, as the divorced or bereaved individual attempts to protect the self against a barrage of emotions.

Also important for further consideration are the feelings of frustration, helplessness, irritability, restlessness, and hopelessness. Other specific aspects of the loss process which have not yet appeared in conceptual model form are social support systems, kin networks, social status, age of the divorced or bereaved person, and legal aspects of loss. Alternatives to remarriage also becomes important as the individual recovers from the loss.

Barton (1977) pointed out many factors in the grief process which may cause difficulties in the resolution of grief; the major categories being complicating factors relating to the death itself, complicating factors related to the survivor's psychological traits, complicating factors related to the survivor's relationship to the lost person, and complicating factors related to the inability to express feelings related to the loss. Barton detailed each of the categories, emphasizing that not all of the factors will be found in any one person. Counselors and students of the loss process should be aware of the complicating factors in the resolution of grief, as

many of them are applicable to both divorce and bereavement. Although few of the factors are mentioned in the conceptual models related to loss, their importance cannot be underestimated.

#### THE USE OF THEORY AS THE BASIS FOR A COUNSELING MODEL

The importance of theory as the basis for counseling is an idea common in the literature. According to Shertzer and Stone (1974), counselor skills should be based upon theory and research in the social and behavioral sciences. They stated that theories of counseling are attempts to organize what happens during counseling into a coherent pattern. A personal theory of counseling should be based on the counselor's thorough grounding in disciplines such as philosophy, religion, sociology, anthropology, economics, political science, psychiatry, education, and psychology. In addition, the counselor should be cognizant of those counseling theories which already exist. Such a background equips a counselor to understand what is occurring in the counseling setting, to be more effective as a counselor, and to develop a personal theory of counseling.

Carkhuff (1969), in a discussion of model building, described theoretical formulations as "merely means of organizing our experience." In order to comprehend experience, an attempt is made to express systematically what has transpired; through model, theory, or practice building. Carkhuff emphasized that the theory must be closely related to human experience in order to be effective in describing, predicting, or changing behavior. He hypothesized that the benefits to the counselee will be a direct reflection of the

degree to which the theory relates to human experience.

Many theories of counseling and psychotherapy are in current use. Nine categories of such theories were discussed by Shertzer and Stone (1974) and six by Marx and Hillix (1979). New theories, combinations of theories, and spinoffs of existing theories appear frequently in the literature.

Other theories describing phenomena such as personality, stress, motivation, or grief may be utilized as the basis of counseling models. They are helpful in facilitating personal exploration and understanding of a problem area. Such models may be used with appropriate approaches from one or more of the theories of counseling and psychotherapy (Kirkpatrick, 1979; Froiland and Hozman, 1977; Aslin, 1976; Heikkinen, 1979). The use of such theories in the counseling process can be defended by Carkhuff and Anthony's (1979) view that exploration is basic to the counseling process.

Three activities were mentioned by Carkhuff and Anthony as either helping or impeding the counselee's growth: "exploring where they are in their worlds, understanding and specifying where they want to be, and developing and implementing step-by-step action programs to be there." Exploration is seen as the most important activity of the counselee; a self-diagnostic process which is controlled at times by the counselor and at other times by the client. They viewed understanding as "the necessary mediational process between exploring and acting, assisting the client to develop personal goals from among the alternatives uncovered during exploration." Finally, they described acting as "the necessary culminating process

of helping," during which the counselee acts on the new personalized understanding. The new experiences which result may stimulate even further exploration on the part of the counselee. Carkhuff and Anthony stressed that a systematic approach is necessary to assist the client in gaining personal insight and in understanding and developing new behavior. A conceptual model of their counseling approach is presented in Chapter III, page 161.

Several counseling models have as their basis theories which describe such phenomena as grief, stress, personality, motivation, or human development. This type of model provides precedent for the present preliminary counseling model. It is generally recommended by the originators of the counseling models that approaches derived from existing counseling theory be appropriately employed in conjunction with the new models. The counseling model, then, provides the structure for the sessions; while other theories provide the specific techniques.

An example of such a counseling model is that of Kirkpatrick (1979), which utilized Maslow's Hierarchy of Needs (1970) as a means for understanding the client and as a way of structuring goal setting in counseling. It is assumed in this model that the counselee wishes to move upward on the hierarchy of needs and that counselors want their clients to be capable of satisfying their own needs. Kirkpatrick outlined 14 categories of concerns which clients bring to counseling, each of which demands certain specific skills from the counselor, as well as possession of specialized information and referral possibilities. Kirkpatrick combined the 14 categories with Maslow's Hierarchy



of Needs, counselor satisfaction, and client needs to create a structure which would enable the counselor to identify the concerns and needs of the client, the goals of counseling, and the current status of the counseling relationship. His conceptual model is presented in Chapter III, page 165.

Aslin's (1976) counseling model similarly employs a theory as a basis for a counseling model. Her model of the loss of the "wife" role was mentioned earlier in the review as having been based on Bohannon's six processes of divorce. The model provides a structure for counseling divorced and widowed women. See Chapter III, page 170, for an explanation of her counseling model.

A model for divorce counseling which uses a theoretical model as a base is that of Froiland and Hozman (1977), which explained the parallel between physical death and the death of a relationship by means of Kubler-Ross' Stages of Grief (1969). The model was discussed earlier in the review, and is presented in Chapter III, page 110.

Heikkinen (1979) combined Kubler-Ross' (1969) model with Lindemann's (1944) issues in resolving loss, Erikson's (1963) concept of developmental tasks and the resulting dangers of tasks left uncompleted to create "an action model for resolving loss." His suggestion was that a group or workshop format is advisable in loss counseling, because of the advantage of peer participation in the resolution of loss. His model is presented in Chapter III, page 175.

Theory having roots in the education field may also be important in loss counseling, although most of the theories on which counseling models have been based originate in psychology, psychiatry, counseling,

or sociology. Pate (1980) reminded counselors that the roots of counseling are in the field of education as well as in the field of psychology. Preparation for more effective coping with current and future life experiences does not imply "sickness" on the part of the person involved, but should imply the prevention of pathological responses. The developmental approach to counseling which is currently in favor assumes a preventive stance; an appropriate position for the counselor, in Pate's view.

Carkhuff and Anthony (1979) discussed the fact that most current counseling models emphasize self-exploration, which may be viewed as an educational procedure. Earlier theorists such as Freud, Adler, Fromm, Horney, Jung, and Sullivan also stressed self-exploration, but had their theoretical roots in psychoanalysis or psychology rather than in education. Helping as learning is now a common basis for counseling, with much of the interaction between client and counselor involving education or reeducation. Counselors commonly teach people to utilize their personal resources and to learn new life strategies, according to Pate (1980).

The educational basis for counseling began with the employment of counselors in schools for the purpose of providing educational and vocational guidance. Most counselors have traditionally been employed in the schools, have received their training through schools of education, and even today continue to do so. Currently, counselors are branching out into other professional areas such as mental health counseling. Many counselors are now perceiving themselves as being more identified with psychology and psychiatry than with education,

as they attempt to change their professional identity to one with more perceived status (Shertzer and Stone, 1974). However, the educational roots, as well as the psychological ones, are undeniable. Pate (1980), in reemphasizing the educational base of counseling, noted that methodological strength may be enhanced through the methods employing this approach.

### Summary of the Use of Theory as the Basis of a Counseling Model

The use of theory as the basis of a counseling model has much precedent in the literature as a means of organizing human experience in a systematic manner, and as a means of effecting change or enhancing understanding. Several writers have utilized theory as a basis for counseling, with the recommendation that counseling theories and techniques appropriate to the situation be employed as necessary. The visual form, whether chart or diagram, has precedent as an aid in explaining the underlying structure for counseling.

The literature did not suggest that the conceptual model itself be utilized as a counseling tool as is proposed in the present paper. However, some authors tacitly suggest sharing such concepts as stages of grief with the client, or at least acknowledging the normalcy of the behavior or feeling as reported by the client.

Chapter III will present the visual forms of theories and concepts which may prove helpful in understanding the loss process resulting from separation, divorce, or bereavement. An explanation will be provided for each model, as will possible applications of each to the understanding of loss or to loss counseling. Those models

selected represent the physical and psychological state of the individual experiencing loss. Some representative counseling models appropriate for dealing with the loss process will also be presented and explained in the chapter.

## CHAPTER III

### SELECTED CONCEPTUAL MODELS RELATED TO THE LOSS PROCESS

Conceptual models have been selected from the literature which is directly related to loss and from the literature of disciplines which peripherally deal with the topic for more detailed presentation in this chapter.

Those models which have been chosen each derive from a different source and each represents a somewhat different point of view. Although several models from the divorce literature, the bereavement literature, and the stress literature will be presented, each is different in important ways. In combination, they enhance the view of the topic of loss.

The organization of the chosen models will be the same as that already developed in the review of literature:

1. Conceptual models related to bereavement
2. Conceptual models related to separation and divorce
3. General models of loss
4. Conceptual models concerned with the mind, the spirit, and the body
5. Conceptual models related to stress
6. Conceptual models concerned with specific aspects of the loss process
7. Conceptual models for loss counseling

Each of the conceptual models will be explained, evaluated, presented in graphic form, and discussed in terms of its use in understanding loss or in loss counseling.

The conceptual models which follow have been chosen for presentation in this paper for the following reasons:

1. They clearly represent, in visual form, the concepts which they are intended to explain.
2. They represent a variety of disciplines which concern themselves with the loss process either centrally or peripherally.
3. The models may be utilized by a professional from any discipline concerned with loss to gain an interdisciplinary approach to the topic.
4. The models may be utilized by a lay person for the purpose of better understanding the loss process.
5. One, several, or all of the models may be used by a counselor or other professional in working with separated, divorced, or bereaved persons: as a tool for understanding, as a springboard for discussion, or as a tangible reminder of what occurred during the counseling session.

#### CONCEPTUAL MODELS RELATED TO BEREAVEMENT

Elisabeth Kubler-Ross	<u>Stages of Grief</u>	1969
Larry A. Bugen	<u>Human Grief</u>	1977
Mardi J. Horowitz	<u>Ideal of Normal Grief in Response to Loss</u>	1978

## STAGES OF GRIEF

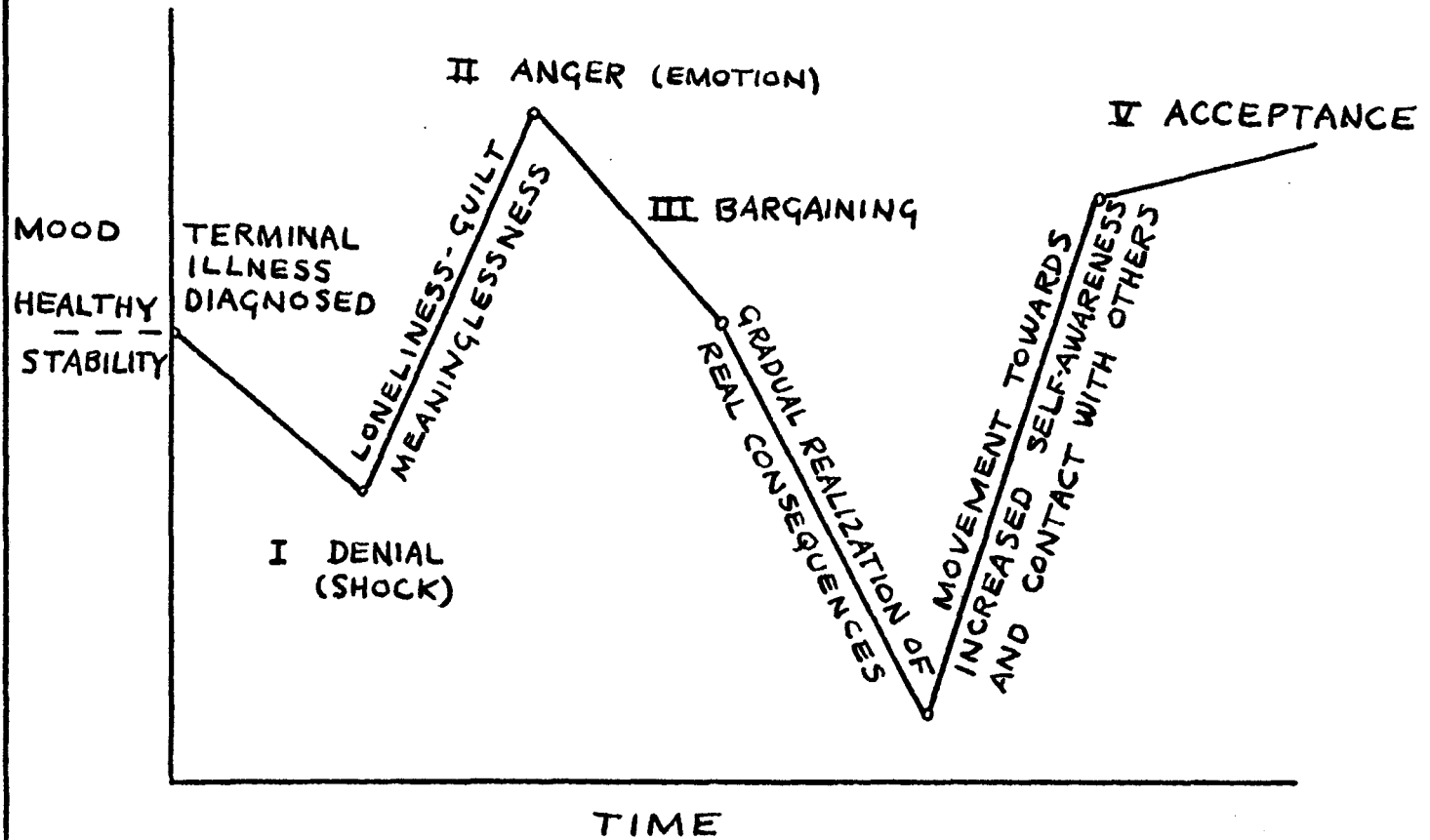
The popularizer of the stage model is Elisabeth Kubler-Ross (1969), the originator of the stages outlined in this model. The visual form of the model was expressed by Mwalimu Imara (1975), a hospital chaplain who studied with Kubler-Ross, a psychiatrist. Kubler-Ross' seminars with dying persons, which consisted of an interview observed by hospital personnel, served the purpose of opening up communication between the patient and the hospital staff, and allowed the dying person to express feelings about the impending death.

Kubler-Ross' stages have been the best known and best accepted model of the process through which a dying person passes. The stages have been utilized by Kubler-Ross to explain the bereavement process as well, with the component of guilt added.

A summary of the stages of dying as expressed in the model is as follows:

1. Denial - the typical reaction when the patient learns of the terminal illness. This is an important and necessary stage for the individual, as it cushions the impact of the awareness that death is inevitable.
2. Anger - the patient resents the fact that other persons will remain healthy and alive while the patient must die. God is a special target for anger, being regarded as imposing an arbitrary death sentence. Doctors, family, and the self may also be the recipients of anger. Anger is inevitable and permissible, enabling the person to move on

# DYING AS THE LAST STAGE OF GROWTH



Source: Imaru, in Kubler-Ross, 1975



to the next stage.

3. Bargaining - the inevitability of the impending death is accepted, but the patient strikes bargains (usually with God) for more time; even if the patient is irreligious.
4. Depression - the person mourns past losses, things left undone, and wrongs which were committed. Preparatory grief then begins, as the person gets ready for death. The dying person may not want visitors, and begins to withdraw.
5. Acceptance - not an unhappy nor a happy state, but one devoid of feelings. Acceptance is not merely resignation, but a victory.

Kubler-Ross explained that the stages are not absolute. Not everyone experiences every stage, in the exact sequence described, nor at a predictable rate. Not everyone completes the stages prior to death. The model is based on the concept that an individual can grow until the moment of death, as in the title of her 1975 book: Death: The Final Stage of Growth.

The five stages were also applied to the family and friends of the dying person and to those who are bereaved. The component of guilt was added to the five stages as an inevitable accompaniment to grief in bereaved persons.

As Imaru (1975) emphasized, the stages represent a growth model, in spite of the fact that the end result is death. Imaru states:

Learning how to live life as a dying person is not unlike the re-learning necessary after a divorce or a separation from an

important person. Leaving a job or receiving an important award or recognition may begin us along the same path of transcendence walked by all of us if we have the opportunity to experience our last days of life.... The "five stages" are the way of optimum growth and creative living. The three modes of human commitment and human development are our guides along the journey. We can live life fully until we die (p. 163).

Kubler-Ross suggested utilizing the model, as she has done, to train persons who are working with dying patients. Her book, On Death and Dying, has become popular in both professional and non-professional circles, as a great many people wish to better understand the experience of dying; either for professional or for personal reasons.

Kubler-Ross viewed understanding of the process as helpful in understanding the many and conflicting emotions associated with dying and with bereavement.

The model may be utilized in workshops or in counseling. The stages may be presented prior to the individual's personal need, as a part of a workshop on death and dying or transition. As has been suggested by Kubler-Ross and others, information and discussion will be instrumental in breaking down the death taboos and in opening up communication between families, medical personnel, and others who deal with the dying and the bereaved. With the client in counseling, the model may be utilized less formally, as the counselor recognizes and acknowledges the stages which are being experienced. Explaining to the client the universality of the experience, while accepting the wide range of emotions which may be expressed, appears to be of therapeutic value for the dying or bereaved person.

Because of the clarity and simplicity of the model as it has been expressed by Imaru, this conceptualization of the stages of

grief is the only stage model to be included in visual form in the present paper.

### HUMAN GRIEF

Larry A. Bugen's (1977) conceptual model employs a theoretical conception based on the existence of a variety of emotional states during the grief process. No sequence or stages are implied as in the stage models. Bugen's orientation is health education, which has apparently influenced his decision to create a model for prediction and intervention in human grief.

Two dimensions are identified in his conceptual model: centrality-peripherality and preventability-nonpreventability, which are viewed by Bugen as contributing to the intensity and to the duration of the human response to grief. Bugen perceived a need for a model which could "1) link pivotal determinants with consequent grief reactions in such a way as to allow for 2) predictive value, as well as 3) guidelines for constructive intervention."

The graphic form of the model is a 2x2 matrix. The vertical axis represents the closeness of the relationship between the bereaved person and the deceased. The horizontal axis represents the extent to which the bereaved person believes that the death was preventable. The two dimensions interact, creating what Bugen termed "reactive states" which reflect both the intensity and the duration of grief.

The two dimensions of the model are explained by Bugen as follows:

INTERACTION OF CLOSENESS OF RELATIONSHIP  
AND PERCEPTION OF PREVENTABILITY AS  
PREDICTORS OF GRIEF

	PREVENTABLE	UNPREVENTABLE
CENTRAL RELATIONSHIP	INTENSE AND PROLONGED	INTENSE AND BRIEF
PERIPHERAL RELATIONSHIP	MILD AND PROLONGED	MILD AND BRIEF

LARRY A. BUGEN, 1977

### Centrality-peripherality

Centrality - This dimension has a direct relationship to the intensity of the grief reaction. Centrality in this context refers to the closeness between the bereaved person and the deceased. If the mourner views the relationship as central, then an intense grief reaction will be the result. If the relationship is seen as a peripheral one, then the grief reaction may be expected to be mild.

When the deceased is seen as a person whose presence and importance is so great that life has no meaning following the death, then the relationship is central. The bereaved person experiences feelings of hopelessness. Centrality may be the most powerful of all conditions, and the one most likely to sustain the sense of hopelessness.

A less intense centrality may involve the loss of a person who provided support and nurturance on a daily basis, as well as providing love. Routine daily activity which involved the deceased person, even if the emotional involvement was minimal, can make a relationship central. Finally, centrality can involve a relationship with a person who may be symbolic of the bereaved's hopes and beliefs, although personal contact never occurred. Bugen saw President Kennedy as central in this respect, as many persons grieved for him intensely.

Peripherality - This dimension is the opposite of centrality in that no relationship existed, or the acquaintance was distant and minimal. Grief reaction will be mild, if it exists at all.

If the person is not viewed as irreplaceable, but respect and presence were felt, as in the case of the death of a coworker;

minimal grief reaction will occur. If the mourner realizes that those aspects of life which are significant will continue unaffected, in spite of the loss of the peripheral person; sadness or loneliness may occur, but not acute grief.

#### Preventability-Unpreventability

Preventability - The dimension of preventability is defined as the general belief on the part of the mourner that the factors which contributed to the death might have been controlled, and the death avoided. Whether or not this is true is unimportant, as the mourner is obsessed by the idea. Preventability may also refer to the belief that directly or indirectly, the personal responsibility for the death belongs to oneself.

Unpreventability - The belief that nothing could have been done by anyone to prevent the death, and that everything possible was done is termed unpreventability. The death might be attributed to God, to luck, to fate, or to inevitability; absolving the bereaved person of guilt and responsibility.

The grief reaction was described by Bugen as being either intense or mild. Physical symptoms such as loss of appetite, sleep difficulties, emotional waves lasting from twenty minutes to one hour; and psychological symptoms such as crying uncontrolledly, depression, general subjective distress, and debilitating anxiety accompany an intense grief reaction. One grieves for oneself, as one feels that one has lost an important part of oneself. The mourner may profoundly believe that life has been hopelessly changed, and that helplessness is inevitable. Such despair may result in the

death of the bereaved person, in the most extreme form of pathological grief. On the other hand, a mild grief reaction results in mild or nonexistent physical symptoms, and in no important psychological stress or distress; although the bereaved may experience loneliness and sadness.

Prolonged duration of grief is considered by Bugen to be that grief response which lasts longer than six months following the death. Manifestations of prolonged duration of grief would include diseases such as rheumatoid arthritis, colitis, or asthma; or such symptoms as insomnia, excessive sleeping, or poor appetite continuing after the six month period is over. Other indications of prolonged duration of grief would be the maintenance of a relationship only with memorabilia related to the dead person, proliferation of helplessness, and failure to establish new or reestablish old patterns of behavior and relationship.

Brief grief reactions may reflect the absence of an emotional bond between the dead person and the mourner, or may result from an anticipatory grief period which was long enough for the person to work through the grief. Support from family and friends can be helpful in working through the grief and in establishing the new patterns necessary to build a new life. Even when no emotional bond existed between the mourner and the deceased, the mourner may become concerned with existential question such as "Is there life after death?"

Bugen suggested four possible outcomes of the interaction between the two sets of determinants, quoted as follows:

1. Given a central relationship between bereaved and deceased,

and the belief that the death was preventable, we would expect the grieving process to be both intense and prolonged.

2. Given a central relationship between bereaved and deceased and the belief that the death was unpreventable, we would expect the grieving process to be both intense and prolonged.
3. Given a peripheral relationship between bereaved and deceased and the belief that the death was unpreventable, we would expect the grieving process to be both intense and prolonged.
4. Given a peripheral relationship between bereaved and deceased and the belief that the death was unpreventable, we would expect the grieving process to be both mild and brief.

