

# Hope in Bereavement – the Silver Lining



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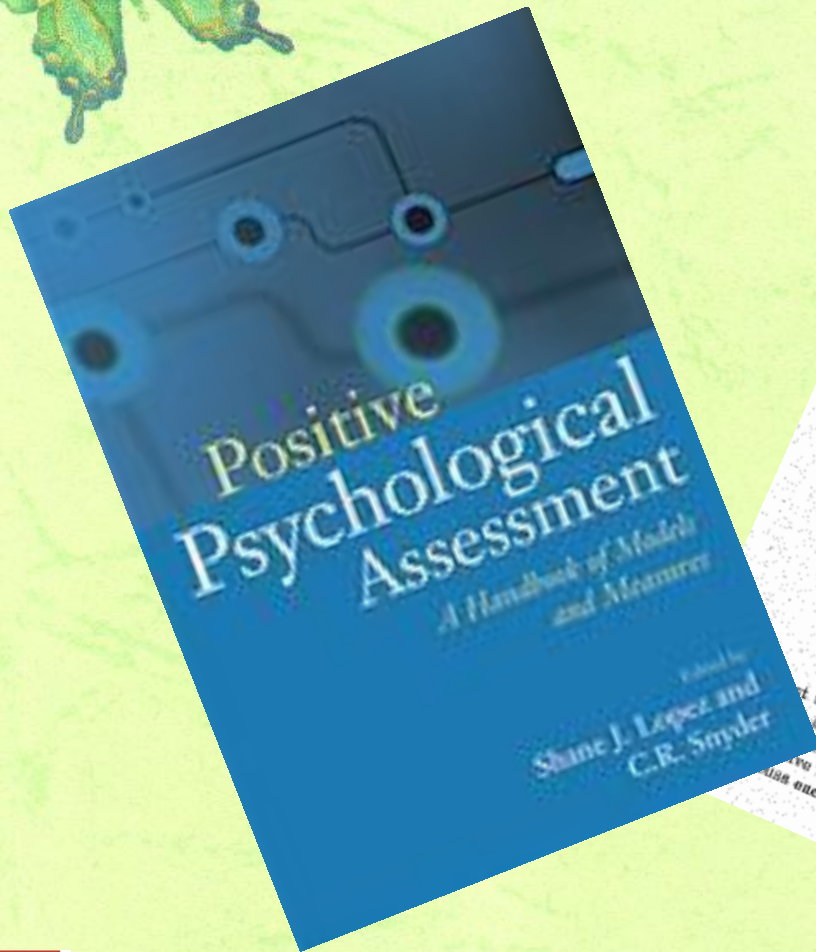
*What is Hope ?*

希望





# What is HOPE ?



6

## Hope: Many Definitions, Many Measures

Shane J. Lopez, C. R. Snyder,  
and Jennifer Teramoto Pedrotti

Do you have hope? It is a simple question. If your answer is "yes," then how much hope do you have? and do you have enough? If the answer to the initial question is "no," then would you describe yourself as "hopeless" or have you pursued "false hope" down difficult paths? These questions and many others have been grappled with over the centuries by philosophers, spiritual leaders, psychologists, and each of us as we conduct our individual lives.

In the late-20th century, social scientists have turned their attentions to hope. In this regard, we have located at least 26 theories or definitions, and a handful of validated measures. In this chapter, we have decided to focus on conceptualizations of hope that have been scrutinized by social scientists and practitioners. Therefore, we present information about views of hope, and in the process we will address a widely debated question: Is hope an emotion or a cognition? Measures linked to these conceptualizations also will be discussed, and thoughts about future directions in hope measurement will be shared.

### Conceptualizations of Hope

Most theories and ideas regarding the concept of hope can be grouped into an emotion-based or cognition-based category. These two perspectives seem to merge to some degree, imbuing hope with both affective and cognitive qualities. For the purposes of this portion of the chapter, we will discuss each separately, though the reader may notice overlap.



