Oscillation in coping with bereavement
Could one step back be two steps forward?

Anne Damgaard
Department of Psychology and Behavioral Sciences, Aarhus University

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Supervisor: Maja O’Connor
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Student ID: 20095421
Contents

Abstract ................................................................................................................................. 1

Chapter 1: Introduction ........................................................................................................ 3

1.1 Bereavement and the process of finding ways to live on ........................................... 3
1.2 Speculation .................................................................................................................... 7
1.3 Delimitation .................................................................................................................. 7
1.4 Terminological clarifications ....................................................................................... 8
  1.4.1 Adaptive coping ................................................................................................. 8
  1.4.2 Confrontation and avoidance .......................................................................... 9
1.5 Methods ...................................................................................................................... 10
  1.5.1 Backwards reference search ......................................................................... 10
  1.5.2 Citation search ................................................................................................. 11
1.6 Outline ....................................................................................................................... 12

PART I

Chapter 2: Backtracking the proposition of oscillation in coping with bereavement ........ 17

2.1 Introduction ................................................................................................................. 17
  2.1.1 Preparatory remark .......................................................................................... 17
2.2 Findings on coping with bereavement ....................................................................... 17
  2.2.1 Intermediate conclusions – findings on coping with bereavement ................. 22
2.3 Findings on pathological forms of grief ..................................................................... 23
  2.3.1 Intermediate conclusions – findings on pathological forms of grief ............. 25
2.4 Conclusions ................................................................................................................. 27
Chapter 3: The Dual Process Model of coping with bereavement (DPM)................................. 29
  3.1 Introduction .............................................................................................................. 29
  3.2 The DPM .................................................................................................................. 30
    3.2.1 Coping with bereavement .............................................................................. 30
    3.2.2 The two types of stressors ........................................................................... 32
    3.2.3 Terminological overlaps – intermediate clarifications ......................... 33
    3.2.4 Coping strategies ........................................................................................... 34
  3.3 The oscillation process ............................................................................................. 36
    3.3.1 The 2001-revision of the DPM ................................................................. 40
  3.4 Conclusions ............................................................................................................. 41

Chapter 4: Research on oscillation.................................................................................. 43
  4.1 Introduction .............................................................................................................. 43
    4.1.1 Oscillation balance ...................................................................................... 43
  4.2 Empirical findings on the oscillation process ....................................................... 44
  4.3 Conclusions ............................................................................................................. 49

Chapter 5: PART I discussion ......................................................................................... 51
  5.1 Discussion ............................................................................................................... 51
  5.2 What do we currently know about the oscillation? .............................................. 56
  5.3 Staging the speculation anew ............................................................................. 57
PART II

Chapter 6: The Capacity Model of Attention (CMA) and dual task performance ...

6.1 Introduction .................................................................................................................. 61
6.2 The Capacity Model of Attention (CMA) ................................................................ 62
   6.2.1 Control .................................................................................................................. 66
6.3 Dual task performance ............................................................................................... 66
6.4 Conclusions ............................................................................................................... 67

Chapter 7: Part II discussion ............................................................................................. 69

7.1 Preparatory matters ................................................................................................. 69
7.2 DPM-CMA comparability: component part comparisons ........................................ 71
7.3 Oscillation as attention? ......................................................................................... 76
7.4 The potential CMA contributions ............................................................................ 77
7.5 Can the oscillation concept be refined by means of existing theory of attention?  .......................................................................................................................... 83

Chapter 8: Implications .................................................................................................... 87

8.1 Potential implications to adaptive coping with bereavement ................................. 87
8.2 Potential implications to future research on oscillation ......................................... 90

Conclusions ..................................................................................................................... 91

References ......................................................................................................................... 93

Appendix

iii
Overview of figures

Chapter 3: The Dual Process Model of Coping with Bereavement (DPM)
Figure 3.1: The Dual Process of Coping with bereavement .................................................. 31
Figure 3.2: Distinction between stressor and coping applied to the DPM ................................. 34
Figure 3.3: Confrontation-avoidance in the DPM dual process of coping with bereavement. .... 38
Figure 3.4: The revised Dual Process Model of coping with bereavement including positive- and negative affect ........................................................................................................ 40

Chapter 6: The Capacity Model of Attention (CMA) and dual task performance
Figure 6.1: The Capacity Model for Attention ............................................................................. 64

Chapter 7: Part II discussion
Figure 7.1: The dual process of coping with bereavement depicted as a dual task performance scenario ........................................................................................................................................ 70
Figure 7.2: DPM – CMA comparison .......................................................................................... 71

Appendix

Appendix 1: Table of the backwards reference search and results ........................................... 1
Appendix 2: Table of included articles and books from the backwards reference search .......... 3
Appendix 3: Table of the research articles found through citation search including characteristics and findings ................................................................................................................................ 10
Oscillation in coping with bereavement. Could one step back be two steps forward?

Anne Damgaard

Abstract

According to the Dual Process Model of coping with bereavement (DPM) oscillation is crucial to adaptive coping with bereavement. Currently, however, theoretical knowledge about the DPM oscillation process is limited. Because oscillation is believed to be crucial for people to come to terms with loss, efforts to generate further theoretical knowledge about oscillation seem highly relevant. The present thesis sums up current knowledge about the oscillation process: the empirical studies, which preceded the DPM proposition of oscillation in coping with bereavement; the DPM proposition of oscillation; and the research on oscillation, which has followed it. On the basis of this, the present thesis presents the Capacity Model of Attention (CMA), which describes processes similar to the oscillation process, and examines whether this theory has potential to contribute with new insights about oscillation in coping with bereavement. The thesis concludes that there are strong indications that the CMA has potential to theoretically refine and develop the DPM oscillation concept. Potential implications to both adaptive coping with bereavement and future research on oscillation are considered.
Oscillation in coping with bereavement. Could one step back be two steps forward?

Anne Damgaard
Chapter 1: Introduction

1.1 Bereavement and the process of finding ways to live on

There is probably no message more devastating, than the message, that a loved one is going to die or has already passed away. The event of the death of a significant other typically elicits an intense and profound emotion of grief and sets off extensive coping efforts directed toward mastering, reducing, minimizing or tolerating the massive implications and negative consequences of a loss of this nature (Stroebe & Schut, 2001; Hansson & Stroebe, 2007). Losing a parent, a partner, a sibling, a best friend or a child does not only involve the sudden physical absence of a loved one, but also a disruption of an important relational bond or tie with significance to fundamental aspects of the bereaved person’s life such as personal history, self-conception and everyday life (e.g. Stroebe & Schut, 1999; 2005).

The objective situation of having lost a loved one is denoted bereavement (Stroebe et al., 2001) and is considered a life stressor. That is, bereavement is understood as a critical life event, which typically elicits psychical or emotional stress so extensive, that major coping processes are required. These coping processes have potential to be formative or pivotal in shaping personal attitudes and beliefs (VandenBos, 2007). Bereavement differs from other life stressors (such as divorce, loss of job or job change, victim of crime or abuse) in that it predominantly consists in grief. In bereavement, what needs to be dealt with above all is the emotion of grief (Stroebe & Schut, 1999; Hansson & Stroebe, 2007; Guldin, 2014).

Grief is considered the essential universal human reaction to bereavement (Stroebe & Shut, 1999; Hansson & Stroebe, 2007) and it is associated with a wide range of affective (despair, anxiety, guilt, yearning, longing), behavioral (agitation, crying, fatigue, social withdrawal), cognitive (preoccupation with thoughts of the deceased, lowered self-esteem, hopelessness, helplessness) and physical and somatic manifestations (sleep disturbance, energy loss, exhaustion) (Stroebe et al., 2001). Thus, bereavement typically leads to a substantial grief reaction, which persists for
Oscillation in coping with bereavement. Could one step back be two steps forward?

Anne Damgaard 20095421

months, perhaps even years, after a loss (Hansson & Stroebe, 2007). Over time, most people do, however, come to terms with their loss (Parkes & Weiss, 1983; Stroebe et al., 1988a; Parkes, 1996; Stroebe & Schut, 2001; Hansson & Stroebe, 2007; Guldin, 2014). How they do this is the subject matter of the present thesis.

Contrary to grief, ‘grieving’ refers to the ways in which people come to terms or cope with bereavement (Hansson & Stroebe, 2007).

Since the 1990s coping with bereavement has been subject to increased attention within the bereavement field (Stroebe et al., 2001), though coping with bereavement has not been unexplored up until then. Interests in effective coping with bereavement dates back to Sigmund Freud (1917) and his proposition of the need to do “grief work”, which has influenced the literature within the field of bereavement ever since (Stroebe & Schut, 1999; 2001).

Essential to Freud’s proposition is, that in order to come to terms with the loss of a loved one (i.e. cope effectively), one has to confront the intense emotions of grief and work through the grief. In the bereavement literature, this is commonly referred to as the “grief work hypothesis” (e.g. Stroebe & Stroebe, 1987; Stroebe et al, 1993; Bonanno et al., 1995; Stroebe & Schut, 1999; 2001).

The implications of the grief work hypothesis are a (now acknowledged) one-sided orientation toward the negative emotional consequences of the loss and an emphasis on confrontation of stressors in preference to avoidance (Parkes, 1996; Stroebe & Stroebe, 1991; Bonanno et al., 1995; Bonanno & Keltner, 1997). The grief work hypothesis considers confrontation to be an indicator of effective coping, while it associates avoidance with pathological forms of grief (Bonanno et al., 1995; Stroebe & Schut, 1999; 2001).

Throughout the last decades, renewed insights have paved the way for a new paradigm within the bereavement field. With their Dual Process Model of Coping with Bereavement (DPM), the psychologists Margaret Stroebe and Henk Schut (1999) must be considered two of the primary agents of this paradigm shift. On the basis of preceding bereavement research and integration of
existing theory with relevance to coping with bereavement, the authors have pointed out that coping with the loss of a loved one not only involves processing of stressors related to the loss itself (including grief work), but also processing of stressors associated with secondary consequences of the loss (Stroebe & Schut, 1999; Kavanagh, 1990). Examples of the latter are to adjust to a new identity (i.e. from wife to widow) or to take on chores or responsibilities that the deceased previously undertook (Stroebe & Schut, 1999). In addition, Stroebe and Schut (e.g. 2001) have drawn attention to the finding that avoidance, like confrontation, serves adaptive purposes in coping with bereavement. Similar to Freud (1917), Stroebe and Schut (1999; 2001; 2008; 2010) are concerned with the identification of the coping processes involved in the many cases where people come to terms with the loss of a loved one in a ‘normal’, non-pathological way. In the DPM such successful coping is referred to as adaptive coping. Although both effective coping and adaptive coping refer to coping processes that lead to successful adjustment to loss of a loved one, it is important to note that Freud’s (1917) effective coping and Stroebe and Schut’s (e.g. 1999) adaptive coping refer to two quite different ideas of what makes up successful coping with bereavement. According to the DPM, adaptive coping depends on the processing of both primary and secondary stressors of loss, through confrontation as well as avoidance. In contrast, effective coping (cf. Freud, 1917) depends on the processing of primary stressors of loss through confrontation alone. Within the DPM, adaptive coping with bereavement necessitates that both primary and secondary stressors are attended to over time. The model proposes that this is done through oscillation between the two different coping processes making up the dual process of coping with bereavement. Oscillation is pointed out as the distinguishing feature of the DPM. What are currently missing though, are insights into the specific nature of the oscillation process and knowledge concerning how this process works (Stroebe & Schut, 2001; 2008; 2010).

The present thesis aims to address exactly this void.

The oscillation process proposed in the DPM is, prevailingingly, a theoretical construct and it is important to acknowledge that scientific knowledge and empirical testing are still limited (Stroebe & Schut, 2001). Stroebe & Schut (2001) themselves present a number of questions, which still need to be answered, about the oscillation process involved in coping with bereavement, for example: “When and how does oscillation take place? To what extent is it voluntary or
involuntary? And how does oscillation affect adaptive coping?” (Stroebe & Schut, 2001, p. 396). At the same time, however, the authors point out that oscillation is difficult to investigate empirically (Stroebe & Schut, 2010). According to the authors, this is due to the circumstance that “the process of oscillation [...] is a dynamic process of confrontation and avoidance that can change not only from moment to moment, but also in relationship to duration of bereavement” (Stroebe & Schut, 2010, p. 285). As such, there appears to be a significant catch-22 in relation to the oscillation process presented in the DPM. On the one hand, we have a number of unanswered questions concerning how the proposed oscillation process involved in adaptive coping with bereavement works, and what the nature of this process is. On the other hand, current empirical efforts to generate the much-needed insights to answer these unanswered questions about oscillation are challenged by the fact that we are still unsure of what oscillation is and how it works. The unanswered questions about the nature of the oscillation process, and the way in which it works, seem to make it difficult to operationalize and measure oscillation empirically.

The theoretical construct of oscillation is presented as a key component of the DPM (Stroebe & Schut, 1999; 2001; 2008; 2010) and proposed to be necessary to adaptive coping with bereavement. Granted that this is the case, it seems highly relevant to dedicate continued theoretical attention to the oscillation process and to work toward satisfactory answers to the currently unanswered questions.

The present thesis operates on the assumption, that the DPM oscillation concept has important explanatory value in terms of closing in on what makes up adaptive coping with bereavement. At the same time, however, the thesis suggests, that there currently exists a catch-22 in relation to the oscillation process proposed by the DPM. According to the present thesis, this is related to the current theoretical state of the oscillation concept. It is therefore the understanding of the present thesis, that what is currently warranted the most is to take a step back and reengage in theoretical refinement of the oscillation construct. The present thesis represents a first attempt to do this1. In doing this, it is the aim first, to collect the current knowledge about the oscillation process

1 Because the present thesis represents a first attempt to theoretically refine the oscillation concept, the thesis is written in English to accommodate a broader audience of interested parties.

2 In agreement with supervisor Maja O’Connor, personal communications, 1.10.2015

3 Similar citation searches were performed on the other three DPM-articles, which was also subjected to the
Oscillation in coping with bereavement. Could one step back be two steps forward?

Anne Damgaard

proposed by the DPM, and second, to theoretically examine whether existing theory of processes, similar to the one referred to as oscillation in the DPM, can contribute to refined understanding of the oscillation concept. As such, the present thesis sets out to answer the following speculation.

1.2 Speculation

What do we currently know about the DPM oscillation concept?
Can this concept be refined by means of existing theory of processes similar to the process conceptualized as oscillation in the DPM?
And if so, what implications do this potential refinement suggest for adaptive coping with bereavement?

1.3 Delimitation

The speculation specifically addresses the oscillation process proposed to be involved in coping with bereavement by the Dual Process Model of coping with bereavement (DPM) (Stroebe & Schut, 1999; 2001; 2008; 2010). Thus, the present thesis is concerned with coping with bereavement with a very specific focus on the DPM oscillation process.

As it was presented above, it is the assumption of the present thesis that the oscillation concept has explanatory value in relation to coping with bereavement. Yet, there are considerable shortcomings in the current conceptualization of oscillation. The DPM accounts of oscillation are still limited in scope and scarce in detail (Stroebe & Schut, 1999; 2001; 2008; 2008). Therefore, the first question of the speculation is aimed to collect knowledge about oscillation as it is currently defined by the DPM and operationalized within the bereavement field. This clarification of what is meant by oscillation appears necessary before any attempt to refine or elaborate on the oscillation concept can be done.

The second question of the speculation is aimed to examine the possibility that existing theory of processes, similar to the one referred to as oscillation in the DPM, can contribute to refinement of the current understanding of oscillation in coping with bereavement.
The third and final question of the speculation addresses the possible implications of such potential refinement of the DPM oscillation concept.

1.4 Terminological clarifications

The terminology applied across accounts of the Dual Process Model of Coping with Bereavement (DPM) (Stroebe & Schut 1999; 2001; 2008; 2010), as well as across the bereavement field as a whole, is not always consistent (e.g. Freud, 1917; Lazarus & Folkman, 1984). For this reason, preliminary terminological clarifications of the key terms seem granted. In this section terminological clarifications are provided for adaptive coping, confrontation, and avoidance, which are key terms in the DPM and of special relevance to oscillation. The concept of oscillation itself is accounted for in Chapter 3.

1.4.1 Adaptive coping

As mentioned in the introduction above, coping with bereavement refers to how people come to terms with, or recover from, the loss of a loved one. The scientific literature typically distinguishes between those who recover from loss, and those who do not. As such, coping with bereavement can take two different courses. In the scientific literature, these courses are referred to by a number of different adjectives, which are ultimately synonymous. Coping that leads to recovery from loss is coping, which “enable (...) people to come to terms with loss and avoid severe health consequences” (Stroebe & Schut, 1999, p. 198). This course of coping with bereavement is typically referred to as ‘adaptive’, ‘successful’, ‘typical’ or ‘non-pathological’. Reversely, ‘mal-adaptive’ ‘unsuccessful’, ‘atypical’ and ‘pathological’ are typically used to refer to coping with the bereavement that fails to lead to recovery (e.g. Freud, 1917; Lindemann, 1944; Parkes & Weiss, 1983; Parkes, 1996; Stroebe et al, 1998; Stroebe & Schut; 1999; 2001; 2008; 2010).

In the introduction it was established that ‘adaptive’ and ‘effective’ refer to two conceptually different ideas of the coping necessary in order to come to terms with loss of a loved one. In the present thesis the adjectives ‘effective’ and ‘ineffective’ is therefore reserved to Freud’s (1917)
account of coping with bereavement (i.e. the grief work hypothesis). The word pairs of adaptive/ mal-adaptive, successful/unsuccessful, and typical/atypical, non-pathological/pathological are used synonymously.

1.4.2 Confrontation and avoidance

In the bereavement literature both confrontation and avoidance are regularly mentioned. Yet thorough, explicit explanations of confrontation and avoidance are often absent. To prevent the pattern in repeating itself here, clarifications of the two terms are provided below.

Fundamentally, confrontation and avoidance are coping strategies. That is, confrontation and avoidance each signify a tendency or way of coping with stressors. When confrontation and avoidance often are mentioned in the bereavement literature, it is because they have important explanatory value in relation to how people come to terms with the loss of a loved one; confrontation represents efforts to realize the loss, while avoidance represents efforts to fight against the reality of loss (Stroebe & Schut, 1999).

Confrontation involves concentrating on and processing of bereavement specific stressors. Confrontational strategies are defined by efforts to work through the pain of grief (do grief work), to accept the loss and to accept the changed reality in consequence of the loss (Stroebe & Schut, 1999). In bereavement research confrontation is operationalized and measured in a number of ways. For example, Bonanno and Keltner (1997) measured confrontation as facial expressions of anger, contempt, disgust, fear, and sadness. Prigerson and colleagues (1995b) measured confrontation through statements such as “I find my self thinking about the person who died” and “I feel that I cannot accept the death of the person who died” (Prigerson et al, 1995b, p. 72). Differently, Lepore and colleagues (1996) operationalized confrontation as the need to disclose (i.e. talk about the loss).
Avoidance, on the other hand, involves inhibition of painful emotions associated with the loss. As such, avoidance includes efforts to avoid, denial and suppress the reality of loss and the changed reality in effect of the loss (Stroebe & Schut, 1999). Avoidance is commonly associated with deliberate distraction, efforts to keep busy, preoccupation with work or activities, and social withdrawal/isolation (Schut et al, 1997), physically avoidance of reminders, non-disclosure (Stroebe & Stroebe, 1991) and positive affect (Bonanno et al, 1995; Bonanno & Keltner, 1997). In bereavement research, avoidance, like confrontation, is operationalized and measured in a number of ways. For example, Bonanno et al (1995) measured avoidance as verbal-autonomic dissociation, that is, avoidance was operationalized as concurrent presence of cardiovascular activity (indicative of threat appraisal) and the absence of verbal expression of emotional distress. On the other hand, Stroebe and Stroebe (1991) measured suppression (i.e. avoidance) through statements such as “I avoid anything that would be too painful a reminder” and “At the moment any activity is a welcome distraction” (p. 480).