Intervention may be suggested by the position of the bereaved person within the model. It is also possible to monitor the movement of the person from a belief in the preventability of the death to a belief in unpreventability, or the movement from perception of the relationship from central to peripheral. Bugen suggested an active helping process to change these beliefs, to assist the mourner in detaching from the deceased, and to facilitate the development of new life patterns.

Bugen did not present this model as a complete explanation of the grief process, but rather viewed it as a structure for therapy with the bereaved. He does not suggest showing the model to the client; as his therapeutic strategies involve the movement of the individual from one mode of thought to another, using any effective approach.

#### IDEAL OF NORMAL GRIEF IN RESPONSE TO LOSS

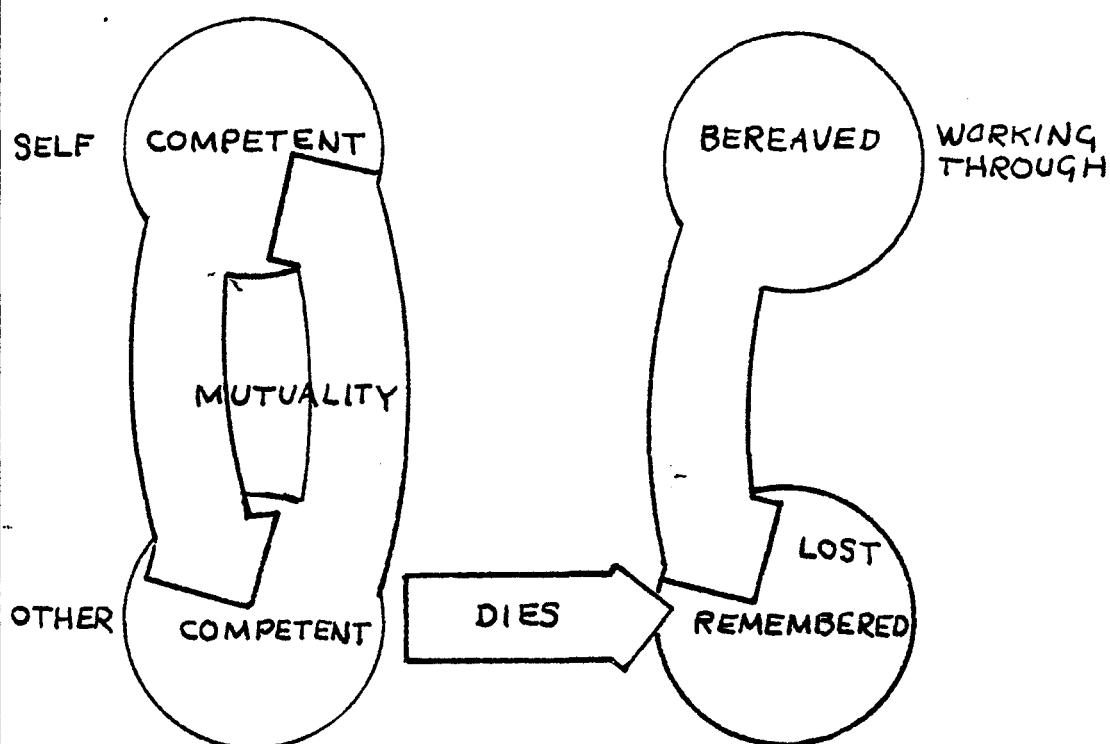
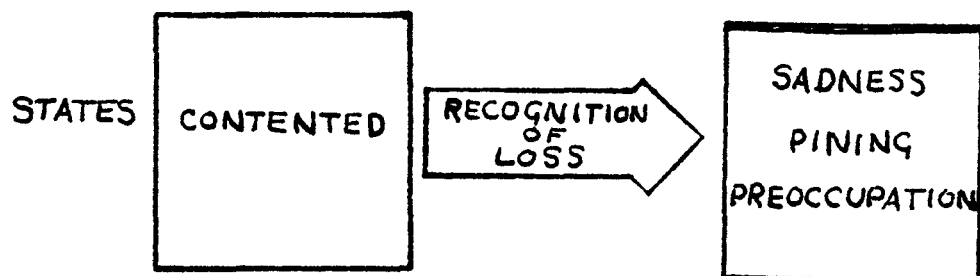
A conceptual model of normal grief viewed in terms of the lost



relationship and the future of the bereaved person was developed by Mardi J. Horowitz (1978). The model was included as part of an investigation into the predisposition to depressive disorders which may follow a loss. The model of normal grief and three models of pathological grief responses are presented in Horowitz' paper, but only the model of normal grief will be presented here.

Horowitz perceives the death of a loved one as an extremely serious life event which requires the bereaved individual to review the lost relationship, to detach from the lost person, and to reestablish the self. During the grief process, such psychological responses as anxiety, guilt, anger, shame, and sadness are expressed; gradually diminishing in most persons.

The conceptual model is presented in the form of flow charts which describe the state of the individual before and after the recognition of the loss; with the person changing from contented to sad, pining, and preoccupied with images of the dead person. Second, the relationship to the deceased is described before and after the loss, with the process of working through the grief symbolized. The self and the other are depicted as being mutually competent in their relationship. The loss alters the relationship. The self becomes bereaved, and the other person is now lost in current reality and remembered in past reality. The grieving individual yearns for the dead person, is preoccupied with images of the deceased, and feels emptiness and dejection. During the process of working through the grief, the bereaved person consciously and unconsciously reviews and disengages bonds with the deceased. An independent image of the self



IDEAL OF NORMAL GRIEF IN  
RESPONSE TO LOSS

MARDI J. HORWITZ, 1977

is reestablished. The person becomes ready for a new relationship, accepts the idea of suffering, and keeps as a valuable memory the past relationship. The process generally requires two years or less for most individuals, and is facilitated by the support of other persons. Mourning in a lesser form may occur for the rest of the individual's life, without being considered to be pathological.

In the normal process of grief, the inner models of the relationship will change to adapt to the new reality. If the relationship was conflict filled or otherwise troubled, or if the bereaved person is predisposed to a depressive or otherwise pathological grief response, then review of the relationship will bring on extremely negative feelings. In order to avoid such pain, the person may employ controls which will interfere with the normal grief process. A pathological response will be the result. Horowitz presented three models expressed in form similar to that presented in the present paper to portray such pathological grief responses as "frighteningly sad responses to loss," "self-hating responses to loss," and "deflated responses to loss."

The models were intended to portray normal and pathological grief responses in terms of relationships and in terms of the future of the self. Although the major focus of the paper was on pathological grief responses resulting from intrapsychic role relationships, the conceptual model of normal grief presents a clear picture of the changes experienced following a loss. The visual model is clearly presented and easily understood. Both professionals and lay persons should find the model useful in explaining the changes which occur

following bereavement.

#### CONCEPTUAL MODEL RELATED TO DIVORCE

Donald J. Froiland	<u>Divorce as the Death</u>	1977
Thomas L. Hozman	<u>of a Relationship</u>	

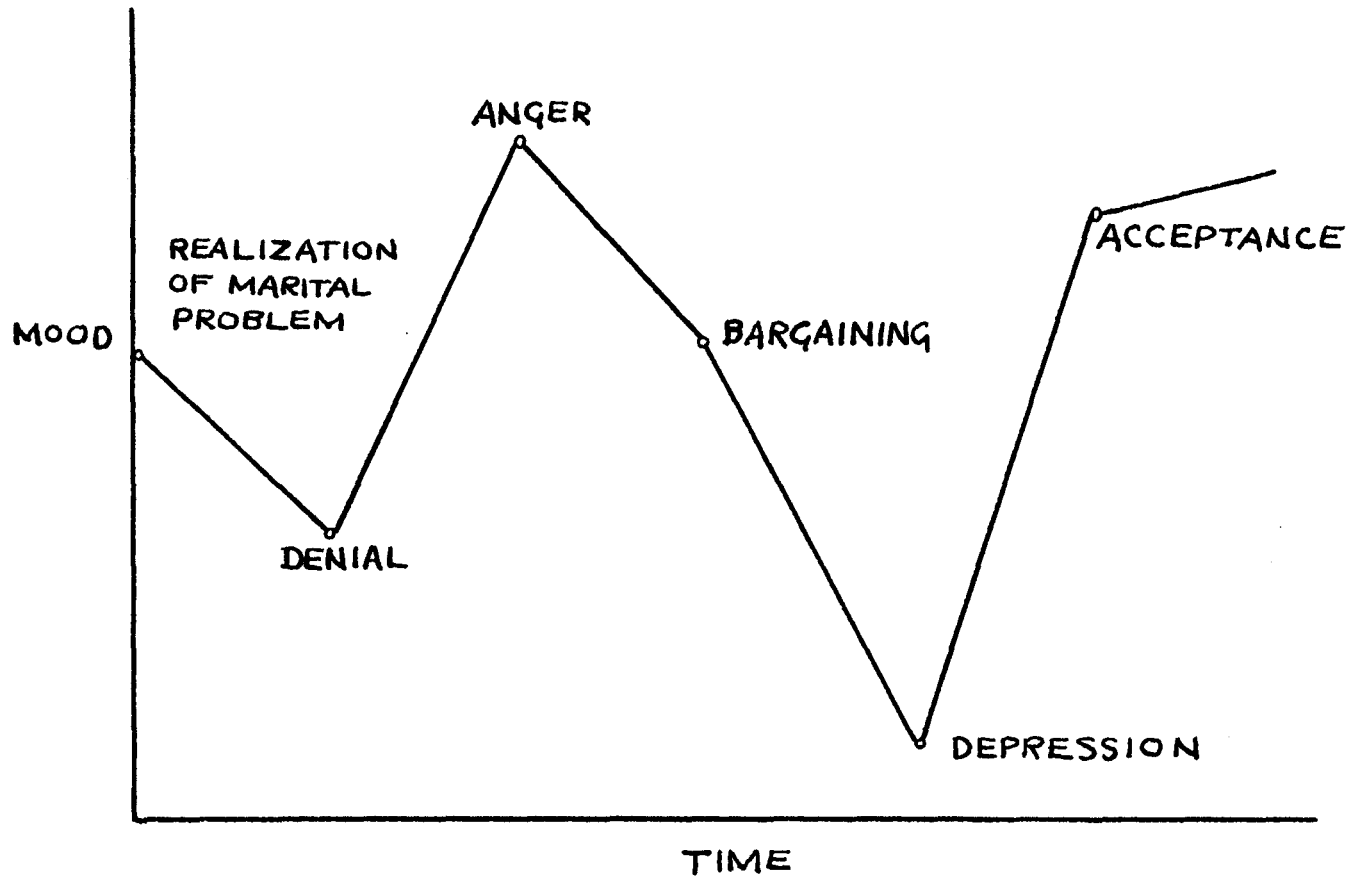
#### DIVORCE AS THE DEATH OF A RELATIONSHIP

Froiland and Hozman (1977) presented a model of the process through which an individual passes during separation or divorce. They utilized the same five stages as did Kubler-Ross (1979); denial, anger, bargaining, depression, and acceptance in their analogy between bereavement and divorce. Divorce as the Death of a Relationship is presented as a growth model, which emphasizes that the person experiencing a divorce is not "sick." However, assistance may be needed in coping with the grief, loneliness, feelings of failure, depression, anxiety, and hostility which may be experienced. As did Kubler-Ross, they emphasized that although the model may be considered to have universal applicability, not all persons pass through the stages in the same order, at the same rate; nor do all individuals necessarily experience all stages. The authors have utilized the model in their counseling practice for a period of four years. Their experience was considered to be validation for the use of the model as a structure for counseling separated and divorced persons.

The five stages in the conceptual model are as follows:

1. Denial - is defined as the refusal to accept either potential or actual reality. The individual may resist suggestions that serious marital difficulties exist, although

DIVORCE AS THE DEATH OF A RELATIONSHIP



FROILAND AND HOZMAN, 1977

problems with the spouse may be acknowledged. Marriage may be viewed as an extension of the self. The possibility of life without the spouse is seen as untenable. The person experiencing denial is generally unwilling to make changes which might upset the balance of the relationship.

2. Anger - is defined as an emotional reaction that often results when one is interfered with, injured, or threatened. Reversion to a previous form of behavior, such as temper tantrums or internalization of the anger is common; as is overt or hidden attack. Supporting alliances are formed with children, family, or friends; with those not providing what is seen as sufficient support becoming the focus of anger. The self-effacing behavior of the denial stage gives way to demands for conformity from the spouse and others. Anger may further alienate the spouse, reinforcing the decision to divorce or separate.
3. Bargaining - in the context of divorce, bargaining refers to the negotiations regarding the terms of the deteriorating marriage. Manipulations of many kinds, such as becoming the ideal husband or wife, are common. Appeals with social or moral overtones may emanate from the spouse or from family and friends. Sexual bargaining may be employed, assuming the form of excessive sexual demands, withholding of sexual favors, flaunting of outside relationships, or pregnancy or threat of pregnancy. Reconciliations may be attempted during this stage.

4. Depression - is defined by Froiland and Hozman as a feeling of despondency in response to the loss or potential loss of the relationship. The person has an exaggeratedly low mood, and decreased feelings of self-worth. The depressed individual may be unable to engage in normal activities, may experience a lack of energy, and may generally feel that there is no reason to make the effort to function. Reactive depression results from a combination of sadness and pessimism. In some persons, the initial reaction to the divorce or separation may be relief. Generally, despondent feelings follow such an initial response. Feelings of failure, loss of trust in others, and social withdrawal may occur. Self-defeating and irrational behavior may occur. Defeatish prophecies may become self fulfilling, and such behavior may become habit.
5. Acceptance - is the hoped for goal following the loss of the relationship. Acceptance may take place despite the individual's dislike of the new lifestyle. The person may accept the new, single image; and may test and develop new relationships. During this stage, new social and professional skills may be developed. The individual may find new forms of support, both internal and external. Even after the person moves toward acceptance, plateaus and relapses will occur. When the individual experiences a plateau, growth may cease for a period of time. Relapses may bring a return to former feelings and behaviors. The individual

should not be concerned that such occurrences are a sign of failure to adjust. Rather, plateaus and relapses are a normal part of the growth process.

Froiland and Hozman suggested specific counseling techniques which may be utilized by the professional working with separated or divorced persons. However, the authors emphasized that the counselor should not be bound to a specific methodology, due to the individual needs and responses of the client. They also emphasized that the divorce process is very complex. The model for counseling is highly simplified, requiring a depth of counselor understanding of the process, of the individual in counseling, and of the unique situation of the client.

Although Froiland and Hozman directly adopted and adapted Kubler-Ross' model of dying and bereavement, the applicability to the divorce process appears to have some validity. The authors apparently did not choose to disclose the contents of the model to the clients, although they did acknowledge the behavior and feelings related to each of the stages. The model was not presented in visual form by Froiland and Hozman, but has been placed for the purposes of this paper in Imaru's (1975) conceptual model format. No research has been conducted utilizing the model. However, the authors appear to have had extensive clinical experience.

#### GENERAL MODEL OF LOSS

John Adams  
John Hayes  
Barrie Hopson

Self Esteem Changes  
During Transition

1976



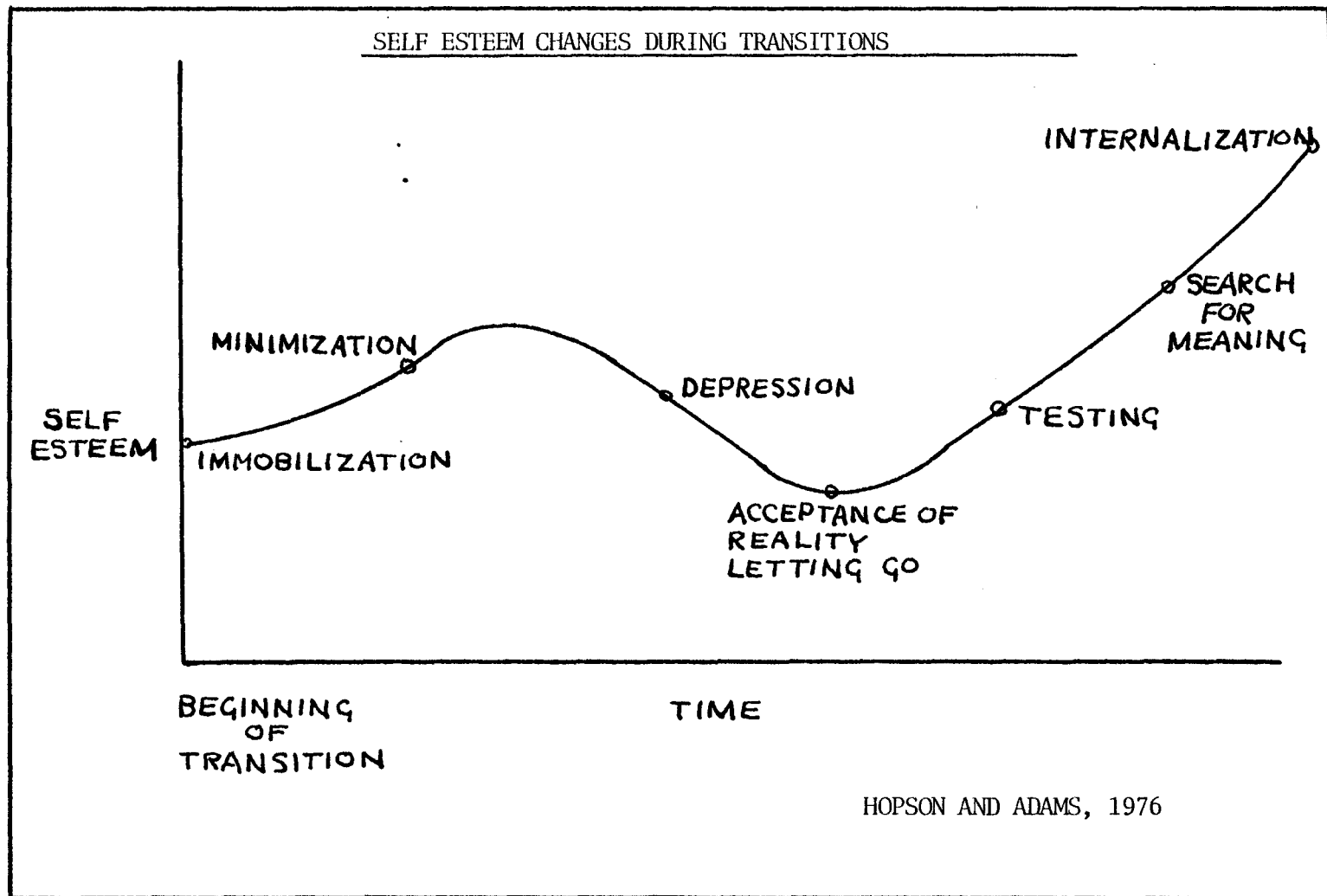
## SELF ESTEEM CHANGES DURING TRANSITION

John Adams, John Hayes, and Barrie Hopson (1976) developed this model in response to their awareness that surprises and disruptions in our lives are occurring with increasing frequency. Some of these are intentional and others are not. Additionally, persons move through a succession of life stages; some of which are relatively stable periods and others which can be unsettling to the point that the person reevaluates personal goals and values. It is the opinion of Adams, Hayes, and Hopson that such transition points offer a great potential for personal growth and development. However, for many persons, they trigger psychological and physiological pain.

The conceptual model is a map of transition points. The authors hope to generate a model of transitional behavior that will assist in predicting human response to such events. The model may be able to suggest ways in which people can not only survive, but gain from the experience of transition. Additionally, it is hoped that testable hypotheses may be drawn from the model, and that the various disciplines involved will be drawn together using a common language to study transitional behavior. The preliminary model is an attempt to link theory with practice, as well as an attempt to link together all types of transitions.

The model may briefly be explained as follows:

The transition experience is divided into seven phases, representing a cycle of experiencing a disruption in one's life, gradually acknowledging its reality, testing oneself, understanding oneself, and incorporating changes in one's behavior. The level of the



individual's self esteem varies across the phases, and appears to follow a predictable path.

1. Immobilization. The person experiences a feeling of being overwhelmed, of being unable to comprehend or to reason, and of being incapable of making plans. The individual often reports being "frozen up." The degree of unfamiliarity of the transition state and the negative expectations of the individual affect the intensity of the immobilization experience.
2. Minimization. In order to move out of the immobilization stage, the individual attempts to trivialize the change or to deny that the transition has occurred. Denial is often necessary in assisting the person in dealing with the change, which may be too overwhelming at first to deal with directly. The individual temporarily retreats from the reality of the situation while gathering internal strength to understand and face the new life brought on by the change.
3. Depression. Persons begin to become depressed as they realize that changes must be made, even if the transition has been undertaken voluntarily. Frustration occurs as the individual tries to cope with the new life requirements, the new ways of behaving, and the new relationships or other changes which may be necessary.
4. Acceptance of Reality. As the individual becomes more aware of the new reality, acceptance begins. Whereas the first three stages are characterized by attachment to the past; during this stage the person begins to let go, with a resultant rise in optimism.

5. Testing. The person begins to try out new life styles and new behaviors as the past recedes. New coping mechanisms are employed. The person exhibits a great deal of activity and personal energy; and may easily become angry and irritable, making demands and having high expectations for others' behavior as related to the new life situation.
6. Seeking Meanings. The individual begins to become concerned with understanding how things are different, and why. During this phase, which is highly cognitive, the person attempts to sort out the behavior and feelings experienced during the earlier phases. Gaining distance and perspective permits the individual to gain deeper understanding of the meaning of the transition.
7. Internalizing. Those meanings and understandings gained permit the person to move towards internalizing what has been learned. The individual can now incorporate the new meanings into the new behavior.

As with other stage models, although time is implied, the person does not move neatly from stage to stage, in a predetermined manner or in a specific amount of time. Rather, the model is representative of general experience. The model, as is Kubler-Ross', is a growth model which implies that in transition there is a potential for growth; even in the case of a change perceived to be of a negative nature, such as divorce or bereavement. Through the pain may come increased self awareness and changes in relationships with other people, as well as development of new skills and interests.

The model was developed as a result of transition seminars

conducted by the authors. Some preliminary research was conducted during the development of the model, and future research is planned. It is hoped to create a model which will represent all transitions; a model which could unify the study of the transition process. Similar findings were obtained by Elisabeth Kubler-Ross (1969) in her investigation of the reactions of dying persons, in studies by the Menninger Foundation of Peace Corps volunteers, and in a study of the professional development of postgraduate students in an Organizational Behavior Program at Case Western University in Cleveland. Future research utilizing the model may prove the authors' hypotheses regarding the predictability of the transition response.

