

Running head: DPM AND THE SUBJECTIVE EXPERIENCES OF BEREAVED SPOUSES

The Dual Process Model of Coping with Bereavement in the Test of the Subjective Experiences of Bereaved Spouses: An Interpretative Phenomenological Analysis

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Abstract

The Dual Process Model of Coping with Bereavement (DPM, Stroebe & Schut, 1999, 2010) was developed to better understand the dynamic coping processes adopted by bereaved people. In the present study, we investigated the daily subjective experiences of widowed people and examined whether they recognized themselves in the model. Thirteen out of the 16 interviewed widowed persons reported that their bereavement experience basically fitted the model. However, they also identified discrepancies. Interviews with 6 bereaved spouses were subjected to an Interpretative Phenomenological Analysis. Three main issues were identified: (1) The interdependence vs. distinctiveness of coping processes; (2) The conscious and intentional nature of coping strategies; (3) The very nature of respite in the grief experience. The results indicated that, although relevant, the DPM did not always match the grieving experiences reported by the widowed individuals. Clinical and research perspectives are discussed.

Keywords: widowhood, grief, DPM, coping, IPA

The Dual Process Model of Coping with Bereavement in the Test of the Subjective Experiences of Bereaved Spouses: An Interpretative Phenomenological Analysis

Bereaved people, those widowed in particular, are at risk of developing physical and mental disorders (Elwert & Christakis, 2008; Prigerson et al., 2009; Utz, Caserta, & Lund, 2012). Models of coping with bereavement have therefore been developed in order to gain a better understanding of the risk factors and the processes of adaptation that occur after the loss of a loved one. The classical "grief work" conceptualization (Freud, 1917) stresses the idea that bereaved persons have to cope with the absence of the deceased, with thoughts associated with the death, and with memories of their life together. These constitute the main body of the processes involved in grieving (Parkes 2011; Stroebe & Schut, 1999; Worden, 2002). Nevertheless, the grief work model, which focuses primarily on the confrontation with painful issues and conceptualizes avoidance as a psychopathological process, has not been fully confirmed by empirical evidence. The *Dual Process Model of Coping with Bereavement* (DPM, Stroebe & Schut, 1999, 2010) was developed in order to better account for the coping processes involved in bereavement.

The DPM emphasizes the importance of two types of stressors associated with two styles of coping which are deployed in response to them: loss-oriented (LO) and restoration-oriented (RO). The loss-oriented strategies (LO), within which grief work is an important component, include coping strategies which focus directly on the stress attributed to the loss itself. The LO processes are characterized by the intrusion of affects related to the loss in everyday life, the reworking of the bonds with the deceased, as well as the denial or avoidance of the changes involved in restoration tasks. The RO strategies refer to the processes which the bereaved person adopts in order to face the secondary stressors related to the roles and challenges associated with their new status of bereaved person, and in the case of the death of a spouse, their new widow or widower status. These processes often include the need to master

new tasks, to take important decisions, or to think about new expectations related to one's role in existence (Wijngaards, Stroebe, Stroebe, Schut, van den Heijden et al., 2008). In response to each LO or RO stressor, bereaved persons must either confront the challenge or distance themselves and avoid the stressor. According to the DPM, no LO or RO strategy in itself leads to positive outcomes. Coping strategies are considered as processes rather than as outcomes of grief (Stroebe & Schut, 1999) and must therefore be evaluated separately from that used to assess outcomes. One of the crucial elements in the model is the adaptive significance of a dynamic oscillation between processes that are centered on loss on the one hand and those centered on restoration on the other hand, as well as an oscillation between confrontation with and avoidance of stressors (Stroebe & Schut, 1999, 2010). To be appropriate, coping must achieve a balanced oscillation between the two stressors, as well as between the two strategies, namely confrontation and avoidance, and must do so flexibly as a function of the type of stressor and social context.

A number of recent studies have used quantitative methodologies to test the DPM (Caserta & Lund, 2007; Delespaulx, Rymkebosch-Dayez, Heeren, & Zech, 2013; Lund, Caserta, Utz, & De Vries, 2010; Richardson & Balaswamy, 2001). They used self-reported questionnaires directly derived from the DPM (e.g., the Inventory of Daily Widowed Life, Caserta & Lund, 2007) to test the validity of the model and to examine the adjustment of the widowed people. Two qualitative studies related to the DPM were also identified (Bennet, Gibbons, & Mackenzie-Smith, 2010; Bennet, Hughes, & Smith, 2005). In these studies, Grounded Theory was used to examine LO and RO processes, and 4 types of stressors, directly derived from the DPM. Several limitations can be outlined. First, the questionnaires that were used necessarily contained the two categories derived from the model. Strictly speaking, these studies did not therefore seek to verify the existence of these stressor and coping categories, nor did they examine whether it is possible to distinguish between them, or whether it is necessary

to define other types of processes on the basis of the subjective experience of bereaved people. Second, the quantitative studies calculated an oscillation score based on the responses to the LO and RO subscales, which *de facto* assumes oscillation processes. Finally, the qualitative studies used categories that were also directly deducted from the DPM. It is however important to examine whether bereaved persons would actually report such processes in their daily life experiences without being prompted or restrained to such categories.

Two additional postulates of the DPM have not yet been addressed empirically. First, in line with the stress and coping theory (Lazarus & Folkman, 1984), Stroebe and Schut (1999) defined coping strategies as being intentional and conscious. The questionnaire-based studies conducted to date have all operationalized intentionality and do not entertain the idea that some reactions may not be intentionally produced even though they contribute to stress reduction. In line with Caserta and Lund's (2007) conclusion, it was necessary to undertake a qualitative, inductively-based, investigation of the "awareness" that bereaved people have in the implementation of coping strategies as well as of the conscious intentionality (or "function") involved in confronting or avoiding stressors.

Second, the DPM also postulates that adaptive coping processes require bereaved people to benefit from moments of respite from their grief. "It also argues the need for dosage of grieving, that is, the need to take respite from dealing with either of these stressors, as an integral part of the adaptive coping" (Stroebe & Schut, 1999, p. 202). Caserta and Lund (2007) emphasized that moments of respite referred to in the DPM is a complex issue for empirical testing, in particular when quantitative questionnaires are used. In particular, it is difficult to distinguish, at an empirical level, between respite and the intentional process of distraction which would correspond to a coping strategy of avoidance of stressors involved in bereavement. The problem lies in the similarity between the two notions – respite and avoidance – which, in the initial text published by Stroebe and Schut are not clearly distinguished conceptually. It

seems that avoidance should be seen as an intentional conscious coping strategy to deal with bereavement-related stressors while respite would not. The question remains as to whether bereaved persons acknowledge that they have moments of respite and/or moments of avoidance.