1.5 Methods

1.5.1 Backwards reference search

Backwards reference search was conducted to trace the origins of the DPM proposition of the oscillation process involved in coping with bereavement.

Four articles authored by Margret Stroebe and Henk Schut were subjected to the backwards reference search: “The Dual Process Model of coping with bereavement: Rationale and description” (Stroebe & Schut, 1999), the following review including revision of the DPM: “Models of coping with bereavement: A review” (Stroebe & Schut, 2001), and the two follow-up articles: “The Dual Process Model of coping with bereavement: Overview and update” (Stroebe & Schut, 2008) and “The Dual Process Model of coping with bereavement: A decade on” (Stroebe & Schut, 2010).

Originally, the backwards reference search aimed to identify citations in direct connection to descriptions of the oscillation process itself. In the meantime, the result of this backwards
reference search was zero references (one reference was found in a section titled “Oscillation”, but was related to habituation, see Appendix 1). Thus, search criteria were extended to “references of relevance to the oscillation process” and a new backwards reference search was performed. In the new backwards reference search, references were assessed relevant insofar they were given in relation to 1) discussions or descriptions of the confrontation-avoidance-relationship, including explicit or implicit mention of “oscillation process” or related terms such as “regulative process” and 2) discussions or descriptions of pathological forms of grief, including explicit or implicit mention of “oscillation process” or related terms such as “regulative process”. The following example illustrate a finding, corresponding to these criteria:

“In case of extreme rumination or extreme denial, regulation of working through has been shown to be effective for severe (Brom et al, 1989; Horowitz et al, 1984), or mildly complicated (Schut et al, 1997) grief” (Stroebe & Schut, 1999, p. 217, my italics)

The backwards reference search resulted in 16 references (see Appendix 1 for overview). 14 of these were obtainable. Of these, 4 references were books. Two of the books (Rosenblatt, 1983 & Jacobs, 1993) were excluded\(^2\), as they were found to be too extensive in accordance to the scope of the present thesis. As such, 12 articles and books remained (cf. Appendix 2). These are presented in an overview in Chapter 2.

1.5.2 Citation search

Citation search was conducted to identify studies, which have specifically aimed to test the oscillation process proposed in the DPM. Citation searches were conducted in Scopus and Web of Science (WoS), which are both databases specifically designed to citation search. In both databases the citation searches followed two steps. First, the citation search on “The Dual Process

\(^2\) In agreement with supervisor Maja O’Connor, personal communications, 1.10.2015
Model of coping with bereavement” (title) and “Stroebe” (author) was performed. In Scopus this search yielded 545 results (citations), in WoS 398 results (citations). Second, the search word “oscillation” was entered to filter the results and isolate articles specifically concerned with oscillation. In Scopus this filtering isolated 7 articles. In WoS the filtering isolated 6 articles. Comparing the results across databases showed that the 6 citations from WoS were similar to 6 of the 7 citations found in Scopus. As such, the citation searches identified 7 articles concerned with oscillation.

As can be seen in Appendix 3 only 4 of the 7 identified articles reported studies on oscillation. An overview of these studies is presented in Chapter 4.

1.6 Outline

The present thesis is divided into two main parts: Part I, and Part II.

The aim of Part I is to answer the first question of the speculation: “What do we currently know about oscillation?” As has been presented, existing accounts of the DPM oscillation process are limited and scarce in detail (cf. Stroebe et al, 1998; Stroebe & Schut, 1999; 2001; 2008; 2010). For this reason, the first part of the thesis is divided into three chapters, which address oscillation in coping with bereavement before, when, and after it was proposed in the DPM.

In Chapter 2, “Backtracking the proposition of oscillation in coping with bereavement”, an overview of the studies preceding the DPM proposition of the oscillation process is provided. In Chapter 3, “The Dual Process Model of coping with bereavement (DPM)”, the DPM and the oscillation concept are presented in detail (Stroebe & Schut, 1999; 2001; 2008; 2010). In Chapter 4, “Research on oscillation”, an overview of the few empirical findings, which have followed the DPM proposition of oscillation in coping with bereavement, is provided.

Part I is concluded in Chapter 5, “PART I discussion”, where insights from the three preceding chapters are illuminated and discussed. In continuance of this, what is currently known about the
DPM oscillation process is stated in direct response to the first question of the speculation. Finally, the speculation is revisited and staged anew before entering Part II.

The aim of Part II is to answer the second and third question of the speculation: “Can the oscillation concept be refined by means of existing theory of processes similar to the process conceptualized as oscillation in the DPM? And if so, what implications do this potential refinement suggest for adaptive coping with bereavement?”.

In Chapter 6, “A capacity model of attention and dual task performance”, Daniel Kahneman’s (1973) Capacity Model of Attention (CMA) is presented and dual task performance is briefly introduced. Why this theory has been selected is accounted for in the beginning of Chapter 6. In Chapter 7, “Part II discussion”, it is discussed whether Kahneman’s (1973) Capacity Model of Attention (CMA) has potential to contribute to refinement of the DPM oscillation concept and how in direct response to the second question of the speculation. In Chapter 8, “Implications”, what implications refinement of the oscillation concept suggests for adaptive coping with bereavement are discussed in response to the third question of the speculation.

In “Conclusions”, the thesis is summed up and the final conclusions are drawn.
Oscillation in coping with bereavement. Could one step back be two steps forward?

Anne Damgaard

20095421
PART I
Oscillation in coping with bereavement. Could one step back be two steps forward?

Anne Damgaard

Page 16 of 98
Chapter 2: Backtracking the proposition of oscillation in coping with bereavement

2.1 Introduction

In the present chapter, the studies, which preceded the DPM proposition of the oscillation process, are presented. These studies are the ones found through the backwards reference search described in section 1.5.1. In the following pages the studies from the 12 articles and books found in the backwards reference search are presented.

2.1.1 Preparatory remark

The studies reported in the articles and books found through the backwards reference search is characterized by a high degree of heterogeneity. As evident from Appendix 3, objective(s), sample sizes, participant characteristics and method(s) differ significantly across studies. This leaves a rather untidy picture. To create coherence through the overview below, the studies and their findings are organized after common themes. In consequence, the overview is divided in two subsections: “Findings on coping with bereavement” and “Findings on pathological forms of grief”.

2.2 Findings on coping with bereavement

In their 1995 study, Bonanno and colleagues assessed the relationship between emotional avoidance, measured as dissociation between self-reported minimal experience of negative emotion and simultaneous cardiovascular activity associated with cognitive appraisal of threat, and non-pathological and pathological forms of grief respectively. They found no significant association between emotional avoidance and pathological grief. Instead, they found indications that emotional avoidance serves functions, which might aid adaptive coping with bereavement. In discussing this, Bonanno and colleagues (1995) suggested that avoidance might enable people to “dose” the confrontation with bereavement specific stressors. The ability to avoid, as well as
confront, loss-related stressors was suggested to enable people to regulate their coping efforts in accordance to current intra-psychological, inter-psychological and contextual demands of everyday life (Bonanno et al, 1995).

In a similar vein, but focusing on confrontation, Bonanno & Keltner (1997) examined the mediating role of emotional expression (measured by facial expression) in the course of grief. That is, they tested the opposing hypotheses, that a) expression of grief at 6 months would predict a milder grief course (measured at 25 months); b) expression of grief at 6 months would predict a more severe grief course (measured at 25 months). In other words, they examined whether confrontation of bereavement specific stressors predicted adaptive or mal-adaptive coping with bereavement. In addition to this, they examined the mediating role of early (at 6 months) expressions of positive versus negative affect (Bonanno & Keltner, 1997). Their findings indicated, that expressions of negative emotion at 6 months were predictive of more severe grief reactions at 25 month. A finding, which contradicted the grief work hypothesis, that effective coping necessitates confrontation. On the other hand, they also found, that expressions of positive emotion (avoidance) at 6 months were predictive of less severe grief reactions at 25 months. Similar to the findings presented above, these findings also suggested, that avoidance of grief served functions of significance to adaptive coping with bereavement. In their discussion of these findings, it was argued, that there was indication of a higher degree of individual differences in coping with bereavement, than previously assumed within the bereavement field (cf. the grief work hypothesis) (Bonanno & Keltner, 1997).

Although addressing it differently, Lepore and colleagues (1996), like Bonanno & Keltner (1997), also studied emotional expression (here: disclosure). Employing an inter-psychological level of analysis, these researchers examined the significance of social constraints (no one to talk to about loss) versus social support (someone to talk to about loss) as indicators of bereaved individuals’ possibility to disclose about the experience of loss in relation to the bereaved individuals’ depression levels over time. They found that bereaved individuals, who experienced social constraints, and therefore were prevented from disclosure, showed increased levels of depression
Oscillation in coping with bereavement. Could one step back be two steps forward?

Anne Damgaard

over time. On the other hand, bereaved individuals who experienced social support, which
enabled them to disclose, showed decreased levels of depression over time. In discussing the
findings, Lepore and colleagues (1996) argued, that social constraints could represent an
interpersonal induced need to suppress (avoid) negative emotions as the constraints prevent
disclosure. In addition, it was suggested that social constraints could serve as an additional
stressor, which tap resources otherwise needed to cognitive process the loss (Lepore et al, 1996).
As such, Lepore and colleagues (1996) actually identified a potential interpersonal risk factor.

Prigerson and colleagues (1995a) set out to assess the potential overlap between complicated
grief (pathological grief defined by a broad spectrum of grief related symptoms) and bereavement
related depression (mainly depressive symptoms). Their findings indicated that complicated grief,
defined as “the failure to return to pre-loss levels of performance and states of well-being”
(Prigerson et al, 1995a, p. 23), is distinct from bereavement related depression. In their discussion
of the results, Prigerson and colleagues (1995a) noted that the symptoms of complicated grief,
although appearing to be normal reactions to grief, were significantly associated with pathological
outcomes. According to the citation of Stroebe & Schut (1999), these findings present complicated
grief as a “loss orientation syndrome” (p. 217). There is only indication of this in Prigerson and
colleagues’ (1995a) conclusion: that their findings were not exclusively compatible with Freud’s
framework. How people come to terms with bereavement could not be explained by
confrontation alone (cf. the grief work hypothesis).

In a following study, Prigerson and a partially different team of colleagues (Prigerson et al, 1995b)
set out to present and evaluate the Inventory of Complicated Grief (ICG). The 19 ICG-items
represented specific symptoms of complicated grief derived primarily from clinical experiences
and, in addition to that, from research findings*. Of these, most of the items were grief-related

* The proportion of items derived from clinical experience and research findings respectively could be worth noting in
light of the scale’s statistical reliability and face validity, which could indicate, that the research at the time did not
capture the complete nature of coping with loss. The two “avoidance”-items on the scale were, in fact, derived from
clinical experience. This void between research and practice could be speculated to have been contributing to the
later paradigm shift.
Oscillation in coping with bereavement. Could one step back be two steps forward?

Anne Damgaard

(e.g. yearning, anger, preoccupation with thoughts of the deceased). The scale was found to be a statistically reliable measure of complicated grief and rated by bereaved respondents to adequately represent their experiences (Prigerson et al, 1995b). The study indicated that the scale could distinguish complicated grief from ‘normal’ grief reactions. According to Stroebe & Schut (1999), the high degree of grief-items on the ICG is indicative that complicated grief (which is synonymous to pathological grief) is a syndrome of predominating loss-orientation. However, the foundation for this conclusion is not obvious. First, Prigerson and colleagues (1995a) do not distinguish between items and thereby make some items “loss-items”. Second, complicated grief refers to pathological forms of grief as a whole, which would make all pathological forms of grief associated with too much loss-orientation and thereby contradict Stroebe & Schut’s (1999) own argumentation.

Additional conclusions connected to confrontation-avoidance emerged through a related line of studies concerned with counseling (in reference to normal grief) or treatment (in reference to pathological grief) of grief.

In his article, Kavanagh (1990) discussed whether cognitive-behavioral intervention could assist people with pathological forms of grief to come to terms with their loss. Through discussions of the comparability of grief, clinical depression and anxiety disorders, Kavanagh (1990) argued that grief differs from both depression and anxiety, although symptoms of both depression and anxiety can be present in grief. Through his discussions, Kavanagh (1990) identified a wide range of individual differences in grief reactions related to factors such as personality, coping skills, nature of the death, nature of the relationship to the deceased, culture and social norms. Of particular relevance, Kavanagh (1990) argued that both confrontation and avoidance could serve adaptive purposes. Although too much avoidance was found to lead to negative outcomes, he argued, that avoidance could make way of beneficial “time outs” from grief (Kavanagh, 1990). Kavanagh (1990) concluded that a dynamic understanding of coping with bereavement was necessary and that counseling of bereaved individuals should focus on training coping skills related to both confrontation and, although with some degree of cautiousness, avoidance.
In their study Schut and colleagues (1997) examined the possibility of gender specific patterns in the effectiveness of interventions aimed at emotion-focused and problem-focused strategies (cf. Cognitive Stress Theory, e.g. Lazarus & Folkman, 1984) respectively. Their study started from existing findings, that men usually use more problem-focused strategies, while women usually use more emotion-focused strategies in coping in general (Schut et al, 1997). Significant effects of both intervention programs were found with the results slightly favoring problem-focused interventions. In relation to gender differences, gender specific patterns in efficiency of the two intervention programs were found: while men, who primarily used problem-focused strategies, benefitted more from emotion-focused interventions, women, who primarily used emotion-focused strategies, benefitted more from problem-focused interventions. Schut and colleagues (1997) argued, that the results could indicate, that people who struggle to come to terms with bereavement might do this as a consequence of limited repertoire of coping strategies and that assistance in use of unfamiliar coping strategies could be helpful.

In the studies by Horowitz and colleagues (1984) and Brom and colleagues (1989), the relationship between treatment and outcome was assessed. As can be seen in Appendix 3, the two studies only share few common features. Nevertheless, they arrived at conclusions of similar relevance to the oscillation process, which is of interest here. Thus, Horowitz and colleagues (1984) found it difficult to identify relationships between treatment variables and treatment outcomes, while Brom and colleagues (1989) only found small differences between different treatment conditions. In both cases the findings, or the lack thereof, were ascribed to individual differences in coping with bereavement/trauma related to confrontation and avoidance. In addition to these somewhat similar findings, Brom and colleagues (1989) found that not all participants benefitted from treatment in comparison to controls.

5 In his article Kavanagh (1990) argue, that treatment of people, who are adapting to loss on their own, can be counterproductive.
2.2.1 Intermediate conclusions – findings on coping with bereavement

Some patterns of potential relevance to the later proposition of the oscillation process do appear from the findings presented above. The studies of Bonanno & Keltner (1997) and Prigerson and colleagues (1995a; 1995b) found that too much confrontation can lead to more severe grief and pathological forms of grief respectively. As noted, these findings contradicted the otherwise influential grief work hypothesis, which considers confrontation of grief to be fundamental to effective coping with loss (section 1.1). Lepore and colleagues (1996) found that the possibility to disclose (confront) the loss, when this was needed, was related to adaptive coping with bereavement. At the same time, Bonanno and colleagues (1995), Bonanno & Keltner (1997) and Kavanagh (1990) all found that avoidance of grief served adaptive functions in coping with bereavement.

Together, these studies thus seem to have indicated that confrontation alone could not account for the ways in which people come to terms with the loss of a loved one. Avoidance seemed to contribute to adaptive coping with bereavement as well. As such, the findings seem to have strongly pointed toward an understanding of coping with bereavement, which included both confrontation and avoidance.

The same picture seems reflected in the findings, and especially in the discussions, of Bonanno and colleagues (1995), Kavanagh (1990), Schut and colleagues (1997), Brom and colleagues (1989) and Horowitz and colleagues (1984). As mentioned above, Bonanno and colleagues (1995) suggested that avoidance could enable “dosage” of grief, while Kavanagh (1990) suggested that avoidance could let people have beneficial “time-outs” from grief (Kavanagh, 1990). Moreover, Kavanagh (1990) argued that coping with bereavement should be understood as a dynamic process, where both confrontation and avoidance could serve adaptive purposes. Following a seemingly similar rationale, Schut and colleagues (1997) argued that overreliance on either confrontation or avoidance could account for mild complications in coping with bereavement, which could be countered by training the less familiar strategy. From a 2015 perspective, this argumentation seems to come as close to proposing an oscillation process as possible without actually presenting it as oscillation.
Oscillation in coping with bereavement. Could one step back be two steps forward?

Anne Damgaard 20095421

Taken together, the studies, presented above, point toward the interpretation that coping with bereavement is by no means neither simple nor straightforward. Instead, coping with bereavement is characterized by a high degree of individual variability, which is not necessarily limited to an intra-psychological level of analysis (cf. Lepore et al, 1996).

2.3 Findings on pathological forms of grief

In this section the scientific literature related to pathological forms of grief are presented. Noteworthy, the scientific literature presented above seems to have inspired the idea of an oscillation process in coping with bereavement, while the scientific literature presented below seems to have validated the proposition of the oscillation process.

Lindemann’s 1944 study of the symptomatology of grief is a well-acknowledged study within the bereavement field and it is strongly associated with the Coconut Grove Fire, because a number of the victims of the fire participated in Lindemann’s study. Through psychiatric interviews, which was recorded and subsequently screened for grief symptoms, Lindemann (1944) succeeded to provide one of the first accounts of symptoms of both ‘normal’ and ‘morbid’ (pathological) grief reactions. Lindemann (1944) found “normal grief” to be defined by somatic distress (such as respiratory disturbance and exhaustion), preoccupation with the image of the deceased (such as social withdrawal, reminiscing, talking to the deceased), guilt (search the time before death for evidence of failure to do right by the lost one), hostile reactions (irritability, loss of warmth in relationships to others) and loss of patterns of conduct (difficulty in performing everyday tasks, restless searching for preoccupation, disruption of routines related to the deceased) (Lindemann, 1944). In addition, Lindemann (1944) found a ‘morbid’ (i.e. pathological) grief reaction, which he named ‘delayed grief’, and identified a number of associated ‘distorted reactions’, which was

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6 This must be considered a remarkable account in light of the overt similarities to present accounts (section 1.1) although 70 years has passed.
speculated to be “surface manifestations of unresolved grief”\(^7\) (Lindemann, 1944, p. 144). Delayed grief was defined by the delay, or postponement, of the grief reaction. Noteworthy, in relation to confrontation and avoidance, Lindemann argued that “not only over-reaction but under-reaction of the bereaved must be given attention in therapeutic context” (Lindemann, 1944, p. 147).

A number of studies followed Lindemann’s study described above (Parkes, 1996; Parkes & Weiss, 1983). Two of these were the Bethlem Study (Parkes, 1996) and the Harvard Bereavement Study (Parkes & Weiss, 1983).

The Bethlem Study\(^8\) (Parkes, 1996) aimed to investigate atypical (morbid in Lindemann’s terminology) reactions to bereavement. Based on qualitative interviews with 21 bereaved patients, Parkes (1996) managed to identify 15 people suffering from ‘chronic grief’, defined as grief reactions more prolonged than would have been expected, and eight suffering from ‘delayed grief’, defined as an elapse of two weeks or more between the death and the onset of pangs of grief (Parkes, 1996). As such, Parkes (1996) to some degree (overlaps were present) found it possible to distinguish between patterns of chronic grief and delayed grief. In addition, Parkes (1996) found, that anxiety and panic attacks, self-blame, somatic symptoms and identification were often associated with chronic and delayed grief.

The much broader scoped Harvard Bereavement Study (Parkes & Weiss, 1983) aimed to identify factors that determine the course of grief in the first years after bereavement, and in continuance of this, to learn about the nature of recovery (adaptive coping) as well as the forms taken by failure to recover (Parkes & Weiss, 1983). Relevant to present purposes (cf. subject column, Appendix 1), the Harvard Bereavement Study found three forms of failure to recover:

\(^{7}\) Parkes (1996) refers to these distortions as formes frustes (i.e. atypical and usually incomplete manifestations of a disease).