#### CONCEPTUAL MODELS OF THE INTERRELATIONSHIP

##### BETWEEN MIND AND BODY

Viktor Frankl	<u>The Mind, The Spirit and The Body</u>	1959
Abraham Maslow	<u>Hierarchy of Needs</u>	1970
Joan Hartzke McIlroy	<u>Traditional View of Life Alternate View of Life</u>	1979

##### THE MIND, THE SPIRIT, AND THE BODY

Viktor Frankl's conceptual model of the interrelationship between the mind, the spirit, and the body is a clear and potentially visible means of emphasizing an important idea. His 1959 explanation of this concept has been put into visual form for the purposes of this paper. His awareness of the importance of the interrelationship between the mind, the spirit, and the body was heightened during his internment in Nazi concentration camps, during which he frequently

witnessed persons who felt that there was no meaning in life sicken and die. Those prisoners who were able to maintain a sense of personal meaning, whether it be religious in nature, work to be finished after the war, or a family to return to, were more able to withstand the physical deprivation and exhaustion resulting from life in the camps.

Later, in his experience as an existential psychoanalyst, Frankl estimated that twenty percent of persons seeking psychotherapy are suffering from "noogenic neurosis" (originating in spiritual problems resulting from the frustration of the will to meaning; also called existential frustration). The major concerns of persons experiencing such a neurosis revolve around one's meaning in life or lack of meaning. Frankl's belief is that one should not search for an abstract meaning in life, but should create a meaning which is personal. The therapist is not to impose meaning on the patient, but instead should assist the patient in self-discovery.

Frankl's other categories of neurosis relate to the mind and to the body. The first, "psychogenic neurosis," would be considered to be conventional neurosis. "Somatogenic neuroses" have a physical cause resulting in feelings and behaviors which bring a person to a therapist. The three categories are difficult to separate, because of the close interrelationship between the mind, the spirit, and the body.

A person experiencing the loss of a spouse through divorce or death may experience a loss of meaning in life. In the past, life's meaning may have been closely tied to the spouse, the marriage, and

MEANING IN LIFE

MIND

BODY

SPIRIT

PERSON



CREATES OWN MEANING IN LIFE

LOSS

MAY RESULT IN  
LACK OF MEANING IN LIFE . . .SEARCH FOR A  
NEW MEANINGATTEMPTS  
TO ESCAPE

FROM FRANKL, 1961

the role as husband or wife. The loss may result in the experience of an inner void. In Frankl's terms, this is "existential vacuum." If unresolved, the result may be noogenic neurosis.

Frankl stated that the individual suffering from existential frustration or vacuum may attempt to escape through various means, such as sexual pleasure (overactivity), acquisition of money or material possessions, or excessive sleep, alcohol, or drugs.

A limitation of Frankl's model is the strong bias toward religious meanings in life, although application of the model is not dependent on such bias. The model is not based on objective clinical observation or research, although the concept has been indirectly confirmed through stress research.

The strength of the model lies in the depiction of the individual as more than just what is observable. The realization that one may become ill and die as a result of spiritual problems emphasizes that the person must be considered and dealt with as a whole, rather than in parts.

#### HIERARCHY OF NEEDS

Abraham Maslow, an eminent figure in humanistic psychology, formulated a theory of motivation based on the needs of the individual (1970). The theory is considered to be holistic in that it accounts for multiple motivational forces, and makes an attempt to order them in importance. Many authors consider Maslow's theory to be the primary humanistic theory of motivation.

Fundamental to Maslow's theories are the basic needs, which he



arranged in a hierarchy ranging from the lowest level needs (the physiological needs) to the highest (the self-actualization needs). The lowest, or most basic, needs are considered to be innate, and therefore can be influenced by genetic factors. The lowest needs are also considered to be the strongest.

The needs are considered to be biological in origin. However, the specific behaviors associated with each need are learned. In order for the learning to take place, the behavior must provide satisfaction for a basic need.

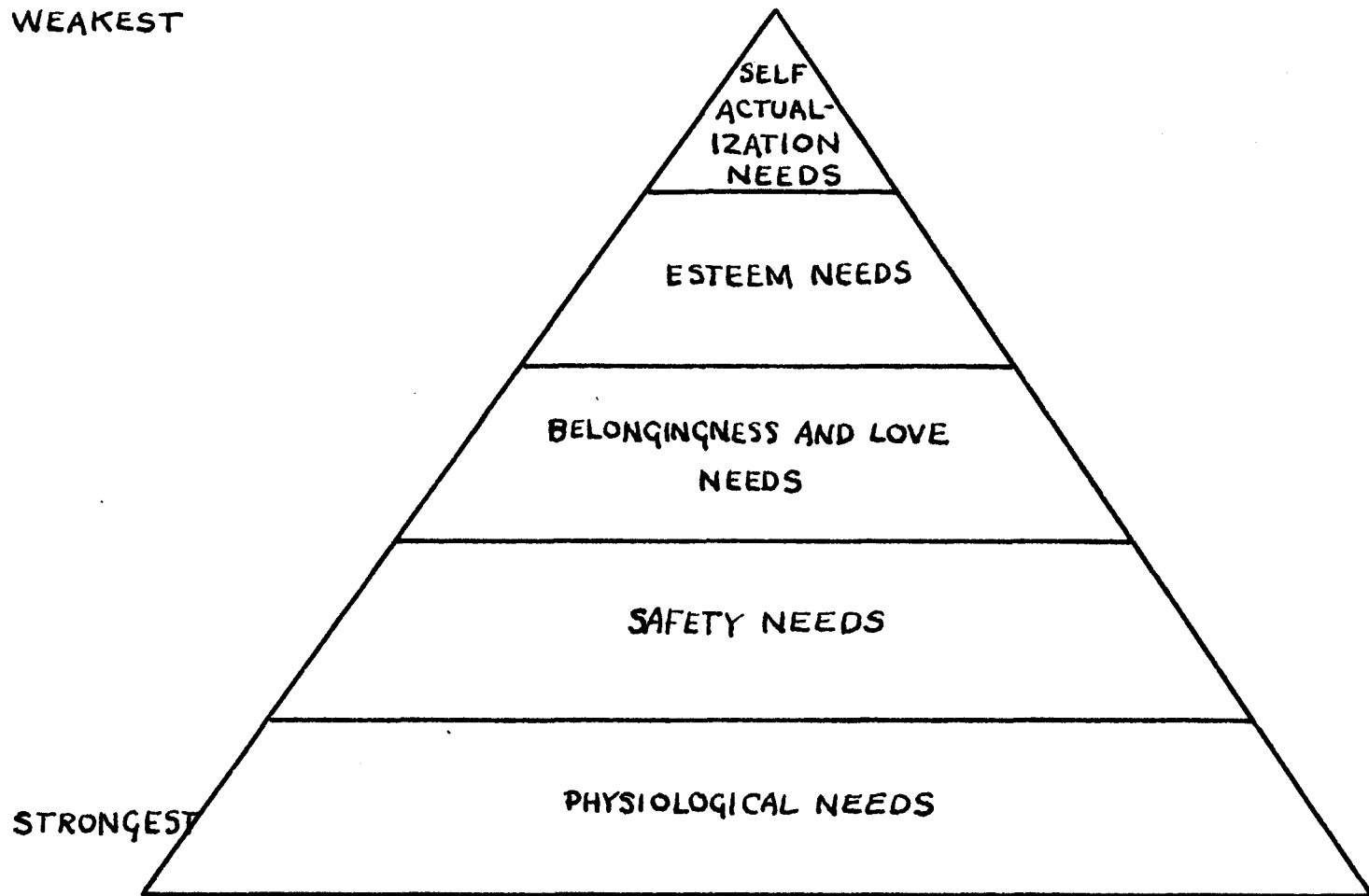
Cofer and Appley (1964) defined five characteristics of basic needs:

1. Failure to gratify a basic need results in a directly related form of dysfunction or disturbance, either physiological or psychological. For example, a lack of vitamins can produce malnutrition; a lack of love can produce depression.
2. Restoration of the gratification remedies the dysfunction or disturbance.
3. The continued presence of gratification for a basic need prevents dysfunction or disturbance and brings on a state of health and growth.
4. In certain free-choice situations, the gratification of one basic need will be preferred over the gratification of others. A hungry child, if given food and toys, will prefer eating to playing. Affection is a more satisfying option than idleness; affection gratifies a basic need and idleness does not.
5. The prolonged satisfaction of a basic need will reduce its demands to a low ebb of render it inactive. Eating a nutritious diet on a regular basis lessens pangs of hunger. Being loved lessens strivings for affection and attention (p. 99).

Also important to understanding the model is that needs do not necessarily occur in sequence, nor do all lower level needs require

HIERARCHY OF NEEDS

WEAKEST



MASLOW, 1970

satisfaction before the person moves to the next level. As the hierarchy of needs is ascended, the proportion of satisfactions decreases.

The Hierarchy of Needs is generally represented as a triangle divided into five categories:

1. Physiological Needs, as the most basic needs, are represented at the base of the triangle. These needs must be met if life is to continue. If the lower level needs are unmet, higher level needs will not serve as motivators. The physiological needs include the needs for food, water, oxygen, shelter, rest/activity, sensory stimulation, and sex (although not everyone agrees that sex is a basic need, as one can survive without it).
2. Safety Needs is the next higher category, and includes the needs for physical and psychological safety. This includes needs for security, stability, dependency, protection, structure, order, law, limits, and freedom from fear, anxiety, and chaos, and need for strength in the protector. Safety needs may serve, in Maslow's view, as the almost exclusive organizers of behavior; with the person being dominated by them, if the needs are not properly met.
3. Belongingness and Love Needs are placed next on the hierarchy; coming into prominence if the safety needs are well gratified. Not being loved may lead to feelings of alienation, futility, and hostility. Persons whose belongingness and love needs are unmet may become distrustful of others, maladjusted, or

may exhibit even more severe pathology. The need to belong and to be accepted and to love and be loved is seen by Maslow as instrumental to the development of feelings of self-worth.

4. The Esteem Needs become more important as a motivational force when one's needs for being loved and loving others are either satisfied or in the process of being satisfied. Esteem needs include the desires for strength, adequacy, mastery and competence, self-confidence, freedom and independence, reputation, status, fame, recognition, dominance, attention, importance, dignity, and appreciation. If esteem needs are satisfied, the individual experiences feelings of self-worth, self-confidence, strength, capability, and adequacy. The thwarting of the esteem needs may lead to inferiority feelings; feelings of helplessness and weakness; resulting in discouragement or maladaptive or compensatory behavior.
5. Self-Actualization is at the apex of the triangle, representing Maslow's highest level need. Prior satisfaction of the physiological, safety, belongingness and love, and esteem needs are usually necessary before self-actualization can be achieved. Self-actualization means that the person has the drive for accomplishment within the limits of personal capacity. Few persons reach this level, as they are occupied with meeting lower level needs.

Not all behavior is a result of motivation, although all

behavior is caused by something; whether that something be environmental forces, external demands, contingencies, expressive behavior, or functional autonomy (behavior which is need free).

Cofer and Apley (1964) felt that the model had some shortcomings. It is unclear to them how the basic needs were selected, why they were ranked as they were, and why other needs were not included. The theory was considered to be unscientific in that it was not based on systematic clinical observations nor on experimental data.

However, in spite of shortcomings and criticisms, Maslow's Hierarchy of Needs is easily comprehended, and has applicability in viewing the situation of an individual undergoing divorce or bereavement. The divorced or bereaved person has lost ground on the hierarchy, no matter at what level previous functioning had occurred. For example, a woman may lose her sexual outlet, and may be reduced sexually to the physiological need level. Loss of income may force her to be concerned with food and shelter. Her safety needs would probably have been affected; her security, dependency, stability needs and sense of protection disturbed. Her belongingness and love needs are probably also affected, as she may feel unloved and have no one to love; a state which may result in futility, depression, and alienation. Her esteem needs are different: her status as wife is gone; and with it, perceived attention, dignity, and appreciation.

Lack of awareness of the changes in one's needs could lead to difficulties in relationships, as the person may be unable to differentiate between the physiological need for sex and the need for love and belonging. Other difficulties could occur, such as inability

to function at higher levels when one is basically concerned with food and shelter. Knowledge of the Hierarchy of Needs model could explain to the affected individual what is occurring, thus forestalling some problems and alleviating some of the distress and confusion.

It is important for both the counselor and the client to be aware, however, that it is possible for an individual to function even when lower level needs are only partially met or are unmet. A person is capable of rising even to the self-actualization level while having unmet lower level needs; although such an event is unlikely.

#### TRADITIONAL VIEW OF LIFE

#### ALTERNATE VIEW OF LIFE

Joan Hartzke McIlroy, a counselor, developed a four-dimensional model deriving from an existential perspective (1979). Although concerned with one's career development, the model also possesses greater meaning related to one's choices bearing on one's lifestyle over a lifetime. McIlroy emphasized that although persons are not always able to choose the circumstances of their lives, they are able to choose their own postures toward events.

McIlroy's view is that many persons "die at an early age," as Kozol suggested. This kind of death may occur although the physical body remains alive; and may result from loss of employment, bereavement, divorce, physical impairment, financial disaster, or other life shocks."

The first of McIlroy's models depicts the traditional view of life, which would include death at an early age. Youth is depicted

in the traditional view as a warm-up period which leads to the middle years, the climax of one's life. From then on, however, the direction of life is downhill, as the person disengages from people and activities, reviews the past, and waits for physical death to occur.

The second model, the alternative view of life, is less commonly accepted. Life is depicted as a line of continued growth from youth to old age. The line varies according to each individual's psychological and spiritual aliveness. The alternate view is that each day and each phase of life is a new peak of existence. Regardless of when physical death may occur, the individual is considered to be at the spiritual and psychological prime of life.

For each person, the growth process is individualized, with different variables encouraging or preventing growth:

...clear perception of self, others, and the world; clarity of values; congruence of attitudes and values; willingness to risk, willingness to invite feedback from others; effective decision making; willingness to face conflict and confront dissonance; forgiveness of self and others; accurate ownership of responsibility; commitment to action; effective time perspective (i.e., putting both history and future in healthy perspective so they contribute to the present rather than diminish it); and periodic reassessment of personal philosophy.

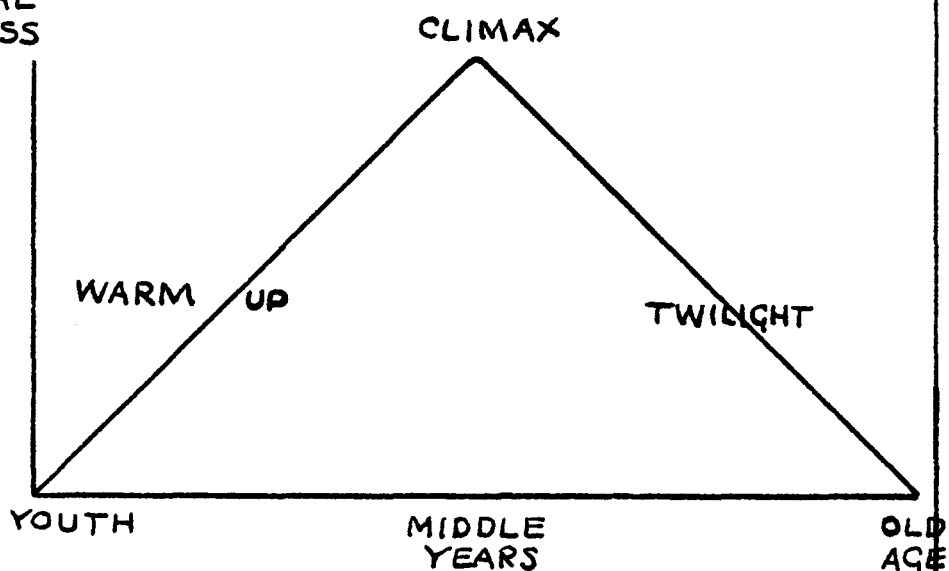
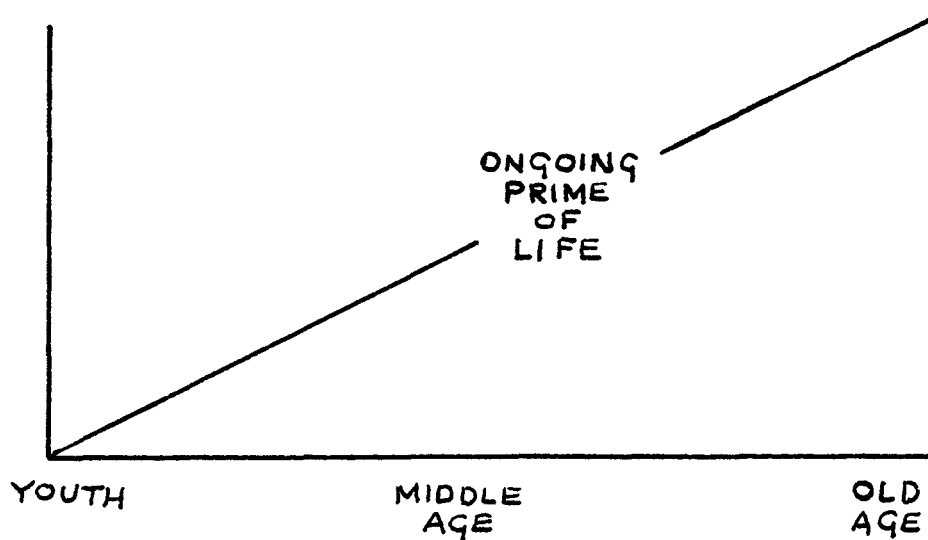
McIlroy discussed four dimensions of the career model, ranging from the traditional concept of a job to a total view of life.

Briefly, the four dimensions are as follows:

1. Career as job, in which career is defined as training or education leading to employment, and beginning, changing, being promoted, and retiring from jobs.
2. Career perceived as involving all aspects of an individual's lifestyle. Each element influences and is influenced by

TRADITIONAL VIEW OF LIFE

PSYCHOLOGICAL  
SPIRITUAL  
ALIVENESS

ALTERNATE VIEW OF LIFE



all others.

3. Career as the transcending self, in which the person moves beyond the limits of the concrete present, is able to rise above a situation and to abstract the self beyond the limits of time and space. Human existence is viewed as dynamic.
4. Career involving the spiritual realm, which is concerned with the human spirit; and which assesses the quality of the other three dimensions. Each individual must determine the quality of life in terms of one's personal meaning in life.

The implications for the counselor or other professional working with persons who have experienced a loss or for the student of loss include the following:

1. Life is the sum of many parts: it includes more than the relationship with the lost person.
2. Even when life circumstances appear to be negative, the individual has the choice of being defeated or of experiencing the loss and then moving on spiritually and psychologically.

Although the model of the alternative view of life is related to career development, the meaning of the model is much greater. It is not necessary to view the model in its original career terms, as it depicts life as a totality.

#### CONCEPTUAL MODELS RELATED TO STRESS

Thomas Holmes  
Richard Rahe

Social Readjustment  
Rating Scale

1967

Richard Rahe	<u>The Pathway Between Subjects' Exposure to Recent Life Changes and Their Near-Future Illness Reports</u>	1974
P. McC. Miller J. G. Ingham	<u>The Coping Process</u>	1979
Hans Selye	<u>The Three Phases of the General Adaptation Syndrome</u>	1974
Levi, Lennart	<u>Relation Between Physio- logical Stress and</u>	1967
Hans Selye	<u>Level of Stimulation</u>	1974

#### SOCIAL READJUSTMENT RATING SCALE

##### (SCHEDULE OF RECENT EXPERIENCES)

Working in the area of psychobiology, Thomas Holmes, a psychologist, and Richard Rahe, a stress researcher, developed a method for scaling life event and life style changes (1967). The method they utilized was derived from psychophysics; with the combination of disciplines producing a truly interdisciplinary model.

In spite of the fact that the Social Readjustment Rating Scale has been expressed as a chart rather than as a conceptual model, its easily comprehended form and high level of recognizability qualify it for inclusion in the present paper. The scale is popular among professionals and nonprofessionals, as it frequently appears in textbooks, scholarly papers, and in such widely read magazines as Reader's Digest. The form is that of a self-administered questionnaire, appropriate for either research or self appraisal. The Social Readjustment Rating Scale is the basis of Rahe's (1972) model which immediately follows in the present paper, making presentation important in the understanding

SOCIAL READJUSTMENT RATING SCALE

<u>RANK</u>	<u>LIFE EVENT</u>	<u>VALUE</u>
1.	Death of spouse	100
2.	Divorce	73
3.	Marital Separation	65
4.	Jail Term	63
5.	Death of close family member	63
6.	Personal injury or illness	53
7.	Marriage	50
8.	Fired from work	47
9.	Marital reconciliation	45
10.	Retirement	45
11.	Change in family member's health	44
12.	Pregnancy	40
13.	Sex difficulties	39
14.	Addition to family	39
15.	Business readjustment	39
16.	Change in financial status	38
17.	Death of close friend	37
18.	Change to different line of work	36
19.	Change in number of marital arguments	35
20.	Mortgage or loan over \$10,000	31
21.	Foreclosure of mortgage or loan	30
22.	Change in work responsibilities	29
23.	Son or daughter leaving home	29
24.	Trouble with in-laws	29
25.	Outstanding personal achievement	28
26.	Spouse begins or stops work	26
27.	Starting or finishing school	26
28.	Change in living conditions	25
29.	Revision of personal habits	24
30.	Trouble with boss	23
31.	Change in work hours, conditions	20
32.	Change in residence	20
33.	Change in schools	20
34.	Change in recreational habits	19
35.	Change in church activities	19
36.	Change in social activities	18
37.	Mortgage or loan under \$10,000	17
38.	Change in sleeping habits	16
39.	Change in number of family gatherings	15
40.	Change in eating habits	15
41.	Vacation	13
42.	Christmas season	12
43.	Minor violation of the law	11

Holmes & Rahe, 1967

of stress relating to loss.

The basis of the scale is the idea that the adaptive capabilities of the body are finite. Only so much can be endured before the ability to adjust is temporarily exhausted.

The Social Readjustment Rating Scale ranks 43 life events; major and minor, positive and negative; according to the amount of social readjustment required following the event. The scale was developed following years of interviews and testing, until it was possible to assign to each life event a life-change unit (LCU) score on a relative scale of 1 to 100. The highest score, 100, is assigned to the death of a spouse; divorce, at 73, is ranked second, and marital separation is third with a score of 65.

Several research studies were carried out using the scale, using both retrospective and prospective approaches. Inspection of the data suggested a positive relationship between the seriousness of illness and life change magnitude for the year prior to the onset of disease. It was suggested that the greater the life change or social readjustment; the greater the vulnerability to disease, and the more serious the resulting disease. The health changes which were observed included a wide variety of mental and physical disorders.

Persons assessing themselves using the Social Readjustment Rating Scale are asked to add up their scores for a one-year period. An unpublished study by Rahe and Holmes indicated that for mild life crises (150-199 LCU), 37% were associated with health changes; for moderate life crises (200-299 LCU), 51%; and for major life crises (300+ LCU), 79%. In some persons, two or more major health changes

occurred during the time at risk (2 years).