In sum, three aspects of the DPM have not previously inductively been established: (1) there seem to be two orientations involved in adaptation to bereavement (two distinct types of stressors and coping processes); (2) adjustment seems to benefit from an oscillation between coping strategies, concepts which suggest that these are conscious and intentional strategies deployed in order to deal with bereavement; and (3) in the adaptative process, bereaved people are thought to experience moments of respite in which they are "free of grief". The question is raised as to whether widowed people recognize themselves in the general principles of the DPM and whether the disclosures of their daily life experiences reveal and fit these three aspects. Answering these questions is important for both the empirical validation of the model itself and for clinical implications. Indeed, previous empirical investigations of the model have not yet inductively supported them. From a clinical point of view, it would also be useful to know if bereaved people recognize themselves in the model and thus feel that their own bereavement experiences fit the hypothesized DPM components and processes. If this was the case, the model could then explicitly be used as a clinical tool in therapy sessions with bereaved clients. Therapeutic interventions proposed on the basis of the DPM would be understood and accepted more easily and this, in turn, would strengthen the commitment and trust of patients and their adherence to the prescribed treatment, two factors known to boost the effectiveness of therapy (e.g., Horvath, Del Re, Flückiger, & Symonds, 2011; Norcross & Lambert, 2011).

Thus, in order to gain a better understanding of the subjective experiences of widowed people and thereby examine the extent to which their attempt to make sense of their grief supports or departs from the DPM principles, we first conducted semi-directive interviews with

widowed people. This enabled to avoid the biases associated with directive methods that determine, constrain, or induce responses. In a second step, the transcripts of the interviews were subjected to an interpretative phenomenological analysis (IPA). The aims of this analysis were to examine (1) bereaved spouses' subjective appraisal of their process of adaptation to bereavement and (2) the extent to which their experiences matched the principles of the DPM with regard to coping strategies and oscillation, their intentional deployment, and the presence of respite from grief.

Method

Participants

The initial research comprised two assessment times. Between 6 and 15 months after the death of their spouse, 134 widowed persons (109 women, 25 men), identified and recruited by means of obituaries published in national or regional newspapers, completed and returned a questionnaire on their reactions to bereavement. Between 7 and 20 months later, the 29 participants who lived within a radius of 30 miles of the research institute received a letter asking them to continue their participation. Of the 22 widowed persons who could then be contacted by telephone, 16 (13 women and 3 men) agreed to complete a second questionnaire and take part in a research interview (27% refusal rate). These individuals were aged from 42 to 69 years ($M = 56.65$; $SD = 8.67$) and had lost their spouse 18 to 29 months before the interview. The duration of their relationship with their spouse was on average 26.94 years ($SD = 15.31$; Minimum = 5; Maximum = 50). Of the 16 participants, 8 exhibited severe grief reactions according to the Inventory of Complicated Grief (ICG, Prigerson et al., 1995, total score > 25 as measured using the norms applicable at the time).

Procedure

The main aim of the interviews was first to explore the participants' everyday experience of bereavement by examining the bereavement-related stressors they encountered and the

strategies used to deal with them, and second to examine whether there was an oscillation between strategies. Interviews were audio recorded with participants' consent. An interview guide was used and included a prime question that focused on their everyday life experiences: "Can you tell me how your day starts and how you feel in the mornings?" together with follow-up questions focusing on their feelings, the changes they may experience, and the means which they might adopt in order to deal with the difficulties they experience. The participants were asked to express themselves freely and follow any associations that would emerge. The interviews were conducted by the second author who is a psychologist specialized in the care of bereaved people as well as in thanatological research. She did not interrupt the widowed's disclosures and asked questions to better understand their experiences of bereavement. The IPA was performed by the first author on the basis of the transcriptions of the interviews, at which she had not been present. At the end of each interview, the principles of the DPM were presented to the participants using the graphic representation of Stroebe and Schut's (1999) model, and the participants were invited to give their opinion of the model in response to the instructions: "Do you recognize yourself in this model?". The participants were then debriefed and thanked for their participation.

This study was carried out according to the ethical guidelines of the relevant professional organizations: the APA Ethics Code (American Psychological Association, 2002), but could not be approved by our institutional ethics committee because it did not exist at the time the data collection occurred.

Data Analysis: Interpretative Phenomenological Analysis

The interpretative phenomenological analysis (IPA) is an appropriate tool for understanding the complex system of meanings associated with a unique, subjective, and intensely intimate experience (Smith, Flowers & Larkin, 2009). This method seems to be the most suitable for investigating the experience of the death of a loved one. As Hansson and

Stroebe (2007) have emphasized, although bereavement is without doubt an experience common to all human beings, it always has a profoundly unique dimension. At the epistemological level, the IPA has its origins in the works of the philosophers such as Husserl (1960), Heidegger (2000), and Merleau-Ponty (2005) who emphasized the importance not of "the thing itself" but of the interpretation that is given to it. Thus, it is not the phenomenon itself that is the object of analysis but rather the meaning or meanings that an individual gives to this phenomenon or, more broadly, to its felt experience. In addition, this method attempts to question or take a critical view of the subject's experience and therefore constitutes a form of hermeneutics. Indeed, it is a hermeneutic that functions at two meaning levels: The researcher attempts to make sense (first level) of the way in which the subject makes sense (second level) of his or her subjective experience (Fade, 2004; Eatough & Smith, 2008).

In this type of analysis, the researcher adheres strictly to what is said by the subject. It is indeed the importance the subject attributes to any given perception that guides the analysis. The researcher therefore relies on his or her scientific and clinical experience as well as on the scientific literature in order to come to an in-depth level of analysis. The scientific rigor of the IPA is assured by the standardized procedure to which it adheres (Palmer, Larkin, de Visser & Fadden, 2010; Smith, 2004, 2007). The aim of the IPA is not nomothetic in nature: It is not intended to elaborate overarching laws but instead to remain attentive to the subtle features encompassed by the diversity and complexity of real-life experiences.

We followed the recommendations given by Smith (2007) in order to be as rigorous as possible in our analysis. First, we read the 16 interviews that made up the sample and coded the main themes in order to determine whether the everyday life of the participants corresponded to the DPM. Second, this preliminary analysis of all 16 interviews motivated the examination of the interviews obtained from six persons in greater details (4 women, 2 men, aged between 45 and 68 years who had lost their spouse between one and a half and three years before the

interview). Of the six participants whose interviews were subjected to this in-depth analysis, half suffered from severe grief reactions (ICG, Prigerson et al., 1995, total score > 25). We selected the six interviews that exhibited the greatest variability of experiences as a function of age, gender, cause of death, family composition, and meaning making. The literature on IPA recommends first identifying the topics of the discourse (Fossey, Harvey, McDermott, & Davidson, 2002; Yardley, 2000). A topic is defined as a subject or motif that is sufficiently characterized in a person's speech for the researcher to be able to recognize it as having a broad-based and stable meaning. The following steps include the identification of the connections between topics, the establishment of hyperonymic topics, the analysis of divergences and similarities between participants (at the level of both topics and the processes implemented in order to give a sense to the real-life experience), and the elaboration of a narrative on the basis of this experience. The detailed interpretative narrative brings out and analyzes the experiential topics that characterize individuals and are intermixed with extracts from their speech. The constant return to the data, that is to say to the participants' speech, is a key element in the method to ensure the relevance of the analysis.

Results

Preliminary analysis: Do Widowed Participants Feel Their Daily Life Bereavement Experiences Fit With the DPM?