\(^{8}\) Several studies are discussed in the book from which this study is reported. This study is selected as it is presented in discussion of atypical grief (pathological grief), which was the subject of the citation found in the backwards reference search (Appendix 1).
“unanticipated grief”, “conflicted grief” (resembling delayed grief) and “chronic grief”. The syndrome unanticipated grief was characterized by feelings of guilt, self-reproach, social withdrawal/isolation, avoidance of painful reality of loss, problems accepting, anxiousness and feelings of obligation to the deceased, which was maintained over time. The syndrome was found in cases, where there had been no, or only a brief, forewarning of the death. In their discussion of unanticipated grief, Parkes and Weiss (1983) distinguished unanticipated grief from anticipated grief by the presence of bewilderment (inability to grasp the death, refusal to accept a world in which tragedy occurs so arbitrary, insistence on that “it does not make sense”) in addition to acute grief. Conflicted grief was characterized by the absence of early grief reactions followed by later appearance of grief reactions in terms of guilt, anger, self-reproach, unaccepting the loss, sadness and yearning for the deceased. The syndrome was found in cases, where the relationship to the deceased had been conflicted and loss had been anticipated. Chronic grief was characterized by low self-confidence, helplessness and indecisiveness combined with a preoccupation with thoughts of the deceased and a persisting yearning for the deceased over time. In their discussion, Parkes & Weiss (1983) stated that this finding contradicted the grief work hypothesis, which would associate yearning (confrontation) with effective coping. Chronic grief was found in cases, where there had been a high degree of dependency in the relationship to the deceased.

Parkes and Weiss (1983) argued that the syndromes of unanticipated grief, conflicted grief and chronic grief found in the Harvard Bereavement Study, in contrast to previous classifications of bereavement reactions (typical (normal) grief; chronic grief; inhibited grief; delayed grief), were not exclusively descriptive, but also entailed etiological features as the syndromes were found related to brief forewarning, conflicted relationship and dependent relationship respectively.

2.3.1 Intermediate conclusions – findings on pathological forms of grief
It seems safe to say, that the three studies in this subsection only lend us a peek into the broad research concerned with pathological forms of grief. As a consequence, no comprehensive picture

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9 “Syndrome” refers to the cluster of symptoms and does not suggest mental illness (Parkes & Weiss, 1983)
can be drawn from the overview alone. Yet, some connection does appear, especially in relation to the classification of different forms of pathological grief. While Lindemann (1944) identified “normal grief” and “delayed grief”, researchers after him have refined the understandings of these forms of grief and added “chronic grief” and “inhibited grief” (Parkes & Weiss, 1983, p. 15) to the list of pathological grief reactions. Although initially appearing well arranged, it is soon recognized that this classification is not as straightforward as might be expected. Even from the limited overview in this section, it is evident, that the classifications are not necessarily agreed upon or fully developed. Lindemann (1944) refers to normal grief and delayed grief, Parkes (1996) to chronic grief and delayed grief and Parkes and Weiss (1983) to unanticipated grief, conflicted grief and chronic grief. To add to the confusion, Stroebe and Schut (1999), in the article citing this scientific literature, discuss chronic grief, absent grief and inhibited grief (p. 217).

It seems, however, that linkages between the different forms of pathological grief can be made. This will be attempted in the following. Naturally, normal grief is not included here.

Delayed grief was found in all three studies, although referred to as ‘conflicted grief’ by Parkes & Weiss’ (1983). Across accounts, this pathological form of grief was characterized by the initial absence of grief reaction (two weeks or more) followed by postponed or delayed grief. When the grief reaction does present itself, symptoms include guilt, anger, self-reproach, unaccepting of the loss, sadness and yearning for the deceased. Because delayed grief entails the absence of a grief reaction (i.e. absence of coping with loss-oriented stressors) it seems fair to assume, that it is this syndrome Stroebe & Schut (1999) signify as a more “restoration-oriented syndrome” (p. 217).

Chronic grief was discussed both by Parkes (1996) and Parkes & Weiss (1983). In both accounts this pathological form of grief was characterized by prolongation of the grief reaction and conspicuous preoccupation with thoughts of the deceased combined with persisting yearning for the deceased over time. As such, chronic grief seems to entail predominant coping with loss-oriented stressors, which makes it fair to assume, that it is this syndrome Stroebe & Schut (1999) signify as a “loss-oriented syndrome” (p. 217).
Unanticipated grief, which was only discussed by Parkes & Weiss (1983), seems to somewhat differ from both delayed grief and chronic grief and must therefore be regarded as a distinct form of grief in the present context. This syndrome was characterized by feelings of guilt, self-reproach, social withdrawal or isolation, avoidance of painful reality of loss, problems accepting, anxiousness and feelings of obligation to the deceased, which is maintained over time.

2.4 Conclusions

In the present chapter, an overview of the studies preceding the DPM has been presented. The studies were divided into two subsections. In the first subsection (2.2), findings on coping with bereavement were presented. From this, two consisting, and not mutually exclusive, findings appeared. First, confrontation of grief was found related to pathological grief, indicating that adaptive coping, contrary to the grief work hypothesis’ prescription, could not consist of confrontation, or working through the emotions of grief, exclusively. Secondly, and conversely, avoidance was found related to adaptive coping with bereavement. Together, the studies thus suggested that adaptive coping with bereavement entailed both confrontation and avoidance of bereavement specific stressors primarily operationalized as grief.

In the other subsection (2.3), studies concerned with the symptomatology of grief were presented. It was found that the seemingly simple classification of grief reactions was not that simple after all. Yet, it was further found, that both delayed grief and chronic grief was represented across accounts. Parallels were drawn between delayed grief and “restoration-oriented syndrome”, and chronic grief and “loss-oriented syndrome” cf. Stroebe & Schut’s discussion in the 1999-article. It was noted that Stroebe and Schut (1999), in the article citing the presented studies, distinguished between chronic grief, absent grief and inhibited grief. Unfortunately, the backwards reference search did not lead to descriptions of either absent grief or inhibited grief. Regardless, it seems reasonable to assume that absent grief, inhibited grief, and delayed grief all refer to the same syndrome - at least insofar that normal grief reactions are absent. In support of this, it is argued elsewhere that there may be no absolute difference between delayed grief and inhibited grief (Stroebe & Stroebe, 1987).
Oscillation in coping with bereavement. Could one step back be two steps forward?

Anne Damgaard

20095421
Chapter 3: The Dual Process Model of coping with bereavement (DPM)

3.1 Introduction

In the current chapter, the Dual Process Model of Coping with Bereavement (DPM) are presented. Main focus is dedicated to the oscillation process, which is both key component of the DPM and pivotal point of the present thesis.

The DPM is an integration of a very wide range of theories and empirical findings. Theoretically, the DPM integrates existing ideas from 1) general theories of stress and trauma theories, 2) general theories of grief, and 3) models of coping specific to bereavement (Stroebe and Schut, 2001). In addition to this, the DPM also integrates the wide range of empirical findings, which the previous chapter was representative of. The DPM account is not unaffected by this. On the contrary, the DPM accounts are often entangled in accounts of other theory, and the DPM terminology sometimes appears to be confounded by terminology of other theories as well as research articles. Although the DPM is an integrative model and not an altogether new model (Stroebe & Schut, 2001), it is a model of coping with bereavement in its own right. In the presentation that follows, an independent account of the DPM is provided. Where the original articles, written about the DPM (Stroebe & Schut, 1999; 2001; 2001b; 2008; 2010), are unclear, this will be noted and discussed insofar that it does not interfere with the overall account.

The issues stated above should not cause fail to appreciate the contribution of the DPM. As an integrative model, the DPM has offered a broader understanding corresponding to the one missing and needed within the bereavement field (cf. Chapter 2). The DPM represents a coherent framework, which is in agreement with current knowledge about (adaptive) coping with bereavement. In this light, it does not seem surprising that the DPM has been fast to gain a footing in the bereavement field (Stroebe & Schut, 2008; 2010). What is surprising, however, is that the DPM in the 16 years, that have passed since it was first presented, has not been more theoretically challenged. Especially in relation to the key concept of oscillation, which is stated as

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10 Other theorists have made similar efforts (e.g. Bonanno & Kaltman, 1999).
the distinguishing feature of the DPM (Stroebe & Schut, 1999; 2001; 2008; 2010). In keeping with Chapter 1, the present thesis represents an attempt to address this.

3.2 The DPM

The Dual Process Model of Coping with Bereavement (DPM) is a taxonomy of adaptive coping with bereavement. The model describes how the vast majority of people, who do come to terms with the loss of a loved one, are believed to do this (Stroebe et al, 1998; Stroebe & Schut; 1999; 2001; 2001b; 2008; 2010). While recognizing that adaptive coping with bereavement is highly individual, the DPM proposes regularities in the coping processes involved in adaptive coping with bereavement. In continuance of this, the DPM is believed to be able to function as an analytic tool to predict adaptive and non-adaptive outcomes of coping with bereavement (Stroebe & Schut, 2010). Thus, the DPM represents a rather extensive framework, which still does not seem to have found its final limit. Originally, the DPM was developed to understand coping with loss of a partner (Stroebe & Schut, 1999), but the model’s potential for broader application has been discussed from the outset and still is (e.g. Stroebe & Schut, 1999; 2001; 2008; 2010; Hansson & Stroebe, 2007). In addition, the DPM is continuously applied and empirically tested in different bereavement contexts (e.g. Lund et al., 2010; Bennett et al, 2010; Shear, 2010; for overview see Stroebe & Schut, 2008; 2010).

3.2.1 Coping with bereavement

The DPM is concerned with coping in the specific case of bereavement (Hansson & Stroebe, 1007; Stroebe et al, 1998; Stroebe & Schut, 1999; 2001; 2001b; 2008; 2010). According to the DPM, coping refers to “processes, strategies or styles of managing (reducing, mastering, tolerating) the situation in which bereavement places the individual” (Stroebe & Schut, 2008, p. 4). In continuance of this the DPM states that “if coping is effective, symptomatology should be reduced, and the outcome should be more positive for the individual” (Stroebe & Schut, 2008, p. 4). Coping is typically associated with a conscious or direct approach (VandenBos, 2007). Yet, the
DPM appears to regard both suppression (conscious processing) and repression (unconscious processing) as aspects of coping (Stroebe & Schut, 1999), despite the fact that the latter is generally recognized as a defense mechanism (Guldin, 2014). At the same time, however, Stroebe & Schut state that they consider coping with bereavement more voluntary (conscious) than the (relatively high) involuntary processing involved in trauma reactions (Stroebe & Schut, 1999). As such, it is not clear whether the DPM consider coping as both conscious and unconscious or whether the DPM distinguishes between coping and defense mechanisms (for discussions of distinction between coping and defense mechanisms see Cramer, 1998; Kramer, 2010; Miceli, 2001). It seems, however, that the DPM prevailingly regards coping as a voluntary (conscious) process, but the matter remains unclear.

According to the DPM, coping with bereavement is a dual process. Coping with bereavement involves coping with two different types of stressors, which each define a separate coping process. The DPM, including the two coping processes, is depicted below in figure 3.1.

![Figure 3.1: The Dual Process Model of Coping with Bereavement](From Stroebe & Schut, 1999, p. 213)
3.2.2 The two types of stressors

According to the DPM, coping with bereavement involves a multiplicity of stressors (Stroebe & Schut, 1999), which cause threat-appraisals and in consequence cause coping to be set in motion (Stroebe & Schut, 2010). Within the DPM, bereavement specific stressors are seen to emerge from two different sources: the loss itself and the secondary consequences of the loss. Based on this, the DPM specifies two broad categories of bereavement specific stressors: loss-oriented (LO) stressors and restoration-oriented (RO) stressors (O’Connor, 2006; Hansson & Stroebe, 2007; Stroebe & Schut, 1999; 2001; 2008; 2010, Stroebe et al, 1998). These are also sometimes referred to as primary and secondary stressors of loss, respectively.

Loss-oriented (LO) stressors are stressors, which emerge from the loss experience itself. Stroebe and Schut (1999; 2001; 2008; 2010) do not themselves offer any examples of loss-oriented stressors explicitly. They do state, however, that loss-oriented stressors include, but are not limited to, stressors associated with grief work (focus on the relationship, tie or bond with the deceased) (Stroebe & Schut, 1999). Examples of loss-oriented stressors are ruminations or thoughts about the deceased, life together as it has been, circumstances and events surrounding the death, and yearning for the deceased. Naturally, a range of emotions accompanies these loss-oriented stressors. Sometimes emotions constitute loss-oriented stressors themselves. Loss-oriented stressors can evoke painful mourning or longing as well as pleasurable reminiscing or relief that the deceased no longer suffers (Stroebe & Schut, 1999). In the DPM, the process of coping with loss-oriented stressors is referred to as loss-oriented (LO) coping or loss-orientation (LO). This coping process is defined by “concentration on, and dealing with, processing of some aspect of the loss experience itself” (Stroebe & Schut, 1999, p. 212; Stroebe & Schut, 2001, p. 395).

Restoration-oriented (RO) stressors are stressors, which emerge as secondary consequences of the loss. In cases of partner loss, examples of possible restoration-oriented stressors are demands to adjust to a new identity (i.e. from wife to widow), to take on chores or responsibilities, which the deceased previously undertook (Stroebe & Schut, 1999), to move to a new house due to a decreased income, or to manage without the social support, previously
provided by the spouse (Lepore et al, 1996; Parkes & Weiss, 1983). Like loss-oriented stressors, restoration-oriented stressors can be accompanied by both negative and positive emotion. In the DPM, the process of coping with restoration-oriented stressors is referred to as restoration-oriented (RO) coping, or restoration-orientation (RO) (Stroebe et al, 1998; Stroebe & Schut; 1999; 2001; 2001b; 2008; 2010).

In effect of the distinction between loss-oriented coping and restoration-oriented coping, the DPM specifies a time dimension of coping with bereavement according to which coping with bereavement tends to be more loss-oriented in the beginning of coping with bereavement with a move toward more restoration-orientation over time (Stroebe et al, 1998; Stroebe & Schut, 1999; 2001; 2008; 2010).

3.2.3 Terminological overlaps - intermediate clarifications
As evident from the presentation above LO (loss-oriented/loss-orientation) and RO (restoration-oriented/restoration-orientation), within the DPM, sometimes refer to stressors, sometimes to coping with stressors (i.e. coping process). It seems reasonable to assume, however, that the DPM does distinguish between stressors and coping with stressors. In the Cognitive Stress Theory, which has guided the structure of the DPM and defined a number of the DPM key components related to coping (Stroebe & Schut, 2010), a stressor (appraised as threat or challenge) is what causes coping. Coping with stressors, on the other hand, is how the stressor is dealt with (Lazarus & Folkman, 1984; Stroebe & Schut, 2010). As such, the stressor precedes coping, while coping occurs in response to the stressor. The latter succeeds the former. This is illustrated in figure 3.2 on the next page.

As evident from the presentation above, use of the abbreviations LO and RO can cause lack of clarity in that they can refer to both stressors and coping with stressors. Because of this dual meaning, the abbreviations are written in full in the remainder of the present thesis.
It further seems relevant to note that the terms “coping with stressors”, “coping” and “coping process” are used synonymously in the DPM. As established, the DPM specifies two coping processes: one, that is loss-oriented, and another, that is restoration-oriented. Thus, the stressor determines the nature of the coping process. This is in alignment with the temporal relationship between stressor and coping stated above. Together, the two bereavement specific coping processes constitute one “dual process”. In the DPM the dual process of coping with bereavement is typically referred to as either “coping (implicit: with bereavement)” or “coping process”. However, this can be somewhat confusing. Therefore, the dual process of coping with bereavement is referred to as “coping with bereavement” in the present thesis.

3.2.4 Coping strategies

According to the DPM, coping with loss-oriented and restoration-oriented stressors involves two different coping strategies: confrontation and avoidance (Stroebe et al, 1998; Stroebe & Schut; 1999; 2001; 2008; 2010; Hansson & Stroebe, 2007, cf. section 1.4.2). In the DPM, these strategies designate different ways in which loss-oriented and restoration-oriented stressors can be coped with. This means that, “at times the bereaved will confront aspects of loss, at other times avoid
them, and the same applies to tasks of restoration [...]” (Stroebe & Schut, 2001, p. 395). For example in loss-oriented coping, the stressor could be: “I think of the person who died”. The bereaved could confront this stressor by welcoming the thoughts and attempt to deal with them. Alternatively, the stressor could be avoided by preoccupation with something less threatening (e.g. watch television). In restoration-oriented coping, an example of a stressor could be: “The budget needs revision, but I have never dealt with finances as this was the responsibility of my late spouse”. The bereaved could confront this stressor by attempting to acquire the necessary skills to draw up a budget. Alternatively, the bereaved could avoid the stressor by keeping busy with other chores.

The DPM conceptualization of confrontation and avoidance is stated to differ from traditional conceptualizations, which typically regard confrontation and avoidance as styles or traits (Stroebe & Schut, 1999). In contrast to these more static conceptualizations, the DPM defines confrontation-avoidance as a dynamic, fluctuating back-and-forth process (not to be confused with coping process) (Stroebe & Schut, 1999; 2001). Thus, opposite to the traditional confrontation versus avoidance conceptualization, the DPM conceptualizes confrontation-avoidance as a dimension, which enables people to move back-and-forth and thereby regulate their coping with specific stressors in accordance to current intra-psychological needs as well as to current inter-psychological and contextual circumstances (Stroebe & Schut, 1999; 2001).

The DPM states that both confrontation and avoidance are effortful (Stroebe & Schut, 1999; 2001; 2008). That is, objectively, one is not preferable to the other. It was stated earlier that adaptive coping with bereavement is highly individual. Stroebe & Schut (2001b) eloquently state: “there is no single “correct” way to grieve” (p. 69). As such, how people cope with bereavement or regulate their grief by movements between confrontation and avoidance varies. It is, however, common to those who do come to terms with bereavement (i.e. copes adaptively) that they, during the course of grieving, manage to allocate attention to both loss-oriented stressors and restoration-oriented stressors (Stroebe & Schut, 1999; 2001; 2001b; 2008; 2010).
The DPM emphasizes that coping with bereavement does not take up every movement of every day. Coping with bereavement takes months or even years (e.g. Guldin, 2014; Parkes & Weiss, 1983; Stroebe & Schut, 1999; 2001). At the same time, life does not stop and wait. It goes on and demands attention too. According to the DPM, this means that “time-outs” from grief also sometimes occur (Stroebe & Schut 1999; 2001; 2008). Although Stroebe and Schut (e.g. 1999) do not explicitly state this, it seems relevant to infer, that “time-outs” are different from the coping strategy of avoidance, although “time-outs” can serve similar functions. Avoidance (strategy) is a way of coping with bereavement specific stressors. As such, avoidance of bereavement specific stressors is the result of active, intentional and effortful coping within the bereaved. “Time-outs”, on the other hand, are distractions imposed from the outside by ongoing, everyday life (Stroebe & Schut, 2001). Therefore, although “time-outs” can affect coping in ways similar to avoidance (strategy), “time-outs” are not coping.

3.3 The oscillation process

Existing accounts of oscillation are few and limited in scope. Across articles of Stroebe and Schut (1999; 2001; 2001b; 2008; 2010; Stroebe et al, 1998) nearly identical accounts are typically provided. In consequence of the already limited scope of these accounts, this hinder in-depth understanding of the DPM oscillation concept. On the flipside, this is what makes the present thesis warranted. In-depth understanding is needed. In the following the oscillation concept, and attempts to elaborate on it, are presented.

