

# Understanding Grief in Social Work: Dual Process Model of Coping with Bereavement

## Reflective Narrative

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## Abstract

Working with and assessing grief issues is central to social work practice. As social work students on placement in a road trauma counselling and education service, we examined models and measures of grief that could be used by practitioners in a community-based organisation with clients impacted by road trauma. In this article, we reflect critically on the ways in which grief is constructed in practice and measured for research and accountability purposes. We propose that the dual process model of coping with bereavement (DPM), unlike the diagnostic model of complicated grief, acknowledges that people cope in individualised and dynamic ways, and that their experiences of grief are influenced by their external contexts. We identify the inventory of daily widowed life as a useful measure of the extent to which a person can flexibly move between different coping strategies for optimal adaptation to bereavement. We conclude that the DPM enables social workers in this organisation to understand unique experiences of grief and individual coping strategies and identify the focus for intervention in the bereavement counselling context.

**Keywords:** *Dual process model; Grief; Bereavement; Social work; Assessment*

Social workers understand the importance of going beyond a diagnosis to understand individual responses to bereavement – as well as the interpersonal and structural aspects that affect these responses. Considerations of individuality and contexts are not well-integrated in existing diagnostic systems, such as those described in the fifth edition, text revision of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V-TR) (American Psychiatric Association, 2022; Hitchens & Becker, 2014). However, funders of human service organisations increasingly seek client data for quality assurance for accountability purposes (Burton & van den Broek, 2009), and the DSM-V-TR is congruent with these bureaucratic requirements for procedures, standards, and efficiency (Hitchens & Becker, 2014). Many social workers continue to be expected to routinely use the DSM-V-TR diagnostic system and related assessment tools in their clinical practice, despite the profession's ongoing reservations with this medical model of mental health (Hitchens & Becker, 2014). Therefore, social workers negotiate within this space, looking for measures that satisfy both bureaucratic requirements for quality assurance data, and social work's pursuit of a person-in-environment approach to assessment and intervention (Burton & van den Broek, 2009; Hitchens & Becker, 2014).

We observed this tension – between what funders require and what social workers prioritise in practice – in our Master of Social Work field placement with Road Trauma Support Services Victoria (RTSSV). Five students and an internal supervisor from the social work department of a university worked with RTSSV staff over a period of three months in 2021. Two students prepared and provided a report comprised of a literature review and future recommendations – which were reviewed by the supervisor – to the agency by the end of the placement period. In this article, we summarise our report and recommendations, and reflect on the processes and outcomes of our placement activities.

Social workers in the bereavement counselling program at RTSSV understand that they are often working with clients who are experiencing complicated grief in the aftermath of highly traumatic events. Complicated grief (CG), also referred to as prolonged grief (PG) or persistent complex bereavement disorder (PCBD) (American Psychiatric Association, 2022), is described as intense grief that impairs daily functioning and persists for longer than expected by social norms; characteristics include difficulty accepting the loss, avoiding reminders, feeling bitter or angry, difficulty moving on with life, feeling numb or dazed, and social distrust (Shear, 2015). RTSSV had previously used a CG assessment measure – an adaptation of the Prolonged Grief-13 and the Inventory of Complicated Grief (Prigerson et al., 1995; Prigerson et al., 2021) – to identify and understand clients' symptoms of CG during assessment and evaluation.

Social workers at RTSSV, however, were critical of using CG measures to assess their bereaved service users. The DSM and related measures have been criticised for limiting a holistic understanding of the client which includes the effects of social, cultural, political, and environmental contexts on their experiences of distress (Hitchens & Becker, 2014; Khoury et al., 2014). A behaviour can be adaptive in one context and maladaptive in another; and when the DSM paradigm fails to embed behaviours within nuanced contexts, it can inaccurately pathologise individuals who would otherwise be considered normal (Khoury et al., 2014).

Furthermore, RTSSV social workers recognised that the CG measure focused on pre-defined outcomes rather than adaptive processes; by focusing on the identification of pathological symptoms, it fails to provide insight into the dynamic ways in which people respond to grief and the strategies they use to cope with bereavement. Therefore, social workers found that the CG measure was lacking in its ability to inform intervention; an examination of coping processes and strategies would better support social workers in delivering personalised supports aimed at capacity building. Social workers at RTSSV wanted an alternative measure that provides a holistic understanding of the service user – while being of acceptable scientific standards to funders.

Prior to our placement, as part of our MSW coursework, we had been introduced to the DPM (Stroebe & Schut, 1999) – which we recognised as an alternative way to assess experiences of grief. Unlike CG measures, it has been utilised primarily as a conceptual rather than a diagnostic model; however, it has been examined extensively in empirical literature. It accounts for the individuality of the bereaved person, the idiosyncrasies of their coping capacities and outcomes, and the role of interpersonal and cultural contexts (Stroebe & Schut, 2010; Stroebe & Schut, 2001a) – setting it apart from CG measures in terms of its applicability to social work practice. It was therefore the aim throughout the placement period to discuss the DPM and its applicability in a road trauma counselling context with RTSSV counsellors.

### **Dual process model of coping with bereavement**

The DPM defines two categories of stressors – loss-oriented (LO) and restoration-oriented (RO) – that a bereaved person attends to (Stroebe & Schut, 1999). Coping refers to the processes, strategies, or styles used to address these stressors (Stroebe & Schut, 2010). LO coping focuses on the loss experience; it consists of crying, reminiscing, yearning, dwelling on the loss, holding onto reminders, and sense-making. RO coping focuses on the secondary consequences of the loss, including completing tasks previously undertaken by the deceased, rethinking life, and developing new identities (Stroebe & Schut, 1999, 2001a, 2010).