To answer this question, we concentrated on the responses of the 16 participants to the question that was asked at the end of the interview: "Do you recognize yourself in the DPM?". Of the 16 bereaved persons, 3 (19%) said that they did not and that this model "*meant nothing to them*". One of these three persons made it clear that she did not think the distinction between the two coping orientations was at all relevant. She said that she did not feel any oscillation in her everyday life but did not offer any further explanation. The other two persons also did not specify any more clearly what it was that distanced them from the model except insofar as they

did not feel any change in their emotions and thoughts but instead a polarization vis-à-vis their loss that had started several months previously. Thus, one widower stated *"No... I don't recognize myself. I don't feel any oscillation like that... no, it's just that it carries on. There's no change. All I do is think about her..."*

Thirteen (81%) initially said that *"yes, they could recognize themselves"*. Most of the time, these persons answered in the affirmative because they found the dual loss-centered (LO)/restoration-centered (RO) principles to be of relevance. *"Of course it's like that". "You have to switch between them, you can't spend all your time being sad"*, as one widow and one widower put it. However, a more detailed examination of what it was that seemed relevant to each of these thirteen persons shows that each of them mentioned elements of their experience that did not fully correspond to the central aspects of the model. It is indeed very clear that, for some participants, the strict theoretical distinction between loss-centered coping and restoration-centered coping lost some of its pertinence and empirical validity. Nathalie, a widow aged 48 years indicated: *"Yes, it's difficult because you can't put everything in a separate compartment because everything is mixed up."* She thus spoke of the complexity of her experience which could not be categorized or ordered in line with the two orientations. While analyzing the responses of the 16 participants, we were aware that their answers relative to the DPM could not totally reflect their bereavement experience. Indeed, some people could not appreciate to see their experience "modelled", while others could answer "yes" just to please the investigator. It was thus necessary to study the complete narratives of a subsample of the participants.

Major Themes of the Everyday Life Experiences of the Widowed Participants

To gain a better understanding of the everyday experience of these 16 individuals, we subjected the interviews of 6 of them to an interpretative phenomenological analysis. As indicated above, we selected the most divergent experiences to gain a rich insight on

bereavement. The analysis revealed three main themes that will further be explained: (1) the coping processes in response to the loss of a spouse – interdependent or distinct; (2) the intentional, conscious nature of the coping strategies; and (3) the nature of respite.

The coping processes – interdependent or distinct phenomena?

All six bereaved participants reported processes implemented, whether consciously or not, in order to cope with the death of their husband or wife. It was possible to distinguish between these approaches which involved, on the one hand, coping oriented towards the loss of a loved one, the emotions and memories associated with the deceased and, on the other hand, coping processes that related to the management of an everyday life that had been so deeply transformed since the death. As Nicole, a widow aged 68 years, testifies, since the death of her husband three years ago, she has had to take care of all the DIY work which he used to do:

Interviewer (I): what I mean is that if you found you had to repair something, would that be something that you already knew how to do but that he used to do and you have now started doing yourself?

Participant (P): it's true that you sometimes need four hands and then ...

I: Ok and how does it work now?

P: I have a neighbor who is very close, I have a brother who doesn't live far away.

Here, Nicole speaks about the difficulties involved in managing her house, difficulties which she tries to overcome by calling on the help of friends and family. However, her speech reveals two aspects relating to the way she copes with her husband's death. In fact, she shows that she needs her husband but that he is absent, that she misses him (LO) for an everyday activity (RO). This is precisely the dual aspect that is problematic: the absence of her husband and the inability to perform an activity. Loss and restoration are here expressed as two interdependent stressors given that RO has become a stressor because the spouse is absent (LO).

Do the interviews with the bereaved people in this study show other cases in which the interdependence that we have just identified is operative? This primary aspect relating to the interdependence of the coping strategies revealed two subaspects that have to do with the fluctuations in the theoretical boundary between LO and RO coping. These two aspects are: (a) the everyday life of a widow or widower who has lost her or his spouse; and (b) the relocation of the bonds with the deceased.

The everyday life of a spouse who has lost his or her spouse.

During the very first read-through of the interview given by Nathalie, widow and mother of 20-year-old twins, it became clear that the LO and RO type elements were interdependent. Thus, at the start of the interview, she says:

I: Are there some things that you have organized? Or, well,... do things just happen as they happen and that's that, that's the way you live ...

P: Well, one thing that might be important, I think, is that when my husband died, my children were 18 years old (...); and so I said to myself, "since we're now 3, we have to reorganize ourselves as 3"(...) well, I said to myself they're already young adults but they're both adults but at the same time, there are moments when, for some things, they're still children, here (they are) not really very mature and so I've had to juggle a bit with that (...). For example, something that's very relevant to everyday life because you end up with one income rather than two, there are choices to be made about what you do, about your expenses.

This interview illustrates the specific characteristics of the loss of a partner in a parental couple: Nathalie has lost not only her companion but also the father of her children. It is because he is dead that she has to assume new responsibilities: “At that time I had to make a difficult choice. It was when we had to decide what they would study because obviously we had spoken about it together (with her husband) and that is really something crucial that's missing, that's to say to yourself "we can't talk about it with dad who would look at it differently, the way a

dad looks at things" (...) those are difficult times when there are important things to decide, in particular things that have to do with the children (...). Even if I can talk to friends about them, it's obviously not the same as talking about them with their father and the data is different."

This makes clear that the two ways of responding, LO and RO, are intermixed to such a point that they are practically one and the same. To come to terms with the refashioning of her identity as a now single parent (RO), she asks the advice of her friends even though she knows that their words are no substitute for those of the children's father. The stressor here has a dual nature: on the one hand, it is related to the loss of her husband and the way she misses him, and, on the other, to the necessities of life which demand that she makes decisions for the good of her children. In their everyday lives, widowed people are confronted with both the loss of the partner (a loss which is felt every day) and with the stressors related to restoration – a partner in everyday life is thus an object of attachment but also a partner offering social support in the face of everyday stressors such as the education of one's children or financial matters.

This intermixture, this dual nature of the stressors and the coping processes implemented by widowed people were found in other participants who did not have the task of looking after children: *"Because the administration alone, at the administrative level at the time of the death, there's all the emotional side and at the same time a very practical side that you have to face up to."* Thus, as Michelle, a 45-year-old widow, emphasizes, the two stressors (absence of the spouse when going through all the papers as well as administrative demands) are interdependent. Furthermore, she emphasizes the importance of preparing for the grief that is to come. Michelle had been able to talk about the administrative formalities with her husband before his death and even about life without him. *"I don't know how he did it but he was able to have all the papers; I just had to fill them in, what I mean is he helped me with all that stuff (...) To make things easier for me as far as he could, we did some of it together but he also did some himself as I discovered when he died..."* The adaptation to the absence of her husband,

as well as to all the formalities that were to arise after his death, seems to have been simplified by the steps taken by her husband before his death. This preparation, undertaken together by the two partners, is thus presented by Michelle as an adaptive strategy oriented both toward loss and restoration. This dual nature of the adaptive process can be seen in another aspect of the distinctiveness but interdependence of loss- and restoration-orientations.

The relocation of the bonds with the deceased.