According to the DPM, oscillation is defined as “[…] the alteration between loss – and restoration-oriented coping, the process of juxtaposition of confrontation and avoidance of different stressors associated with bereavement” (Stroebe & Schut, 1999, p. 215). From this definition of oscillation it seems, that two features define oscillation. First, oscillation refers to the back-and-forth movement between loss-oriented coping and restoration-oriented coping in the dual process of coping with bereavement. This is in keeping with the DPM illustration in figure 3.1 above where oscillation is depicted as a bended arrow between the two coping processes. Second, oscillation is
defined as a process of confrontation-avoidance of different bereavement specific stressors. At first, this latter point, however, seems more problematic. Confrontation-avoidance is not exclusive to oscillation (between bubbles in figure 3.1). According to the DPM, the strategies of confrontation and avoidance are also involved in both loss-oriented coping and restoration-oriented coping (within bubbles in figure 3.1) (e.g. Stroebe & Schut, 1999). Thus, confrontation-avoidance applies to coping with bereavement in general. As such, confrontation-avoidance could seem unfit to constitute a defining feature of oscillation. However, if the word “different” is ascribed significance in the definition above, one probable explanation can be proposed.

To elaborate on this it is necessary to keep in mind, that the DPM distinction between loss-oriented stressors and restoration-oriented stressors is theoretical. In this way, the DPM distinction between two broad types of bereavement specific stressors is “artificial”. Loss-oriented- and restoration-oriented stressors are all bereavement specific stressors. All bereavement specific stressors are subjected to coping efforts. And in all coping efforts, strategies of confrontation or avoidance can be employed. Thus, confrontation-avoidance occurs between all bereavement specific stressors. However, because the DPM distinguishes between loss-oriented stressors/coping and restoration-oriented stressors/coping, it means that confrontation-avoidance in the DPM occurs between loss-oriented stressors, between restoration-oriented stressors, and between loss-oriented- and restoration-oriented stressors. This is depicted in figure 3.3 on the next page. As evident from figure 3.3, this results in two discernable types of confrontation-avoidance: confrontation-avoidance between “same-type stressors” (within bubbles in figure 3.1) and confrontation-avoidance between “different-type stressors” (between bubbles in figure 3.1).
Confrontation-avoidance between same-type stressors influence the way in which loss-oriented stressors are dealt with within loss-oriented coping, as well as the way in which restoration-oriented stressors are dealt with within restoration-oriented coping (for examples see section 3.2.4) (Stroebe & Schut, 1999; 2001). Confrontation-avoidance between different-type stressors, on the other hand, influences the way in which loss-oriented stressors and restoration-oriented stressors are dealt with between the two coping processes. Because the type of stressors, coped with at any given time, determines the type of coping (loss-oriented or restoration-oriented), confrontation-avoidance of different-type stressors, in contrast to confrontation-avoidance of same-type stressors, seem to have potential to cause alteration from loss-oriented coping to restoration-oriented coping and vise versa. That is, avoidance of restoration-oriented stressors (which is restoration-oriented coping), as well as confrontation of loss-oriented stressors (which is loss-oriented coping), can create alterations toward loss-oriented coping. Conversely, avoidance of loss-oriented stressors (which is loss-oriented coping), as well as confrontation of restoration-oriented stressors (which is restoration-oriented coping), can create alterations toward restoration-oriented coping. Returning to the definition stated above, such alterations are in fact the epitome of the DPM oscillation concept.
On the basis of this it appears that there is a crucial difference between confrontation-avoidance of different-type stressors and confrontation-avoidance of same-type stressors in the DPM. The former, has potential to create oscillation between loss-oriented coping and restoration-oriented coping, the latter has not. At the same time, the distinction appears to solve the problems associated with presenting confrontation-avoidance as a defining feature of oscillation. While confrontation-avoidance of different-type stressors is a defining feature of oscillation, confrontation-avoidance of same-type stressors is not\textsuperscript{11}.

The previously stated arguments all suggest, that the proposed distinction between confrontation-avoidance of same-type stressors and confrontation-avoidance of different-type stressors is valid. Across DPM accounts, oscillation and confrontation-avoidance are both described as complex, cognitive regulatory processes (Stroebe & Schut, 1999, p. 216; 2001, p. 395), indicating that there is a close connection or similarity between constructs. In Stroebe & Schut’s 2008-article, oscillation is defined exclusively as confrontation-avoidance (Stroebe & Schut, 2008; also section 1.1) and confrontation-avoidance is stated as the principle underlying the oscillation process. In addition, the DPM states, that oscillation is necessary to adaptive coping with bereavement referring to the notion, that the bereaved has to attend to both loss-oriented stressors and restoration-oriented stressors in order to come to terms with loss (Stroebe & Schut, 1999; 2001). This is all in keeping with the explanation outlined above.

As such, it is the understanding of the present thesis that oscillation in the DPM refers to the alteration between loss-oriented coping and restoration-oriented coping, which is a process of confrontation-avoidance of different-type stressors.

\textsuperscript{11} Instead, confrontation-avoidance of same-time stressors could seem interesting in relation to “rumination coping as avoidance” discussed in later works by Stroebe and colleagues (2007) - also Eisma and colleagues (2013).
3.3.1 The 2001-revision of the DPM

In 2001, the DPM was extended to include oscillation between positive– and negative affect/(re-)appraisal\(^{12}\) (Stroebe & Schut, 2001, 2001b; 2008). Although first referred to as emotion-regulation in the 2010 article, the 2001-revision basically involved the inclusion of emotion-regulation\(^ {13}\) as part of adaptive coping with bereavement (Stroebe & Schut, 2010). In recognition of the role of positive– and negative affect in coping with bereavement (cf. Bonanno & Keltner, 1997), the aim of this extension was to include different types of cognitive processes involved in coping with bereavement into the DPM framework (Stroebe & Schut, 2008). In figure 3.4, the extended DPM including the alteration between positive and negative affect, is illustrated.

![Figure 3.4: The revised Dual Process Model of Coping with Bereavement with inclusion of positive and negative affect.
(From Stroebe & Schut, 2001b, p. 68)](image)

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\(^{12}\) The terms appraisal/re-appraisal are derivatives from Cognitive Stress Theory (Lazarus & Folkman, 1984) and refer to subjective evaluation or re-evaluation of different stressors and/or encounters and the following meaning ascribed to these (e.g. Stroebe & Schut, 2001b).

\(^{13}\) Emotion regulation refers to “the processes by which individuals influence which emotions they have, when they have them, and how they experience and express these emotions” (Gross, 1998, p. 275)
As it becomes evident from figure 3.4, positive and negative affect is represented as features of loss-oriented – and restoration-oriented coping. Not as an additional oscillation process per se. Despite presenting the relationship between positive and negative affect as “oscillation”, the 2001-revision is therefore not seen to involve the proposition of an additional oscillation process (Stroebe & Schut, 2001; 2001b; 2010). According to the present understanding, the DPM proposes only one oscillation process: the oscillation process, which is the subject matter of the present thesis. The oscillation process and emotion-regulation are related as parts of coping with bereavement, but emotion-regulation does not constitute an oscillation process in itself, nor is it a defining feature of the oscillation process of concern in the present thesis. In consequence, emotion-regulation (i.e. alteration between positive and negative affect in coping with both loss-oriented stressors and restoration-oriented stressors) is recognized as part of the process of coping with bereavement, but it is not included in the understanding of the oscillation concept.

3.4 Conclusions
In this chapter the DPM has been presented. In a preparatory remark it was noted, that the DPM accounts are often marked by the fact, that the DPM is an integrative model based on a wide range of different theories and empirical findings. It was stated, that this sometimes seems to hamper independent DPM accounts and to blur the DPM message. Throughout the presentation above it has been noted when the DPM is not sufficiently clear.

The DPM has been presented as an independent model of adaptive coping with bereavement in its own right. That is, it has been attempted to keep the presentation of DPM separated from the theories, which it is an integration of.

According to the DPM, adaptive coping with bereavement involves two separate coping processes: loss-oriented coping and restoration-oriented coping. These processes are each defined by the type of bereavement specific stressor subjected to coping: loss-oriented stressors or restoration-oriented stressors respectively. Coping with any bereavement specific stressor can be either confrontational or avoidant.
Oscillation in coping with bereavement. Could one step back be two steps forward?

Anne Damgaard

The proposition of oscillation is stated as a distinguishing feature of the DPM. Based on the present understanding of the oscillation concept, oscillation is related to confrontation-avoidance of different-type stressors and takes place between loss-oriented coping and restoration-oriented coping. This is in agreement with the DPM statement: that adaptive coping with bereavement necessitates oscillation so that both loss-oriented stressors and restoration-oriented stressors are attended to over time.
Chapter 4: Research on oscillation

4.1 Introduction

Today, 16 years after the presentation of the DPM and the proposition of an oscillation process involved in coping with bereavement (Stroebe & Schut, 1999), research specifically targeting oscillation is still very limited. The result of the citation search described in section 1.5.2 attests to this. Only four studies remained after the results of the citation search had been filtered and the content of the found articles had been assessed (see Appendix 3 for overview). In the present chapter, the four studies will be presented. Primary focus will be on the oscillation process, that is, how it is measured and operationalized, and what is found and suggested in relation to oscillation in coping with bereavement specifically. The conception is that this will assist to further close in on the nature of the oscillation process, which is a primary purpose of the present thesis.

4.1.1 Oscillation balance

The four studies presented in the following overview are all concerned with empirical testing of the DPM oscillation process. In Appendix 3, an overview of the studies is provided. As evident from Appendix 3, the studies measuring oscillation, operationalized oscillation as the balance between loss-oriented (LO) coping and restoration-oriented (RO) coping by means of a calculated ‘oscillation score’. Depending on the specific scale, The Inventory of Daily Widowed Life (IWDL) or The Perceived Ability to Cope with Trauma scale (PACT) (Caserta & Lund, 2007; Bonanno et al, 2011; Burton et al, 2012), the oscillation score is calculated somewhat differently. Common to both scales is that they measure bereaved individuals’ proportion of loss-oriented coping and restoration-oriented coping, respectively. Based on the proportion-measures independent LO– and RO-scores are computed. In the IDWL, the oscillation score (oscillation balance) is calculated by subtraction of these score (LO minus RO). The resulting oscillation score ranges from -33 (exclusive loss-oriented coping, LO) to +33 (exclusive restoration-oriented coping, RO) with 0 signifying perfect oscillation balance (equal distribution) (Caserta & Lund, 2007). In the PACT the
oscillation score (or perceived ability to oscillate) is calculated in three steps (cf. Bonanno et al, 2011):

\[
\text{Sum: } (\text{RO} + \text{LO}) \\
\text{Polarity: } (\text{RO} - \text{LO}) \\
\text{Flexibility (oscillation): } (\text{sum} - \text{polarity})
\]

Higher scores indicate greater coping flexibility or oscillation (Burton et al, 2012; Knowles & O’Connor, 2015). Both oscillation scores designate balance between loss-oriented and restoration-oriented-coping including the direction of possible imbalance and the severity of this (Delespaux et al, 2013; Caserta & Lund, 2007; Knowles & O’Connor, 2015).14

4.2 Empirical findings on the oscillation process

The objective of Caserta & Lund’s (2007) study was to develop a measure of the components of the DPM. The result was the 22-item likert scale, the Inventory of Daily Widowed Life (IDWL), which measures the three primary DPM processes: loss-oriented (LO) coping, restoration-oriented (RO) coping and the oscillation process. The IDWL consists of 11 items targeting coping with loss-oriented stressors (for example, “Thinking about how much I miss my spouse”) and 11 items targeting coping with restoration-oriented stressors (for example, “Finding ways to keep busy or occupied”), which are rated from one (rarely or not at all) to four (almost always). As described above, the scale provides a LO-score and a RO-score, which are subtracted to provide the oscillation score (oscillation balance). Through their test of the IDWL, Caserta and Lund (2007) found, that there was no correlation between LO – and RO-sub scales, indicating that loss-oriented coping and restoration-oriented coping are highly independent processes in coping with bereavement. This is in agreement with the DPM conceptualization of coping with bereavement as a dual process. Both loss-oriented coping and restoration-oriented coping were found significantly correlated with oscillation balance \( r = -.78 \) and \( .67 \) for LO and RO, respectively, both \( p < .001 \)

14 Contrary to the IDWL oscillation score, the PACT oscillation score is able to distinguish between cases of total balance between loss-oriented coping and restoration-oriented coping. That is, on IDWL two individuals with \( \text{LO}=4/\text{RO}=4 \) and \( \text{LO}=8/\text{RO}=8 \) would both have an oscillation score of 0. On the PACT the same two individuals would have oscillation scores of 8 and 16 respectively.
Oscillation in coping with bereavement. Could one step back be two steps forward?

Anne Damgaard

(Caserta & Lund, 2007, p. 516) indicating that oscillation is related to both coping processes. In addition, and supporting the DPM notion of a time dimension in coping with bereavement, it was found that recently bereaved were more loss-oriented, while individuals bereaved a year or longer tended to be more restoration-oriented. In an oscillation perspective this meant, that the oscillation balance was closer to 0 (equally distributed) shortly after loss, with a tendency toward an imbalance favoring restoration-oriented coping over time.

In the discussion of their findings, Caserta and Lund (2007) noted that oscillation is a highly complex and dynamic process, which cannot be fully measured by the oscillation balance alone. Particular interesting in the light of present purposes, Caserta and Lund (2007) argued that future research should consider other possible dimensions of oscillation than balance. In continuance of this, they suggested five additional dimensions: 1) Oscillation depth, the degree to which people engage in loss-oriented and restoration-oriented coping processes. 2) Oscillation frequency, the frequency in which people oscillates back and forth between loss-oriented coping and restoration-oriented coping. 3) Oscillation awareness, the degree to which people are aware of their ability to oscillate. 4) Perceived control of oscillation, the degree to which people perceive themselves able to control their coping in terms of either coping with loss-oriented or restoration-oriented stressors. 5) Oscillation motivation or intention, the motive or intention behind oscillation (why they oscillate) (Caserta & Lund, 2007). The latter dimension, motivation or intention, is strongly related to the confrontation and avoidance within both loss-oriented and restoration-oriented coping as it focuses on the specific intention in using one strategy in preference to the other (Caserta & Lund, 2007). We return to the suggested dimensions in chapters 5 and 7.

With their study, Knowles & O’Connor (2015) aimed to assess whether oscillation between trauma-focus (loss-oriented coping) and forward-focus (restoration- oriented coping) predicted grief severity. The terminology of Knowles & O’Connor (2015) is slightly different from the DPM terminology. It seems, that this is primarily related to Knowles and O’Connor’s (2015) use of the PACT-scale, which contains subscales referred to as trauma-focus (LO) and forward-focus (RO) as well as a subtracted score (cf. section 4.1.1) of coping flexibility (oscillation). In the meantime, the terminological differences do not seem to reflect any critical conceptual differences.
Oscillation in coping with bereavement. Could one step back be two steps forward?

Anne Damgaard

Based on an online survey (see Appendix 3), Knowles and O’Connor (2015) found that higher levels of loss-oriented coping predicted higher grief severity, while higher levels of restoration-oriented coping as well as oscillation balance (closer to equal distribution), early on in coping with bereavement, predicted lower grief severity, yearning, loneliness and perceived stress. Later on in the bereavement, the relationships between grief severity and restoration-oriented coping and oscillation, respectively, was found to even out. That is, the relationships remained, but ceased to be significant.

Somewhat different from the studies of Caserta & Lund (2007) and Knowles & O’Connor (2015), Delespaux and colleagues (2013) investigated the mediating relationships between attachment styles, appraisal and oscillation in coping with bereavement in relation to grief reactions. By virtue of the delimitation (section 1.3), the present thesis does not include accounts of either appraisal or attachment styles, which seems to require a minor intermediate account.

Appraisal refers to the evaluation of the specific, subjective meaning of a present stressor. In coping with bereavement, this process precedes actual coping efforts (loss-oriented/restoration-oriented coping). That is, the specific evaluation of a specific stressor in a specific context determines whether coping efforts should be employed or not (e.g. Stroebe & Schut, 2001; Lazarus & Folkman, 1984; 1987). Attachment styles are widely discussed in relation to coping with bereavement because coping with bereavement per definition is a process of breaking or continuing attachment to the deceased (e.g. Guldin, 2014; Parkes & Weiss, 1983; Stroebe & Schut, 2001; 2005; 2008). Thus, the character of the attachment is an important factor in the process of coping with bereavement. In the study of Delespaux and colleagues (2013), the interest in attachment was specifically related to the parallels between pathological forms of grief and specific oscillation patterns drawn in the DPM. Delespaux and colleagues (2013) related anxious attachment to the inability to cope with attachment-related feelings. They stated that “bereaved individuals with anxious attachment are likely to be very emotional and preoccupied after loss of a significant other” (p. 270), which they found to reflect the pattern of chronic grief (Delespaux et al, 2013). Contrarily, they related avoidant attachment to suppression of attachment-related emotion. According to Delespaux and colleagues (2013) “bereaved individuals with avoidant
attachment are likely to avoid overt emotional upset about the loss of a significant other” (Delespaux et al, 2013, p. 270). This was found to reflect the pattern of prolonged absence of conscious grieving. Ultimately, Delespaux and colleagues (2013) thus tested the mediating relationships involved when oscillation is imbalanced in favor of loss-oriented coping and restoration-oriented coping respectively.

The findings of Delespaux and colleagues’ (2013) study showed that greater avoidant attachment (primary restoration-oriented coping) correlated with less negative appraisal of grief-related scores, more frequent use of restoration-oriented strategies and less severe self-rated grief symptoms. The findings indicated, that avoidant attachment decreased oscillation through less negative appraisal15. In addition, the findings further suggested, that reduced negative appraisal improved adaptive coping with bereavement through increased focus on restoration-oriented stressors. To their surprise, Delespaux and colleagues (2013) found no significant associations between anxious attachment and negative appraisal or anxious attachment and oscillation. In their discussion of the latter finding, or lack thereof, Delespaux and colleagues (2013) argued, that it could be explained by their conceptualization of coping processes as voluntary and controlled. In continuance of this, they further argued that, “bereaved individuals with high anxiety may be less inclined to develop primary loss-oriented coping strategies than passive intrusion of grief or dysfunctional preoccupation with the deceased […]” (Delespaux et al, 2013, p. 283). In Chapter 3 it was presented that the DPM does not clearly distinguish between conscious and unconscious coping efforts. As will be returned to in chapter 5, the argumentation of Delespaux and colleagues (2013) may loan weight to the possible relevance of such a distinction.

Caserta and colleagues (2014) addressed oscillation slightly different than the studies above. The aim of Caserta and colleagues (2014) was to investigate if a DPM-based intervention would enhance oscillation between loss-oriented and restoration-oriented coping. Contrary to traditional group therapy, which typically focuses on loss-oriented stressors, the DPM-based group therapy

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15 Noteworthy, the finding that avoidance affects oscillation seems to be in agreement with the distinction proposed in the present thesis between confrontation-avoidance of same-type stressors and confrontation-avoidance of different-type stressors on the basis of the latter’s ability to cause oscillation.
developed by Caserta and colleagues (2014) was designed to focus on both loss-oriented and restoration-oriented stressors. In their study Caserta and colleagues (2014) randomly assigned bereaved individuals to one of two treatment conditions: 1) 14 weekly meetings of traditional, loss-oriented group therapy (comparison group) or 2) 14 weekly meetings of DPM based group therapy; seven meetings focused on loss-oriented stressors (traditional bereavement treatment) and seven meetings focused on restoration-oriented stressors. Restoration-oriented sessions focused on ways to meet challenges such as meeting one’s own health needs, managing financial and legal issues and maintaining household responsibilities (Caserta & Lund, 2014). These sessions included guest speakers with expertise within the specific subjects. To measure the treatment’s effect on oscillation, oscillation scores was subtracted at four different time points; before treatment, in conclusion of treatment and at follow-ups at both three and nine months post treatment. Somewhat surprisingly, Caserta and colleagues (2014) found no effect of treatment condition (also see Lund et al, 2010). This means, that no difference in oscillation was found between the groups. Caserta and colleagues (2014) discussed a number of possible reasons for this lack of treatment condition effect. For instance, they suggested, that coping with restoration-oriented stressors might be brought up in the traditional treatment condition despite of the focus on loss-oriented stressors, and (not necessary alternative) that the missing effect could have been caused by lack of relevance of the restoration-oriented sessions’ subjects to the specific needs of the different individuals in the group.