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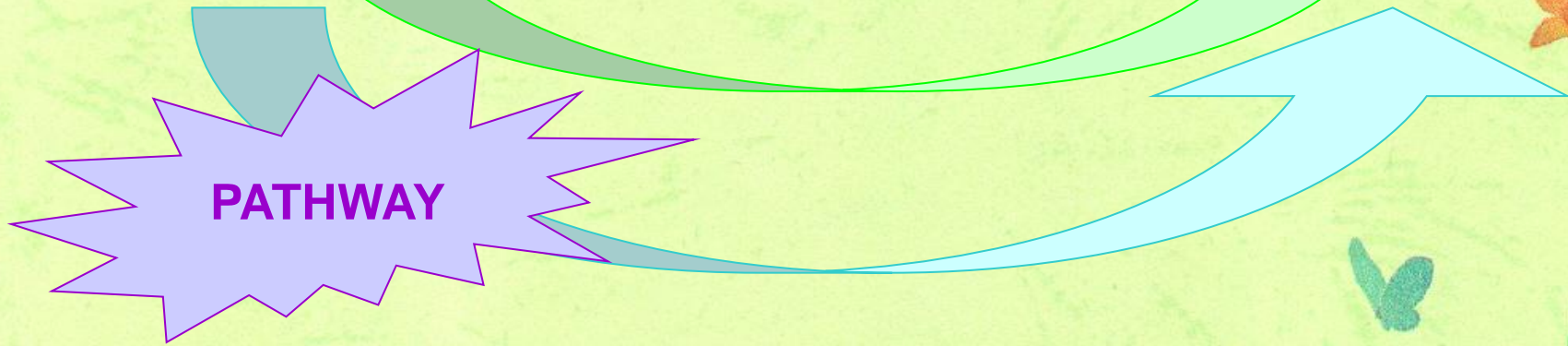
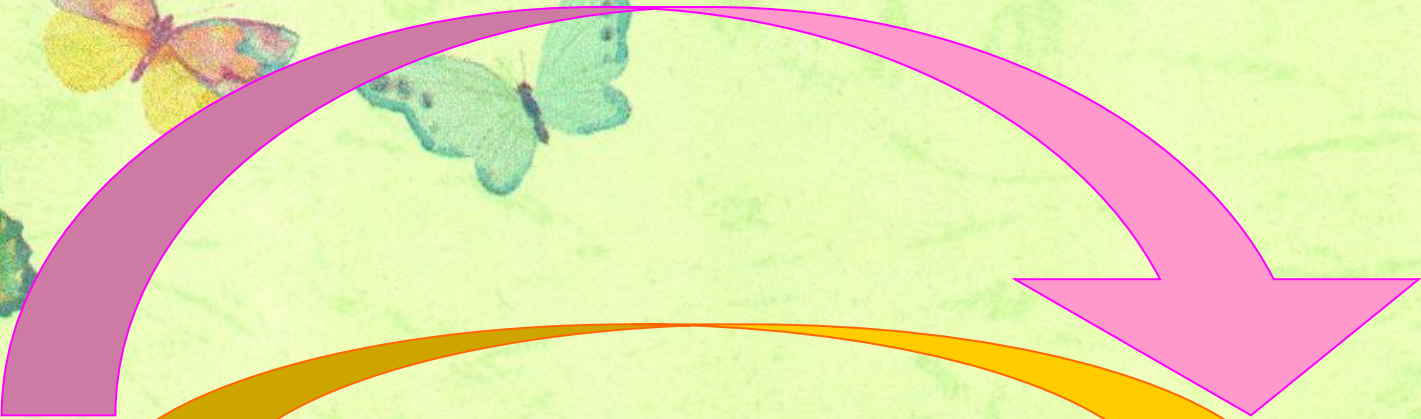


# HOPE (Snyder, Rand, & Sigmon, 2002)

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- The perception that one can reach desired goals
- Serves to drive the emotion and well-being of people
- Involved 2 components of **goal** directed thought
  - **Pathways**: one's perceived capability at generating workable routes to desired goals;
  - **Agency**: one's perceived capacity to use one's pathways so as to reach desired goals. (the motivational component)