The six bereaved spouses in this study all referred to the need to continue living both without the deceased but also WITH him or her, albeit on a new basis. They therefore spoke of their attempts to find a balance between change and permanence in order to reorganize the bonds that united them with their partner. For example, Nathalie talks about the changes she has made with her children in their home: *“Two years ago, I repainted part of the house with my daughter and that's also something he (her husband) made me think of, it won't be like he knew it (...) it's different and somehow when you make the first brush strokes you have a little bit the impression that you're undoing something but I think it's always like that, you have to go forwards and that's what has to guide you I think and now (...) so it's undoing his work and those things are always difficult because I somehow have the impression of erasing his presence, I don't want to erase it but that's how it is and on the other hand I'm not going to spend the rest of my life in this house with the paint he put on, you can't do that either, can you? There are things like that you just have to cope with.”* The drive toward restoration, facilitated by her newly decorated home, is underpinned by a movement toward loss, toward her memories of her deceased husband. The confrontation with loss, with the traces left by the deceased, makes orientation toward restoration possible and thus helps her start distancing herself from these memories. Here, we recognize Freud's definition of grief work (1917), of *decathexis*. For Nathalie, the intermixture of the two processes appears to be both painful and necessary. The confrontation with loss is difficult and so, too, is avoidance. However, she insists on many

occasions ("*that's what has to guide you I think*", "*but that's how it is*"...) on this vital necessity that obliges her to turn toward restoration.

Michelle, who lost her husband in a car accident a year previously, also speaks of the relocation of the bonds with her deceased spouse. When she meets her friends again and reconstructs her social network (RO process), the confrontation with restoration is indissociable from a confrontation with loss (LO): "*Because I'm not going to cut myself off from everything either, (...) well friends invite me but for something they think I'll enjoy and so I can't really decently (refuse) even if myself I don't want to because I'm all alone or I don't want to because there are things that will come back ... well then I feel a little bit obliged to accept the invitation.*" This 55-year-old woman therefore reveals that the process that will allow her to reestablish social relationships, to avoid remaining isolated, means that, when she goes out with friends, she will have to cope with a tide of memories, thoughts, and emotions that are all associated with her husband. Her words make it clear that grief is truly an interindividual phenomenon which involves the subtle interplay of RO initiatives and LO activities. In fact, more than an interplay, it is practically a fusion. If she looks forward to restoration, she also looks back toward loss.

The continuation of some leisure activities, which the DPM conceptualizes as possible RO strategies, can, in the light of what is reported by the widowed, also be understood as a time of confrontation with the memory of the deceased person. Once again, Michelle's words provide a good illustration of this idea: "*I love to look after my garden but it's also something we did together, there are lots of things where it's true that I see him again, feel him again, experience him again everywhere (...) it's true that from time to time I'm in the garden or ... and a tool, a thing like that and then ... suddenly he's there! But that doesn't mean that it's bad, does it?*" How can we conceptualize this gardening activity? It is clear from the words of this widow that it is both a RO process that gives her pleasure and a LO process that brings back memories of

her past life. Although this interplay deeply upsets her, she considers it to be useful and appropriate. Her words illustrate the difficulty of distinguishing between LO and RO coping. Michelle seems to be engaged in two avenues – ‘loss’ and ‘restoration’ – at the same time, albeit via different "channels": a behavioral channel in the case of restoration and a cognitive-affective channel in the case of loss.

Another widower, Richard, aged 45 years, also mentioned this relocation of bonds which involves the intermixture of coping processes: *“Because my papers, I keep them in order, I don't owe money right, left, and center. That's not because there are lot of things here that mean a lot to me, I'm not going to get into debt so that the bailiff can come round here (to the house where the couple lived).”* RO confrontation, in this case the management of material arrangements in the absence of the spouse who used to look after the business accounts, is once again a scenario for confrontation with loss-related elements, that is to say memories of a shared life in a house to which Richard seems to be extremely attached. He says as much between the lines: he keeps his accounts up to date in order not to be in debt (RO) and lose the house where he has spent so many happy times with his wife and which is a relic of his life with her (LO).

The analysis of this first major aspect reveals a discrepancy between the theoretical conceptualizations of the ways in which individuals attempt to cope with their grief and the subjective perceptions of the bereaved persons. These individuals did not always recognize themselves in the theoretical principles of the DPM. Indeed, their words revealed a leakage between the orientations and indeed showed that they are frequently not distinguished by participants. It is also possible to interpret the similarity reported by the bereaved people as an oscillation "in real time". Indeed, while the DPM postulates a transition from one side of the model to the other, a movement that would take place in successive stages, the subjective experience of our participants shows that, for them, these moments were intimately linked and not separated over time. This is a first point on which the DPM requires further specification.

The participants' reports revealed another major aspect that illustrated why they did not always recognize themselves in the DPM. This second major aspect relates to the nature of their coping processes.

The conscious and intentional aspect of the coping strategies.

The authors of the DPM consider the processes used by bereaved people to cope with bereavement to be intentional and generally consciously implemented, as described in the classical theoretical definition of coping (Lazarus & Folkman, 1984). Such processes are deliberate strategies. Does the experience of the widowed people in this study reflect this? The study of three sub-aspects of coping processes sheds light on this question: (a) the awareness of the coping processes, (b) the intentionality or non-intentionality of adaptive responses; and (c) *living with the possibility of non-intentional processes.*

Awareness of the coping processes.

Four of the six participants exhibited, at least at specific moments during the interview, an awareness of the processes implemented in order to cope with the loss of their loved one. Nathalie spoke of the time when she took advantage of a theatrical event where she needed a man's jacket to depart from her husband's jacket which until then had remained hanging in the entrance hall:

P: Yes yes and I knew very well at the time that I would take the opportunity, I didn't want to miss it.

I: So it was truly conscious?

P: Yes.

I: It was deliberate?

P: Yes yes yes. I was, very happy...

She consciously confronts this stressor which takes the form of departing from this trace of her husband and which is both a LO and a RO stressor. Indeed, this idea is part of a long evocation

of this "point in time" when she feels the moment has come to turn toward restoration. She takes advantage of an external need – to find a costume for her theatre club – to cope with this difficult moment. In addition, Nathalie seems to be extremely clear about her resources, about what helps her cope, and about the new tasks she has to perform: *"Because I think that everyone can look outside for comfort or help and that you tend to look for it outside rather than inside, in the family circle."* She and her two children looked for emotional and material support among friends who were external to the family.

During the interview, Nicole very briefly mentioned that she was aware of a tendency toward avoidance: *"Of course I know that doesn't solve anything, I'm fully aware that I spend my time forcing myself not to dwell on my thoughts..."* Despite this, this seems to be the only moment during the interview when this widow is able to explicitly formulate consciously avoiding. She otherwise finds it difficult to identify her feelings and emotions when asked about what she does to improve things or what she still finds difficult. The frequency with which she says *"I don't know"* or *"I'm not sure"* confirms this partial awareness.

Ann's speech also suggests an awareness of the adaptive processes taking place within her: *"Oh yes, for a long time I saw him dead, ohhh that lasted for a long time, I could only see him dead (...) And no, not at all, not then, I know that I was shocked but (...) but afterwards I didn't even want to go and see him (in the funeral parlor)."* She is therefore aware of avoiding a confrontation with images of her deceased husband that are too painful for her.