Besides the absence of a between conditions effect, Caserta and colleagues (2014) found that restoration-oriented coping, in both conditions, increased over time, which once again lends support to the time dimension stated in the DPM. In addition and quite interestingly, Caserta and colleagues (2014) found that participants (both conditions) were less aware of their own restoration-oriented coping as opposed to loss-oriented coping. In their discussion of this finding, the authors argued the possibility that the bereaved people did not perceive restoration-oriented coping as part of the process of coming to terms with loss. They further advocated increasing this awareness to make people able to recognize the adaptive effects of their restoration-oriented coping efforts too.
Oscillation in coping with bereavement. Could one step back be two steps forward?

Anne Damgaard

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4.3 Conclusions

Caserta & Lund (2007) found coping with loss-oriented stressors and coping with restoration-oriented stressors to be two separate coping processes. This supports the DPM conceptualization of coping with bereavement as a dual process. Similar to the empirical findings, preceding the DPM (Chapter 2), Knowles & O’Connor (2015) found that higher levels of loss-oriented coping was related to greater grief severity, while higher levels of restoration-oriented coping was related to lesser grief severity. The findings of Delespaux and colleagues (2013) indicated that attachment style, appraisal and oscillation process as mutual mediating factors, might have some explanatory power in regard to these relationships between loss-orientation and grief severity and restoration-orientation and grief severity. Both Caserta & Lund (2007) and Caserta and colleagues (2014) found restoration-oriented coping to increase over time, which supports the time dimension of coping with bereavement specified in the DPM (e.g. Stroebe & Schut, 1999).

The empirical findings on oscillation indicate that oscillation is related to decreased grief severity (Knowles & O’Connor, 2015). Oscillation was found to be more equal shortly after loss with a trend toward an imbalance in favor of restoration-oriented coping over time (Caserta & Lund, 2007). In the study of Caserta and Lund (2014), it was found that oscillation was not influenced by interventions aimed to increase oscillation by direction of attention to both loss-oriented and restoration-oriented stressors. From their discussion, this finding seems to support the DPM statement that coping with bereavement is a highly individual process, and advocates the need for more individually adapted interventions.
Oscillation in coping with bereavement. Could one step back be two steps forward?

Anne Damgaard
Chapter 5: Part I discussion

5.1 Discussion

In the present chapter, the insights from the three preceding chapters are illuminated and discussed collectively with the aim to answer the first question of the speculation: “What do we currently know about oscillation?”

To trace back the basis of the DPM proposition that an oscillation process is involved in coping with bereavement, backwards reference searches was conducted in four original DPM articles authored by Margret Stroebe and Henk Schut (cf. section 1.5.1). As it may be recalled, in the first backwards reference search, no references were found in direct connection to the descriptions of oscillation in these articles. This lack of result is noteworthy because it seems to suggest that the DPM oscillation concept does not have a specific theoretical- or empirical basis. Instead, it appears that the idea of oscillation in coping with bereavement might have emerged alongside the development of the DPM. The centrality of the oscillation component in the DPM, in combination with the fact that the coherency of the DPM in many ways depends on the existence of the oscillation process, could lend weight to this possibility.

The purpose of the second backwards reference search was equal to that of the first: to identify the basis of the DPM proposition of oscillation. The studies identified through this search revealed no specific theoretical or empirical basis of the proposition of the oscillation process either. Yet, when taken together, the overview in Chapter 2 does seem to uncover some important antecedents to the DPM and in effect the proposition of oscillation. The idea of “dosage” of grief (intra-psychological regulation of coping with bereavement) (Bonanno & Keltner, 1995), the notion of “time-outs” from grief (Kavanagh, 1990), and the recognition that coping with bereavement is a dynamic and highly individual process, which should also include an interpersonal-level of analysis (e.g. Lepore et al, 1996), are all examples of findings on coping with bereavement (cf. section 2.2), which seem to have been later integrated in the DPM. The
concurrent findings that confrontation of grief does not always serve adaptive purposes and that avoidance of grief is not exclusively maladaptive could be argued to constitute an overall antecedent to the DPM in that this seems to have led to the realization that Freud’s (1917) notion of effective coping was not sufficient to fully explain coping with bereavement. It was this realization that warranted a broader understanding of coping with bereavement, equal to the one offered by the DPM.

The recognition of the adaptive qualities of both confrontation and avoidance in coping with bereavement also appears to have been a significant antecedent to the proposition of oscillation. In section 3.3, it was presented that in the DPM oscillation is partly defined as confrontation-avoidance of different(-type) stressors. As presented, the DPM conceptualizes both oscillation and confrontation-avoidance as dynamic and regulatory processes. This fact makes it possible to identify the notion of “dosage” as a likely antecedent to oscillation as well. Thus, although the overview of the empirical findings preceding the DPM (Chapter 2) does not identify a specific basis of the DPM proposition of oscillation, it does seem to reveal the potential basis of some of the core assumptions and components of the DPM.

In Chapter 2 it was suggested that findings on coping with bereavement preceding the DPM have inspired the idea of oscillation, while findings on pathological forms of grief have validated it. According to Stroebe & Schut (e.g. 1999; 2001), pathological forms of grief are reflections of different (mal-adaptive) patterns of oscillation. Chronic grief, which is characterized by a prolonged grief reaction (section 2.3.1), is seen to reflect a pattern of too much loss-oriented-coping (combined with too little restoration-oriented coping). Conversely, delayed grief, which is characterized by an initial absence of grief and a delayed grief reaction, is seen to reflect a pattern of too much restoration-oriented coping (combined with too little loss-oriented coping). The empirical findings on pathological forms of grief thus indicates that lack, or absence, of oscillation between different(-type) stressors may lead to maladaptive coping with bereavement. This does seem to validate the proposition that oscillation is involved in coping with bereavement in that it corresponds to the DPM statement that oscillation between different(-type) stressors is, in fact, necessary to adaptive coping with bereavement.
Thus, although the oscillation concept in the DPM does not appear to have a solid theoretical or empirical basis on its own, it seems that it has been logically inferred on a solid basis of theory and research on coping with bereavement in general. The empirical findings preceding the DPM, which was presented in Chapter 2, support this idea as well as the legitimacy of the proposition that oscillation is a crucial aspect of coping with bereavement.

It has been mentioned several times in the present thesis that the DPM is an integration of a wide range of pre-existing theories and empirical findings. Therefore, it is not surprising that antecedents of the DPM were found in studies referenced in the DPM articles either. From the presentation of the DPM (Chapter 3) it is evident, that there are both advantages and disadvantages to the extensive theoretical- and empirical basis of the DPM. On the one hand, the DPM is in conspicuously agreement with current understandings and findings within the bereavement field. It seems obvious that this agreement has contributed to the fast footing the DPM has gained in the bereavement field. On the other hand, the extensive theoretical and empirical foundation of the DPM causes a high level of complexity, which necessitates a level of explication that the DPM, cf. Chapter 3, has still left to reach. For example, the DPM does not discuss whether coping is conscious, unconscious or both (section 3.1). Another example is the distinction between stressors and coping with stressors, which currently is not included in the independent DPM account (section 3.2.3). Of special relevance to present purposes, the current DPM account does not discuss the fact that the DPM brings about two theoretically discernable types of confrontation-avoidance (i.e. confrontation-avoidance of same-type stressors vs. confrontation-avoidance of different-type stressors). Instead, confrontation-avoidance is simultaneously stated as a defining feature of oscillation and as a general feature of coping with bereavement (Stroebe & Schut, 1999; 2001; 2008; 2010). As suggested in Chapter 3, many of the identified shortcomings of the DPM seem to be related to the fact that the DPM has yet to explicate a number of aspects of coping with bereavement and develop a consistent and transparent terminology of its own. Currently, the DPM terminology is confounded by divergent terminology from the wide range of theories, which is integrated in the DPM. In addition, the DPM terms are not easily distinguishable (e.g. loss-oriented stressor vs. loss-oriented coping). As such,
the DPM currently takes us a very long step of the way in terms of understanding (mal-) adaptive coping with bereavement, but there is still some way to go. The centrality and salience of oscillation in coping with bereavement makes the oscillation concept a highly relevant place to start.

From the presentation of the oscillation concept (section, 3.3) it is evident that oscillation currently is not clearly defined in the DPM. In fact, the current DPM definition of oscillation does not seem able to delimit oscillation from confrontation-avoidance of bereavement specific stressors in general. For this reason, a distinction between confrontation-avoidance between same-type stressors and confrontation-avoidance between different-type stressors has been proposed in the present thesis. On the basis of this distinction, it becomes possible to isolate the process of oscillation (confrontation-avoidance different-type stressor) from other regulatory processes (e.g. confrontation-avoidance between same-type stressors and emotion-regulation) involved in coping with bereavement, which appears to be a precondition to further refinement of the oscillation concept. Therefore, the proposed distinction between confrontation-avoidance between same-type stressors, and confrontation-avoidance between different-type stressors is applied continuously throughout the remainder of the present thesis.

The findings from the research on oscillation, which were presented in Chapter 4, offers some preliminary support to the DPM notions related to oscillation in coping with bereavement. The finding that loss-oriented coping and restoration-oriented coping are highly independent processes (Caserta & Lund, 2007) supports the overall DPM conceptualization of coping with bereavement as a dual process, which must be considered the precondition of the oscillation process altogether. At the same time, the findings indicate that oscillation typically favors loss-oriented coping in the beginning of coping with bereavement with a tendency toward more restoration-oriented coping over time (Caserta & Lund, 2007; Knowles & O’Connor, 2015). This supports the time dimension of oscillation specified in the DPM. In addition, the absent treatment effect in the study of Caserta & Lund (2014), which examined an “oscillation-directed” intervention against a traditional “loss-oriented” intervention, is also interesting. The
ineffectiveness of oscillation-directed intervention could seem to suggest, that the oscillation process is quite difficult to influence. This could point toward the possibilities, that the oscillation process is more complex than the current definition reflects, that oscillation is a relatively rigid psychological process or that it is a highly automatized one. Such hints could be relevant in relation to determine the nature of oscillation. It should be noted, however, that there are aspects of the method applied by Caserta & Lund (2014), which could be criticized and thereby undermine the strength of these hints. Such methodological discussions are beyond the scope of the present thesis and therefore not unfolded further. The finding, that oscillation (balance) is related to decreased grief severity (Knowles & O’Connor, 2015; also Delespaux et al., 2013) corresponds to the DPM statement that oscillation is necessary to adaptive coping with bereavement.

As pointed out in Chapter 4, the studies measuring oscillation, operationalized oscillation as the proportion of loss-oriented coping respective to the proportion of restoration-oriented coping (oscillation balance, cf. section 4.1.1). This operationalization seems to reflect an agreed upon assumption that oscillation has to do with allocation of attention to loss-oriented stressors and restoration-oriented stressors respectively. This assumption is reasonable in light of the DPM definition of oscillation, which holds that oscillation is the alteration between loss-oriented coping and restoration-oriented coping (cf. section 3.3). And even more reasonable, when taken into account that Stroebe, Schut & Stroebe (1998), in an article preceding the presentation of the DPM, speculated that oscillation could be a matter of selective attention (p. 91). Stroebe & Schut (1999: 2001; 2001b; 2008; 2010) have not readdressed or explicited this in the following DPM-articles. Yet, attention is often mentioned in relation to oscillation in the DPM-articles (also Hansson & Stroebe, 2007). Thus, there might be indications of a parallel between oscillation and attention, which is connected to confrontation-avoidance of different-type stressors. As argued by Caserta & Lund (2007), the oscillation balance might only represent one dimension of oscillation, which could appear to undermine the findings on oscillation balance indicating that the process of oscillation is similar to the process of attention allocation. According to Caserta & Lund (2007) oscillation depth, -frequency, -awareness, -control and -intentions also represent potential dimensions of oscillation, which should be considered in research on oscillation as well. However, these dimensions are not necessarily incompatible with an
oscillation-as-attention-hypothesis. If we return to the discussion of the current shortcomings of the DPM above, it seems reasonable to speculate that the absence of a multidimensional operationalization of oscillation is related to the lack of explication in the DPM articles, which currently leaves some detail and multiplicity unaccounted for. It seems that the specific nature of oscillation or possible underlying structures of this process is currently neither explicated nor discussed in sufficient detail. In fact, the DPM accounts appears to have yet to explicate a number of aspects of coping with bereavement, which might be related to the dimensions of oscillation suggested by Caserta & Lund (2007). For instance it seems reasonable, that whether coping involves conscious or unconscious processing has implications to the dimensions of oscillation related to awareness, control, and intentions. In fact, Delespaux and colleagues’ (2013) discussion, concerning potential biases in relation to operationalizing oscillation as exclusively conscious or voluntary, loan weight to this possibility (cf. section 4.2).

5.2 What do we currently know about oscillation?

In the DPM, oscillation is currently defined as the alteration between loss-oriented coping and restoration-oriented coping, which constitutes the dual process of coping with bereavement specified by the DPM. Oscillation is a cognitive regulatory process necessary to come to terms with loss in that it enables people to attend to both loss-oriented stressors and restoration-oriented stressors over the course of coping with bereavement. Skewed or dysfunctional oscillation is associated with maladaptive coping with bereavement (i.e. pathological forms of grief).

The underlying principle of oscillation is confrontation-avoidance (cf. section 3.3). In the present thesis it has been suggested that the DPM conceptualization of coping with bereavement results in two different types of confrontation-avoidance: confrontation-avoidance between same-type stressors and confrontation-avoidance between different-type stressors (cf. figure 3.3). Contrary to confrontation-avoidance between same-type stressors, confrontation-avoidance between different-type stressors has the potential to cause alteration from loss-oriented coping to restoration-oriented coping and vise versa. Therefore, the underlying principle of oscillation is assumed to be confrontation-avoidance between different-type stressors, and not confrontation-avoidance in general.
Oscillation does not appear to have a specific theoretical or empirical basis, instead there is much to suggest that oscillation has been logically inferred on the basis of pre-existing knowledge about coping with bereavement. Yet, this does not seem to reduce the legitimacy of the proposition of an oscillation process in coping with bereavement. On the contrary, up to now research on oscillation, although it is still very limited, seem to confirm both the basic premise of the oscillation process, which is the independency of the dual processes of coping with bereavement, and the proposition that oscillation does occur in coping with bereavement. In addition, there is much to suggest that oscillation is a matter of attention allocation. The inefficiency of oscillation-directed interventions (Caserta & Lund, 2014) are speculated to possibly indicate that oscillation is either a rather rigid psychological process, an automatized one, and/or involves a higher level of complexity than reflected in the present DPM conceptualization of oscillation. This seems compatible with the oscillation-as-attention-hypothesis.

5.3 Staging the speculation anew

From what is currently known about oscillation (cf. section 5.2) questions concerning what the nature of oscillation is and how it works are still difficult to answer. It has become clear that oscillation, at least in part, progresses by means of confrontation-avoidance of different-type stressors. At the same time, it has appeared that oscillation might be a matter of attention allocation. In fact, there seems to be quite solid grounds for making this assumption. It appears that this parallel, in the same way as the proposition of the oscillation process (cf. section 1.1), might have had sufficient logical appeal to go somewhat unnoticed. Still, it seems necessary to the continued development of the oscillation concept that such implicit assumptions are identified, addressed and made explicit.

The present thesis is dedicated to examine whether existing theory of processes, similar to those conceptualized as oscillation in the DPM, can contribute to further refinement of the oscillation concept (cf. section 1.2). Based on what is currently known about oscillation and the strong indications of a parallel between oscillation and attention (cf. section 5.1), the second question of
the speculation of the present thesis is now reformulated to: “Can the oscillation concept be refined be means of existing theory of attention?” This is addressed next in Part II.
PART II
Oscillation in coping with bereavement. Could one step back be two steps forward?

Anne Damgaard

Page 60 of 98
Chapter 6: Kahneman’s Capacity Model of Attention (CMA) and dual task performance

6.1 Introduction

Within the field of cognitive psychology, a very large body of interest is dedicated to attention. Numerous cognitive theories and models of attention and attentional processes exist (e.g. Damgaard, 2012; Eysenck & Keane, 2005; Kahneman, 1973). For present purposes, Daniel Kahneman’s (1973) Capacity Model of Attention (CMA) has been selected, as this model possesses a system of terminology, which appears compatible with the DPM and the conceptualization of oscillation. In addition, Kahneman’s (1973) interest in dual task performance (i.e. the ability or inability to successfully perform two simultaneous tasks) seems compatible with the DPM dual process conceptualization of coping with bereavement.

As will be accounted for below, the CMA, like the DPM, includes psychological phenomena such as attention, control, and effort. Similar to the DPM, the CMA also concerns cognitive regulatory processes of relevance to adaption (Kahneman, 1970; 1973). Moreover, Kahneman’s (1973) model explains a number of issues that can be of possible relevance to the oscillation process, which is proposed to be involved in coping with bereavement in the DPM. For instance, the model distinguishes between voluntary and involuntary attention (Kahneman, 1973). As it might be recalled, one of the currently unanswered questions, formulated by Stroebe & Schut (2001), regards the degree to which oscillation is, in fact, voluntary or involuntary (cf. section 1.1). What is more, the model is associated with a number of specific ways to measure attention down to second-to-second alterations (Kahneman et al 1967; 1968, Kahneman, 1970; 1973), which is one of the obstacles currently pointed out in relation to gain empirical access to the oscillation process (Stroebe & Schut, 2010). Thus, Kahneman’s (1973) Capacity Model of Attention seems to hold considerable promise in terms of providing answers to some of the currently unanswered questions about oscillation, which, as the present thesis has suggested, at the moment constitutes a main hindrance to continued development of the oscillation construct.
6.2 Kahneman’s Capacity Model of Attention (CMA)

Kahneman’s (1973) Capacity Model of Attention is based on the consistent observation that attention is a matter of selection (Eysenck & Keane, 2005; Hockey, 1997; Kahneman, 1970; 1973; Lamy et al; 2012; Posner & Presti, 1987). At any given moment, there is a myriad of stimuli available to our perception. Still, we only pay attention to a fraction of these. The CMA concerns the principles underlying the ways in which people manage to allocate attention to some stimuli, while ignoring others. According to Kahneman (1973), the selectivity that characterizes focused attention, is caused by limited attention capacity.

While attention refers to a state of awareness in which the senses are focused selectively on some aspects of the environment (stimuli) in preference to others (Kahneman, 1973; VandenBos, 2007), Kahneman (1973) emphasizes that there is more to attention than mere selection. Attention also refers to intensity and amount. Paying attention requires effort, which can be allocated in varying degree. Kahneman (1973) provides the following example:

“Lulled into a pleasant state of drowsiness by his teacher’s voice, the schoolboy does not merely fail to pay attention to what the teacher says; he has less attention to pay. A schoolboy who reads a detective story while his teacher speaks is guilty of improper selection. On the other hand, the drowsy schoolboy merely suffers from, or perhaps enjoys, a generally low level of attention” (p. 3).

As such, the CMA conceptualization of attention is closely related to effort or consumption of cognitive resources. How much attention we pay is crucial to how well selected stimuli are processed/selected tasks are performed. Consumption of cognitive resources affects physiological arousal states. For this reason, physiological arousal is often operationalized to measure attention (Kahneman, 1973; Kahneman et al, 1967; 1968).