The importance of the scale to the study of the loss process lies in the additive nature of the LCU's. For a loss resulting from divorce or separation, many other items may also be changing. The resulting score may be extremely high, if such other changes as change in living conditions (25 LCU), change in financial status (38), change in number of marital arguments (35), revision of personal habits (24), change in residence (20), change in recreational habits (19), and change in sleeping habits (16) are considered.

Limitations of the scale include lack of recognition of individual differences in personality, social support, coping mechanisms, and physical health. Each item was scaled according to estimates by respondents to the study, and could not include such individual responses.

Users of the scale, whether professional or nonprofessional, run the risk of misunderstanding the meaning of a high LCU score. Although there is a high correlation between a high score and health changes, illness is not the inevitable result of a 300+ score, as is explained by the following conceptual model (Rahe, 1972).

#### THE PATHWAY BETWEEN SUBJECTS' EXPOSURE TO RECENT LIFE CHANGES AND THEIR NEAR-FUTURE ILLNESS REPORTS

Richard H. Rahe (1974) emphasized in this model that there are many intervening variables between an individual's recent life change events and illness reporting. The previous model, Holmes and Rahe's The Social Readjustment Rating Scale, indicated that the greater the

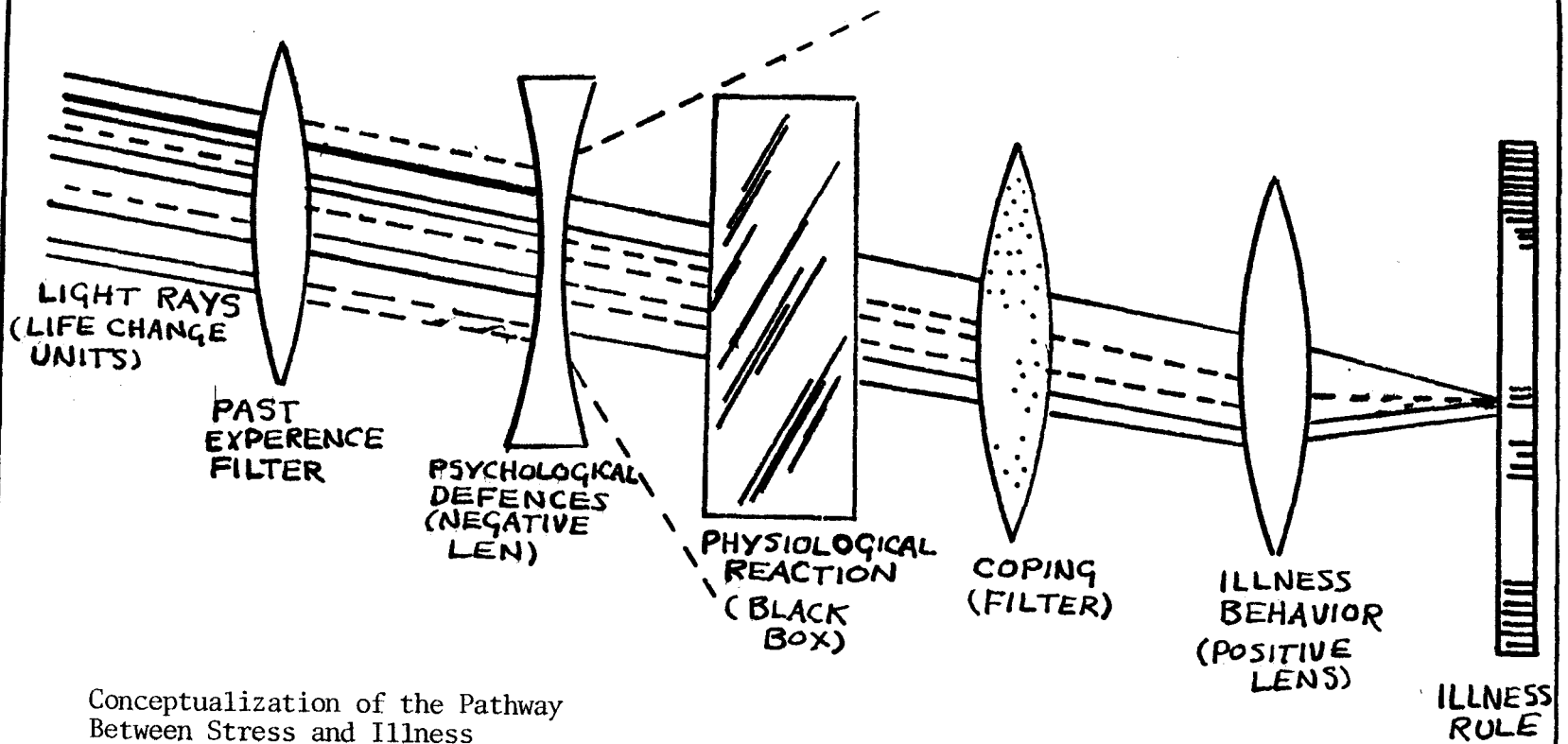
magnitude of life change or life crisis, the greater the probability that the person would experience disease. No intervening variables were introduced which might serve to mitigate the effects of the life crisis. Instead, an additive score indicated the possibility of developing an illness during the coming year.

The present conceptual model, showing the pathway between life change and illness reports, uses a series of optical lenses and filters to illustrate the steps along the pathway. The lenses and filters represent intervening variables. The life change (which may be conceived of as stress) is presented as light rays. A physiological black box (the body) and an illness rule (to measure the severity of the illness) are also employed in the illustration.

Light Rays of varying intensities are entering the diagram at the left edge. They symbolize the person's environmental input. The lines represent Life Change Unit "exposure" (see Social Readjustment Rating Scale). The solid black lines represent high LCU events, thinner solid lines represent moderate LCU events, and the thin dotted lines represent low LCU events.

The Past Experience Filter can be conceptualized as a polarized filter which represents how a person's past experience with various life change events may alter his LCU values. Some LCU values may be augmented and others lessened, as the individual "filters" the estimates of the recent life changes in terms of past experiences.

Individual's Psychological Defenses, or ego defense mechanisms, may "diffract away" some life change events, making them insignificant. Other events pass through one's defenses with little "deflection".



From Rahe, 1972

A Physiological Reaction occurs only when events "penetrate" the psychological defenses. Such reaction takes place within the physiological black box (the body), where physiological activation in many body systems may occur. The solid and dotted lines emerging from the black box now represent varying intensities of physiological activation, rather than life events.

Coping is represented by a filter. Coping is defined as one's ability to reduce his physiological activation. Some of the body's physiological activations are "absorbed" through the person's coping ability, while others are unaffected.

Illness Behavior is shown by the positive lens. The individual may or may not interpret the physiological activation as body symptoms, and may or may not report the symptoms to a physician. The lens symbolizes the person's decision to focus attention on his perceived body symptoms.

The Illness Rule symbolizes the diagnosis of the symptoms as physical illness (by medical personnel).

Research utilizing the present model and an adaptation of the Social Readjustment Rating Scale was carried out by Rahe in conjunction with the U.S. Navy Medical Neuropsychiatric Research Unit. Findings suggested that it is very recent life change events which predominantly influence body symptoms and illness reporting. However, significant correlation between life change events and body symptoms and illness reporting is evident up to a year later.

Although the individual's recent life change experience passes through several steps of perception and defense before body symptoms



are perceived and reported, Rahe's model indicates that the relationship between stressful life change and illness is not a direct nor inevitable one. Stressful life changes may be handled in such a way that the individual never experiences or reports illness.

Rahe has not suggested use of the model with lay persons. His primary purpose was to explain to professionals involved in stress research how he conceptualized the intervening variables occurring between the life change event and possible illness, and to clarify his own research. However, the model may be useful in explaining the Social Readjustment Rating Scale for both professionals and non-professionals, as both groups have been exposed to the chart and may be frightened by a high LCU score. The use of optical lenses and filters in depicting the pathway between life events and illness appears to be a very understandable shorthand.

#### THE COPING PROCESS

A conceptual model deriving from psychiatric research was developed by McC. Miller and Ingham (1979) to diagram the coping process in the life events to illness link. The model is a depiction of current models and theories of stress.

The conceptual model itself takes the form of a flow chart which links the threatening event and normal symptoms with physical and mental consequences which may range from no serious consequences to minor or major illness, depression, psychosis, or death. Normal and drastic coping measures, chronic minor or major long-term difficulty, normal or drastic repeated coping to contain or remove the

difficulty or symptoms can be traced to the consequences of the ability or inability to cope.

Definitions which relate to the conceptual model are as follows:

Event - some environmental change. The evidence is now tending to indicate that the change must be in some way threatening or undesirable in order to result in psychological illness.

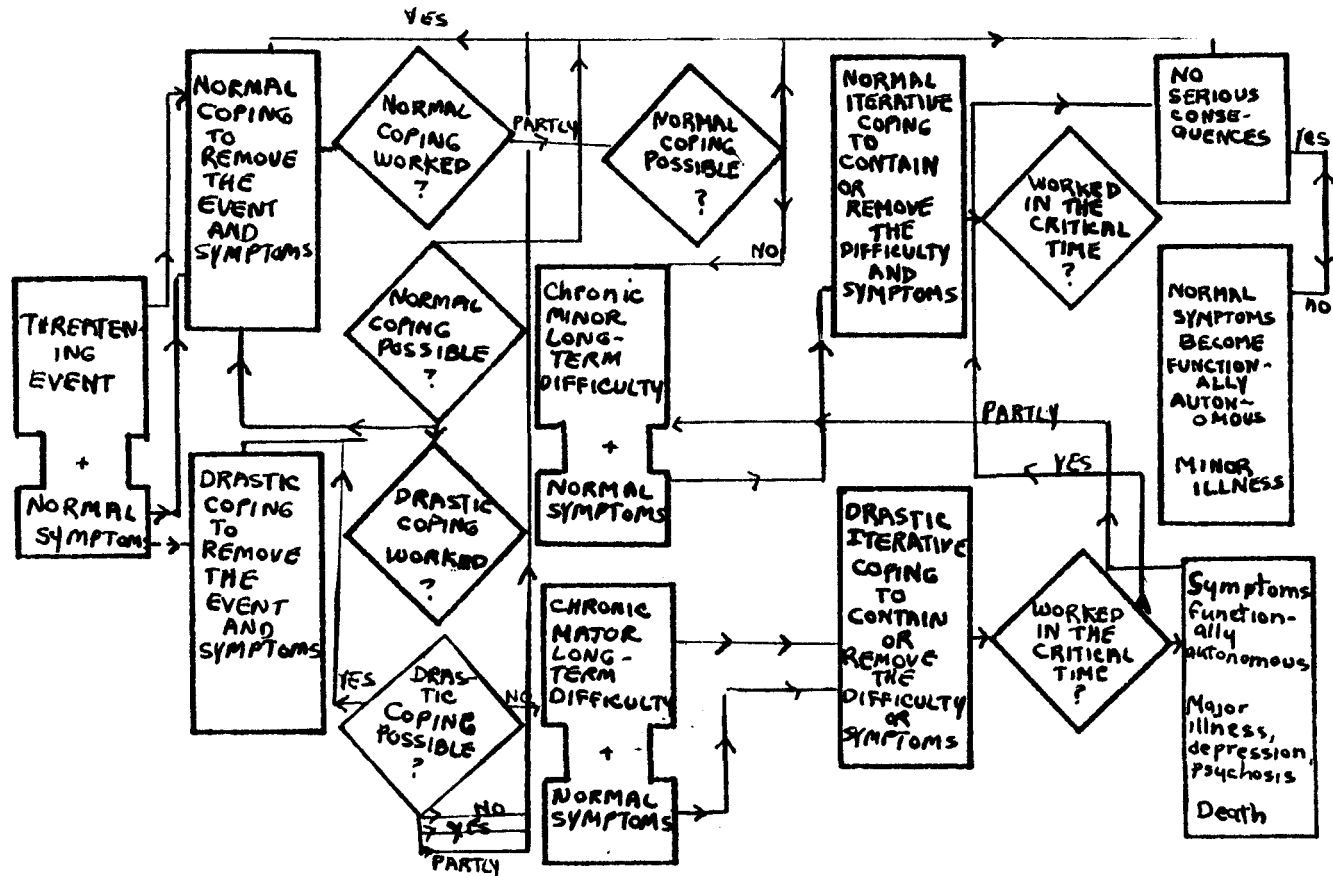
Normal symptoms - arise from the threatening event immediately and fairly automatically. Psychophysiological effects are accomplished by subjective feelings of distress; such as anger, depression, and anxiety. Such normal symptoms do not in themselves constitute illness. Three criteria differentiate between normal and pathological symptoms:

1. Normal symptoms are understandable reactions in the face of adverse circumstances.
2. Normal symptoms do not in general prevent the individual experiencing them from attempting to cope adaptively with the problem to be faced.
3. In so far as the coping improves the external situation, normal symptoms are decreased or eliminated.

Although there are individual differences in reaction to life events, some persons can tolerate the normal symptoms better than others.

If the distress is inappropriately manifested and coping mechanisms appear to be disordered, then the person is regarded as psychologically ill. A corresponding level of physiological symptoms, which results in physical illness, may be difficult to remedy.

# THE COPING PROCESS



From McC. Miller and Ingham, 1979

Normal coping processes - take many forms, such as denial and reappraisal. Such processes are an attempt to change the self or the environment in order to reduce the threat and to combat the symptoms of anxiety, irritability, depression, and anger which have been stimulated by the adverse circumstances. A device which is successful in one situation may be unsuccessful in another setting or even in a repeat of the same situation. Coping processes are highly individual. Normal persons use and try out many devices in an attempt to reduce the normal psychological symptoms. If the coping process is successful, a reduction in psychological symptoms will result. If coping is partially successful, a chronic condition may result. More drastic coping methods will be employed if coping is unsuccessful.

Drastic coping - occurs when the normal coping processes are unsuccessful. Such coping includes antisocial aggression, desperate reappraisals, attempts at suicide, and psychologically disturbed behavior. Drastic coping methods may be organized in a hierarchy. First, the individual develops pathological symptoms. Next the person demands legitimized illness status. Then, parasuicide may occur; with removal from the stressful situation by hospitalization. Detachment from reality comes next, followed by suicide. The person first tries one drastic move, and then another. The attempts at drastic coping may make the situation worse, stimulating new events which must be dealt with. It should be noted that normal coping does not always precede drastic coping. If normal coping mechanisms are effective, then no drastic measures are needed. However, the more severe threats encourage more primitive and less adequate coping processes, as the

person has no repertoire of mechanisms to deal with such events.

To understand the conceptual model, one must follow the arrows according to which path the individual may be taking between the threatening event and the consequences of the event. The presentation appears to be somewhat confusing, but the concept may be helpful in conveying the idea that one's coping processes affect the severity of the consequences which result from a threatening event.

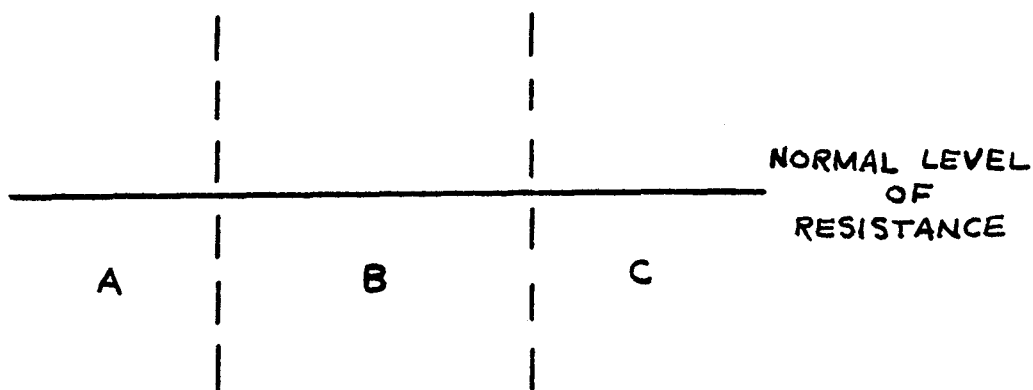
It would not seem that McC. Miller and Ingham's model is useful for the purpose of explaining the coping process to a client. However, the professional concerned with stress may find the model enlightening.

#### THE THREE PHASES OF THE GENERAL ADAPTATION SYNDROME

Hans Selye (1974) depicted the general adaptation syndrome (the G.A.S.) in conceptual model form. The G.A.S. has been described as a syndrome produced by various noxious agents. The syndrome is similar regardless of the disease from which an individual may be suffering; and includes loss of appetite, decrease in muscle strength, loss of ambition to accomplish anything, and usually changes in weight and facial expression. The stimuli which produce the syndrome vary widely; and include heat, trauma, cold, hemorrhage, infection, and nervous irritation.

The conceptual model shows three phases of the general adaptation syndrome: the alarm reaction, the stage of resistance, and the stage of exhaustion. The individual's normal level of resistance is depicted by a horizontal line. The G.A.S. is viewed in terms of

THE THREE PHASES OF THE GENERAL  
ADAPTATION SYNDROME



- A. Alarm reaction. The body shows the changes characteristic of the first exposure to a stressor. At the same time, its resistance is diminished and, if the stressor is sufficiently strong (severe burns, extremes of temperature), death may result.
- B. Stage of resistance. Resistance ensues if continued exposure to the stressor is compatible with adaptation. The bodily signs characteristic of the alarm reaction have virtually disappeared, and resistance rises above normal.
- C. Stage of exhaustion. Following long-continued exposure to the same stressor, to which the body had become adjusted, eventually adaptation energy is exhausted. The signs of the alarm reaction reappear, but now they are irreversible, and the individual dies.

From Selye, 1974

phases and resistance, showing the finite nature of the ability of the body to adapt (adaptation energy). Research with animals has indicated that exposure to stressors can be withstood just so long. Following the initial alarm reaction, the body adapts and begins to resist. Resistance continues as long as the body is innately capable or resisting, depending on the strength of the stressor. Eventually, however, exhaustion begins as adaptation energy is depleted. The individual dies.

The model may be useful for both professionals and nonprofessionals to understand the concept of human response to the stressors of divorce and bereavement. In the case of pathological or unresolved grief, the individual may have to expend a great deal of adaptation energy to deal with the stressor. Physical or mental illness, or even death, may result when the individual becomes exhausted. It may be unwise to utilize the model in a counseling setting with a client concerned with inability to cope with separation, divorce, or bereavement. It is not likely that death would result from the stress of the loss, but a model depicting such a possibility might produce further concern as to the outcome..

#### RELATION BETWEEN PHYSIOLOGICAL STRESS

##### AND LEVEL OF STIMULATION

..."stress" can be evoked by every or almost every change, including psychosocial change. This would mean that increases in "stress (Selye)" should occur as concomitants not only of psychological reactions usually described as unpleasant but also of those described as clearly pleasurable. If this is so, not only the unpleasant reactions but the pleasant ones too should be accompanied by "an increased rate of wear and tear in the

organism." This aspect of psychophysiological relationships has been almost totally neglected in the past (Levi, 1974).

A conceptual model of the relationship between psychosocial stimulation and stress as defined by Selye was presented by Lennart Levi (1974). The highest levels of stress are usually found at the extreme ends of the stimulation continuum. Deprivation or excess of almost any kind is considered to be stress provoking. Life change, such as divorce or bereavement, could be viewed in terms of the model. Holmes and Rahe assigned high LCU values to those stressors, indicating a great risk for subsequent illness. Levi considered that high levels of deprivation (understimulation) could be accompanied by high levels of stress; such high levels being a result of divorce or bereavement.

Selye himself presented the same model, adapted from Levi, labeling the extremes of the experience continuum differently what Levi labeled "Deprivation", Selye called "Extremely Unpleasant." The other end of the continuum, labeled "Excess" by Levi, was designated as "Extremely Pleasant" by Selye. The center of the continuum would indicate indifference. Selye differentiated between stress and distress, noting that stress results from pleasant emotional arousal and is not necessarily harmful to the individual. In the case of divorce and bereavement, however, the emotional response is probably unpleasant; and may result in extreme amounts of stress.

The two models are in reality the same model. However, Selye's labels which describe the pleasant or unpleasant nature of the experience would appear to better clarify the relationship between psycho-



STRESS

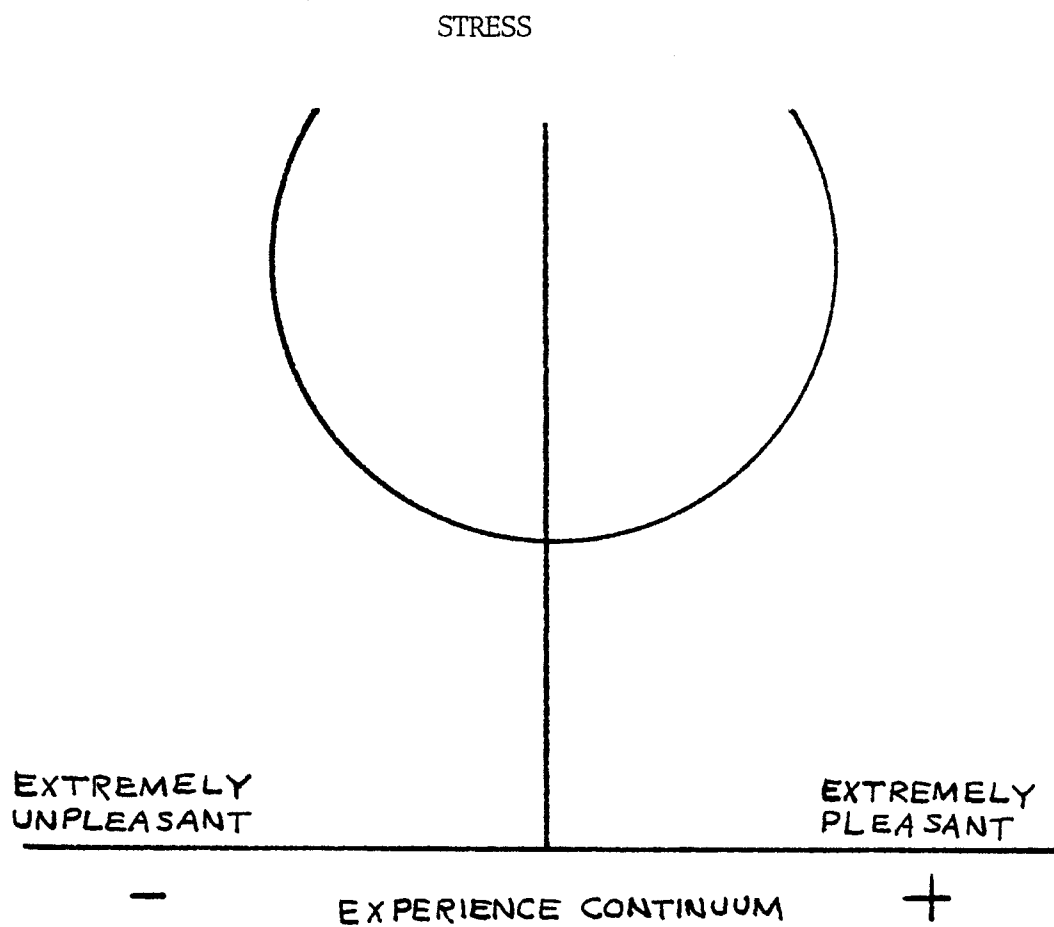
DEPRIVATION  
(e.g. UNDERSTIMULATION)

EXCESS  
(e.g. OVERSTIMULATION)

—

+

HANS SELYE, 1974  
(From Levi, 1967)



LENNART LEVI, 1967  
(FROM SELYE, 1975)

social factors and stress.