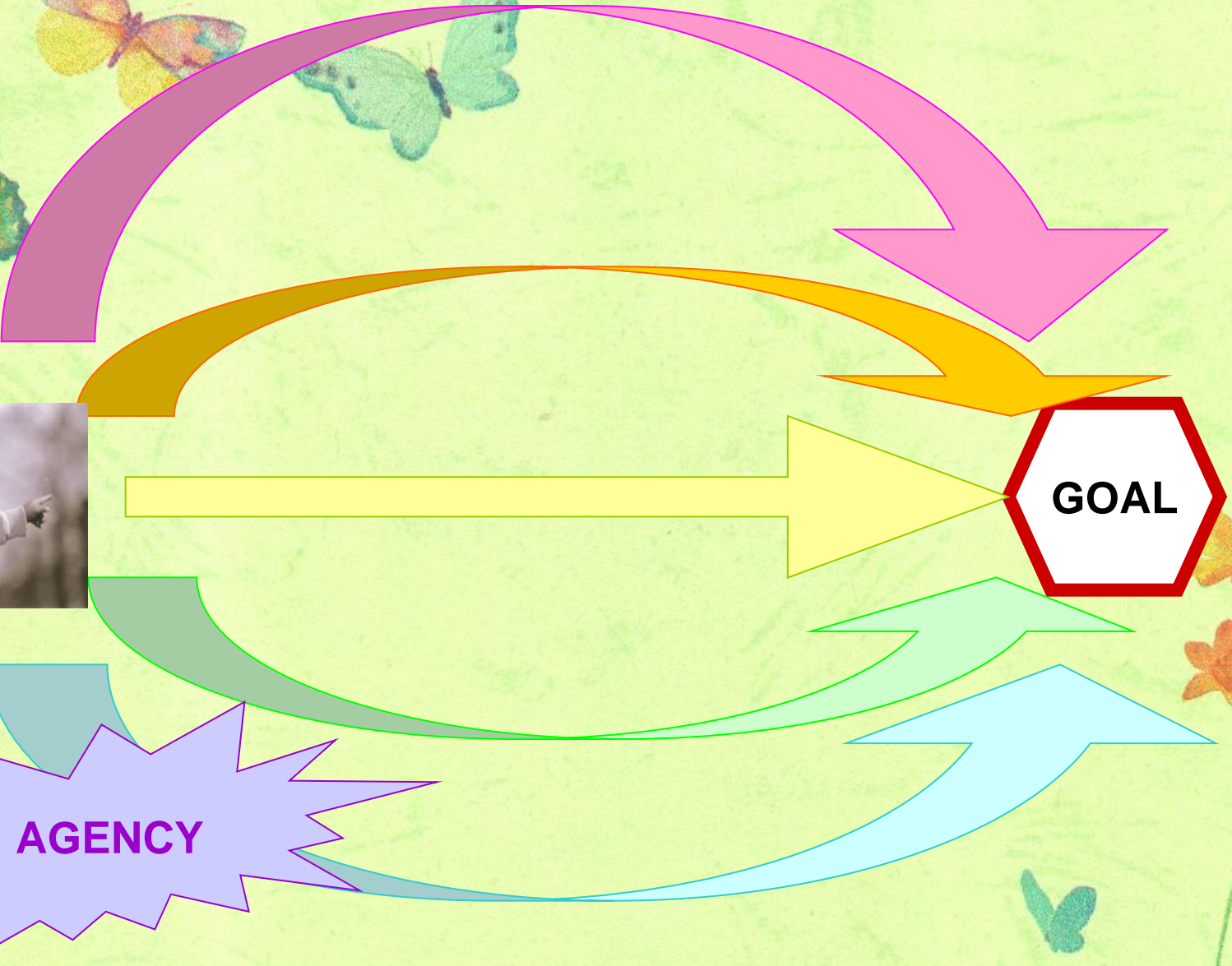
**GOAL**

**PATHWAY**



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The University of Hong Kong*