Attention can be selectively allocated to both internal and external stimuli (Kahneman, 1973; VandenBos, 2007). According to Kahneman and colleagues (1967), attention
can be allocated outward to external stimuli (e.g. a scent or a sound) or inward to internal stimuli (e.g. problem solving or strong emotions) (also Kahneman et al, 1968).

The CMA is based on three basic assumptions about attention, which will be presented and subsequently explained in the following. First, it is assumed that the attention capacity (cognitive resources) available to be allocated various stimuli is limited. Second, it is assumed that the attention capacity varies in accordance to the level of arousal caused by detection of stimuli: the more difficult a task is; the more capacity is made available. As such, when demands on capacity rise and fall on a second-to-second basis over the course of task performance, available capacity is assumed to rise and fall accordingly. Third, it is assumed that momentary capacity (capacity made available at any given moment in time) is controlled by feedback from the execution of ongoing tasks (Kahneman, 1973). That is, the demands that a given task makes on capacity to be successfully performed is continuously monitored through feedback (arousal) from ongoing task performance. It is on the basis of this feedback that capacity is made available. According to Kahneman (1973), there “appears to be a rule that when two activities demand more capacity than [can be made] available, one is completed” (p. 11). The other is ignored or queued.

From the three assumptions it becomes evident that paying attention is effortful, and, in effect of this, makes demands on cognitive resources, which, according to Kahneman (1973), are limited (cf. limited attention capacity). For this reason, Kahneman (1973) also uses the terms “exert effort” or “invest capacity” as synonymous to “pay attention” (p. 8).

As evident from the presentation above, attention capacity is not a rigid structure, although it is embedded in the idea of an attention capacity that an upper limit of attention exists. Within its reserved range, attention capacity varies in accordance to the mental effort that is necessary to perform a given task successfully (Kahneman, 1973). Kahneman (1973) presents the following “armchair experiment” to illustrate this relationship:
“First, try to mentally multiply 83 times 27. Having completed this task, imagine that you are [... given four numbers, and that your life depends on your ability to retain them for ten seconds. The numbers are 7, 2, 5, 9” (p. 14).

Kahneman (1973) argues that it should be evident from this that “even to save one’s life, one cannot work as hard at retaining the four digits as one must work to complete a mental multiplication of two-digit numbers” (p. 14). By nature, the multiplication task makes higher demands on attention capacity than the retaining task does. As such, available attention capacity is greater when the multiplication task is performed, than it is under performance of the retaining task. However salient the latter task may be, it cannot be allocated the same high level of attention capacity as the former.

In figure 6.1 below, Kahneman’s (1973) Capacity Model of Attention, including the interrelations between the three assumptions (limited attention capacity, capacity-arousal-relationship, feedback from ongoing activities), is depicted.
As might be evident from figure 6.1, allocation of attention can be represented as a (circular) process of stimuli detection, information processing, and response. At the top of the model, the stimuli, which are sources of arousal, are detected. These typically require the individual to do something (i.e. respond), which is effortful and in consequence makes demands on the attention capacity, which is limited. Because the attention capacity is limited, Kahneman (1973) argues that a control system exists, and that it ensures that the attention, at any given point in time, is allocated to the (adaptively) most salient stimuli (Kahneman, 1973). According to the CMA, a governor system termed evaluation of demands (right side of the model) regulates the supply of capacity in accordance to ongoing activities or tasks selected by the allocation policy (middle of the model). As depicted in figure 6.1, the allocation policy is controlled by four factors: enduring dispositions, momentary intentions (i.e. current task-oriented goals), the evaluation of demands, and effects on arousal (varying levels of arousal over the course of task performance). As it has been mentioned, only one task will be performed in cases where two or more tasks are performed simultaneously, and the total demands of these exceed attention capacity. Kahneman (1970) provides the following example:

“While walking with a friend you may ask him casually to multiply in his head 17 by 46, reaching the answer as fast as he can. The probability is that he will immediately stop in his tracks” (p. 121).

That is, the two-digit multiplication task, which has already been established as a high demand task, makes demands on the limited attention capacity so extensive, that attention cannot be allocated to walking, even though the walking task is a highly automatic act, which demands very low attention capacity (explained in detail below). What happens in the example is that the walking task is put in queue (Kahneman, 1970; 1973). It simply cannot be performed before the multiplication task is completed (or given up).
6.2.1 Control

According to the CMA “allocation of capacity is determined principally by two sets of factors; the momentary task intentions of voluntary attention and enduring dispositions, which control involuntary attention” (Kahneman, 1973, p. 42). Voluntary attention reflects the ability to voluntarily allocate attention to selected stimuli or tasks, while distracting attention from others. Lamy and colleagues (2012) present reading as an example of voluntary attention: “when reading these lines, you ignore the pressure of the chair on your thighs and the humming of the refrigerator” (Lamy et al, 2012, p. 267). The voluntary attention allocated to the reading task simply distracts attention from the tactile and auditory stimuli. Voluntary attention does not block out other stimuli, but distracts attention from them. As such, if someone calls your name from another room, while you are reading these lines, it is quite possible that the name stimulus reaches your perception and distracts or intrudes the ongoing reading task (Kahneman, 1973). The attention allocated the name stimuli represents a case of involuntary attention. Contrary to voluntary attention, which is controlled by intention or goal-directedness, involuntary attention is controlled by *enduring dispositions*. Enduring dispositions consist in innate instincts as well as in learned (experience based) responses, which have been habituated to a point of automation (Kahneman, 1973). Fear of heights or loud noises serve as examples of instinctive responses, while reacting to the sound of one’s own name exemplifies a learned, automated response. According to Kahneman (1973), novel and surprising stimuli, which spontaneously attract attention, typically demand greater effort than more familiar stimuli do. Thus, involuntary attention typically overrules voluntary attention. As it appears, this can have a highly adaptive function. For instance, if the person calling your name from the other room intents to alarm you about a fire in the house, it seems quite adaptive, that the name stimulus overrules the stimuli related to the reading task.

6.3 Dual task performance

In Kahneman’s (e.g. 1970; 1973; Kahneman et al, 1967; 1968) works, attention is typically examined either by measurement of physiological arousal (pupillary dilation, cardiovascular
activity; increased skin conductance, fast pulse etc.), visual or auditory orientation, or by extent of interference between simultaneously performed tasks in dual task performance scenarios. Dual task performance is the simultaneous performance of two separate tasks (Damgaard, 2012; Kahneman, 1970; 1973). As such, dual task performance reflects cases of divided attention. Within the field of attention, driving while conversing (on a cell phone) is a typical example of dual task performance, which is often operationalized to test interference (i.e. load on limited attention capacity) (e.g. Damgaard, 2012; Kahneman, 1973, Kahneman et al, 1967).

In studies of dual task performance, the objectives are typically to explore the conditions in which two tasks can or cannot be performed simultaneously, measured by interference between tasks, as well as to determine the nature of tasks, which can or cannot be simultaneously performed (Damgaard, 2012; Kahneman, 1970; 1973). If dual task performance (allocation of sufficient attention to successfully perform both tasks) is not successful, only one task is performed. In these cases, the two tasks will often be selectively attended: either one at a time (cf. queuing) or by shifting attention back and forth between tasks with deteriorated performance in both tasks. Findings from studies of dual task performance have been able to provide strong indication that interference between tasks occurs in varying degrees over the course of dual task performances (Damgaard, 2012; Kahneman, 1973).

6.3 Conclusions

In this chapter, the Capacity Model of Attention (CMA) has been suggested as an existing theory, which explains processes similar to those termed oscillation in the DPM (cf. Chapter 3).

As presented, the CMA is based on the observation that attention always is selective. According to the CMA, attention is allocated to some stimuli and withdrawn from others because attention capacity is limited. In this way, the stimuli allocated attention becomes a matter of adaptability. The CMA specifies the functions and principles, which determine the allocation of attention at any given point in time.
The CMA holds that attention can be either voluntarily or involuntarily controlled. Voluntary attention ensures that we can attend to the tasks at hand; the tasks selected on the basis of current intentions or goals. Involuntary attention, on the other hand, is governed by enduring dispositions, which are best described as instincts or automatized responses to specific stimuli (i.e. stressors). According to the CMA, involuntary attention typically overrules voluntary attention. As it has been argued in the present chapter, this can serve highly important adaptive purposes. Related to this, the CMA predicts that novel and surprising stimuli typically attract (involuntary) attention and demand greater effort than more familiar stimuli do. Finally, the CMA states that in cases, where more than one task is performed and where the tasks exceed the total attention capacity; the tasks will be queued and performed subsequently.

In conclusion of the chapter, the dual task performance paradigm was briefly introduced as a field of research dedicated to examine the limits of attention capacity and the consequences of this in terms of interference on or deterioration of performance in dual task performance scenarios.
Chapter 7: Part II discussion

In the present chapter, the similarity and compatibility between the DPM concept of oscillation and the CMA are assessed and discussed with the aim to answer the reformulated second question of the speculation: “Can the oscillation concept be refined by means of existing theory of attention?”.

7.1 Preparatory matters

In the previous chapter, the CMA was presented as an existing theory of attention. In the beginning of the chapter it was stated, that the CMA belongs to the cognitive field of psychology (the attention field). As such, the DPM and the CMA belong to two quite different fields of psychology (bereavement and attention respectively). In consequence, the DPM and the CMA are not originally developed to describe the same psychological processes. In the present context this means that it is first and foremost necessary to ensure sufficient theoretical probability that the cognitive regulatory process, referred to as oscillation in the DPM (cf. section 3.3), is similar to the cognitive regulatory process of attention explained by the CMA (cf. Chapter 6). One way to achieve this is to disassemble the DPM oscillation process and the CMA into component parts and make one-to-one comparisons between these. Yet, similar component parts of the two models are not immediately obvious.

In Chapter 6 it was argued that the CMA has a system of terminology, which seems similar to the oscillation process described in the DPM. It was also argued that dual task performance could be relevant in this regard. In fact, the notion of dual task performance can be employed to advance the dual process of coping with bereavement as a dual task performance scenario (cf. section 6.2). This is illustrated in figure 7.1 on the next page.
As evident from figure 7.1, advancing the dual process of coping with bereavement (DPM) as a dual task performance scenario makes it possible to consider oscillation (DPM) as selective attention (CMA) (the bended arrows in figure 7.1). As argued above, it also enables identification of directly comparable component parts of the DPM and the CMA. Below, component parts of each model are compared to ensure that the CMA is an appropriate theoretical tool to generate insights about the DPM oscillation concept. The component parts of each model are listed in figure 7.2 on the next page.
Oscillation in coping with bereavement. Could one step back be two steps forward?

Anne Damgaard

7.2 DPM-CMA comparability: component part comparisons

From figures 7.1 and 7.2 it becomes evident that when the dual process of coping with bereavement is advanced as a dual task scenario, loss-oriented coping and restoration-oriented coping are compared with tasks. As such, the first component part comparison necessary to assess, is the one between loss-oriented coping and restoration-oriented coping on one side, and tasks on the other.

In fact, loss-oriented coping and restoration-oriented coping are sometimes referred to as tasks within the DPM (for instance see definition cited in section 3.2.4). Yet, in the DPM this is typically done with caution because “task” does not reflect the complexity and duration of coping with bereavement (cf. Stroebe & Schut, 1999; 2001, also section 1.1 and Chapter 3). This seems to legitimize that loss-oriented coping and restoration-oriented coping can be considered as tasks in the present context as well. Naturally, with the same caution applied.
Oscillation in coping with bereavement. Could one step back be two steps forward?

Anne Damgaard

In section 6.3 it was presented that dual task performance involves two tasks, which are separable and simultaneously performed. As such, it is necessary that loss-oriented coping and restoration-oriented coping can be considered as separable and simultaneous tasks as well.

The finding of Caserta & Lund (2007), that loss-oriented coping and restoration-oriented coping are independent processes, indicates that loss-oriented coping and restoration-oriented coping are in fact separable (cf. section 2.2). Although one finding is a rather slight foundation for making conclusions, at present, there are no other studies to consult (cf. citation search, section 1.5.2). Until further research has been done it therefore seems necessary to rely on the only existing finding of Caserta & Lund (2007), and to assume that loss-oriented coping and restoration-oriented coping can be considered as separable.

As such, it is only left to assess if loss-oriented coping and restoration-oriented coping also can be considered as simultaneous tasks. Coping with bereavement is a process, which stretches over months or years (cf. Chapter 1). According to the DPM, oscillation between loss-oriented coping and restoration-oriented coping throughout the entire process of coping with bereavement is necessary in order to come to terms with loss. That is, in coping with bereavement both tasks have to be performed within the same period of time, if coping with bereavement is to be adaptive. As such, it seems that loss-oriented coping and restoration-oriented coping are believed to be simultaneous. At any given moment in coping with bereavement, bereaved people have two different tasks to perform: loss-oriented coping and restoration-oriented coping. According to the DPM it seems that oscillation is crucial in this equation because bereaved people cannot cope with two different types of stressors at the same time.

The discussion above indicates that it is legitimate to consider loss-oriented coping and restoration-oriented coping as separable and simultaneously performed tasks. In keeping with figure 7.2, this leads to the next component part comparison, which is the one between stressors (DPM) and stimuli (CMA).
Oscillation in coping with bereavement. Could one step back be two steps forward?

Anne Damgaard

According to the APA Dictionary of Psychology (VandenBos, 2007) a stressor is

“any event, force, or condition that result in physical or emotional stress. Stressors may be internal or external forces that require adjustment or coping strategies on the part of the affected individual” (p. 899).

A stimulus, on the other hand, is

“any agent, event, or situation – internal or external – that elicit a response from an organism” (p. 895).

Initial similarities between these definitions seem easily noticed. Both stressor and stimulus are defined as any event, force/agent or situation/condition, internal as well as external, which requires or elicits a response on the part of the individual/organism. Yet, while stressors appear to require adjustment or coping strategies (i.e. level of active processing), the definition of stimulus does not state, whether stimuli requires processing or which kind of processing this could be. According to the CMA, however, stimuli do not just elicit a response. Instead, stimuli cause arousals, which are either consciously or unconsciously processed at the expense of attention, which in turn ensures that appropriate responses can be performed (cf. figure 6.1). As such, it seems that stressors activate the specific type of (prevailing consciously/voluntary cf. Chapter 3) processing, referred to as coping. Stimuli, on the other hand, appear to activate some kind of processing, which is not specified further. On the basis of this circumstance and the noticeable similarity between the definitions of stimulus and stressor, it seems possible that stimulus and stressor actually refer to similar phenomena. In support of this, Stroebe and Schut (2010) use the term stimuli to refer to potential bereavement specific stressors. As such, it appears that “stimuli” most likely is just a broader term than “stressor”. A scent can serve as an example of a stimulus to demonstrate how this might add up. To most people a scent will probably not constitute a stressor, but rather be regarded as a stimulus. To a bereaved, however, it is quite likely that the
scent of the perfume that the deceased used to wear does constitute a stressor, which activates coping. 
As such, stressors and stimuli do seem comparable. While stimuli appear to be more general, stressors seem to refer specifically to stimuli, which activate coping.

Oscillation is closely related to confrontation-avoidance (cf. section 3.3). For this reason, the comparability between confrontation-avoidance and its CMA counter component part of allocation-distraction of attention appears relatively crucial to assess the appropriateness of using the CMA as a theoretical tool to further refinement of the oscillation concept.

In the terminological clarifications in section 1.4.2, it was stated that confrontation involves concentrating on and processing of bereavement specific stressors. Contrarily, it was stated that avoidance involves inhibition of painful bereavement specific stressors, which include denial, suppression and deliberate distraction (also see Chapter 3). According to the DPM, both confrontation and avoidance are effortful.

In the CMA, allocation of attention to stimuli and distraction of attention from stimuli are direct and natural results of limited capacity to pay attention (cf. Chapter 6). Because attention capacity is limited, allocation of attention to some stimuli causes simultaneous distraction from others (e.g. reading example in section 6.2.1). According to the CMA, paying attention (which is simultaneous distraction) is effortful and taps cognitive resources (i.e. limited attention capacity)

As such, there appears to be a relatively high level of consistency between confrontation-avoidance (cf. DPM) and allocation-distraction of attention (cf. CMA). Confrontation of stressors involves concentrating on a stressor (or stimulus) equal to allocation of attention, which involves concentrating on a (selected) stimulus. On the other hand, avoidance of stressors involves suppression of or distraction from stressors (or stimuli) equal to distraction of attention from stimuli. In relation to the comparability of confrontation-avoidance and allocation-distraction of attention there are, however, a couple of differences, which are necessary to address.
First, according to the DPM, confrontation and avoidance are coping strategies. As argued in relation to the presentation of the DPM in Chapter 3, this implies a conscious or voluntary approach (also cf. VandenBos, 2007). In the CMA, on the other hand, allocation-distracton of attention is not necessarily conscious or voluntary. In fact, voluntary attention only constitutes one out of two types of attentional control (cf. section 6.2.1). Involuntary allocation of attention occurs too. As evident from the presentation of the CMA in Chapter 6, involuntary attention has crucial implications for adaption (cf. reading and name example in Chapter 6). According to the CMA, involuntary attention therefore cannot be disregarded.

Secondly, the DPM holds that both confrontation and avoidance are effortful. In the CMA this only seems to hold true for allocation of attention. Distraction of attention is not conceptualized as effortful in itself. Distraction of attention is the prize of a limited attention capacity. When attention is distracted from stimuli it implies that these stimuli are not processed, i.e. they neither make demands on attention capacity nor require effort. It can be argued, however, that distraction is indirectly effortful because distraction from some stimuli are effortful allocation of attention to other stimuli. The question is, however, whether this really is contradictory to the conceptualizations of confrontation and avoidance in the DPM. As exemplified in section 3.2.4, avoidance typically involves allocation of attention to something else than the stressor, which is avoided; other stimuli in general equal to “time-outs” or confrontation of other stressors appraised as less threatening or challenging. Therefore, similar to the distraction of attention from stimuli, it can be argued that avoidance is the result of confrontation of other stimuli or stressors than the stressor subjected to avoidant coping. This will maintain avoidance as effortful, although not directly but indirectly in effect of the confrontation of other stimuli (“time-out” or stressors). As such, it appears that avoidance can be regarded as (in coping: voluntary) allocation of attention to some stimuli (including stressors) with the aim to suppress or distract attention from other unpleasant stressors.

Taken together, the component part comparisons appear to suggest that the DPM oscillation process and the CMA do designate similar cognitive regulatory processes. Yet, a pattern seems to
emerge that while the DPM designates the specific cognitive regulatory process(es) involved in coping with bereavement, the CMA concerns similar cognitive regulatory processes, on a much more general level. In relation to present purposes, this intermediate conclusion is quite positive. In fact, it is a precondition to generate insights about oscillation (cf. speculation) that the CMA goes beyond the DPM conceptualization of oscillation.

### 7.3 Oscillation as attention?

From Chapter 3 and the Part I discussion in Chapter 5, it is clear that oscillation in the DPM is conceptualized as:

1. a regulatory cognitive process,
2. which consists in alteration between loss-oriented coping and restoration-oriented coping
3. and relies on the principle of confrontation-avoidance of different-type stressors.
4. In consequence, it is believed that oscillation is necessary for adaptive coping with bereavement.

Still, it is not fully clear from this conceptualization what the nature of oscillation is and how oscillation in coping with bereavement works (cf. section 1.1; 5.1). According to the DPM, oscillation is a highly complex regulatory process. Yet, what makes it complex is not explicitly stated (e.g. Stroebe & Schut, 1999; 2001). At the same time, as presented in Chapter 1, it is continuously unknown to which extend the oscillation process is conscious/voluntary or unconscious/involuntary. That is, it is yet to discover precisely how and why people oscillate.

As evident from Chapter 6, attention refers to a state of awareness in which the senses are focused selectively on some aspects of the environment (stimuli) in preference to others (Kahneman, 1973; VandenBos, 2007). Because attention is selective by nature, attention involves:
Oscillation in coping with bereavement. Could one step back be two steps forward?