Presentation of the model to clients attempting to understand stress encountered as a result of separation, divorce, or bereavement would appear to be appropriate; as the model is very simple.

#### MODELS OF SPECIFIC ASPECTS OF THE LOSS PROCESS

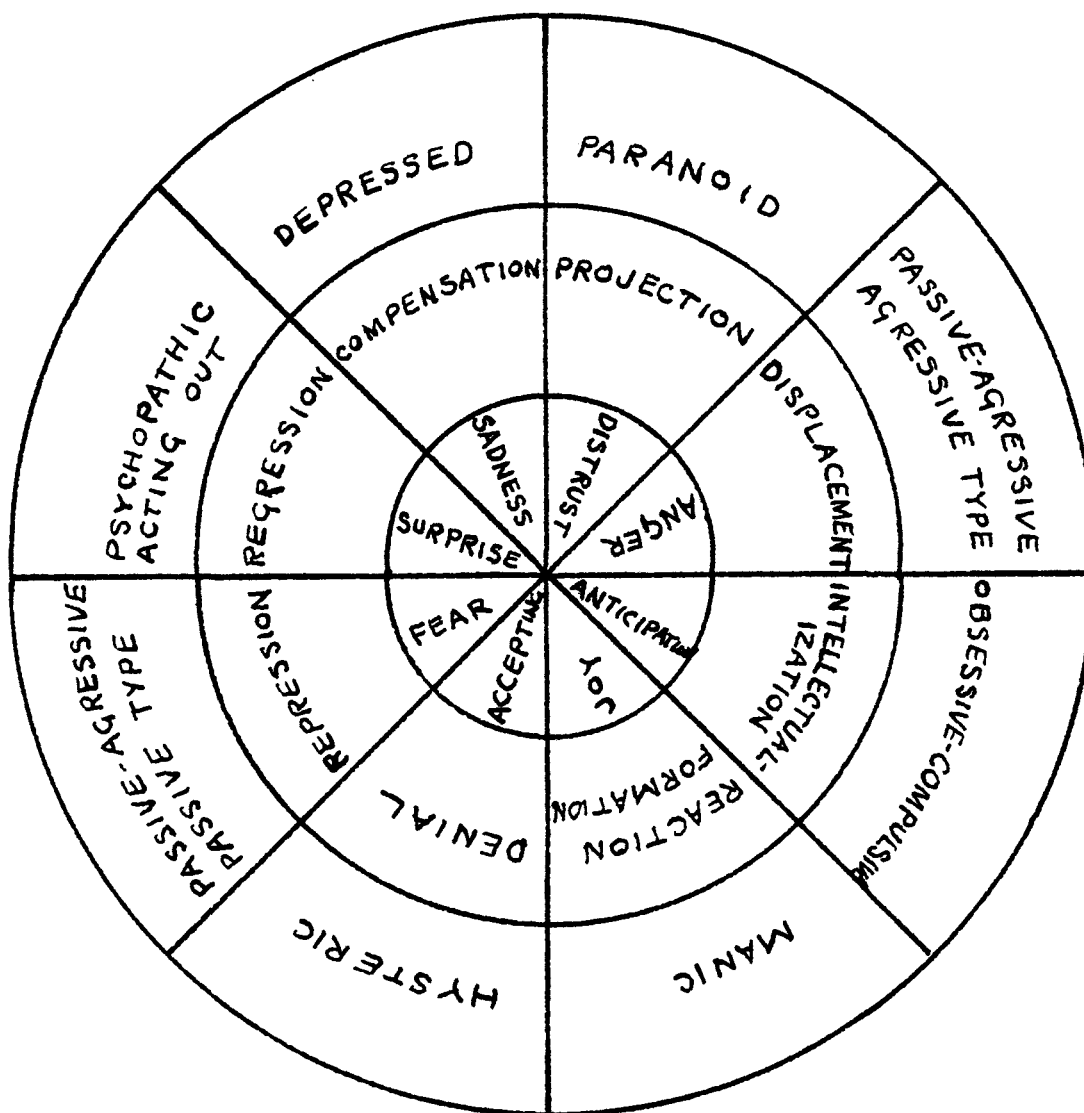
Plutchik, Robert Kellerman, Henry Conte, Hope	<u>A Structural Theory of Ego Defenses and Emotions</u>	1979
Stein, Edward V.	<u>Guilt</u>	1968
Fisher, William F.	<u>The Gestalt of Anxiety</u>	1970
Moustakas, Clark	<u>Loneliness</u>	1972

#### THEORETICAL MODEL RELATING EMOTIONS, EGO DEFENSES, AND DIAGNOSTIC CATEGORIES

A theoretical model of the nature of ego defense mechanisms was developed by Plutchik, Kellerman, and Conte (1979), assuming a psychoanalytic approach. They attempted in the model to clarify the concepts of similarity between the defenses, polarity, and the developmental level of the ego defenses. The conceptual model is represented as a circle; with an inner circle representing the emotions, a middle circle representing the ego defenses, and an outer circle representing the diagnostic categories. Placement around the circle indicates the similarity or polarity between the emotions, the ego defenses, and the diagnostic categories.

The purpose of creating the model was to attempt to structure the topic theoretically, and also to provide a basis for the development

THEORETICAL MODEL RELATING EMOTIONS,  
EGO DEFENSES, AND DIAGNOSTIC CATEGORIES



Robert Plutchik  
Henry Kellerman  
Hope R. Conte  
1979

of a self-report instrument designed by the authors to measure ego defenses. The authors expressed the hope that the model would contribute to the understanding of personality and to improvement of diagnosis of psychopathology.

Preliminary studies partially confirmed the existence of similarity between such ego defenses as projection and displacement, resulting in the number of ego defenses being reduced from sixteen to eight. Emotions were similarly broken down into eight primary categories. Although there appears to be a multiplicity of emotions, the authors indicated that they can all be considered as mixtures of one or more of the eight primary emotions.

The eight primary emotions were paired with the eight ego defenses that deal with the emotions: fear with repression, anger with displacement, distrust with projection, sadness with compensation, and so on. The defense mechanisms most similar were placed together, and those most different were placed opposite each other to illustrate the concepts of similarity and polarity.

From the preliminary studies, five postulates were presented to provide a theoretical model of ego defenses:

1. Specific defenses are designed to manage specific emotions.
2. There are eight basic defense mechanisms that have evolved to deal with the eight basic emotions.
3. The eight basic defense mechanisms show the properties of both polarity and similarity.
4. Major diagnostic personality types are derived from particular defensive styles.

5. An individual may utilize any combination of the defense mechanisms.

The outer circle of the model, which represents diagnostic categories, implies psychopathology. The authors do not intend that the model should be understood only from this viewpoint. It should not be assumed that the use of a defense mechanism or the expression of a particular emotion necessarily implies that the individual is manifesting pathological behavior. The model is designed to better explain personality as well as pathology.

The implications for counseling include the usefulness of the model in understanding the relationship between emotions and ego defenses and the relationship of both to the corresponding pathological states. In loss counseling, the defenses may be necessary to protect the individual from psychological pain which might otherwise be overwhelming. The counselor would do well to recognize the defense which is operating, and to allow the behavior to occur unless pathology becomes evident. It could be considered to be normal for the grieving person to express a variety of emotions or corresponding defense mechanisms. The normal loss process should be permitted to occur, in accordance with current thinking (Kubler-Ross, 1975). The counselor should not interfere with the normal grief process, but rather should facilitate the expression of emotion in order to prevent later pathological responses.

### GUILT

A theoretical model of guilt was presented by Stein (1968) in

written form, and has been translated into conceptual model form for the purposes of the present paper.

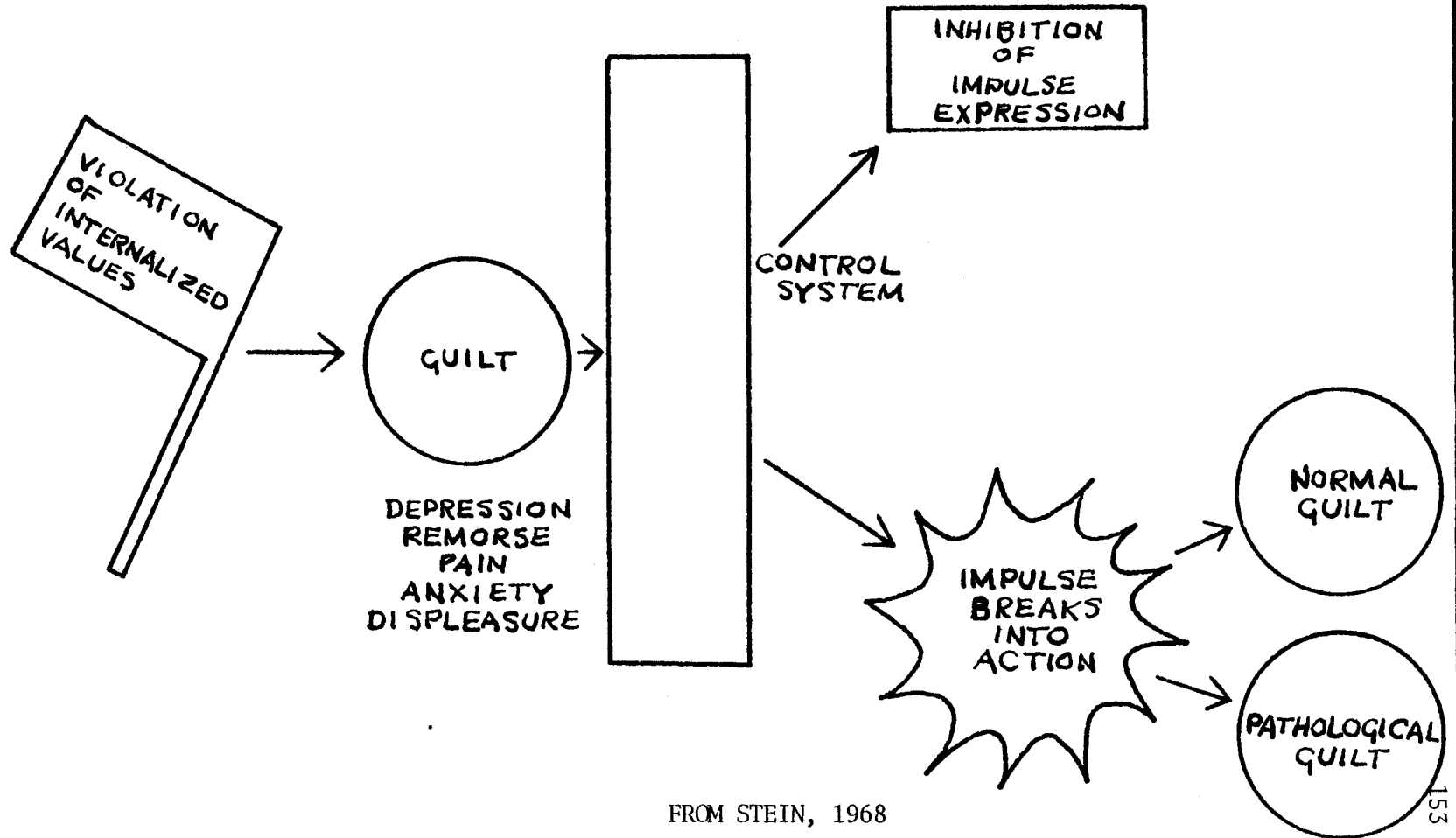
Stein's theoretical origins are in psychoanalysis, but he does not adhere strictly to this viewpoint. Instead, he tends toward an existential view of guilt.

Guilt is defined by Stein as a state of tension or anxiety over internalized aggression (self-hatred) or loss of self-love. Both internally and behaviorally guilt is anxiety, pain, displeasure, depression, and remorse; resulting from the violation of internalized values rooted in an emotional relationship. According to Stein, the threat of anticipated guilt, under normal conditions, cues off the control system. The control system inhibits the expression of impulses. If the conscience warning fails, and the impulse becomes action, normal guilt is the result.

Stein's view is that life is moving toward some point beyond present existence; seeking to be more than it is. Guilt is the psychic "law of gravity" of human community. In other words, guilt permits common acceptance of values and shared internalized goals. Stein sees guilt as an important basis for hope, in that a person is able to endure present trials or deficiencies by imagining future self esteem. Through the guilt system, the possibility of freedom and transcendence of the self may be realized, as the person judges the self before the conscience.

For the recently divorced or widowed person, guilt may be present along with feelings of worthlessness and failure. The widow or widower may experience guilt as a result of perception of the

GUILT



FROM STEIN, 1968



centrality of the relationship and the perceived preventability of the death (Bugen, 1977). The grieving person may agonize over perceived deficiencies in loving or caring for the spouse. The divorced person, too, may experience guilt related to personal adequacy, deficiencies in role as husband or wife, presently unacceptable behavior, or initiation of the divorce. The resulting guilt may be viewed as part of the loss process which may assist or inhibit future growth, depending on whether the guilt remains within normal limits or becomes pathological (too much or too little guilt).

The conceptual model may be helpful in understanding that guilt is a normal part of human functioning. In terms of the usefulness of the model to the study of loss due to divorce or bereavement, acceptance of guilt as an expected part of the loss process may prevent normal guilt from becoming pathological. The counselor and the individual experiencing the loss should be cognizant of the appropriateness of guilt in the situation; but should also be aware that if the guilt assumes pathological proportions, the normal loss process will be disrupted. Recovery from the loss may be prolonged or behavior may become inappropriate.

#### THE GESTALT OF ANXIETY

William F. Fisher presented a model of anxiety based on psychoanalytic thought (1970). The model has been adapted to conceptual model form for the purposes of the present paper.

An explanation of Fisher's theory of anxiety begins with the occurrence of some sort of situational event integral to the person's

past, present, and future relations and projects. The event is perceived by the individual as a 'milestone-to-be-achieved' on which the individual's entire world depends. This translates to the person that the whole world appears to be questionable.

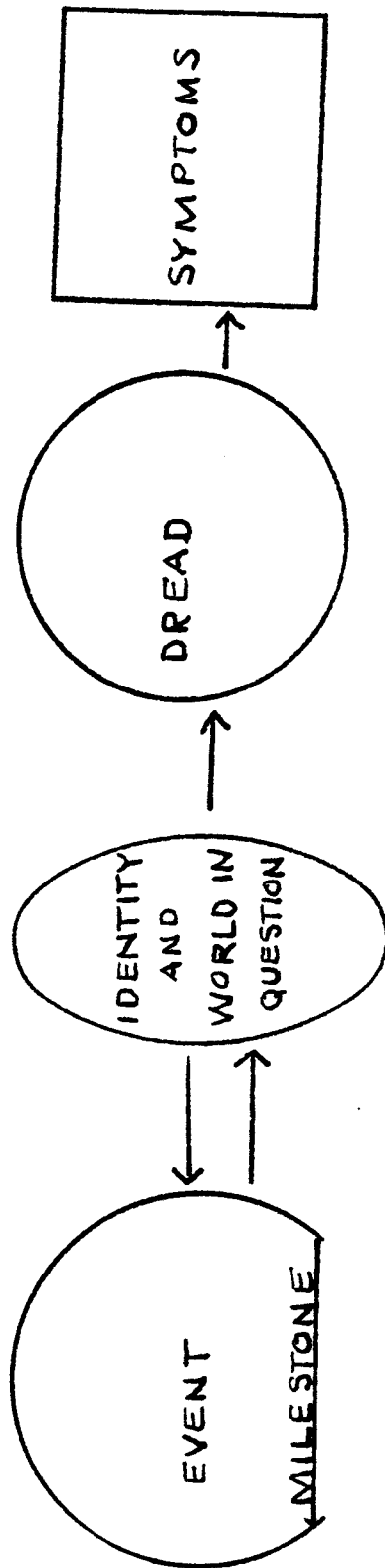
Second, the person's identity (which is seen as an expression of the individual's whole world) appears to be at stake. Identity is not viewed as a matter of self concept, in this context, but rather as a question of the style of life with which the person is comfortable.

Both the particular world that the person lives for and toward, as well as personal identity, appear to be involved with 'musts' which are perceived to be an absolute requirement of life. Alternatives are perceived as impossible, as being something other than oneself. One's world and one's identity depend on doing certain deeds or on acquiring certain possessions.

The problem of ability is always present in anxiety states. Tasks are perceived as indispensable to one's world and identity. The anxious person experiences great dread due to feelings of incompetence or inability to complete the tasks. Again, one's very being seems threatened, and the awareness of what must be accomplished or possessed looms large.

Finally, anxiety will manifest itself physically and psychologically. The anxious person may experience sweaty palms, aching jaws, shaking hands, dry throat, stiff neck, tight abdomen, rubbery or wooden legs, slurred speech, insensible speech, or stomach distress; as the physical manifestations of anxiety. Psychologically, the individual experiences dread, apprehension, preoccupation, and unease.

## THE GESTALT OF ANXIETY



ADAPTED FROM WILLIAM F. FISCHER, 1970

Fisher stated that the experience of anxiety is that of being impelled to actualize that for which one's ability has already been apprehended as uncertain. Anxiety is perceived by the person experiencing it as the result of some external event in the world; as an objective reality.

The individual or counselor attempting to understand the loss process should be aware of the anxiety which may be produced by divorce or bereavement. The person undergoing such a loss may, indeed, perceive marriage and the relationship as integral to identity and to the whole world. The individual may be unable to view alternatives such as exploring a new role or finding a new relationship, as such acts would threaten the self.

The physical and affective manifestations of anxiety may be the precipitating factors involved in the decision to seek help through counseling. The individual may be overwhelmed by the physiological or psychic symptoms. Relating these symptoms to divorce or bereavement, the person may conclude that counseling is needed. The symptoms themselves may provoke additional anxiety regarding one's sanity, personal competence, physical health, or ability to cope. Reassurance by the counselor of the normalcy of the feelings, along with an attempt to understand the anxiety, may prove to be helpful in dealing with anxiety resulting from divorce or bereavement.

### LONELINESS

Clark Moustakas (1972) described the powerful experience of loneliness. Losses such as separation, divorce, or death may evoke

the experience, which involves often intense feelings of rejection, grief, loss, anxiety, deprivation, and guilt. Moustakas described the lonely person as having an altered sense of self and the world. The lonely person may feel different, apart, misunderstood, and a failure. The experience of loneliness is not the same for all persons: it depends upon the individual and upon the specific situation.

When confronted with feelings of loneliness, the person may make attempts to escape through the compensation of work, activities, or social life; through withdrawal from others and from activities; through excessive demands on others; or by engaging in hasty new relationships. Such attempts to escape may lead to a renewal or exacerbation of the experience of loneliness.

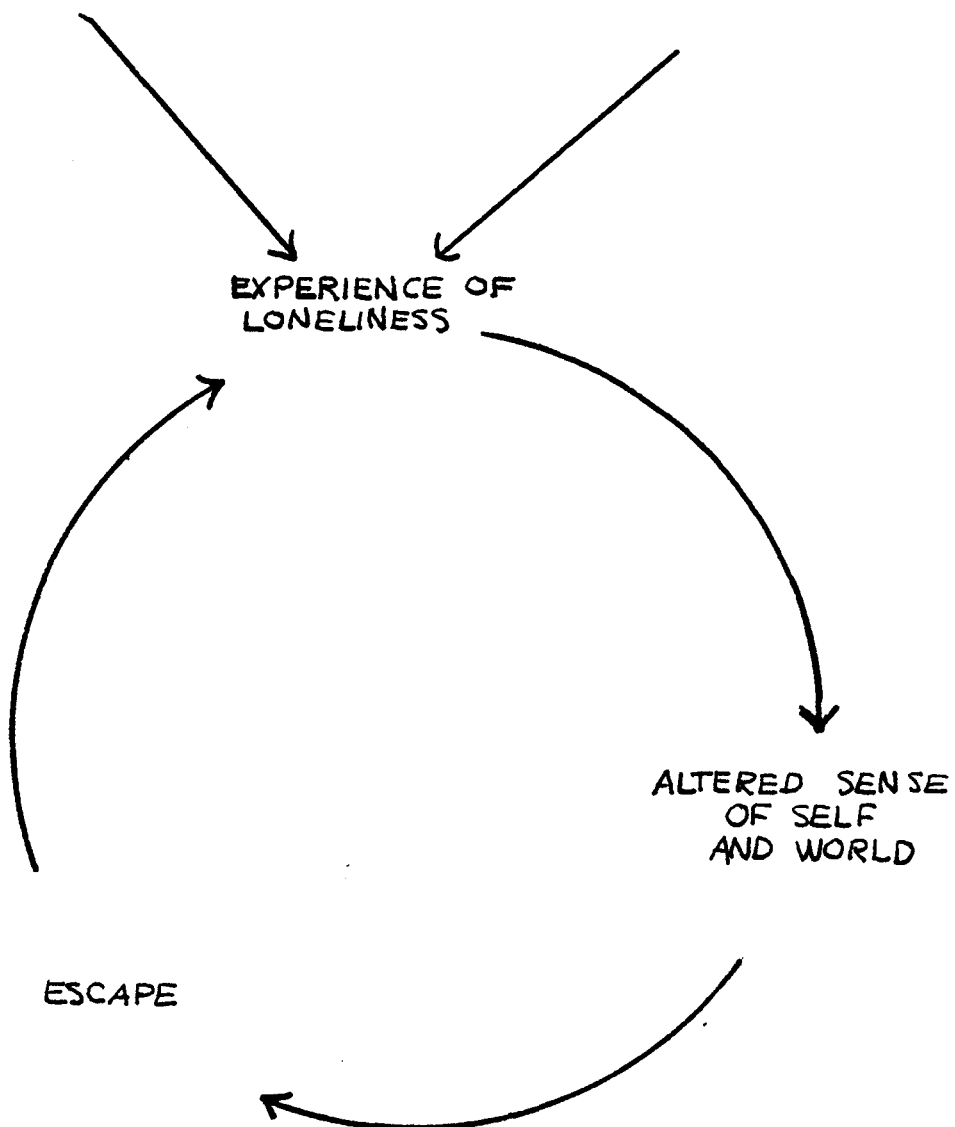
The conceptual model which follows depicts the source of loneliness, the experience of loneliness, and the impossibility of escaping loneliness through inappropriate mechanisms. The individual experiencing divorce or bereavement will experience feelings of loneliness whether or not the divorce or death was desired. Attachment to the spouse was probably strong, regardless of the degree of affection manifested. The loss of this attachment will produce the experience of loneliness in most persons.