As predicted by the DPM, it therefore appears that most of the bereaved people in the sample were consciously aware, at least in part, of the adaptive responses used in order to cope with the loss of their partner. However, is this really enough to be able to speak of coping *strategies* in the form of intentional processes? An answer to this question is provided by the second sub-aspect.

Intentional strategy or non-intentional response?

First of all, it should be pointed out that two of the bereaved people in the sample referred not only to their awareness of the coping processes they implemented at certain times during their everyday lives but also to an intentionality presiding over these processes. For example, Ann referred to the strategies adopted to cope with her unhappiness:

I: When you say that it's a bit more difficult in the evenings, what do you do at that time of day? I mean, to try to make it less difficult.

P: TV (...). And I read all the time, everything, and I do Sudoku's, I do that all the time, I enjoy it...

These are coping strategies, or more precisely distraction activities, which arise intentionally. This distraction thus allows Ann to avoid thinking about memories associated with her husband. This approach corresponds to a strict definition of "strategy", that is to say a set of actions implemented in order to achieve a goal: to soften her unhappiness.

However, the majority of the bereaved people in this study as well as those who occasionally referred to intentional strategies essentially reported that their coping was most of the time non-intentional. For example, when asked about the intentional nature of the oscillation which causes her to turn to the restoration orientation, Nicole says: *"Yes I think that again for me it's enough ... it's what happens ... apart from that (oscillation), it's what life does as far as I'm concerned but it's inevitable, for me too there are comings and goings, fortunately I'd say because otherwise I don't know what state I'd be in because life goes on, it doesn't stop and even if I had nothing to do, I have to ..."* Nicole insists that she has not decided to look for restoration any more than she chose to confront everything that has to do with loss. It is "life" and its imperatives that impose these tendencies on her, from the outside. That is, at least, what she feels and what she explains. She is aware of the operation of automatic processes.

Similarly, Michelle describes the times when she looks at her husband's photograph:

I: And so in the evening you look at it and that means that you spend a little time with it, you think about your day or, well, what happens?

P: I don't know, it's not... it's not something I bring about but something happens in my head.

But it's not something I systematically bring about...

I: No, so it's not something intentional?

P: No no no.

I: It happens all by itself then.

P: It happens or it doesn't happen...

Here again, it can be seen that the tendency – in this case an orientation toward loss - is non-intentional. The idea of looking at the photograph comes about without Michelle identifying herself as the originator of a strategy. On the contrary, she insists that this happens to some extent passively.

So where, according to the bereaved people themselves, do they get the strength to look back toward their memories or, by contrast, look forward at the new tasks that they have to confront? Ann's words may help shed light on this question: *"You have to get through it (...) But yes I can't do anything else, there you are, that's how it is, he's not going to come back ..."* Ann is indeed aware that she makes an effort not to brood on the sadness resulting from the loss of her husband but thinks of these efforts as non-intentional, as if they were imposed by life, which does not stop: it is an obligation, born of the necessity of living, translated by *"you have to"*.

The same idea can be observed in Nathalie when asked what she thinks of the DPM, and oscillation in particular:

I: And do you have the impression that you go from one to the other because that's how it is or do you choose to go from one to the other?

P: No, I don't make a choice. Rather, those are things that take me right back into it (loss). It's like taking out the crockery like I told you earlier, well I take it out, it's the crockery he (her husband) really liked because he liked certain objects in particular or the dates of anniversaries as well, they're things that inevitably take you back into it ...

Nathalie stresses the fact that confrontation with loss is not intentional. She is reminded of her loss when she sees an object to which she attributes a particular significance or thinks of the date of an anniversary. And, as far as restoration is concerned: *"I also think that everyday life doesn't leave us any choice and we're forced to stay practical, I mean there are things, bills arrive, there's no ... there's no choice, you have to stay practical."* Like Ann, Nathalie speaks of a "necessity of living" even without thinking about it. *"There's no choice"* she stresses, indicating in some way that if the bereaved person has survived his or her spouse then he or she is inevitably required to confront the necessities of life and its vagaries. It is as if, because the death of their partner is imposed and not intentional, the widowed can neither attribute personal responsibility in one's personal living, nor coping. They thus do not truly seem to distinguish between living and coping, because they carry on living, without being aware that they have, in some way, chosen to live and thus to cope with bereavement.

Finally, Richard expresses this obligatory, non-intentional dimension of the coping processes: *"Well me I'd say that in connection with this (he shows the restoration side)... well in my life I haven't changed much since ... do new things, I don't do that ... really, after all, I don't do it because of the bereavement yes I might do because some things have happened but if there'd been the two of us they would have happened and I might have done them as well so it's not because of the bereavement ..."* These "new things" that Richard speaks of, i.e., tasks that he has to perform since the death of his wife, are not things that he has the impression of choosing to confront or avoid. What he reports is more a form of passiveness or a lack of intention concerning tasks that could be associated with an orientation toward restoration but

which is, to some extent, part of life in general. In fact, the orientations are placed and experienced in the everyday life, as the DPM proposes. These ideas through which Richard evokes his feelings about coping open the way toward the study of the third sub-aspect of coping:

Living with the possibility of non-intentional processes.

Here, the analysis focusses on non-intentional processes that can occur when experiencing intrusive thoughts, in particular their appraisals and ensuing coping and on the irresponsibility felt over ways of coping. How is the intrusion of *LO-related thoughts*, which seem to be non-intentional for the majority of the spouses in this study, experienced? For some of them, it is negatively appraised. For example, Michelle is sometimes taken over by images and memories associated with the death of her husband. When she arrives at work, she is no longer able to contain her negative emotions: *“That morning he dropped me off at work and then I never saw him again, so it's true that in one way, for me, work was something that kept me going but on the other, every time I arrived and had to go in through the door I had the goodbye which (...) I still see the car driving off (...) the moment I walk through the door, I break down (she cries).”* This suffering could be seen during the interview, during which simply mentioning this intrusion of images made her cry.

Despite this, other bereaved people did not necessarily experience this automatic, uncontrollable intrusion as something that weighed on them. For example, Henry replied to the question concerning the intentionality of the moments at which he thought about his wife as follows: *“Well...it can come from me or it can come from outside... When it comes, I take advantage of it. Why reject it? There's nothing else to do... well, it doesn't do me any harm, it does me good...well then...”* It is important to emphasize that the uncontrollable nature of these memories is not always necessarily experienced by the spouses as a painful invasion. Indeed, Henry described this wave of thoughts and emotions as something calm and soothing.

Nicole's words revealed another positive aspect of this intrusion of emotions: *"There's no denying that in those things like that, which most of the time you'd rather be without, there are nevertheless some things that are pleasant and that sooth you, that lighten your load for a little while ... There's always something good to take from it (...) but it's inevitable, for me too there are comings and goings, fortunately I'd say because otherwise I don't know what state I'd be in."* Here, this widow refers to the phenomenon of emotional oscillation that characterizes her everyday life: the various demands made by life, the pragmatic requirements of everyday existence also leave space for an attenuation of her suffering. If affliction can invade in the form of painful images or memories, so too can the pain be eased without individuals having to choose this intentionally.