Anne Damgaard

1. a cognitive regulatory process,
2. which sometimes consists in division of attention or queuing of tasks performed simultaneously
3. and relies on the principle that, at any given moment, attention can only be allocated to some stimuli, which cause it to be distracted from others.
4. In consequence, it is believed that attention is necessary to achieve adaptive goals of survival and well-being.

It seems evident from these recapitulations of oscillation (DPM) and attention (CMA) that considerable similarities do exist between the DPM concept of oscillation and attention according to the CMA (indicated by numeration above). Both oscillation and attention are cognitive regulatory processes of significance to adaption, which relies on principles of confrontation-avoidance of stressors/allocation-distraction of attention to/from stimuli. In combination with the general comparability between oscillation (cf. DPM) and the CMA, which was found in the previous section, there appears to be sufficient theoretical foundation for the assumption that the CMA has potential to contribute with new insights about oscillation. Therefore the question now becomes one of what the potential contributions might be.

7.4 The potential CMA contributions

There is one fundamental question about oscillation, which is not directly addressed by the DPM (Stroebe & Schut, 1999; 2001; 2008; 2010). In section 7.1 above, it was noted that the DPM believes that oscillation between loss-oriented coping and restoration-oriented coping is crucial to adaptive coping with bereavement. Yet, the DPM does not explain why oscillation is crucial. That is, the DPM does not explain why people cannot cope with loss-oriented stressors and restoration-oriented stressors simultaneously (Stroebe & Schut, 1999; 2001; 2008; 2010). As noted in Chapter 5, previous to the introduction of the DPM, Stroebe, Schut & Stroebe (1998) speculated, that oscillation could be a matter of selective attention. However, this does not appear to have been readdressed since. When the dual process of coping with bereavement is advanced as a dual task
performance scenario, the CMA seems able to support that oscillation actually may be a matter of (selective) attention between different-type stressors. Thus, according to the CMA, bereaved people have to oscillate because of limited attention capacity. That is, when the total demands of loss-oriented coping and restoration-oriented coping exceeds available attention capacity (cf. multiplication and walking example in chapter 6) both tasks simply cannot be performed simultaneously. Instead, one is performed, while the other is queued (avoided).

Interestingly, this CMA interpretation of oscillation does not rule out that loss-oriented coping and restoration-oriented coping sometimes can occur simultaneously. Instead, when the total demands of loss-oriented coping and restoration-oriented coping do not exceed available attention capacity, simultaneous loss-oriented coping and restoration-oriented coping is possible according to the CMA. In fact, this will apply to “time-outs” and coping with bereavement as well. According to the CMA, it therefore does not seem unthinkable that coping with lower demanding bereavement specific stressors can occur simultaneously with “time-outs” (e.g. watching television). In keeping with this line of thought, coping with bereavement will not always be a matter of “either or”, but sometimes also a matter of “both and”. In terms of oscillation, this implies that oscillation may not always be crucial to adaptive coping with bereavement – sometimes both loss-oriented coping and restoration-oriented coping can be attended without oscillation.

When the CMA is applied to the DPM concept of oscillation it may be possible to unfold this in more detail. As part of the presentation of the CMA in Chapter 6, the CMA was depicted in figure 6.1. As evident from figure 6.1, the CMA designates an “allocation policy”, which at any given point in time is responsible for the allocation of attention to the most salient stimuli. The “allocation policy” assesses which stimuli are most salient according to information from four different sources: “enduring dispositions”, “momentary intensions”, “the evaluation of demands on capacity” and “effects on arousal”.

Page 78 of 98
According to the CMA, “enduring dispositions” consists in innate instincts and automated responses, which are products of habituated individual experiences and learning. Thus, from a CMA standing point, the bereaved person’s innate instincts and previous experiences and learning are believed to affect the way he or she allocates attention to bereavement specific stressors. Ultimately, this has implications to the way he or she oscillates, because oscillation, according to the CMA, is a matter of attention allocation. In fact, this is not in conflict with the general discussions about coping with bereavement (Delespaux et al, 2013; Schut et al, 1997; Stroebe & Schut, 1999; 2001; 2001b). For instance, the ability to positive meaning construction, which must be considered related to individual experience and learning (or personality), is found to affect the ways in which people confront and avoid bereavement specific stressors toward more adaptive coping (Stroebe & Schut, 2001; 2001b).

From a CMA standing point, the notion of “enduring dispositions” indicates that oscillation may not always be voluntary or conscious. Sometimes attention will be involuntarily allocated to stimuli on the basis of instinct or habit alone. As evident from the studies of Schut and colleagues (1997) (Chapter 2) and Delespaux and colleagues (2013) (Chapter 4), a bereaved persons’ coping or attachment style, for example, may cause unconscious/involuntary coping with predominantly one type of stressors, while the other types of stressors are neglected.

As it might be recalled from the presentation of the CMA in Chapter 6, involuntary attention is a relatively strong force, which typically overrules the demands on the attention capacity made by voluntary attention (cf. reading example). As stated in Chapter 6, involuntary attention often occurs in response to novel or surprising stimuli. It seems reasonable to assume that many bereavement specific stressors are novel or surprising to the bereaved. Coping with bereavement involves the confrontation with a number of novel stimuli (bereavement specific stressors) – or familiar stimuli, which have come to constitute stressors (cf. scent example above).

To conclude, a possible implication of “enduring dispositions” may be, that bereaved people are not always consciously aware of how they came to cope with a given stressor or why they coped
with one in preference to the other. In coping with bereavement this means that people sometimes will not be able to account for when, how and why they oscillated from one coping process to another. Yet, this only represents one part of the potential CMA explanation of oscillation.

As it might further be recalled from Chapter 6, “momentary intentions”, in contrast to “enduring dispositions”, are related to voluntary attention. “Momentary intentions” refer to the goals or intentions underlying ongoing task performance (i.e. loss-oriented coping, restoration-oriented coping, “time-outs”). It can be argued that “momentary intentions”, like “enduring dispositions”, relates to learning. Within the bereavement field, discussions about the ways in which social roles (e.g. gender roles) and cultural beliefs about death and grieving influence coping with bereavement are common (Delespaux et al, 2013; Kavanagh, 1990; Robben, 2014; Stroebe & Schut, 1999; 2001; 2001b; Stroebe et al, 1988a; 1988b; Schut et al, 1997; Walter, 2009). It seems likely that social- and cultural learning, to some degree, guide “momentary intentions”. That is, how certain stimuli are selected and how they are dealt with.

The CMA notion of “momentary intentions” indicates that while bereaved people sometimes maybe involuntarily attend to specific bereavement stressors, at other times they may voluntarily attend to specific stressors in accordance with current goals or intentions as well. According to the CMA, this means that bereaved people sometimes will be able to control oscillation either by confronting a specific stressor with the intention to cope with it or by confronting a stimulus or stressor to avoid a painful stressor (cf. confrontation-avoidance).

Taken together, the CMA thus indicates that oscillation might be both voluntary and involuntary. In coping with bereavement this means that people sometimes will be able to account for when, how and why they oscillated from one coping process to the other, while they at other times will not.
Oscillation in coping with bereavement. Could one step back be two steps forward?

Anne Damgaard

Noteworthy, the discussion “about enduring dispositions” and “momentary intentions” also appears to suggest that the CMA may have potential to explain the oscillation concept in a way that includes the dimensions of oscillation, which Caserta and Lund (2007) have pointed out as missing in the research on oscillation (i.e. oscillation depth, oscillation frequency, oscillation awareness, perceived control of oscillation and oscillation motivation or intention, cf. Chapter 4).

Namely, the CMA notions of “enduring dispositions” and “momentary intentions” seem able to explain the dimensions of oscillation awareness, perceived control of oscillation, and oscillation intention.

Different from “enduring dispositions” and “momentary intentions”, “the evaluation of demands on capacity” and “effects on arousal” are related to the varying levels of arousal and demands over the course of task performance. In relation to this it seems important to note that the DPM and the CMA have somewhat different levels of analysis. The DPM concerns coping with bereavement in principle lines and as an overall process. Opposite to this, the CMA explains attention down to second-to-second dynamics. As might become evident in the following, this means that when the CMA is applied to the DPM oscillation concept, the level of analysis may differ from what otherwise is custom in the DPM.

In the CMA, “evaluation of demands on capacity” represents the varying demands on capacity made by ongoing task performance(s). As evident from the presentation of the CMA in Chapter 6 and figure 6.1, “the evaluation of demands on capacity” not only affects the “allocation policy” but also arousal (i.e. “effects on arousal”).

The “armchair experiment” described in Chapter 6, which involved first a multiplication task and then a retaining task, demonstrated that an upper limit exists to the effort that can be exerted to perform any given task. The interplay between “the evaluation of demands” and “effects on arousal” contribute to determine this upper limit on the basis of feedback about second-to-second...
variations in demands on capacity from ongoing task performance. In coping with bereavement, coping with the scent-stressor can represent an ongoing task performance. If coping with the scent-stressor is effective, the coping-task’s demands on capacity will probably fall. Reversely, if coping with the scent-stressor is ineffective, demands on capacity will probably rise. Either way, second-to-second variations will be likely to occur through the process of coping with the scent-stressor. For example, the scent-stressor may cause associations to other stressors, which increase the coping-task’s demands on capacity. Reversely, associations caused by the scent-stressor may distract attention away from the scent-stressor and decrease the coping-task’s demands on capacity. These variations are what “the evaluation of demands on capacity” continuously feeds back to the “allocation policy” and the co-varying “arousal” and “available capacity”, also referred to as “effects on arousal”.

In coping with bereavement, the feedback loop, which “the evaluation of demands on capacity” and “effects on arousal” constitute, has possible implications to oscillation as well. In cases where both loss-oriented stressors and restoration-oriented stressors make demands on capacity, and these demands are evaluated to exceed the attention capacity that can be made available, the result might be oscillation. That is, when simultaneous loss-oriented coping and restoration-oriented coping (henceforth: “dual coping”) exceed total attention capacity, attention will be allocated to only one type of stressors. The other type of stressors will be ignored, or queued.

In fact, this appears to be in agreement with the distinction between confrontation-avoidance of different-type stressors (i.e. oscillation) and confrontation-avoidance of same-type stressors proposed in section 3.3 of the present thesis. From a CMA standing point, confrontation-avoidance of same-type stressors occurs when one task has been selected and the other task is ignored. On the other hand, in cases of confrontation-avoidance of different-type stressors, a dual task performance scenario emerges, which can lead to oscillation.
Oscillation in coping with bereavement. Could one step back be two steps forward?

Anne Damgaard

The CMA notions of “the evaluation of demands” and “effects on arousal” support that coping with bereavement is an effortful process. “The evaluation of demands” and “effects on arousal” seems able to explain coping with bereavement - not only as an overall process, but also as a long-term process, which continuously taps bereaved people’s cognitive resources and affects their available attention capacity on a second-to-second basis. In fact, this interpretation of oscillation appears compatible with the potential cognitive manifestations of the grief (examples provided in section 1.1), people coping with bereavement, might experience.

7.5 Can the oscillation concept be refined by means of existing theory of attention?

Through the discussions above, indications have accumulated that the DPM oscillation concept can be refined by means of existing theory of attention, specified as the CMA.

The component part comparisons appeared to provide the foundation necessary to employ the CMA as a theoretical tool to generate potential new insights about the DPM oscillation concept. The direct comparison of oscillation (DPM) and attention (CMA) indicated considerable similarities between the DPM oscillation concept and attention according to the CMA, suggesting that these concern comparable cognitive regulatory processes.

As it has been noted, however, the DPM and the CMA implies different levels of analysis. In the DPM, oscillation refers to a cognitive regulatory process involved in coping with bereavement specifically, which is responsible for alterations between different-type bereavement specific stressors exclusively (cf. Chapter 5). In the CMA, the cognitive regulatory process, or cognitive regulatory processes, associated with attention concern attention in general. The implication of this is twofold. First, for attention (CMA) to be comparable to oscillation (DPM), it has to be limited in the same way as the oscillation process is. That is, attention has to be limited to allocation-distraction of attention to and from different-type bereavement specific stressors in coping with bereavement. Second, when this reservation is applied, it seems that the CMA, as an existing theory of attention, has potential to make contributions to a more in-depth understanding
of the oscillation process proposed by the DPM. From the discussions in the present chapter, the following potential CMA contributions have emerged.

The CMA has appeared to have potential to explain oscillation as the result of limited attention capacity or cognitive resources to cope with different-type bereavement specific stressors. In the DPM, confrontation-avoidance is stated as the underlying principle of the oscillation process (Stroebe & Schut, 2008). On the basis of the discussions in the present chapter, however, the CMA seems to suggest that confrontation-avoidance of stressors in the DPM only refer to one type of control in oscillation (i.e. voluntary attention). While confrontation-avoidance appears to resemble voluntary (more conscious) allocation-distraction of attention in the CMA, the CMA appears to suggest involuntary (more unconscious) allocation-distraction of attention as an additional type of control of significance to oscillation. As such, it appears that the CMA may be able to contribute to a conceptualization of oscillation, which entails both voluntary and involuntary allocation-distraction of attention to bereavement specific stimuli. Moreover, the CMA notions of “momentary intentions” and “enduring dispositions” appear able to connect oscillation to individual experience and learning. This might suggest that some individual differences, associated with coping with bereavement, are related to oscillation specifically. Finally, the CMA notions of “demands on capacity” and “effects on arousal” have appeared to have potential to explain, that oscillation occurs when dual task performance, or dual coping, fails. That is, when simultaneous loss-oriented coping and restoration-oriented coping demand more attention capacity than can be made available. As such, the CMA also seems to have potential to explain that oscillation occurs as a result of allocation of attention to one type of stressors and simultaneous distraction of attention from another.

In the introduction to the present thesis, three unanswered questions about oscillation originally stated by Stroebe & Schut (2001) were presented: “When and how does oscillation take place? To what extent is it voluntary or involuntary? And how does oscillation affect adaptive coping?” (p. 396). On the basis of the potential CMA contributions presented above, it seems that the CMA might have potential to suggest some preliminary answers to these as well. In response to the first question, the potential answer according to the CMA appears to be that oscillation occurs when
dual coping fails as the result of limited attention capacity. In response to the second question, the potential answer according to the CMA seems to be that oscillation is likely to be both voluntary and involuntary. The CMA does not seem able to explain to what extend oscillation is voluntary or involuntary. Instead, the CMA indicates that the extend oscillation is voluntary or involuntary might differ from one bereaved person to another in accordance to individual differences in experience, learning and available cognitive resources. How oscillation affect adaptive coping is the subject of the next chapter.
Oscillation in coping with bereavement. Could one step back be two steps forward?

Anne Damgaard

20095421
Chapter 8: Implications

On the basis of the discussion in the previous chapter, the present chapter aims to answer the third and final question of the speculation: “what implications does the refinement of the oscillation concept suggest for adaptive coping with bereavement?”.

8.1 Potential implications to adaptive coping with bereavement

Refinement of the oscillation concept by means of the CMA does not appear to suggest any drastic implications to the overall understanding of adaptive coping with bereavement, conveyed by the DPM (cf. Chapter 3). In Chapter 5, it was presented that Stroebe, Schut & Stroebe (1998), previous to the introduction of the DPM, suggested that oscillation might be a matter of selective attention. The seemingly close similarity between oscillation and attention, observed in the discussions in Chapter 7, seems to confirm this idea. The implications that the potential CMA contributions suggest to adaptive coping with bereavement thus seem to mainly consist in further explication. In fact, when the DPM oscillation concept is explained in more detail it seems corollary that adaptive coping with bereavement is explained in more detail as well. This is not surprising in light of the centrality of the oscillation process in the DPM.

As it has been argued in Chapter 7, the CMA appears to suggest that adaptive coping with bereavement involves momentary simultaneous coping with both loss-oriented stressors and restoration-oriented stressors, i.e. dual task performance or dual coping. In fact, according to the CMA, dual coping seems to be a necessary precondition to oscillation. From a CMA standing point, oscillation occurs when dual coping can no longer be successfully performed and one coping process is momentarily selected on the expense of the other. For adaptive coping with bereavement, the main implication of this CMA contribution appears to be that oscillation may not be the only way for bereaved people to cope with both loss-oriented stressors and restoration-oriented stressors over the course of coping with bereavement. Dual coping also
appears to represent a way to cope with both loss-oriented stressors and restoration-oriented stressors at the same time. On an overall level, however, this does not seem to conflict with the DPM statement that oscillation is necessary to adaptive coping with bereavement. Without oscillation, momentary or periodic, single task performance - either loss-oriented coping or restoration-oriented coping - cannot take place according to the CMA. At the same time, dual coping appears to be a relatively unstable structure, which continuously depends on the somewhat unpredictable equation:

“total demands on capacity < available attention capacity”

As such, it seems unlikely that dual coping alone would be able to ensure sufficient coping with both loss-oriented and restoration-oriented stressors.

It has also been argued that the CMA seems to suggest that adaptive coping with bereavement involves both voluntary and involuntary processing of bereavement specific stressors. As argued in Chapter 7, this could suggest that bereaved people might not always is able to control their oscillations, or lack thereof. Instead, the CMA appears to indicate that oscillations sometimes happen in contravention to potential “momentary intentions” of the bereaved. As such, the CMA seems to suggest that adaptive coping with bereavement is both voluntary and involuntary controlled. In Chapter 3 it was stated, that it is unclear how voluntary coping is considered to be in the DPM (e.g. Stroebe & Schut, 1999; 2001). It seems, that the CMA may have potential to contribute in the clarification of this. Noteworthy, the CMA notion of involuntary attention does not necessarily seem to imply defense mechanisms (cf. discussion in Chapter 3). Defense mechanisms are psychological defenses, which can be said to block attention allocation to specific stressors or stressful memories. Involuntarily attention, on the other hand, is involuntary attention allocation to stressors, which might be salient to adaption. As such, the CMA could have potential
Oscillation in coping with bereavement. Could one step back be two steps forward?

Anne Damgaard

20095421

to explain that adaptive coping with bereavement include both voluntary and involuntary processing, while coping is still distinguished from defense mechanisms.

In Chapter 7 it was also presented, how the CMA appears to suggest that adaptive coping with bereavement is effortful because it requires cognitive resources related to limited attention capacity. As presented in Chapter 3, oscillation is not the only cognitive regulatory process involved in coping with bereavement according to the DPM. Confrontation-avoidance of same-type stressors and emotion-regulation might represent similar cognitive regulatory processes as well. It seems likely that these processes make demands on limited capacity of attention too. As such, the CMA might suggest that adaptive coping with bereavement has potential to cause a general reduction of attention capacity during coping, which implies that people coping with bereavement may not have access to the same level of cognitive resources (attention capacity) as they would under normal circumstances. As evident from the presentation of the CMA and the discussions in Chapter 7, allocation of attention is not a phenomenon limited to coping with bereavement. Allocation of attention is necessary in all aspects of life. Yet, the stressful situation, which bereavement places the bereaved person in, may make demands on capacity in itself (cf. Lepore et al, 1996). It does not seem unlikely that the stressful situation of bereavement can reduce bereaved peoples’ general attention capacity. In fact, in support of this, a study of Keinan and colleagues (1999) found that (induced) stress affected participants’ limited attention capacity and reduced their abilities to control attention allocation and suppress task-irrelevant stimuli. This implies that both the situation, bereavement places people in, and coping with bereavement may tap bereaved peoples’ cognitive resources to deal with everyday life. This means, that at a time when people face some of the potentially most severe stressors of their lives (i.e. bereavement specific stressors), their capacity to cope with these stressors as well as their everyday lives might be reduced. In this way, the CMA seems to indicate that adaptive coping with bereavement is not possible to isolate from everyday life (cf. the DPM).
8.2 Potential implications to future research on oscillation

In Chapter 1 it was argued that the unanswered questions about oscillation could be the cause of the difficulties in empirical testing of the oscillation process in coping with bereavement (presented as a catch-22 in section 1.1). In conclusion of the previous chapter it was noted that the potential CMA contributions actually might indicate some preliminary answers to these unanswered questions about oscillation in coping as well. Therefore, although it is beyond the scope of the present thesis, it seems worth noting that the CMA also appears to have potential to suggest some implications to research on oscillation. At least, there are indications that the CMA could be a potential starting point for finding alternative ways to assess oscillation in coping with bereavement empirically. For instance, if dual coping is the precondition to oscillation, one potential way to assess oscillation might be to cautiously induce dual coping in people coping with bereavement. This could be done by simultaneously introduce the participants to a potential loss-stressor and a potential restoration-stressor. Measures of arousal could be used to measure the potentially resulting oscillation (involuntary attention) and/or participants could be questioned about the oscillation, which may have taken place (voluntary attention).