The model would be appropriate for the counselor to share with the client, as the experience of loneliness and the desire to escape, although highly individualized, will be familiar. Acknowledgment of the experience and understanding of the resultant behavior may be helpful in explaining the role of escape in renewing or exacerbating the loneliness.

## LONELINESS

INITIAL LOSSES:

ASSOCIATED LOSSES:



FROM MOUSTAKAS, 1972

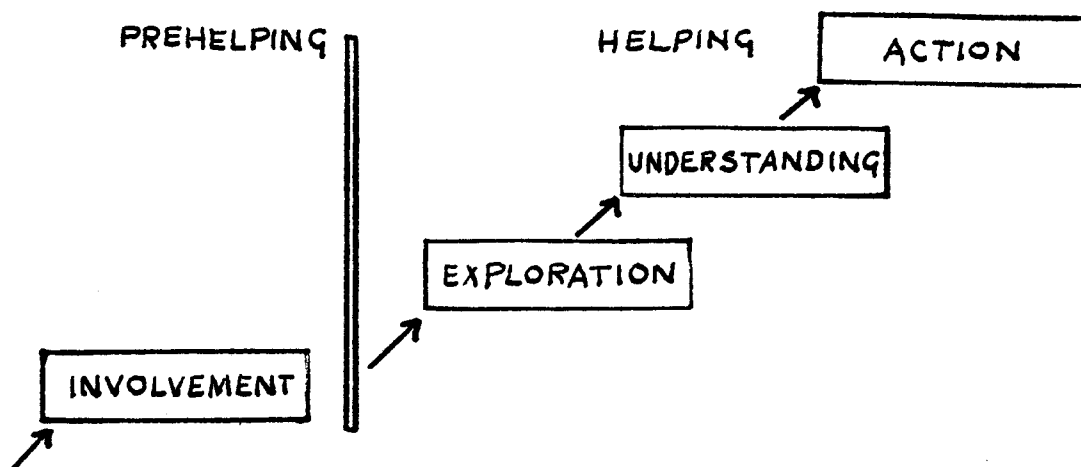
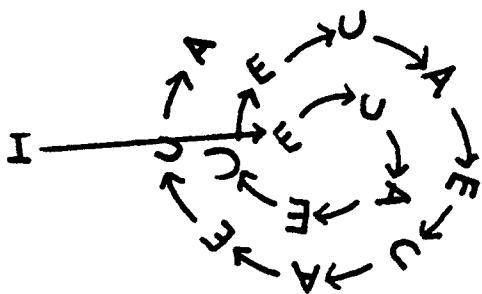
## COUNSELING MODELS

Carkhuff, Robert R. Anthony, William A.	<u>The Phases of Helping</u>	1979
Kirkpatrick, J. Stephen	<u>A Maslovian Counseling Model</u>	1979
Aslin, Alice	<u>Loss of "Wife" Role</u>	1976
Heikkinen, Charles	<u>A Conceptual Model for Resolving Personal Loss</u>	1979

## THE PHASES OF HELPING

Carkhuff and Anthony (1979) presented a counseling model in their book, The Helping Skills. As the model is designed for either professional or non-professional use, inclusion in the present paper is appropriate. An understanding of the model, combined with the information presented elsewhere in this paper, can enable trained lay person to achieve counseling results comparable to those achieved for professionals.

Two phases of helpings are illustrated in the model. The first is Prehelping, also described by Carkhuff and Anthony as the downward or inward phase. During the Prehelping phase, the counselor or trained lay person has two goals: to learn the nature of the person's problem and to understand how the individual views the world and the self. During this phase, the counselor facilitates communication; concentrating on empathy, respect, warmth, and concreteness in an effort to establish trust in the counselor and the counseling experience. As the degree of understanding increases between the counselor and client, the more active stages of counseling can begin. The second phase, Helping, also described as the upward or outward phase or the phase of

THE PHASES OF HELPINGA CONTINUED SPIRAL OF HELPEE ACTIVITY AND GROWTH

From Carkhuff and Anthony, 1979



emergent directionality, has the function of establishing and putting into operation a "constructive direction or problem resolution" for the client. During the Helping phase, the counselor and client should become increasingly genuine with each other, which often includes counselor self-disclosure. The helper functions during this phase not only as a change agent, but also as a model for the client.

The conceptual model shows the Prehelping phase as having one stage: Involvement. The Helping phase has three stages: Exploration (E), Understanding (U), and Action (A). The importance of Involvement lies in the fact that the success or failure of helping may depend on the ability of the counselor to establish rapport and to facilitate communication and trust. The other three stages were described by Carkhuff and Anthony as activities which either help or hinder the development of the counselee. Exploring where they are in their worlds is seen as the most important activity of the counselee; a self diagnostic process involving both the helper and helpee and controlled at times by each. With an individual who is functioning at a very high level, the stage of self exploration may be very brief. A person with intellectual limitations may require Understanding prior to Exploration, or even Helping prior to Prehelping; because of the amount of concreteness required.

Understanding, "the necessary mediational process between exploring and acting, assisting the client to develop personal goals from among the alternatives uncovered during Exploration." During the Understanding phase, the counselor may suggest as follows:

1. We are going to consider the various alternative courses of

action open to you.

2. We are going to consider the advantages and disadvantages, long term as well as immediate, of each.
3. We are going to take steps to operationalize the best mode of action available.

The Action phase may involve the implementation of such methods as vocational counseling and teaching, environmental manipulation, or systematical counterconditioning. The choice of action depends upon the exploration and understanding of the earlier phases, as well as clues from the behavior of the client. The counselee, during the Action phase, acts on the new personalized understanding. The resulting experiences may act to stimulate even further exploration.

Carkhuff and Anthony stated that the model requires a strong helper who is able to cope with the unknown. It is important that the helper does not feel required to have solutions before fully understanding the problem. The counselor should be flexible; open to a variety of directions and methods, and able to effectively implement the desired courses of action.

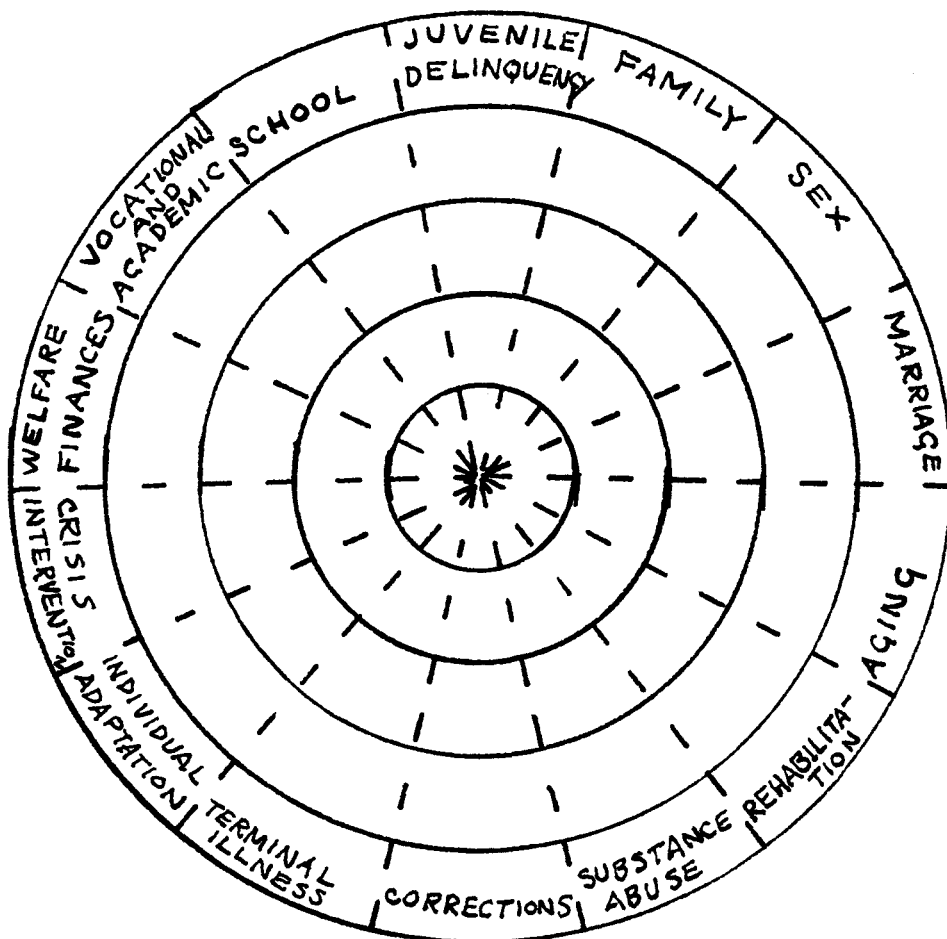
A difficulty with the model may be that it implies a predictable upward course during the counseling process. Carkhuff and Anthony (1979) demonstrated conceptually that the model could be viewed as a continued spiral of helpee activity and growth. Once Involvement is achieved, the stages of Exploration, Understanding and Action, may recur over and over again, as the client grows and changes.

## A MASLOVIAN COUNSELING MODEL

J. Stephen Kirkpatrick (1979) developed a counseling model based on Maslow's Hierarchy of Needs which explains the counselor's role and relationship to the client at various points in the counseling process. The model was designed for the purpose of diagnosing the client's situation, of goal setting for an individual or for a counseling program, and of evaluating progress toward the established goals. A basic assumption underlying Kirkpatrick's thinking was that Maslow was correct in his theorizing concerning people and their needs. Another assumption was that counselors want clients to be capable of satisfying their own needs, and that counselors should not need clients to satisfy their own needs.

Kirkpatrick described two variables which can be measured simultaneously: "Who is satisfying the client's needs? At what level in the hierarchy?" Additionally, he described fourteen categories of concerns which clients bring to counseling (individual adaptation, crisis intervention, marriage, family, welfare and finances, vocational and academic, school, juvenile delinquency, sex, aging, rehabilitation, substance abuse, and corrections).

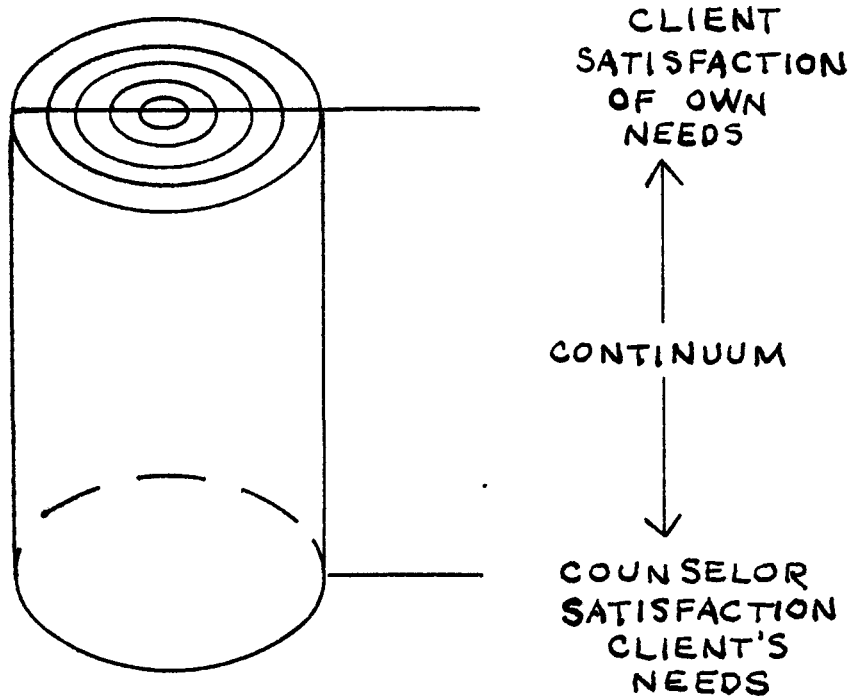
For each of the abovementioned categories, Kirkpatrick relates the levels in Maslow's Hierarchy of Needs. Concentric circles represent the needs (see the model). A represents self-actualization, B stands for esteem needs, C for belongingness and love needs, D represents safety needs, and E stands for physiological needs. The goal of counseling is to reach the center of the five circles. The center represents self-actualization in all areas of concern, whenever that



### CONCENTRIC CIRCLES OF NEED SATISFACTION

Each section represents a type of client concern. Each circle represents one level in Maslow's Hierarchy of Needs: A stands for self-actualization, B for esteem needs, C for belongingness and love needs, D for safety needs, and E for physiological needs. The goal of counseling is to reach the center of the five circles, or self-actualization in all areas, whenever that is possible and desirable.

From Kirkpatrick, 1979



CYLINDER OF COUNSELING PROCESS AS NEEDS SATISFACTION

The upper circular face of the cylinder is the same as Figure 2. The model shows that ideally the counseling process moves toward the top center of the cylinder. The top center point represents a client who is capable of self-actualization in all areas and who can satisfy his or her own needs alone or through healthy interaction with the environment outside the counseling process.

From Kirkpatrick, 1979

is possible and desirable for the client.

Kirkpatrick did not recommend different counseling centers or different counselors for each of the fourteen areas of concern. Rather, he saw the categories as requiring different skills, which a counselor may acquire or already possess. The categories overlap, and so the counselor should be prepared to deal with several during one counseling session, or should be able to make referrals for areas in which information or skill is lacking.

The counselor may utilize the model to determine who is satisfying the client's needs, as represented by the expansion of the disk into a cylinder. The bottom of the cylinder represents the point at which the counselor has satisfied all the client's needs in the area of concern and at which level in the hierarchy. It is theoretically possible to find a point someplace in the cylinder to identify the current status of the counseling relationship and to trace the progress of the client.

Kirkpatrick saw implications for the education of counselors and for counseling research, as well as for the evaluation of clients. He made no specific recommendations for techniques of counseling, although he terms his own approach "systematic eclecticism." The model provides an underlying structure for deciding which techniques would be appropriate for the client.

Criticism of the model might include the assumption that the client can become self actualized, and that the counselor is responsible for meeting the client's needs. It would appear from the model that counseling could theoretically last a lifetime, if the client is

expected to become self-actualized in any or all of the areas of concern.

However, if the model is only viewed in terms of the overlaps and relationships between the categories of concern and in terms of viewing concerns in terms of Maslow's Hierarchy of Needs, then the applicability to loss counseling becomes more evident. The model may be helpful in identifying the concerns which the divorced or bereaved person brings to counseling. The categories of crisis intervention, individual adaptation, marriage, family, and aging appear to be especially appropriate to loss counseling. Viewing the concern in terms of Maslow's Hierarchy of Needs can be helpful in pinpointing the individual even more accurately.

The counseling model is not appropriate for presentation to the client, although discussing each concern in terms of the hierarchy would be a means of placing the problem in perspective.

#### LOSS OF "WIFE" ROLE

Alice Aslin (1976), a counseling psychologist, acknowledged the death analogy which is often made between loss of a spouse through death and loss of a spouse through divorce. She concerned herself with the more severe trauma experienced by the divorced woman as compared to the divorced man. Her hypothesis is that the woman may be experiencing the mourning process which results from the death of the marriage, in addition to dealing with the negative social reaction associated with divorce. Additionally, the woman is involved in the process of self-exploration and growth. For many women, the loss of

the "wife" role and the assumption of the new "single woman" role for which she is unprepared may be highly disturbing.

Traditionally, the wife and mother roles have been passive, requiring the subjugation of the self to the requirements of other persons. Personal identity is found through the husband; and the woman remains economically, socially, legally, and emotionally dependent. A woman who is seeking personal autonomy may experience a great deal of guilt. Her role is often to be indecisive and nonassertive.

Aslin's model of the loss of the "wife" role uses as its basis Bohannon's (1970) processes of divorce: emotional, legal, economic, parental, community (social), and psychic. The model is in table form. The first column lists the process, while the other four columns list the corresponding stereotypic wife behavior, disorganization caused by loss of role, counseling needs, and single-again role.

Aslin discussed each of the processes of divorce in relationship to each of the other four categories, as follows:

Emotional Issues: The emotional phase of ending the role as wife and gaining emotional maturity as a single woman may occur before legal or physical separation occurs or may be delayed for a long period after the contact stops with the former husband. The emotional process may cause a great deal of pain as the woman loses the relationship and former responsibility. The woman may feel rejected, abandoned, angry, and distrustful. She may withdraw from others. Group contact may provide support and decrease the isolation experienced by the woman; as well as decreasing the feelings of worthlessness, helplessness, and loneliness. Other women will not respond in this manner,



LOSS OF "WIFE" ROLE

PROCESS	Stereotypic Wife Behavior	Disorganization Caused by Loss of Role (Divorce and Widowhood)	Counseling Needs	Single-Again Role
EMOTIONAL	Cheerful, childlike, tender, sympathetic, accommodating	Hurt, anger, abandonment, rejection	Contact with others to share feelings and gain sense of personal emotional identity	Emotionally mature and autonomous functioning
LEGAL	Uniformed about and uninvolved in legal process	Bewilderment, loss of control, experiencing of discrimination or intimidation, by lawyers or legal process	Assertiveness Training support to gain legal information	Active, informed, participant in securing legal rights
ECONOMIC	Unthinking consumer, dependent on husband as "bread winner", credit reference, and financial planner	Division of money and property, feeling cheated, unprepared to be self-supporting	Job training and finding; financial skills, recognition of her financial contribution to marriage	Independent, financially self-directed and skilled
PARENTAL	Nurturing, overly responsible and protective	Guilt and worry about children. Using children to fight marital battles	Consultation to assist children adjust. Workable relationship with father and paternal family	Empathic and loving relationship with children
COMMUNITY (SOCIAL)	Status and relationships dependent on husband or children. Homebound	Loss of or new relationships with friends. End of couple contacts	Understanding other's opinions. Options for new relationships	Friendships and social support system
PSYCHIC	Non-assertive	Afraid, lonely, mourning	Griefwork. Beginning a "new" life	Purposefulness, security, and confidence

From Aslin, 1976

but may be relieved and liberated following an initial period of confusion.

Legal Issues: Counselors are advised to be aware of legal matters relating to divorce, and to encourage their clients to be similarly aware. Such awareness may help the client to feel that she has more control of the situation. Further, legal knowledge may prevent difficulties regarding custody of children and financial settlement. Legal consultation with a professional may be advisable.

Economic Issues: For many women, the economic issue centers around the ending of a marriage in which she has had an economically dependent role; a marriage in which she has devalued her role as a homemaker. The possibility that the woman may no longer be able to depend on long term support should be considered, along with options for vocational or educational training. Establishing credit may be an issue; as may taxation, budgeting, investing, and insurance.

Parental Issues: Society expects the child from the home with only one parent to have adjustment problems or to manifest delinquent behavior. Parental arguments may cause difficulties. In order to prevent the relationship between the children and their father from being sabotaged, the counselor may be able to assist the woman in developing a civil relationship with her former husband. Relationships with the spouse's relatives should be maintained, if possible. The counselor may assist the woman in dealing with her guilt and worry concerning her relationship with her children.

Community or Social Issues: Social contacts with married couples will probably be discontinued, in most cases. With no established

role, the status of the single woman is socially ambiguous, resulting in conflict and perceptions which differ among the persons with whom she has contact. Eventually, the woman will become aware of the "underground subculture" of persons in a similar situation, and will probably begin associating in the subculture. The new social role may begin to become more comfortable.

Psychic Issues: Analogies may be made between the grief process resulting from bereavement and that resulting from divorce. Although the divorced woman may initially recover faster as a result of her desire to prove herself, she may require a longer period of time to develop satisfying social relationships. The widow may initially experience more difficulty as she faces the new life ahead of her, but may adapt socially sooner than her divorced counterpart. The counselor should be aware of the severe stress which may manifest itself psychologically through withdrawal, through obsessive or compulsive behavior, and through severe depression. The counselor should stress the normalcy of the experience, but should also be ready to make professional referrals, if necessary.

The strength of Aslin's model lies in the author's awareness that more than psychic and social aspects are involved in dealing with the loss of the wife role. Organizing the table in such a clear manner has resulted in a structure for counseling which may lead to the divorced or widowed woman functioning in a more autonomous manner and forming a new social support system. More specific information helpful in understanding each of the categories and the resulting behavior, feelings, needs, and new role would be helpful. However, with the

structure, the counselor or other professional should be able to fit existing knowledge into the areas which require more clarification.

It would be important for the counselor to be aware of the author's initial assumption of the stereotypic "wife" role. Although many women fall in the category described in the model, others have functioned more autonomously. Aslin assumes a strong feminist stance in the counseling model, which some counselors or clients might find offensive. While not necessarily a drawback to the usefulness of the model, which provides an excellent counseling structure, the underlying assumptions must not be applied to all women.

#### A CONCEPTUAL MODEL FOR RESOLVING PERSONAL LOSS

Charles A. Heikkinen (1979), a counselor, presented a counseling model for the resolution of personal loss. His concept of loss included all life changes; "moving to a new geographical location, divorce or separation, aging, chronic illness or physical handicap, or even growing." He perceived all life changes as stressful; involuntary ones particularly so. The intensity of grief generally varies directly with the degree of commitment to that which is lost, tends to decrease in intensity as time passes, and manifests itself in affective reactions described as stages but which may actually occur in a less orderly fashion. Bereavement requires the greatest amount of time for grief resolution, although some other losses may require more time because they have not been recognized as such. Difficulties in the resolution of loss include lack of recognition of the loss; lack of recognition of the need to grieve; negative suggestion by friends,

relatives, and counselor; a history of difficulty in resolving loss; and overdependency on that which was lost. Also contributing to poor resolution of loss may be the grieving person's resistance against resolving the loss, fear of being overwhelmed by emotion, excessive cognitive control, or the counselor's fear of dealing with loss.

The conceptual model is presented in table form, with the first column listing the Stages of Grief (Kubler-Ross, 1969) and the second column listing General Issues (in resolving loss) (Lindemann, 1944). Tasks (developmental tasks) and Dangers (consequent dangers of tasks left undone) are listed in the third and fourth columns (Erikson, 1963), and finally, Approaches, which are derived from a variety of sources.

Heikkinen's model is a skeletal outline which requires that the counselor possess a great deal of understanding of theory and technique. Additionally, the counselor should be skilled in group and workshop formats and approaches, as suggested by Heikkinen. The counselor utilizing the model must have resolved personal losses in order to confront the emotional responses of the counselees. The apparent simplicity of the chart may be deceptive to a counselor unfamiliar with the extensive knowledge and skills necessary to assist others in the resolution of personal loss.