Henry also revealed that the chance fluctuations that governed his everyday life were actually something that reassured him: *"We'll see, things will be as they will be..."* His words are based on reflections taken from conventional wisdom and accentuate the external nature of the chain of events which frees him from all responsibility. Indeed, the fact that "life decides in your place" can be something reassuring since passivity can be comfortable.

In contrast, the implementation of an intentional strategy can be experienced as something dangerous, as Michelle argued: *"No. Me, I think I would make the difficulties worse than if I said to myself: really I'm going to do something because I don't want to think about it anymore, I think it'd reappear in something."* Here, she proposes an interesting theory by suggesting that the intentional avoidance of elements relating to her loss would somehow be harmful to her in the long term. This view is similar to Freud's theory and to the "rebound effect" theory as conceptualized by Wegner (1994): the more you deliberately attempt to suppress a thought or a stereotype, the more strongly it impinges on your consciousness when you cease distancing yourself from it.

The fact that the widowed stressed the external nature, imposed by life, of the forces governing the use of their coping processes may have another consequence, which is addressed by Ann. She wonders about the reactions of other bereaved persons and asks the interviewer how others cope:

I: That depends. There are some people like you who react by being very active, by adopting a very positive attitude ...

P: Like I told you, there are others who stay in bed for weeks and weeks.

I: There are all sorts ...

P: Well yes, but I think you can't judge, can you...it's not because of that that...we're different, that's all, me I can't do anything about what's happened to me (here she evokes the impression of great moral strength after the death of her husband), it happened to me like that, I'd never have believed it, I didn't recognize myself, that's what I tell everyone.

This non-intentional nature of coping emphasizes the fact that, just like Henry, Ann does not feel "responsible" for her coping processes. And if she is not responsible, then neither are others: that is why, according to her, it is not possible to judge the way other bereaved people react. It is not something that they have decided. Below, we shall discuss the elements that might explain the importance that bereaved people attribute to this idea of chance and, by way of corollary, their absence of responsibility.

Moments of respite during mourning.

A third major theme emerged during the analysis of the interviews. This relates to the moments of respite, which are mentioned by the authors of the DPM even if they are, ultimately, not discussed in any great detail (Stroebe & Schut, 1999, 2010). These moments when the bereaved escape from grief are defined by Stroebe and Schut (1999) as moments when such people are occupied neither by the stressors associated with their loss, nor those associated with restoration. Such moments were difficult to identify in the participants' speech. However,

examination of the distractions and leisure activities mentioned by the bereaved people has enabled us to shed some light on this notion.

The six participants in the study mentioned moments of leisure, or their attempts to experience such moments, since the death of their loved one. From their words, it was sometimes difficult to determine whether these leisure times were described as strategies adopted to cope with their grief or as moments in which they were free of grief. For example, Richard described a trip to Egypt after the death of his wife:

P: well... Here well...I mean I've got friends who went, well...they encouraged me a bit to... to go with them...and it's a good thing I did because I enjoyed it a lot

I: The trip did you good...

P: Yes! Yes, yes. Yes, that got me out of it a bit...yes, I'm very happy that I went, yes.

This 65-year-old widower, who lost his wife two years earlier, is aware that this trip allowed him to take his mind a little off the distress associated with the loss of his wife. It therefore seems that this trip acted as a coping process. A little later, Richard added:

I: What did this trip to Egypt let you do? What... What do you think that's due to?

P: Ah well, because I didn't think too much ... I was thinking of the present, of everyday things ... about what I was seeing... And because it was quite intense, there wasn't time to think about anything else... It was "get up early, go to bed late" and ... and quite a tough, well ... thing to do... So I...despite... There wasn't time to think about anything else.

Richard's words raise a question. At the conceptual level, where is the boundary between distraction, which stopped him from thinking about his deceased wife, and a moment of pure respite which does not have the function of coping with bereavement? Indeed, there was, during this trip, no stressor related either directly or indirectly to the loss of his wife. During this period, Richard simply seems to have experienced a time without bereavement.

Michelle's words confirm this difficulty in distinguishing clearly between distraction as a coping strategy and a moment of respite: *"I go to the movies, well of course I can go to the movies, but it's not so that I can get away from my grief."* In the same way as Richard, even if the distraction of going to the movies acts to suppress elements relating to loss and restoration, this is not its primary function. Furthermore, this ambiguity was observed not only in connection with activities that were considered distractions. For instance, Richard describes moments when he is submerged by memories of his wife when she was young, memories which are mixed with those of another woman, a love of his youth, whom he never saw again: *"But then, why, what's it for? As soon as I have a success... "wham" images come to me. Why? I don't know! But... straight away well, it's... A success...I straight away have images that...come to me, well... (...) And it's always like that, you know (...) first of all there are memories of my youth...mixed with...the first girl I knew - so before my wife – but it was a holiday affair (...) I let it happen because it's pleasant."* It is difficult to define this intrusion of images and memories as a coping process in response to the loss of his wife. Indeed, it is possible to consider it to be a moment of respite, away from grief. Richard does not try to confront the stressors associated with the death of his wife. When asked by the interviewer about the possible function of these moments, or at least the orientation of this distraction which seems to soothe the grief associated with his wife's death, he speaks of his feeling that these moments have a value *in themselves*, that he does not look for them intentionally in the belief that they will soothe him. *"I let it happen because it's pleasant,"* is all he says, insisting on the idea that the images arise within him without him inviting them, and that they are not associated with the stressors but that, nevertheless, they surge up and become intermixed with the memories of his wife (LO).

Discussion

In the present study, the majority of the widowed people generally endorsed the general principles of the DPM. First, their accounts and narratives fit with the model concerning the existence of two types of orientations: loss-oriented versus restoration-oriented. Second, bereaved people experience an oscillation between these two. Third, they sometimes consciously implement coping strategies. Fourth, coping with bereavement takes place in everyday life experiences. However, widowed participants also evoked elements that shed some additional light on several principles of the model, sometimes suggesting revisions of elements of the DPM. In particular, these are related to the distinction between concepts, for example between RO and LO processes. While these distinctions are very useful for the theoretical conceptualization and the quantitative empirical investigation of coping with the loss of a loved one, the widowed daily life experiences seem to be far more closely intertwined than would theoretically be expected.

Firstly, the IPA revealed that bereaved persons do not easily distinguish between loss- and restoration-orientation coping processes. The processes are often intermixed, especially when the bereaved relocate the bonds that united them with the deceased. The orientation towards restoration is sometimes undistinguishable from the orientation towards loss, and vice versa. This subjective perception of intermixed processes seems to be entirely consistent with clinical observations: to be in a situation of restoration, to cope, for example, with the challenges associated with a new identity as widow or widower, it is necessary to have suffered a loss; the point of reference continues to be the death of the spouse. The concept of oscillation is as relevant as ever: it is possible to oscillate about a boundary which can be crossed in either direction, oscillate between two poles which are not hermetically cut off from one another. The light this sheds on the DPM thus opens the way towards therapeutic possibilities, in particular in the case of bereaved persons suffering under the weight of a massive feeling of guilt. In a recent meta-analysis, Li, Stroebe, Chan, and Chow (2014) showed that bereaved persons who

had a strong feeling of guilt were also those at risk of developing dysfunctional grief reactions. In line with the DPM and the considerations set out above, bereaved persons could be reminded that when they embark on processes of restoration, everything that relates to the loss is still present at an underlying level. This perspective might help reduce the feeling of guilt that can emerge when bereaved spouses turn towards new activities or refashion their everyday lives in the absence of the deceased.