Moreover, as mentioned in Chapter 6, the CMA belongs to a well-established line of research, which includes a number of methods to assess attention (including dual task performance). If oscillation is parallel to selective attention, which is related to different-type bereavement specific stressors, this may also mean that methods from attention research can be transferred to bereavement research without requiring much adjustment.
Conclusions

The present thesis represents a first attempt to theoretically refine the oscillation concept by means of existing theory. Through the thesis, indications have accumulated that the oscillation concept can be refined by means of the Capacity Model of Attention (CMA).

Part I of the present thesis aimed to sum up current knowledge about oscillation (cf. first question of the speculation). It was found, that oscillation in the DPM refers to the cognitive regulatory process, which enables alterations between loss-oriented coping and restoration-oriented coping. According to the DPM, oscillation is necessary to adaptive coping with bereavement, because adaptive coping with bereavement presupposes coping with both loss-oriented stressors and restoration-oriented stressors. The underlying principle of the oscillation process is confrontation-avoidance of different(-type) stressors (cf. section 3.3.). In connection to this, the present thesis has proposed that a distinction between confrontation-avoidance of same-type stressors and different-type stressors is necessary to isolate the oscillation process from similar cognitive regulatory processes involved in coping with bereavement (e.g. confrontation-avoidance of same-type stressors and emotion-regulation).

In the Part I discussion it was found, that the DPM proposition of oscillation does not seem to have any specific theoretical or empirical basis. Instead, indications were found, that the oscillation concept might have been logically inferred on the basis of empirical findings on coping with bereavement in general. The studies that followed the DPM proposition of oscillation in coping with bereavement indicated that oscillation might be a matter of attending to both loss-oriented and restoration-oriented stressors. In combination with the fact, that Stroebe, Schut and Stroebe (1998), previous to the introduction of the DPM, speculated that oscillation could be similar to selective attention, and the circumstance that coping with loss-oriented stressors and restoration-oriented stressors is often referred to as matter of attending to either type of bereavement specific stressors in the DPM articles (Stroebe & Schut, 1999; 2001; 2008), attention theory was found to be a promising direction for further theoretical refinement of the DPM oscillation concept.
Part II of the present thesis aimed to examine whether oscillation can be refined by means of existing theory of attention (cf. second question of the speculation). Therefore, Daniel Kahneman’s (1973) Capacity Model of Attention (CMA) and the notion of dual task performance were presented in Chapter 6.

In the Part II discussion, the dual process of coping with bereavement was advanced as a dual task performance scenario to compare oscillation with attention (cf. figure 7.1). Component part comparisons showed strong indications that the DPM and the CMA do concern comparable cognitive regulatory processes, suggesting that the CMA can be used as a theoretical tool to refine the DPM oscillation concept. On the basis of this, the potential CMA contributions to the current DPM conceptualization of oscillation were discussed. From these discussions a number of examples of specific potential CMA contributions to the oscillation process were identified. It was found, that according to the CMA, oscillation in coping with bereavement would be explained as a process of allocation-distraction of attention caused by limited capacity to pay attention. Further, the CMA seems able to specify when and how oscillation occurs and designate potential underlying processes or factors able to explain why oscillation may or may not take place. Indications were also found that the CMA has potential to explain oscillation as both voluntary and involuntary controlled. Overall, it was found that the potential CMA contributions might be able to provide some preliminary answers to the currently unanswered questions about oscillation. In Chapter 8 it was noted, that this might also mean that the CMA has potential to contribute to future research on oscillation as well. As such, taking one step back to reengage in theoretical refinement of the oscillation concept may have potential to become two steps forward.

Chapter 8 aimed to identify the implications, refinement of the oscillation concept could suggest for adaptive coping with bereavement (cf. the third question of the speculation). None of the potential CMA contributions were found to conflict with the DPM. Most of all the implications of the refinement of the oscillation concept seemed to contribute to explication of adaptive coping with bereavement as well. As noted above, the present thesis has found, that explication might be what is currently missing the most in the DPM. As such, the potential CMA contributions seem promising: not only in relation to refinement of the oscillation concept, but maybe in relation to explain the DPM in more detail as well.
Oscillation in coping with bereavement. Could one step back be two steps forward?

Anne Damgaard

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Oscillation in coping with bereavement. Could one step back be two steps forward?

Anne Damgaard

Dissertation, Department of Psychology and Behavioral Sciences, Aarhus University, Denmark


Page 94 of 98
Oscillation in coping with bereavement. Could one step back be two steps forward?

Anne Damgaard

DC.


Page 95 of 98
Oscillation in coping with bereavement. Could one step back be two steps forward?

Anne Damgaard


Oscillation in coping with bereavement. Could one step back be two steps forward?

Anne Damgaard


Oscillation in coping with bereavement. Could one step back be two steps forward?

Anne Damgaard


Appendix
APPENDIX 1: Table of the backwards reference search and results.
Status of each found reference is provided in the remarks column in the right side of the table.

<table>
<thead>
<tr>
<th>Article</th>
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### APPENDIX 1: Table of the backwards reference search and results.
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</table>
| Bonanno et al. (1995) | Assessment of the relationships between emotional avoidance and pathological and non-pathological grief, respectively. | 42 young widows and widowers | 25 women, 17 men, age < 55 | Self-report questionnaires, semi-structured interview (6 months AL), structures grief symptom interview (6,5 month AL), grief symptom interview (14 months AL) | No linkage between emotional avoidance and pathological grief found.
|                    |                                                                          | Partner loss                     |                     |                                                                        | Indications that emotional avoidance serves adaptive functions in coping with bereavement (dosage). |
| Bonanno & Keltner (1997) | Test of the mediating role of emotional expression (disclosure) in the course of grief | 38 widows and widowers | 24 women, 14 men | Self-reported questionnaires (6 months AL), semi-structured narrative interview (6,5 month AL). Interviewer-ratings of grief and self-reported perceived health was obtained at 6, 14 and 25 months AL. | 6-month expressions of negative emotion were predictive of more severe grief at 25 month, while 6-month expressions of positive emotion were predictive of less severe grief at 25 months. Expressions of sadness were unrelated to outcome. Indicative of individual differences in adaptive coping with bereavement. |
| Brom et al. (1989)    | Assessment of effectiveness of psychotherapeutic methods for treatment of PTSD | 112 people diagnosed with Post-Traumatic Stress Disorder (resulting from bereavement, age: 18-73) | 79% women, 21% men | Randomized study testing 3 different (confrontational) psychotherapeutic methods: 1) trauma | Individual differences in effectiveness of treatment. Not all benefitted from the treatment in comparison to controls. Differences in effectiveness of the three |
### APPENDIX 2: Table of included articles and books from the backwards reference search

<table>
<thead>
<tr>
<th>Study</th>
<th>Description</th>
<th>Methods</th>
<th>Results</th>
</tr>
</thead>
</table>
| Horowitz et al. (1984) | Examination of the relationship between 1. Dispositional variables and outcome and 2. Process variables and outcome in dynamic psychotherapy | 52 bereaved patients (who had sought psychotherapy on their own)  
Partner loss or loss of parent | Pre- and post treatment interviews, pre-treatment battery of assessment measures (self-report + evaluator assessment).  
Time-limited psychotherapy (12 sessions) | No relationship between dispositional characteristics and outcome.  
No dependable findings of simple relationships between process and outcome.  
Illustration of complexity in relationship between psychotherapy and outcome.  
Indicative of individual differences in response to exploratory and supportive techniques respectively. |
| Kavanagh (1990)  | Theoretical argumentation for an altered intervention program adjusted to current knowledge of coping with bereavement | Grief understood as normal reaction to bereavement.  
Grief considered in parallel to depression and anxiety disorders | Grief appearing as a low-grade Post-Traumatic Stress Disorder  
Wide range of individual differences in grief reaction and thereby coping with bereavement. These are due |
### APPENDIX 2: Table of included articles and books from the backwards reference search

<table>
<thead>
<tr>
<th>Article Reference</th>
<th>Description</th>
<th>Sample Size</th>
<th>Age Range</th>
<th>Methodology</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lepore et al. (1996)</td>
<td>Examination of the significance of social constraints in coping with bereavement (emotional level)</td>
<td>171 bereaved mothers</td>
<td>15-40 years of age</td>
<td>Interviews and self-report questionnaires at three different points in time: T1: 3 weeks after loss</td>
<td>Significance of social constraints found: Social constrained mothers showed increased levels of depression at T2 and T3, while...</td>
</tr>
</tbody>
</table>
**APPENDIX 2: Table of included articles and books from the backwards reference search**

<table>
<thead>
<tr>
<th>Study</th>
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<th>Sample Size</th>
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<th>Methods</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lindemann (1944)</td>
<td>Identification of symptomatology of grief</td>
<td>101 patients. Mixed sample of bereaved patients. Loss of relative (not otherwise specified)</td>
<td>Some participants were both bereaved and trauma-victims (Coconut Grove Fire). Age: -</td>
<td>Psychiatric interviews and subsequently screening for reported symptoms.</td>
<td>First description of symptomatology of “normal grief” and pathological grief reactions such as “delayed grief” and “anticipatory grief”.</td>
</tr>
<tr>
<td>Parkes (1996)</td>
<td>“The Bethlem Study (1958-60)”: to investigate atypical reactions to bereavement</td>
<td>21 bereaved patients. Loss of parent, sibling, child or spouse,</td>
<td>17 women, 4 men</td>
<td>Qualitative interviews</td>
<td>Further description of chronic grief and delayed grief and the symptomatology of pathological grief (untypical grief); anxiety and panic attacks, self-blame and somatic symptoms and identification found to be of comparable mothers with social support (opposite of social constraints) showed decreased levels of depression at T2 and T3. Results for fathers resembled the once for mothers except for the desire to talk about the infant’s death. While 32% of fathers did not desire to talk about the death at T1, this was only the case for 5% of the mothers.</td>
</tr>
</tbody>
</table>
### APPENDIX 2: Table of included articles and books from the backwards reference search

<table>
<thead>
<tr>
<th>Study</th>
<th>Methodology</th>
<th>Design</th>
<th>Special significance.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parkes &amp; Weiss (1983)</td>
<td>“The Harvard Bereavement Study”: to identify factors that determine course of grief the first years of bereavement and gain insight into different forms of pathological grief</td>
<td>68 young widow and widowers, 49 women, 19 men</td>
<td>Interviews and 30 item checklist at: T1: 3 weeks AL, T2: 2 months AL, T3: 13 months AL, T4: follow-up interview (reduced sample): 2, 3 or 4 years AL. Identification of risk factors/predictors of pathological grief (non forewarning, conflicted/ambivalent marriage, dependency in marriage) and three different (corresponding) grief syndromes: Unanticipated grief, conflicted grief (delayed grief), chronic grief. In addition, identification of a number of individual, social and contextual factors with significance to the course of grief. Tasks of grief: recognition and explanation of loss, emotional acceptance, new identity, social support.</td>
</tr>
<tr>
<td>Prigerson et al. (1995a)</td>
<td>1. Assessment of potential overlap between complicated grief and bereavement related depression</td>
<td>56 widows and widowers, Age &gt; 60</td>
<td>Self-report questionnaires (rating scales) 4t</td>
</tr>
</tbody>
</table>
APPENDIX 2: Table of included articles and books from the backwards reference search

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<tr>
<th>Study</th>
<th>Title</th>
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<th>Methodology</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prigerson et al. (1995b)</td>
<td>Evaluation of the Inventory of Complicated Grief (ICG)</td>
<td>97 elderly widows and widowers (without psychiatric diagnoses) 27 participants in a healthy comparison group (widowed for an average of 15 years) Partner loss</td>
<td>70 women, 27 men Age &gt; 60 Interview + self-report questionnaires (ICG, BDI, TRIG) Subjective evaluation of the ICG in comparison to TRIG</td>
<td>ICG shown to be reliable scale for the assessment of individuals experiencing high levels of potentially maladaptive aspects of grief 85% of the participants preferred the ICG to the TRIG.</td>
</tr>
<tr>
<td>Rosenblatt (1983)</td>
<td>Examination of gender specific patterns in effectiveness of interventions directed towards emotion-focused and problem-focused strategies respectively Partner loss</td>
<td>66 widows and widowers with elevated levels of distress 11 MAL + 66 widows and widowers as control group Age &lt; 65 Total sample (N=132): 100 widows, 32 widowers Self-report questionnaires Randomly assigned one of two counseling conditions: Emotion-focused Problem-focused T1: baseline 11 MAL T2: post-treatment 18</td>
<td>Significant effects of counseling. Gender specific patterns in efficacy of counseling conditions was found: men benefitted more from emotion-focused intervention, while women benefitted more from problem-focused</td>
<td></td>
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<tr>
<td>Schut et al. (1997)</td>
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</tbody>
</table>
### APPENDIX 2: Table of included articles and books from the backwards reference search

<table>
<thead>
<tr>
<th></th>
<th>Results from 46 widows and widowers and 59 controls</th>
<th>MAL T3: follow-up 25 MAL</th>
<th>intervention</th>
</tr>
</thead>
</table>

**Appendix 3:** All studies has been conducted in western cultures, MAL = Months After Loss
<table>
<thead>
<tr>
<th>Reference</th>
<th>Objective</th>
<th>Sample</th>
<th>Participants</th>
<th>Method</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delespaux et al (2013)</td>
<td>Investigation of the extent to which appraisal and oscillation mediates the influence of attachment styles (anxious and avoidant) in coping with bereavement (measured in grief reactions)</td>
<td>321 bereaved individuals</td>
<td>285 women 36 men &gt;18 years of age</td>
<td>Online questionnaire assessing 1. Background and loss-related variables 2. Attachment (ECR) 3. Oscillation between coping strategies (IDWL + computed oscillation score (LO coping strategies - RO coping strategies)) (IDWL) 4. Grief adjustment (ITG)</td>
<td>Anxious attachment associated with more negative appraisal. No link to the oscillation process. The relationship between avoidant attachment and grief reaction was mediated by a reduced negative appraisal as well as reduces oscillation score. Appraisal and oscillation remain relevant across time.</td>
</tr>
<tr>
<td>Caserta &amp; Lund (2007)</td>
<td>Design of an instrument (IDWL) to measure primary features of the DPM: LO, RO and oscillation</td>
<td>163 widows and widowers</td>
<td>144 women, 49 men &gt;45 years of age</td>
<td>Phase 1: review and subsequent refinement and extension of 20-item scale to 22-item Likert-scale (items derived from DPM description LO, RO and oscillation)</td>
<td>No correlation between LO and RO subscales. Highly independent dimensions of the DPM. Both subscales were substantially correlated with oscillation balance (LO minus</td>
</tr>
</tbody>
</table>
## APPENDIX 3: Table of the research articles found through citation search including characteristics and findings.

<table>
<thead>
<tr>
<th>Authors (2014)</th>
<th>Investigation of intervention based on the DPM would</th>
<th>Participants</th>
<th>Study Design</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caserta et al</td>
<td>Investigation of intervention based on the DPM would</td>
<td>328 participants</td>
<td>200 women, 128 men</td>
<td>No effect of treatment conditions</td>
</tr>
</tbody>
</table>

**Phase 2: self-administered questionnaire including following targets (measures):**
- Grief (TRIG)
- Depression (GDS)
- Loneliness (UCLA Loneliness Scale)
- Bereavement coping self-efficacy (Coping Self-Efficacy Scale)
- Self-care and Daily living skills (23 item scale developed by the authors)
- Personal growth (SRGS-15 items)

**Oscillation score (IDWL) (balance: LO – RO)**

- The recently bereaved showed greater degree of oscillation balance.

- Six dimensions of oscillation:
  - Oscillation balance (LO minus RO)
  - Oscillation depth (engagement)
  - Oscillation frequency
  - Oscillation awareness
  - Perceived control of oscillation
  - Oscillation motivation or intention
<table>
<thead>
<tr>
<th>Title</th>
<th>Condition</th>
<th>Age</th>
<th>Treatment Conditions</th>
<th>Effects of Age and Gender Found</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Living After Loss</em>-project</td>
<td>enhance oscillation between LO – and RO coping in recently bereaved loss</td>
<td>&gt;50 years of age</td>
<td>1. Traditional group therapy 14 weekly meetings focused at grief expression = LO (comparison group) 2. DPM based group therapy 7 meetings focused on grief expression = LO and 7 meetings focused on secondary stressors of loss = RO.</td>
<td>Effects of age and gender found: No apparent effects of preparedness of death It was confirmed, that there is a trend of increasing RO coping over time. Initially (T1) participants’ oscillation was quite balanced (not primarily LO)</td>
</tr>
</tbody>
</table>

T1: Baseline 2-6 MAL  
T2: Post-test conclusion of 14 week intervention  
T3: 3 months post-intervention follow-up  
T4: 9 months post-intervention follow-up

*Oscillation score* (IDWL) (balance: LO – RO)
### APPENDIX 3: Table of the research articles found through citation search including characteristics and findings.

<table>
<thead>
<tr>
<th>Author(s) (Year)</th>
<th>Study Description</th>
<th>Sample Characteristics</th>
<th>Measurement</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowles &amp; O’Connor (2015)</td>
<td>Assessment of whether oscillation between trauma focus (LO) and forward focus (RO) predict grief severity</td>
<td>106 older, bereaved adults</td>
<td>Online survey consisting of five scales measuring grief severity, loneliness, stress, yearning, and coping</td>
<td>Greater FF (RO) coping predicted lower grief severity and lower yearning, loneliness and perceived stress. Higher levels of TF (LO) coping predicted higher grief severity, oscillation operationalized as coping flexibility. Expectedness of death did not moderate grief response. Greater use of FF (RO) coping and coping flexibility (oscillation) earlier in bereavement predicted lower levels of grief symptoms.</td>
</tr>
<tr>
<td>Robben (2014)</td>
<td>Comparative analysis of national mourning in Chile and Argentina in a DPM perspective</td>
<td>Between 65-80 years of age Not in treatment Bereaved within the last three years</td>
<td>The Dual Process Model can be applied to national level of analysis but not without modification. Both national level of LO, RO and oscillation between them was found.</td>
<td></td>
</tr>
<tr>
<td>Shepherd et al (2011)</td>
<td>Not of relevance to present thesis. Organizational model of project</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### APPENDIX 3: Table of the research articles found through citation search including characteristics and findings.

<table>
<thead>
<tr>
<th>Author (Year)</th>
<th>Discussion of the plusses and minuses of the separation of home and work in modern society in relation to grieving/coping with bereavement</th>
<th>Failure partly based on the DPM.</th>
<th>The separation between home and work is mainly related to the presence or absence of social and/or contextual reminders in relation to the individual (and socially sculptured) needs of confrontation and avoidance. It is argued, that a work context devoid of reminders of the deceased spouse and/or devoid of people who knew the deceased, can be both a plus and minus in terms of coping (confront/avoid) with the bereavement.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walter(2009)</td>
<td>Do not include a study</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Failure partly based on the DPM.</td>
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</tbody>
</table>