**A Conceptual Model for Resolving Personal Loss**

<b>Stage of Grief</b>	<b>General Issue</b>	<b>Tasks</b>	<b>Dangers</b>	<b>Approaches</b>
Shock/Numbness	Confronting Loss as Issue	Approach Loss	Avoidance	Experience Sharing
Anger & Guilt	Accept Loss as Loss	Make Loss Real Feel Loss Sever Bondage to Loss	Denial of Loss Enshrinement/Adoration of Loss	Memorial Monument Celebration Dialogue with Loss
Depression; Resolution	Adjust to Life Without Lost One	Build Self-Esteem Accept Self as OK Claim Personal Strengths	Regression—clinging to dependencies, e.g., marriage to person resembling parent	Talk to Strengths Projection into the Future
Postresolution	Develop Deeper Relationships	Self-Assertion Risk-Taking New Growth	Withdrawal Isolation Status Quo	New People out of Familiar People Imagined Disappearance

From Heikkinen, 1979

## CHAPTER IV

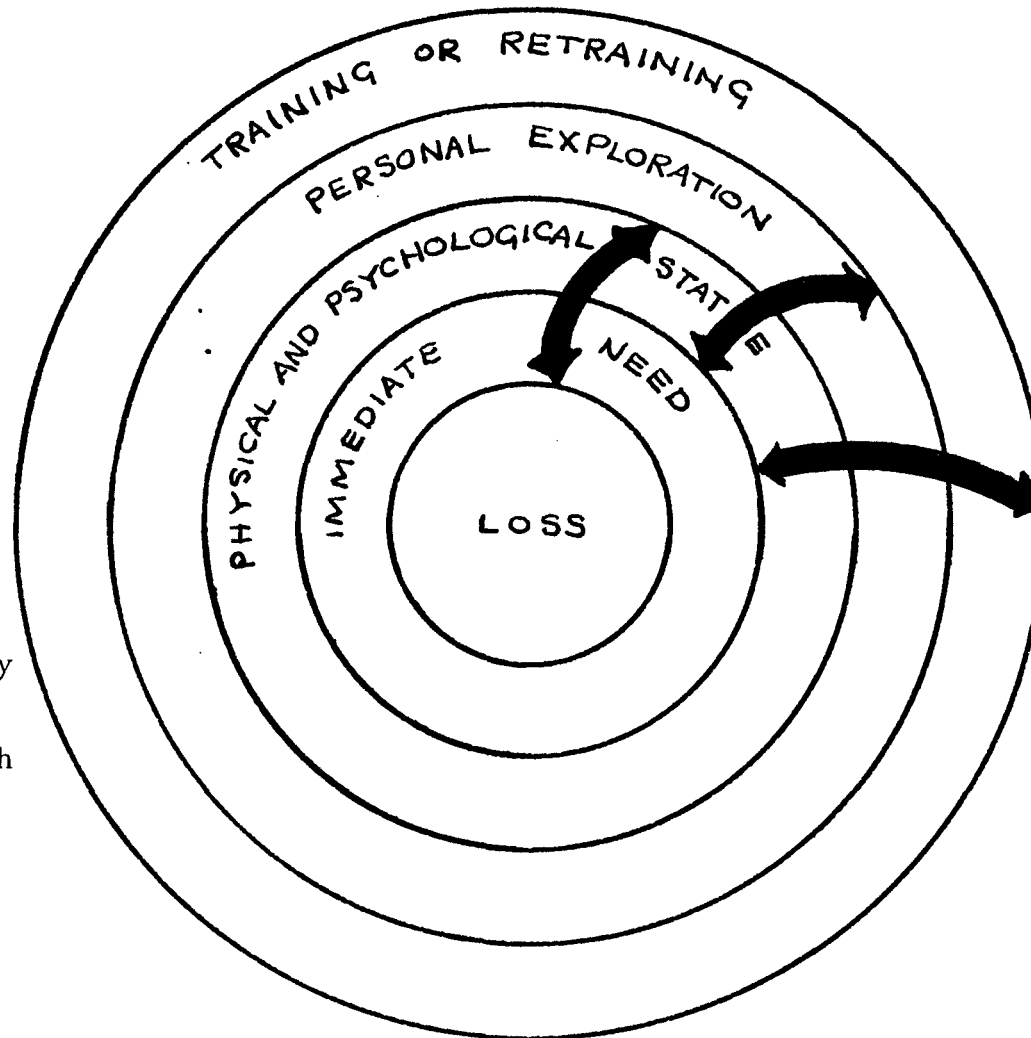
### PRELIMINARY MODEL FOR LOSS COUNSELING

It is the purpose of this chapter to present a systematic preliminary model for loss counseling which is based on the conceptual models detailed in Chapter III, as well as others which will be mentioned, but not detailed. The conceptual models will be organized and structured for understanding loss resulting from separation, bereavement and divorce. The resulting structure may be utilized in the following ways:

1. As a counseling tool to be employed in conjunction with other counseling approaches
2. As a structure for the study of the loss process
3. As a structure for classes and workshops on the topic of loss

The preliminary model for loss counseling divides the conceptual models into five categories, which correspond generally with the order of presentation in study or counseling. Models appropriate to the category labeled Physical and Psychological State were explained in detail in Chapter III, as representing models which best explain the loss process. The models appropriate to describe other categories (Immediate Need, Personal Exploration, and Training or Retraining) will be mentioned in the present chapter, but will not be detailed; as most counselors are aware of, or are currently using, appropriate

PRELIMINARY MODEL FOR LOSS COUNSELING



1. The concentric circles generally represent the sequence of presentation in each category.

2. The arrows indicate overlaps in the appropriateness of presentation of the models.



models.

Each of the categories within the preliminary counseling model will be discussed in terms of the separated, divorced, or bereaved person's physical and mental state and manifested behavior during the time when the models may be appropriate. The overlaps in the categories, as depicted in the model, will be discussed.

### Explanation of the Model

The preliminary model for loss counseling has been conceptualized in the form of five concentric circles representing, from the innermost circle outward:

1. The Individual Experiencing the Loss
2. Immediate Need
3. Physical and Psychological State of the Individual Undergoing the Loss Process
4. Personal Exploration
5. Training or Retraining

The present chapter will discuss each of the four categories of conceptual models relating to the individual experiencing the loss. Appropriate models will be listed or suggestions for training models will be made in each category.

The concentric circles generally are temporally ordered, moving from the innermost circle outward; although as demonstrated in the conceptual model, overlaps occur during which models falling in one category may be presented in another. For example, a model from the Training or Retraining category may be appropriately presented during

the time when the person is mainly concerned with the physical and psychological state, if job hunting should become a necessity before the individual has completed the grief process. The temporal ordering merely serves an organizational purpose in suggesting a possible structure for loss counseling.

One way of conceptualizing the model is to view it as waves of concern, which like ocean waves, move along the surface until they nearly disappear. However, the concern, like the wave, is not gone forever. It may move underneath the surface, returning again as feelings resurface concerning the loss. It is diluted with new experiences and with time. Perhaps the memory of the loss is now less painful, but it is still a part of the individual's life experience. Present and future feelings, actions, and attitudes are and will be affected by the loss. The new learning can produce atrophy or growth in the individual. If the choice has been toward personal growth, the learning may be helpful in dealing with other losses and other life transitions which continue to occur until the end of one's life.

### The Individual Experiencing the Loss

It is unusual for the counselor to be involved at the moment of death unless employed in a hospital setting. In the case of divorce, however, the individual may have sought help prior to making the decision to separate. In either case, the counselor or other professional should be aware of the physical and psychological ramifications for the separated or bereaved person.

Following a loss due to the death of the spouse, the bereaved

individual is likely to initially experience shock, numbness, denial, somatic distress, disbelief, and grieving for the self. The behavior which is manifested may be apparently inappropriate, erratic, or excessive. Such a response may last for varying periods of time, ranging from less than an hour to several weeks; often coming and going in emotional waves. The bereaved person and the family may be frightened or disturbed by the response, as may medical personnel and other professionals. However, the initial response as described may be considered to be normal.

In spite of the normalcy and universality of the initial response to bereavement, it is currently common practice to administer tranquilizing drugs to a bereaved person who manifests the above-mentioned behaviors, in the belief that such treatment will assist the bereaved individual over an extremely difficult period. Such a practice is being discouraged by those who have had experience in bereavement counseling (Kubler-Ross, 1969; Spiegel, 1977; Dixon, 1979). Except in the case of an extreme pathological reaction, other methods of dealing with a bereaved individual should be employed. Tranquilizing the individual may prevent movement through the grief process. Delaying the normal response may result in prolonged, delayed, or pathological grief.

Rather than attempting to further numb or calm the individual; medical personnel, family, friends or professionals working with the bereaved should allow the full expression of feeling, however excessive or frightening it may appear. If the behavior should become unmanageable or prolonged, crisis intervention should be employed.

In the case of separation and divorce, the individual has generally had some premonition of the impending loss, and may have initiated the proceedings. The person may have felt emotionally prepared for the transition. However, regardless of which spouse initiates the separation and in spite of emotional preparation, the actual separation may produce physical and behavioral manifestations similar to those experienced by the bereaved person. Shock, in the case of separation, may initially take the form of depression or euphoria. If euphoria occurs, it will shortly be followed by depression. Again, behavior may be extreme or erratic. Those persons involved with the separated individual would be well advised to permit feelings and behaviors to be manifested. However, if the behavior becomes extreme (such as threatening suicide or murder) or is prolonged, crisis intervention may be required.

#### Immediate Need

Dixon (1979) identified the person in crisis. The definition appears to be very similar to the physical and mental response described above:

1. The individual has lost something perceived to be essential for emotional survival, integrity, or nurturance.
2. The individual exhibits an unusual degree of personality disorganization and impaired social functioning; ability to think and reason logically is impaired. The person is confused and unable to cope.
3. The person experiences debilitating emotions, such as anxiety, depression, guilt, and shame; associated with these feelings may be physical symptoms or complaints.
4. The crisis is often resolved within four to six weeks,

except bereavement, which may require as long as a year to resolve.

The cause of the crisis, according to Dixon, is the significance of the event to the individual involved, as a result of a highly subjective frame of reference and an individualized psychic reality. The severity of the crisis depends upon the strength of the individual's defense mechanisms.

Bereavement, separation, and divorce are viewed as crises by virtually all of the writers on the topic (Aguilera and Messick, 1978; Nass, 1977; Dixon, 1979, Parad, 1979). Crisis intervention therapy does not assume that the person has an underlying pathology; but, rather, that the person had deviated from the previous level of functioning.

It is a basic assumption of the above-mentioned writers that anyone understanding the dynamics of the loss process and the approaches to crisis intervention can become involved in meeting the immediate needs of the person experiencing a loss. In fact, Dixon (1979) stated that the individual experiencing a loss may be more amenable to receiving help than at any other time in life. Whether the intervention is professional or non-professional in nature; the separated, bereaved, or divorced person may benefit from the involvement.

The individual wishing to study crisis theory and intervention may find helpful such sources as Samuel L. Dixon's Working With People in Crisis (1979), Stanley Nass' Crisis Intervention (1977), or Aguilera and Messick's Crisis Intervention: Theory and Methodology (1978). Crisis intervention models are presented by each of the authors.

### Physical and Psychological State

Following a loss resulting from separation, divorce, or bereavement; the mind, the body, and the spirit of an individual may be affected. Psychological reactions include stress, grief, guilt, anxiety, and loneliness; which also have physical effects on the body. Such physical reactions may range from mild symptoms to serious illness or death. Spiritual reactions may include loss of faith or loss of meaning in life. Changes also occur in the person's relationship with others and with the community at large, in social life, and in role and status; all of which may affect the individual physically and psychologically.

The circle on the preliminary model for loss counseling which is labeled Physical and Psychological State includes such reactions and changes. Conceptual models helpful in understanding what may occur were detailed in Chapter III. Although social support systems, kinship networks, legal implications, role change, and status change have been identified as instrumental in determining the response to loss, conceptual models representing these concepts have not yet been identified.

The models which make up the bulk of the present paper describe the physical and psychological state of the individual undergoing the loss process; and are, in general the models most useful for an interdisciplinary study of the loss process as well as for the purposes of professional intervention.

The individual requiring professional assistance in dealing with a loss will probably be responsive to the models presented in this

section; as they explain the many and conflicting emotional and behavioral responses to loss, as well as the interrelationship between the mind, the spirit, and the body. As the person moves towards acceptance of the loss, the conceptual models relating to personal exploration and to training and retraining may become increasingly important.

### Personal Exploration

Concern with personal exploration may become important as an individual passes through the grief process, and moves toward resolution and acceptance of the loss. Questions concerning one's philosophy of life, personal meaning, values, career goals, relationships, lifestyle, self-concept, and ethics may surface.

A major transition such as separation, divorce, or bereavement may provoke concern with questions such as the above, which the individual may have considered to be resolved long ago, may have previously considered unimportant, or which were unrecognized prior to the loss. Personal reevaluation may take place. The process may be painful and difficult, as one discovers that previously cherished ideas may no longer suffice or as one realizes that one has previously led an unexamined life. However, the process may also prove to be interesting and exhilarating. Such reevaluation and the resulting changes may be implemented either by means of individual exploration or with the assistance of a counselor or other professional.

Exploration of this type has long been a part of the counseling process, as individuals undergoing such changes or having difficulty

in doing so often seek professional help. It appears to be important to place personal exploration within the context of loss counseling due to the many changes which may be required of the divorced or bereaved person.

Conceptual models representing personal exploration include:

Erich Fromm, Ethics, 1947 (presented in verbal form)

Viktor Frankl, Mind/Body/Spirit, 1959

R. W. Libby and R. Whitehurst, Hypothetical Distribution of  
Fallout from Conventional to Alternate Systems, 1974

Paul Cashman, Values Congruence Model, 1976 (presented in verbal form)

As an individual becomes interested in personal exploration, many other models and theories will probably be encountered.

### Training and Retraining

Loss resulting from separation, divorce, or bereavement may not only require dealing with a wide variety of psychological and emotional states and the exploration of one's personal meaning, values, ethics, and goals; but may also require new skills or relearning of skills to accompany the life changes.

Specific training models are available to the individual wishing to develop new skills, or to the professional working with persons in need of such training. The models are frequently a combination of educational and psychological approaches, and are currently in use in a variety of settings.

Because of the familiarity of the training approaches to



counselors and other professionals, specific recommendations of materials will not be made in the present paper. However, some of the categories of training models are as follows:

Communication Skills

Assertiveness

Problem Solving and Decision Making

Relaxation Training

Coping Skills

Values Clarification

Conflict Management

Life/Work Planning

Career Development Planning

Legal Planning

Financial Planning

As the counseling model indicates, such training models may be employed at any time during loss counseling, as the need for new skills becomes apparent. Some of the training can be provided by the counselor, some by outside experts, and some can be acquired by the individual.

### Chapter Summary

A preliminary model for loss counseling was presented in the form of a "model of models," utilizing conceptual models from a variety of disciplines as an underlying structure. The model assumes the form of five concentric circles, with the innermost circle representing the separated, divorced, or bereaved individual. The four

remaining circles represent the immediate need of the individual undergoing the loss process, the physical and psychological state of the individual, personal exploration, and training or retraining. Within each of the four categories are conceptual models appropriate to the understanding of that circle. The four categories are arranged in a somewhat temporal form; although, as indicated in the model, overlaps may occur when the counselor may wish to employ models from another group.

The individual experiencing the loss and the four categories of models were briefly discussed, and recommendations were made for other appropriate models. Specific ways in which the preliminary counseling model may be utilized were mentioned, but will be detailed in Chapter V.

## CHAPTER V

### SUGGESTED USES FOR THE PRELIMINARY MODEL FOR LOSS COUNSELING

The preliminary model for loss counseling which was presented in Chapter IV may be utilized in the following ways: as a counseling tool to be employed in conjunction with other counseling approaches, as a structure for the study of the loss process, and as a structure for classes and workshops on the topic of loss. The section which follows will explore each of the possibilities in a hypothetical manner, based on the experience of the author and on suggestions from the literature.

The chapter will be divided into three major sections, corresponding to the uses mentioned above. The first section will deal with Counseling, and will include suggestions for both individual and group approaches. The second section, The Study of the Loss Process, will include suggestions for both professional and non-professional study of the topic. The third section will deal with Classes and Workshops on the Topic of Loss, emphasizing pre-need and post-need approaches, as well as some methods of presentation of the material.

The chapter will not attempt to deal with any of the topics exhaustively; as the experience of the author in working with separated, divorced, or bereaved persons has been limited to informal workshops, counseling divorced and bereaved women, and interviewing

the bereaved elderly.

### Counseling

Professional help is not recommended for all persons experiencing a loss resulting from separation, divorce, or bereavement.

Although the individual experiencing a loss may be facing a crisis which may be dangerous to physical and mental health, the crisis may be averted through the support of family and friends, through the rituals and beliefs associated with religion or society, or through the employment of one's own personal resources to cope with the loss.

It is important to recall Freud's admonition regarding the interference with the normal process of grieving (1917). Although the individual often manifests aberrant behavior, the response to loss should not be considered to be a sign of mental illness. Freud stated that mourners can and should deal with grief on their own. Interference in the process of normal grief may be harmful.

The above opinion has a great deal of support among these concerned with loss, but recently those writing on the topic have expressed an awareness that in present society the support and rituals necessary to ameliorate the grief are disappearing. In the case of separation and divorce, such rituals have never existed. For these reasons, as well as the fact that the public is presently receptive to the idea of seeking professional help in times of life transition, the counselor may be involved in working with the separated, divorced, and bereaved. As unfortunate as it is that supportive persons and rituals are now lacking, counselors now have the opportunity to work with

individuals undergoing losses and transitions; and may thus add to the sum of knowledge about the loss process.

The prevention of pathological grief responses by means of allowing the grief process to run its normal course is a role which counselors can assume in our society. For those seeking counseling following the development of pathological responses to the loss, the counselor can provide an opportunity to work through the unresolved grief.

Even in cases in which an individual is grieving normally, the confusing or conflicting emotions or socially inappropriate behavior which may occur may lead the person to the conviction that insanity or other lack of control is imminent. Such a person may seek professional help. The role of the counselor, in such an event, should be to reassure the client of the normalcy of the feelings and behaviors; a reassurance perhaps reinforced by the presentation of appropriate conceptual models to explain the grief process. In addition, the counselor may allow the open expression of feelings, however socially unacceptable such emotions may appear to be. Such a counseling environment may provide for the client an opportunity to vent feelings and exhibit behaviors not acceptable to family or friends.

Although the type of counselor involvement known as crisis intervention is generally considered to be required immediately following the loss; in fact, the crisis can occur at a later time. The crisis period is estimated to last from four to six weeks; except in bereavement, which may last a year or more. Crisis intervention requires special training which includes psychological support,

listening, providing an opportunity for ventilation, providing reassurance and clarification, explaining the universality of the response, confrontation, persuasion, suggestion, or advice giving (Dixon, 1979). In the early stages of a crisis, cognitive approaches such as presentation of the conceptual models is not recommended. As the crisis becomes less severe, such an approach may be helpful in providing reassurance and in explaining the universality of the loss process.

In less crisis-oriented counseling, the models have a more definite role. Generally, it is recommended that the counselor introduce the models in response to confusion or to direct questions about what is occurring. It is not necessary to bring out a large number of models. They should be presented judiciously rather than in quantity. In order to clarify feelings and behaviors for the client, the counselor may choose one or more appropriate models for presentation. The model should be explained at the client's level of comprehension, with specific application to the client if the information can be coped with on such a personal level.

Some suggestions for the presentation of the conceptual models are as follows:

Denial of feeling. The unacceptable nature of many of the feelings and behaviors experienced during the loss process may result in the client denying feelings of hostility, anger, guilt, etc. The counselor should not immediately bring out a conceptual model to "prove" to the client that the feeling exists, but rather may more gradually introduce the idea that many persons undergoing the loss

process have similar feelings. The model may be introduced as representing the typical experience, emphasizing that not all persons feel and behave in the same way. Later in the session, or in sessions which follow, the client may reintroduce the topic; asking to see the conceptual model again. At that time the person may identify with the feelings suggested in the model, and may be ready to discuss personal reactions.

Excessive reaction or underreaction. Each culture or subculture may differ in the feelings and behaviors considered to be acceptable during the loss process. If the response of the grieving individual differs significantly in quantity from that of others in the group, counseling may be indicated. However, each individual differs in personal response to loss, making such assessment difficult.

It is currently becoming the fashion for writers on bereavement to encourage the open expression of grief, as a reaction to a society which is currently rejecting such demonstration of feeling. Such a discrepancy can cause difficulty for the individual experiencing the loss, as well as for those involved who may be viewing a person's over or underreaction as pathological.

The counselor who becomes involved in loss counseling should be aware of the ethnic and social customs of the counselee, and should not attempt to impose a new stereotyped manner of grieving upon the bereaved person. Personality differences are also important, and should be considered. For some persons, the free and open expression of feeling would not only be difficult, but uncomfortable and inappropriate. It may be possible for someone to successfully experience

the loss process without manifesting feelings and behaviors which would be offensive to the self, in spite of current findings to the contrary.

The above discussion is not intended to suggest that the currently prevalent custom of non-expressive grieving is appropriate. It is apparently very destructive both to the individual and to society (Gorer, 1961). The conceptual models may make clear that a wide range of feelings and behaviors are normal.

Interrelationship between the mind, the spirit, and the body.

The interaction during the loss process of the mind, the spirit, and body may make it difficult to separate what is occurring physically from what is happening mentally and spiritually. The counselor should be alert to stress responses related to the body, such as physical illness or insomnia. Presentation of the mind/spirit/body models which explain stress may be helpful in alleviating some of the concern about the effects of the loss on the body; particularly if emphasis is placed on intervening variables and coping mechanisms.

Training models such as relaxation training or biofeedback may be employed; teaching the client to control the stress response, even while recognizing the validity of the emotions which underly the distress. Serious physical illness may be averted by such means or by helping the client to muster ego defenses and social support.

The counselor may discover many other opportunities to present the models during the course of counseling as an adjunct to verbal approaches. Awareness of the needs of the client will govern such presentation of the models, rather than the counselor's desire to



inform the client fully concerning the dynamics of the loss process.

Group counseling. In the group setting, the conceptual models may be presented somewhat differently than in individual counseling. For example, a specific model may be presented at the beginning of a group session in order to provide a springboard and a focus for discussion. The models may be helpful in providing the group members with a common vocabulary and common concepts. Clients may identify with the models, and as a result may bring up aspects of the experience which they might otherwise not disclose. The security of discovering that behavior and feelings are understood and shared can be helpful in overcoming some of the isolation experienced by the divorced or bereaved individual. The model demonstrated and discussed initially could again be shown at the end of the session, and the group members be invited to respond to the authenticity or universality of the concept or theory. If the model is judged to authentically represent the human experience, the group members will probably be enthusiastic in their response. Against the model, the members of the group may compare their own and other's behavior and feelings; gaining an understanding of both their individuality and their commonality. A model judged inauthentic or irrelevant will be ignored or discarded.