Secondly, another issue addressed in the DPM relates to the intentional nature of the coping processes. Our results showed that these processes could often not strictly be termed coping *strategies*, in particular since they were not always intentional. The spouses in our study emphasized the fact that their coping processes arrived spontaneously or were governed by chance. Why did they emphasize the role of chance? We hypothesize that there is a feeling of guilt associated with the idea of (acknowledging) deploying strategies in order to feel better: such a deployment could be experienced as a betrayal of the deceased. The participants' speech therefore granted greater significance to the idea of chance, of the unintentional, which we claim is associated with a lack of responsibility on the part of the bereaved person. Why is this guilt feeling not explicitly articulated? Do the bereaved persons focus on chance and lack of intentionality in order to "cover up" this guilt? Does it therefore have a function? If it does, then it is perhaps to maintain the bond to the deceased person. The idea of chance that is put forward by the spouses in our study can thus be understood in the light of the theories of *assumptive worlds* (Parkes, 1988; Janoff-Bulman, 1992; Kaufmann, 2002). These theories postulate that, in order to function in their everyday lives, individuals need to have representations of a generally benevolent and just world which is imbued with a sense (and in which there are therefore causal links between events), as well as representations of themselves as being of value (Janoff-Bulman, 1992). Our results, which emphasize the advancement of the idea of chance in the coping of bereaved persons, seem to run counter to these theories, which hold that

individuals generally experience chance as a hazard and as something potentially dangerous. Here, however, it seems that chance is more "bearable" than a precise causality of events. In fact, if there was a causality presiding over their actions and reactions as well as those of their spouses before their death, then this would suggest either that they are responsible (for the death of the person, for the suffering) or that the deceased is. This idea is, of course, very threatening, whereas the absence of causality, chance, the inexplicable, frees them (themselves and the deceased spouse) from this threatening responsibility.

The third important result of this study related to the moments of respite which were shortly mentioned in the DPM, without being addressed in detail. For some of the bereaved people, distractions were not consciously undertaken in order to help them forget about bereavement but instead constituted a moment of respite, away from bereavement. This diverges from the view that all processes deployed by bereaved people are intended to allow them to cope with bereavement. It also seems that they do "gratuitous" things that are unrelated to this experience. What is it that can inspire the desire to do new things, to refashion one's existence, without this emerging from bereavement? The analysis of the bereaved people's speech provided an answer which confirms Stroebe and Schut's emphasis on the role of others in coping with bereavement and on the need to take into account intersubjective and interpersonal processes. The role of other people was also reflected in participants' words. The bereaved person is necessarily located in a social fabric which not only triggers grief reactions (oriented toward either loss, or restoration), but also phases "without grief", during which the person thinks about or does things that are not necessarily associated with bereavement. Are such moments "without grief" an indicator of adaptation? According to the participants, this seems to be the case since they expressed an emotional well-being associated with this respite. This observation confirms the value of including, in a model of coping with bereavement, an element termed "everyday life without grief" that is experienced by individuals and that permits

another form of oscillation, not between different types of bereavement-related stressors, but between coping with bereavement, on the one hand, and everyday life unrelated to bereavement, on the other. Given that the importance of these moments of respite has been highlighted both by the authors of the DPM and by our widowed people and that the latter associated such moments with their relationships with other people, it seems to be important to ensure that the therapeutic approaches proposed for bereaved people target both the maintenance of social relationships and/or the construction of social skills.

Despite its contributions, this study suffers from several limitations. The first relates to the representative nature of the sample. It consisted of participants who had volunteered to take part in the research. The majority of them were women. One could hypothesize that the individuals who consented to take part were coping relatively well and that our results are relevant only for bereaved people who are coping well with the death of their spouse. Despite this, the design of this research (which included a quantitative dimension that has not been presented here) made it possible to identify the participants' level of grief adaptation. In fact, as we have stated above, half of the six widowed whose interviews were subjected to the in-depth analysis were suffering from severe grief reactions 18 to 29 months after the death of their spouse. The participants had therefore not necessarily adapted optimally. Our results may well be relevant for those who present severe reactions. Previous quantitative studies have suggested that oscillation might be less present in individuals with severe grief reactions and that more severe grief reactions are present when bereaved people are more loss-oriented (Caserta & Lund, 2007; Delespaulx et al., 2013). Nevertheless, processes that have been highlighted here and there should further be explored in controlled studies in which participants are selected according to current prolonged grief disorder diagnosis (APA, DSM-5, 2013).

Another limitation relates to the methodology employed in this study. The interviews that were subjected to an Interpretative Phenomenological Analysis (IPA) were semi-directed.

They responded to several objectives, in particular that of investigating the stressors involved in bereavement and the strategies deployed by these widowed in order to cope with the loss of a loved one. However, the IPA should preferably be based on non-directed interviews in which the interviewer simply asks the participants to relate their experience of a phenomenon, without asking any precise questions in order to avoid inducing the response. Given this context, we therefore took special care to analyze only those speech fragments that were not induced by the experimenter but were spontaneously produced by the participants. In addition, we followed the criteria of scientific rigor in order to guarantee the reliability of these analyses, and in particular the criterion of transparency in the analytical procedure (Yardley, 2000).

Despite these limitations, our study helps fine-tune the models of coping with bereavement by proposing a number of subtle modifications to the DPM and by shedding light on certain aspects which are still ill-defined. This phenomenological scientific approach, undertaken at the level of the widowed people's everyday life, is the first of its type to inductively evaluate the empirical relevance of the DPM. Care should be used if one wants to use the schematic representation of the DPM as a clinical tool in interventions with bereaved individuals. While most bereaved people recognized their daily life experiences in the model, some did not. Of those who initially did, most of them found discrepancies between the model and their own experiences. Until more data is available on potentially dysfunctional processes postulated by the model, we feel that it should not be used as strict guidelines to implement therapeutic strategies, but could be regarded as a useful tool to explore and understand the bereaved person's experiences.

References

American Psychiatric Association. (2013). *The Diagnostic and Statistical Manual of Mental Disorders: DSM-5* (5th ed.). Washington, DC: American Psychiatric Association.