A bereaved person attends to both orientations for optimal adaptation; however, they cannot focus on both simultaneously. Thus, they flexibly oscillate between LO and RO coping, and between coping and non-bereavement related tasks (Stroebe & Schut, 2001b, 2010). Oscillation changes over time; the person primarily engages with LO coping during early stages of bereavement, but increases their attention to RO stressors later on (Fiore, 2019; Stroebe & Schut, 1999).

Associations between DPM components and negative bereavement outcomes – psychological adjustment, depression, and loneliness – have been observed. Specifically, higher levels of LO coping have been associated with poorer outcomes, and higher levels of RO coping with better outcomes (Delespaux et al., 2013; Hefren, 2014; Lund et al., 2010; Lundorff et al., 2019; Tang & Chow, 2017; Wijngaards-de Meij et al., 2008). However, oscillation is important – Caserta and Lund (2007) found that RO bias was associated with better outcomes than both LO bias and balanced oscillation, and balanced oscillation associated with better outcomes than LO bias.

Unbalanced oscillation with increasing RO bias demonstrates to be the natural and optimal trajectory for bereavement adaptation.

Differences in experiences of bereavement have been observed between men and women – differences which can be largely attributed to gender norms (Bergstraesser, 2015; Stroebe & Schut, 1999). Wijngaards-de Meij et al. (2008) found that after the loss of a child, husbands were more restoration-oriented, and wives were more loss-oriented in their coping. Gender norms can dictate that RO coping is the masculine way of grieving that is more appropriate for men (Stroebe & Schut, 1999). Furthermore, due to role distribution norms, fathers may have more opportunities for escape and distraction from grief within their professional duties (i.e., RO coping), compared to mothers who stay at home (Bergstraesser, 2015). Gender norms and expectations may affect the person's opportunities and abilities to engage with either orientation; RTSSV social workers incorporate this consideration in their practice and seek to understand how their clients experience gender.

Different cultural belief systems impact the expressions of grief and adaptive coping styles; the DPM flexibly accounts for these cultural differences (Stroebe & Schut, 2010). The DPM makes no presumptions about a normative pattern of oscillation, acknowledging that people attend to the two coping orientations to varying extents according to both individual and cultural variations (Stroebe & Schut, 2010). Furthermore, the conceptual differentiation between LO and RO can be used to describe cultural differences in belief systems about grief; for example, it has been used to highlight what can be seen as the restoration-oriented Muslim community in Bali, which has minimal outward expressions of grief, and the loss-oriented Muslim community in Egypt, which expresses grief openly and collectively (Stroebe & Schut, 2010). Fiore's (2019) systematic review identified five studies with non-Western participants that demonstrated and supported the application of the DPM in South-east Asian contexts. Findings of cross-cultural applicability are promising, though further examination is required to understand how the DPM can be adapted to respond to diverse cultural norms (Fiore, 2019) – including those of Aboriginal and Torres Strait Islander communities. Despite its cultural consideration, the DPM was developed within a Western research context, and we recommended that social workers use their cultural competency to determine the model's suitability for different client populations. RTSSV does not have a multicultural clientele, and therefore has not had to extensively examine issues of cross-cultural applicability within their practice; however, our recommendations precipitated important conversations and considerations about culturally sensitive and decolonising practices.

A conceptual understanding of grief is important, but so are the operational challenges of responding to complex needs (Lewis & Fox, 2019) – including assessment. Based on available literature and discussions with RTSSV, we identified the inventory of IDWL (Caserta & Lund, 2007) as the most appropriate DPM measure for RTSSV's context. The 22-item measure has been widely used in DPM literature to measure oscillation between RO/LO coping. RTSSV recognised the genderised nature of its title as a weakness – implying exclusivity and preventing it from being considered in situations other than widowhood.

However, attempted revisions, such as that of Hefren (2014), have demonstrated the broad applicability of the IDWL for diverse loss situations. During our placement, the agency has been receptive to a title change – discussing how an alternative title can indicate the scale’s diverse applicability and acknowledge that everyone has the capacity to adapt to grief.

The IDWL(-M) (Caserta & Lund, 2007; Hefren, 2014) enables social workers to understand the experiences of oscillation and identify areas for focus in intervention. Extreme emphasis on either orientation indicates potentially maladaptive grief reactions. A primary emphasis on either orientation indicates that the other may require further support. Furthermore, a closer examination of each subscale indicates unutilised coping strategies that can be further explored. The IDWL(-M)’s ability to capture the DPM demonstrates its potential to be an informative measure for social workers. Upon the conclusion of our placement, social workers at RTSSV were discussing the implementation of the IDWL(-M) as an assessment and evaluation tool in the counselling program, in place of the CG measure that they had previously used.

## Conclusion

RTSSV social workers engaging with bereaved people face the challenge of understanding idiosyncratic grief reactions. DSM assessment tools – like the CG measure that the agency had previously used – fail to integrate contextual assessments and consider diverse experiences and strategies of coping. These limitations are incongruent with the social workers’ deep appreciation for the complexity of human experiences, as well as the profession’s focus on locating individual experiences in external contexts. Through our examination of the available literature, and engagement with social workers at RTSSV, we found that the DPM provides a suitable framework for assessing coping experiences after bereavement, and better incorporates an acknowledgement of individuality, flexibility, and external contexts. The IDWL – a DPM measure – enables insight into the strengths and challenges faced by the bereaved service users. This paradigm contributes to the widening of the parameters for understanding so-called *universal* grief reactions to account for unique coping capacities and incorporate a person-in-environment assessment in multiple practice contexts where grief is a central concern. The collaboration between MSW students and RTSSV demonstrated the value of an agency–university partnership – whereby students developed research and engagement skills, and the agency strengthened their evidence base for practice.

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