Presentation of the models. In addition to the counselor and the client looking at the conceptual models for the purposes of stimulating discussion or clarifying confusing aspects of the loss process, presentation of the material could be handled in several ways.

For example, the counselor could personally draw the conceptual model for the client; explaining, as the drawing commences, how the

model relates to the client's situation. The client could also draw or write on previously prepared models, as change or growth is perceived.

It may also be helpful for the counselor to have a supply of symbols, perhaps made of plastic or wood, which could be combined to create or to change the conceptual models to match the current reality and personal experience. Some persons benefit from the manipulation of such objects, and may thus be able to clarify for the counselor their personal experiences.

Client assessment. The models are not all suitable for direct presentation to the client in counseling, nor will all clients respond to such a visual presentation. However, the models may still have a place in the counseling setting from the standpoint of the counselor who can utilize the various models to assess the client's physical or emotional state or progress in counseling. Such assessment may be made informally.

The counseling model as a structure. The preliminary model for loss counseling should provide a structure for the course of counseling. It is not necessary to adhere strictly to the counseling model; but rather to use it as a guide to the state and needs of the client.

The model may assist the counselor in structuring individual counseling sessions or the course of counseling. However the model is utilized, it is important that the counselor be aware of what is occurring in counseling. The preliminary model for loss counseling can provide a form to assist the client and the counselor in moving toward resolution of the loss.

## The Study of the Loss Process

The conceptual models presented in this paper, as well as others yet to be identified and integrated with the present information, may be useful in providing a structure for the study of the loss process.

The professional from any discipline who is attempting to study the loss process may examine the models just as they are presented here, or may choose to refer directly to the original sources for even greater detail. The present paper, having had as its purpose the presentation of the conceptual models for the facilitation of loss counseling, necessarily omitted some of the more technical aspects which may be important for other purposes.

It is suggested that the professional, in making an interdisciplinary study of the loss process, find other disciplines and other models which relate to the topic. The present study can serve as a beginning for an even more exhaustive study of the topic.

The interested, but not recently separated, divorced, or bereaved person may find the present paper helpful in identifying aspects of loss which may not be immediately apparent. Those persons may use the materials and suggestions presented in the paper as a basis for lay counseling or for preparation for personal losses which will occur in the future.

Those persons who have recently experienced a loss may find the models useful in understanding the physical and psychological ramifications of grief, as well as helpful in providing insight into the transitions which may be required following a loss. It may be presumed that such knowledge is helpful in ameliorating the grief

and stress exacerbated by life in a society which poorly performs a support function. Awareness of the human needs for self-expression, social support, and ritual may encourage the reaching out for others who will understand and allow for such needs. Thus, in an informal way, the person experiencing a loss can facilitate personal growth.

To summarize, the models may be viewed as appropriate to facilitate the study of loss by both professionals and non-professionals, and by both those experiencing a loss and those not currently experiencing a loss.

#### Classes and Workshops on the Topic of Loss

More formally, it appears that the establishment of continuation of classes and workshops on the topic of loss is important. Professionals from several disciplines are currently concerned with attempting to teach people how to deal with loss and other life transitions.

The topic of loss is currently the focus of both formal and informal classes and workshops. For the professional in allied fields, such training is provided in graduate schools and in workshops presented by various professional organizations. The non-professional can attend a variety of credit or non-credit classes and workshops on the topic. It is suggested that the conceptual models presented in the paper may be useful in presenting an interdisciplinary view of the loss process to both professional and non-professional groups. The present paper will not deal with specific curriculums for classes and workshops centered around the loss process, but suggests utilizing the conceptual models and the preliminary model for loss counseling

as a basis for the curriculum. Some differentiation should be made in the choice and detailing of the models depending on the level of the group.

In planning workshops and classes on the topic of loss, the needs of special groups should be considered. First, the decision must be made as to an appropriate time for the initial presentation of the topic. Whether such a curriculum should begin at the elementary school level or at the high school level should be carefully examined. Inclusion of such information in classes at the university level for those who will not be entering allied fields should also be considered. The special problems of the elderly may affect the type of presentation; as may the needs of persons in the middle years.

The assumption that prior information on loss and training for future transitions will be helpful for persons on a pre-need basis has been made by Adams, Hayes, and Hopson (1977). Curriculums for such classes and workshops have begun to be developed. However, further investigation and experience will prove or disprove the efficacy of such pre-need training.

In the case of post-need classes and workshops, the training may assume a form which closely resembles counseling; as the purpose is not only to inform, but also to alleviate some of the suffering of the separated, divorced, or bereaved participants. Such workshops may be conducted as an aspect of outreach in community mental health centers.

Regardless of the purpose of the classes or workshops or of the type of population involved, conceptual models may be utilized as

visual aids and as handouts to the participants. The models will be helpful in teaching the dynamics of the loss process, as well as having a part in teaching persons to manage the stress, to develop appropriate coping mechanisms, to develop support systems, to enhance self-awareness, and to provide a basis for helping others who are experiencing loss.

#### Other Possibilities for the Use of the Models

Conceptual models such as those presented in this paper may be useful in disseminating information about loss in ways less traditional than those already presented.

Since visual communication is becoming even more important as a means of educating and informing the public, putting the conceptual models into animated form in films or videotapes may be effective. It would be simple to highlight a concept or a portion of the model by means of emphatic line or color, or to zoom in on a section of the model through camera closeups. As a narrator explains the model, the parts could be drawn or traced. Combining the model with animated cartoon figures or an interesting relevant background may further enhance the presentation. Models from several disciplines could be combined in this manner to produce an interesting interdisciplinary view of the loss process. Similar approaches could be utilized in training an audience in dealing with loss or in counseling a person experiencing a loss.

Slide presentation or presentation using the overhead projector is an effective means of presenting the conceptual models when combined

either with a live narrator or with accompanying recorded text. The visuals enhance and reinforce the presentation.

The conceptual models could be presented, along with a simple text, for use by students in classes or workshops or by clients in counseling. The booklets could be designed with perforated pages, so the models could be presented separately, if desired. A booklet of this kind could be written at various levels, from that appropriate for elementary school students to that suitable for professional study.

A visually oriented person may be able to suggest many other uses for conceptual models. As the models are successfully employed in a variety of settings, their use will be reinforced. Thus, the use of such visual aids may become as commonplace in counseling as they are in education and in the sciences.

## CHAPTER VI

### SUPPORT FOR AND SPECULATIONS ON THE USE OF CONCEPTUAL MODELS IN LOSS COUNSELING

The present chapter will attempt to provide support for the preliminary model for loss counseling deriving from brain research, counseling theory, and the visual tradition. Following the presentation of the support will be possible problems in understanding and using conceptual models in counseling and self exploration; including generalization, scientific reductionism, cognitive emphasis, literal interpretation of the models, information overload, and the professionalization of loss counseling. Finally, the present paper will be summarized and recommendations made for further study.

#### SUPPORT FOR THE PRELIMINARY MODEL FOR LOSS COUNSELING

It is possible to provide support for the preliminary model for loss counseling from three diverse sources. The first source, brain research, probably provides the most persuasive support currently available. The second source, counseling theory, provides support despite the fact that counseling has been traditionally verbal in approach. The third source, visual tradition is important due to its pervasiveness in our society.

Although the present defense will be far from exhaustive, it will be possible to see that the use of visuals to enhance the verbal



approach is not new to counseling. However, utilization of conceptual models as a counseling tool is, if not new, currently unreported in the literature.

### Brain Research as Support for the Preliminary Model for Loss Counseling

In general, education places great emphasis on verbal learning, which is a task of the left side of the brain. The right brain is nonverbal, in most persons; and is thus generally unrecognized as having a part in thinking. However, intuition and creativity are right brain functions, necessary for making creative leaps even in such left brain disciplines as mathematics or science. Without training or reinforcement, right brain functions may fail to develop or may atrophy if they have already been developed. Generally, after about the fifth grade, schools abandon activities which are conducive to the growth of the right brain, or else right brain activities such as art or music are transformed into verbal (left brain) tasks (Blakeslee, 1980).

Modern educational technology has developed excellent visual aids designed to supplement the verbal presentation in many academic subject areas. Although the development of right brain function is not the stated goal of such visual aids, pictures and diagrams which accompany written or verbal information reach both sides of the brain. Blakeslee pointed out that difficult concepts may be more easily understood when the verbal and visual approaches are combined. Visual images are apparently retained more readily than are words.

The simplification of complex topics and the memorability of

the information to be presented provide support for the use of conceptual models in loss counseling. The graphic image is also more concrete; an important factor when working with a person in a distressed state.

Additionally, the right side of the brain, being less utilized in thinking, may also be less defended than the left brain. Concepts which might be rejected by the left brain may be more accessible through the right brain. Blakeslee (1980) indicated that the right side of the brain tends to view events more emotionally, while the left brain is more positive and logical in its outlook. A conversation or explanation may thus be "heard" on two different levels, according to Blakeslee. In spite of the fact that the conceptual models to be presented in the counseling setting are cognitive in that they provide information, they may research the counselee through the less cognitive right brain. The right brain, being less defended and tending to view events more negatively and emotionally, may receive and retain the information differently than when it is presented only in verbal or written form. Information which might threaten the client when presented verbally may be absorbed and utilized through the presentation of conceptual models.

It is important not to discount the importance of the left brain in counseling. The counseling process has traditionally been verbal, and may continue to be so. The addition of the visual component may enrich and reinforce the verbal aspects of counseling. The utilization of both communication modes may provide for balance in the counseling setting.

## Counseling Theory as Support for the Preliminary Model for Loss Counseling

Counseling theory has been supportive of the idea that counselor skills should be based on theory and research in the social and behavioral sciences. Shertzer and Stone (1974) stated that counseling theories are attempts to organize what occurs in counseling into a coherent pattern. As detailed in Chapter II, counseling models have been developed and presented in conceptual model form by several theorists. The conceptual model form has as its purpose to organize and clarify visually the written theory.

Approaches utilized by counselors include not only the verbal, but also the use of such visual techniques as videotaping, modeling, charting progress, vignettes, diagraming, and art expression. It would appear to be only a matter of the addition of a tool to add the use of conceptual models to the counseling repertoire. As with any other approach, the use of visuals should be judicious; dependent on the counselor's perception of the client's needs and possible response to the models.

However, the preliminary model for loss counseling presented in Chapter IV itself provides a structure for counseling which may be employed whether or not the counselor chooses to directly present the conceptual models to the client. Knowledge of the information contained in the conceptual models relating to the loss process can be influential in determining the direction of counseling, increasing the confidence of the counselor in dealing with a client undergoing the loss process, and in improving the counselor's response to the

client. The structure may help the counselor to understand the client's feelings and needs during the course of the sessions. Awareness on the part of the counselor as to the dynamics of the person undergoing the loss cannot help but strengthen the background of the counselor and, ultimately, the counseling interaction.

### Visual Tradition as Support for the Preliminary Model for Loss Counseling

Long before non-pictographic language was developed, human beings communicated through pictures. Prehistoric people communicated through cave paintings, the Egyptians employed hieroglyphics, and the Chinese used calligraphy. Even today, the graphic languages of physics, business, physiology, and other disciplines attest to the continuation of the visual tradition; as do photography, television, and illustration.

Most persons are literate in several types of graphic language, although they are generally unaware of the fact. McKim (1962) discussed the interaction of thinking and language, a concept which has implications for the use of conceptual models in loss counseling. He pointed out that visual thinking can occur at levels of consciousness outside the realms of language thinking. Further, not all use of graphic language involves thinking; as a major function of graphic language is to communicate the result of thinking (as in conceptual models) to other persons. For those able to express themselves graphically, communication and thinking can be facilitated as the person moves easily from one language to another. An abstract idea

may be made concrete through the use of conceptual models which use such graphic languages as Venn diagrams, link-node diagrams, bar charts, graphs, schematic drawings, and circuit diagrams. Although the languages may have been developed for a specific discipline, once they are understood they may be translated for use in other fields.

The visual traditions of painting, sculpture, cartooning, sketching, illustration, and the newer mediums of photography and television may convey not only objective information, but may have a subjective emotional content. These traditions are currently being applied to the counseling setting in the form of art therapy; another visual approach to counseling.

It appears that the visual tradition is applicable to the counseling setting, and that the use of conceptual models would be a positive addition to both counseling theory and technique. The conceptual models included in the present paper may provide a beginning for a more visual approach to counseling.

#### POSSIBLE PROBLEMS IN UNDERSTANDING AND USING

#### CONCEPTUAL MODELS IN COUNSELING AND SELF EXPLORATION

In spite of the existence of research appearing to support the use of conceptual models as a counseling tool or as an educational method to prepare individuals to deal with losses, one can speculate on possible problems which might arise with the use of such an approach. At this point, six dangers appear: generalization, scientific reductionism, cognitive emphasis, literal interpretation of the models, information overload, and the professionalization of

loss counseling. The sections which follow will briefly discuss each of the dangers, and will make some suggestions as to the possible avoidance of pitfalls when utilizing the models.

### Generalization

In an attempt to understand loss, many authors have generalized the stage models of grief to include all losses. Although such an expansion of grief theory may be appropriate, to generalize before adequate research has been conducted is inappropriate. Grief theory itself suffers from a lack of adequate research. To generalize from inadequate data will result in an unfounded theory of loss.

The theories of loss which are being proposed have been widely disseminated in both the professional and the popular literature. Although it may be possible to generalize grief theory to include all losses ranging from amputation to divorce, to do so at this time would appear to be premature.

### Reductionism

The trend in counseling, as in most professions, is toward the recognition of only that which can be objectified. In an attempt to professionalize the field, that which is researchable is considered valuable; while other information may be discarded as subjective. Many of the models which have been selected for inclusion in the present paper were designed for research purposes. Such design may result in more objective or more graphically clear models, but may also lead to the investigation of only those feelings and behaviors which are amenable to research. Significant aspects may be

eliminated, reducing the complex topic of loss to simple formula.

The strength of conceptual models lies in their ability to convey the idea that some form of organization occurs in what might appear to be a very chaotic situation. The conceptual model is a form of visual shorthand employed to explain the relationship between concepts or ideas which make up a theory. Each of the concepts or ideas is in itself complex. The conceptual models may be inaccurately interpreted as being the total experience, with the personal change and anguish accompanying the loss being overlooked in the response to the simplicity of the design.

To transform such an emotionally rich experience as loss into model form without awareness of the complexity of the event or of the individual experiencing the loss would be an example of reductionism. Shallow understanding of the topic may result, as well as limitations on the part of the counselor or other professional working with bereaved or divorced persons. The conceptual models should be understood theoretically, as a graphic representation of complex concepts, feelings, and behaviors; and their use should follow study of the underlying information provided by the developers of the models. Attempts to fit human behavior into formulas may be helpful in conceptualizing what has occurred or is occurring, but it should be realized that underlying the diagram is rich and complex human experience.

### Cognitive Emphasis

Kell and Mueller (1966) discussed the current desire in our

society to comprehend, to predict, and to influence natural phenomena. In a counseling setting, although a cognitive component is important to the understanding of a phenomena such as loss, the desire for intellectual understanding may lead the counselor to ignore or to defend against the affective basis for understanding. Awareness and respect for both the cognitive and the affective aspects of an experience would appear to be necessary. In the opinion of Kell and Mueller, significant changes in behavior rarely occur without an affective experience.

In the case of a counselor dealing with an individual experiencing a loss, the affective experience with its resultant confusion and turmoil may be occurring or may have already occurred. A cognitive approach, such as the presentation of conceptual models relating to loss may be beneficial in helping both the counselor and the client to sort out what is occurring.

A danger involved in applying such a cognitive approach to the highly affective loss experience could be that both client and counselor may retreat from what Kell and Mueller described as "powerful affective storms". The client may wish to avoid the emotional experience, and the counselor may feel inadequate to deal with such emotion; and so they resort to cognitive strategies to avoid the threat.

#### Literal Interpretation of the Models

Conceptual models, unlike reality, appear to be neat and organized. A literal interpretation of the models could lead the



viewer to misunderstand what may occur during the loss process.

The professional dealing with a grieving person may erroneously attempt to fit the expressed feelings and manifested behavior into clear and separate categories, which would probably be inappropriate. By adhering strictly to the shorthand of the model, the counselor may fail to observe that a multiplicity of feelings and behaviors are occurring, or may expect the process to be sequential. The counselor and the client may become frustrated when feelings and behaviors not mentioned in the model occur, when stages occur in conjunction with other stages, when the expected order varies, or when the stages are not completed; as may occur in Kubler-Ross' (1969) model. Both the counselor and the client may become frustrated; the counselor, because the client is behaving and feeling unpredictably, and the client, because the counselor may be ignoring much of what is occurring in an attempt to make the model "fit".

Difficulties in understanding and using the conceptual models may result in anxiety and confusion, for both the professional and the non-professional. It is important that the models be understood and presented on more than just a surface level. It is important to note that some persons may not have the intellectual ability to understand the abstraction of the model, or may not be capable of understanding the underlying theories. Since the models are designed to simplify and organize the concepts and theories, and not to make understanding more difficult, another approach to understanding should be chosen for those not responding to the models. It should not be expected that all persons will respond to an approach utilizing

conceptual models, nor would their use be appropriate in all settings.

In spite of the danger that the professional or non-professional person might take a literal interpretation of the models, the shorthand approach may be valuable. An explanation, however brief, will help most persons to understand the loss process when combined with the conceptual models. It is imperative that the person presenting the models have absorbed the background information prior to the utilization of the model in a counseling or educational setting. For the client or for the individual independently exploring the topic, explanations may be given verbally or in the form of a self-help manual which deals with loss.

### Overload

Another possible difficulty which may arise when employing conceptual models in counseling is information overload. Although the counselor may be fully aware of the wide variety of applicable models, presentation to the client should be judicious. An excessive number of models, presented when the individual is not ready to absorb or to deal with them, may be confusing or overwhelming.

To avoid such overload in the counseling setting the counselor could present a conceptual model when it appears to be appropriate to the conduct of the session. For example, if the client is reporting confused or conflicting emotions such as relief and yearning, the counselor might present the Kubler-Ross (1969) or the Parkes (1972) model; explaining the stages and how they may occur simultaneously rather than sequentially. Guilt feelings resulting from the

conflicting emotions may be alleviated by explanation of the normalcy of experiencing a wide variety of emotions (sometimes conflicting) during the grief process. The counselor could also explain that guilt normally occurs in bereavement. It would probably be inappropriate at that time to present other models, as the person needs time to absorb the new concept and to work through the feelings. Other models could be presented in a similar manner, as the opportunity arose.

In practice, even when presented with a wide variety of models, a client appears to respond only to those which are currently appropriate. The person may strongly identify with a particular model, and barely show interest in the others. It may be that overload is not a potential problem in counseling due to the client's inability to focus on excess information, but it would appear that further study of the matter would be advisable.

### The Professionalization of Loss Counseling

It is not necessary for all persons undergoing the experience of loss to see a counselor or other professional. A trend appears to be growing for grief to be viewed as pathological, requiring professional intervention. Persons experiencing normal grief have traditionally coped with the experience with the assistance of formalized procedures for mourning and with the support of their family and friends. Although traditions are currently disintegrating, and the suppression of emotion becoming more common, most persons apparently are able to cope with their losses.

Many of the traditional customs were valuable in helping to alleviate sorrow and to assist with the transition from married to single person. Several of the conceptual models simply restated what has been known by previous generations but has been lost to many persons now living. Reopening the topic through public education may help to remove some of the current taboos surrounding loss, and reduce the need for persons to resort to professional help in times of bereavement or divorce. Those persons surrounding the individual in need of support and help should, with understanding, be able to be of service. Thus, the present trend toward professional intervention may be slowed or reversed.

Finally, it must be cautioned that the process of grief cannot be hastened, even through professional intervention. In normal grief, the individual must be permitted to express emotion and to make changes on a personal timetable and in a personal way. The conceptual models may be helpful in aiding the grieving individual in recognizing feelings, in understanding changes which occur, in coping with conflicting or unacceptable feelings, in understanding the normalcy of the loss process, in understanding the human need for support, and in possible prevention of pathological grief. Cognitive information is important and beneficial, but is only a part of what is needed in working through the transition. The affective aspects of the loss process will not be affected through information alone, although the models may be helpful in pointing out unacknowledged but existing feelings. The closer the cognitive information comes to human reality, the more personal meaning it will have for the client or

other person experiencing a loss. Whether the information is gained through personal experience, counseling, workshops, private study, or classes is unimportant if the knowledge is authentic and relevant.

#### SUMMARY OF THE USE OF CONCEPTUAL MODELS IN LOSS COUNSELING

The present paper has attempted to identify, integrate, and organize selected conceptual models (graphic representations of theories or complex concepts) which are relevant to understanding and dealing with the loss process. Identification was made of selected conceptual models which deal specifically with the loss process. Conceptual models from other disciplines which explain specific aspects of the loss process were selected and integrated with the loss models in order to create an interdisciplinary theoretical framework for understanding and dealing with loss due to separation, divorce, and bereavement. Counseling models based on theory were selected and included in the paper.

The use of conceptual models as a counseling tool to be employed in conjunction with other methods was explored. A preliminary model for loss counseling was presented. Speculations as to the use of the preliminary model in loss counseling and in the study of the loss process were made. Suggestions were given for the use of the models in a variety of counseling and educational settings.

Problems and dangers arising with the use of the models were discussed; and included generalization, scientific reductionism, cognitive emphasis, literal interpretation, information overload, and professionalization of loss counseling.

Support for the preliminary model for loss counseling was given. Brain research, counseling theory, and the visual tradition were utilized to provide that support.

#### RECOMMENDATIONS FOR FURTHER STUDY

Although a number of conceptual models appropriate to the study of the loss process have been identified, many other appropriate models probably exist, and could be integrated with those in the current paper. Many concepts and theories not yet presented visually could be adapted to conceptual model form in order to make them more accessible to both professionals and non-professionals.

The conceptual models themselves, especially in the area of grief, have not been adequately researched in terms of number of subjects nor in terms of a variety of subjects. Yet the theories are presented as being generalizable to the population at large. More and better research needs to be conducted on the topic of loss.

The applicability of the models to a variety of counseling and educational settings needs also be studied, as do methods of presentation of the conceptual models in counseling.

The question of whether or not pre-need training on the topic of loss is helpful later when the individual is actually undergoing the loss process needs to be researched.

Exactly how and why the use of visual aids reinforces verbal communication or bypasses left brain defenses needs to be understood. Research could determine the best methods of presentation of conceptual models.

It is apparent that the investigation started in the present paper is only a beginning. Investigation and formal research on various aspects of the topic will add to the depth and breadth of knowledge concerning the loss process, and may enhance the use of conceptual models in loss counseling.

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The thesis is therefore accepted in partial fulfillment of the requirements for the degree of Master of Arts.

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