- American Psychological Association (2002). APA Ethics Code, Ethical principles of psychologists and code of conduct. *American Psychologist*, 57, 1060-1073.
<http://dx.doi.org/10.1037/0003-066X.57.12.1060>
- Caserta, M. S., & Lund, D.A. (2007). Toward the development of an Inventory of Daily Widowed Life (IDWL): Guided by the dual process model of coping with bereavement. *Death Studies*, 31(6), 505-534. <http://dx.doi.org/10.1080/07481180701356761>
- Delespaulx, E., Ryckebosch-Dayez, A.S., Heeren, A., Zech, E. (2013). Attachment and severity of grief: the mediating role of negative appraisal and inflexible coping. *Omega*, 67(3), 269-89.
- Eatough, V., & Smith, A. (2008). Interpretative phenomenological analysis. In A. Willig, and W. Stainton Rogers (Eds.), *The SAGE handbook of qualitative research in psychology* (pp.179-195). London: SAGE. <http://dx.doi.org/10.4135/9781848607927.n11>
- Elwert, F., & Christakis, N. (2008). The effect of widowhood on mortality by the causes of death of both spouses. *American Journal of Public Health*, 98(11), 2092-2098.
<http://dx.doi.org/10.2105/AJPH.2007.114348>
- Fade, S.(2004). Using interpretative phenomenological analysis for public health. *Proceeding of the Nutrition Society*, 63(4), 647-653. <http://dx.doi.org/10.1079/PNS2004398>
- Fossey, E., Harvey, C., McDermott, F., & Davidson, L. (2002). Understanding and evaluating qualitative research. *Australian and New Zealand Journal of Psychiatry*, 36(6), 717-732. <http://dx.doi.org/10.1046/j.1440-1614.2002.01100.x>
- Freud, S. (1917). Mourning and Melancholia. *The Standard Edition of the Complete Psychological Works of Sigmund Freud, Volume XIV (1914-1916): On the History of the Psycho-Analytic Movement, Papers on Metapsychology and Other Works*, 237-258.
- Hansson, R. O., & Stroebe, M. S. (2007). *Bereavement in later life: Coping, adaptation, and developmental influences*. Washington, DC: American Psychological Association.

- Heidegger, M. (2000). *Introduction to Metaphysics*, trans. by Fried, G. and Polt, R. New Haven: Yale University Press.
- Horvath, A. O., Del Re, A. C., Flückiger, C., & Symonds, D. (2011). Alliance in individual psychotherapy. In J. C. Norcross (Ed.), *Psychotherapy relationships that work: Therapist contributions and responsiveness to patients*. (2nd ed., pp. 25-69). Oxford: Oxford University Press.
- <http://dx.doi.org/10.1093/acprof:oso/9780199737208.003.0002>
- Husserl, E. (1960). *Cartesian Meditations*, trans. by Cairns, D. Dordrecht: Kluwer.
- Janoff-Bulman, R. (1992). *Shattered assumptions: Towards a new psychology of trauma*. New York: Free Press.
- Kauffman, J. (2002). *Loss of the assumptive world* (Ed). New York: Brunner-Routledge.
- Lazarus, R. S., & Folkman, S. (1984). *Stress, Appraisal and Coping*. Springer, New York.
- Li, J., Stroebe, M. S., Chan, C., Chow, A. (2014). Guilt in bereavement: a review and conceptual framework. *Death Studies*, 38(3), 165-171.
- <http://dx.doi.org/10.1080/07481187.2012.738770>
- Merleau-Ponty, M. (2005). *Phenomenology of Perception*, trans. By Smith, C. London: Routledge.
- Norcross, J. C., & Lambert, M. J. (2011). Evidence-based therapy relationships. In J. C. Norcross (Ed.), *Psychotherapy relationships that work: Evidence-based responsiveness* (2nd ed., pp. 3-21). New York: Oxford.
- Palmer, M., Larkin, M., de Visser, R., & Fadden, G. (2010). Developing an interpretative phenomenological approach to focus group data. *Qualitative Research In Psychology*, 7(2), 99-121. <http://dx.doi.org/10.1080/14780880802513194>

- Parkes, C. M. (1988). Bereavement as a psychosocial transition: Processes of adaptation to change. *Journal Of Social Issues*, 44(3), 53-65. <http://dx.doi.org/10.1111/j.1540-4560.1988.tb02076.x>
- Parkes, C. M. (2011). Introduction: The historical landscape of loss: Development of bereavement studies. In R. A. Neimeyer, D. L. Harris, H. R. Winokuer, G. F. Thornton (Eds.), *Grief and bereavement in contemporary society: Bridging research and practice* (pp. 1-5). New York, NY US: Routledge/Taylor & Francis Group.
- Prigerson, H. G., Horowitz, M. J., Jacobs, S. C., Parkes, C. M., Aslan, M., et al. (2009). Prolonged Grief Disorder: Psychometric Validation of Criteria Proposed for DSMV and ICD-11. *PLoS Med* 6(8): e1000121. <http://dx.doi.org/10.1371/journal.pmed.1000121>
- Prigerson, H. G., Jacobs, S. C. (2001) Traumatic grief as a distinct disorder: a rationale, consensus criteria, and a preliminary empirical test. In: Stroebe M.S., Hansson R.O., Stroebe W., et al (eds), *Handbook of bereavement research: consequences, coping, and care* (pp 613– 45). American Psychological Association, Washington, DC US.
- Richardson, V. E., & Balaswamy, S. (2001). Coping with bereavement among elderly widowers. *Omega: Journal Of Death And Dying*, 43(2), 129-144. <http://dx.doi.org/10.2190/Y2Q6-BB75-ENM7-BBYR>
- Smith, J. A. (2004). Reflecting on the development of interpretative phenomenological analysis and its contribution to qualitative research in psychology. *Qualitative Research in Psychology*, 1(1), 39-54.
- Smith, J. A. (2007) Hermeneutics, human sciences and health: linking theory and practice. *International Journal Of Qualitative Studies On Health And Well-Being*, 2(1), 3-11. <http://dx.doi.org/10.3402/qhw.v2i1.4940>
<http://dx.doi.org/10.1080/17482620601016120>

Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative Phenomenological Analysis*.

London: Sage.

Stroebe, M. S., & Schut, H. (1999). The Dual Process Model of coping with bereavement:

Rationale and description. *Death Studies*, 23(3), 197-224.

<http://dx.doi.org/10.1080/074811899201046>

Stroebe, M. S., & Schut, H. (2008). The Dual Process Model of Coping with Bereavement:

Overview and update. *Grief Matters: The Australian Journal of Grief and Bereavement*, 11, 1-4.

Stroebe, M. S., & Schut, H. (2010). The Dual Process Model of Coping with Bereavement: A decade on. *Omega: Journal Of Death And Dying*, 61(4), 273-289.

<http://dx.doi.org/10.2190/OM.61.4.b>

Utz, R. L., Caserta, M., & Lund, D. (2012). Grief, depressive symptoms, and physical health among recently bereaved spouses. *The Gerontologist*, 52(4), 460-471.

<http://dx.doi.org/10.1093/geront/gnr110>

Wegner, D. M. (1994). Ironic processes of mental control. *Psychological Review*, 101(1), 34–

52. <http://dx.doi.org/10.1037/0033-295X.101.1.34>

Worden, J. W. (2002). *Grief counseling and grief therapy: A handbook for the mental health practitioner (3rd ed.)*. New York, NY US: Springer Publishing Co.

Wijngaards, L., Stroebe, M. S., Stroebe, W., Schut, H., van den Bout, J., van der Heijden, P., et al. (2008). Parents grieving the loss of their child: Interdependence in coping. *British Journal of Clinical Psychology*, 47(1), 31-42.

<http://dx.doi.org/10.1348/014466507X216152>

Yardley, L. (2000). Dilemmas in qualitative health research. *Psychology & Health*, 15(2),

215-228. <http://dx.doi.org/10.1080/08870440008400302>