**AGENCY**

**GOAL**





# *A paradoxical relationship??*

## *Bereavement*

- *Goal vanished*
- *Future Shattered*
- *Hopeless about future*




## *Hope*

- *Clear Goal*
- *Visualization of Future*
- *Way and Will*







*What is the relationship of Hope  
with Bereavement ?*





# Correlations between Hope and Emotional Reactions in Bereavement

(Chow, 2010)


	Hope (Pathway)	Hope (Agency)	Hope
HADS (Anxiety)	-.427** (270)	-.560** (270)	-.509** (267)
HADS (Depression)	-.535** (271)	-.591** (271)	-.584** (268)
CGI (Symptoms)	-.346** (276)	-.465** (276)	-.420** (273)
CGI (Coping)	.575** (277)	.545** (277)	.588** (274)

\* < .005, \*\* P < .001





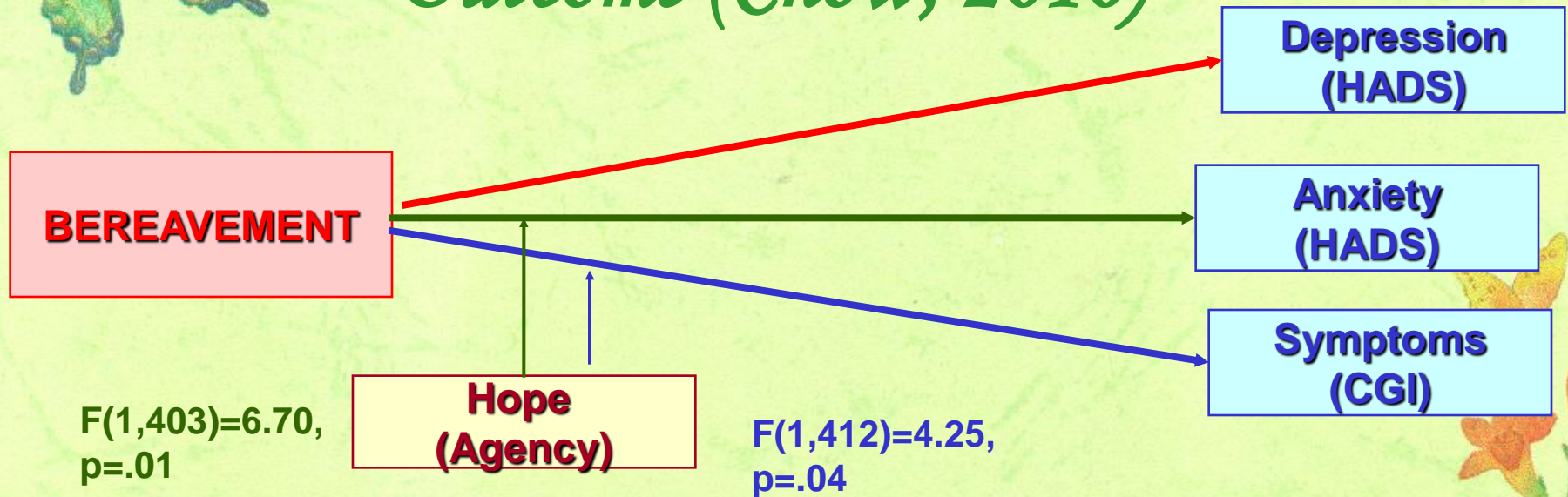
# Discussions

- *Hope is moderately correlated with emotions and symptoms, and slightly correlated with health indicators*
  - *Would there be a chance that alternating level of hope → alternating level of depression and anxiety?*
- 





# Moderating Effect of Hope on the relationship between Hope and Bereavement Outcome (Chow, 2010)



# Hope (Agency) on relations between bereavement and Anxiety

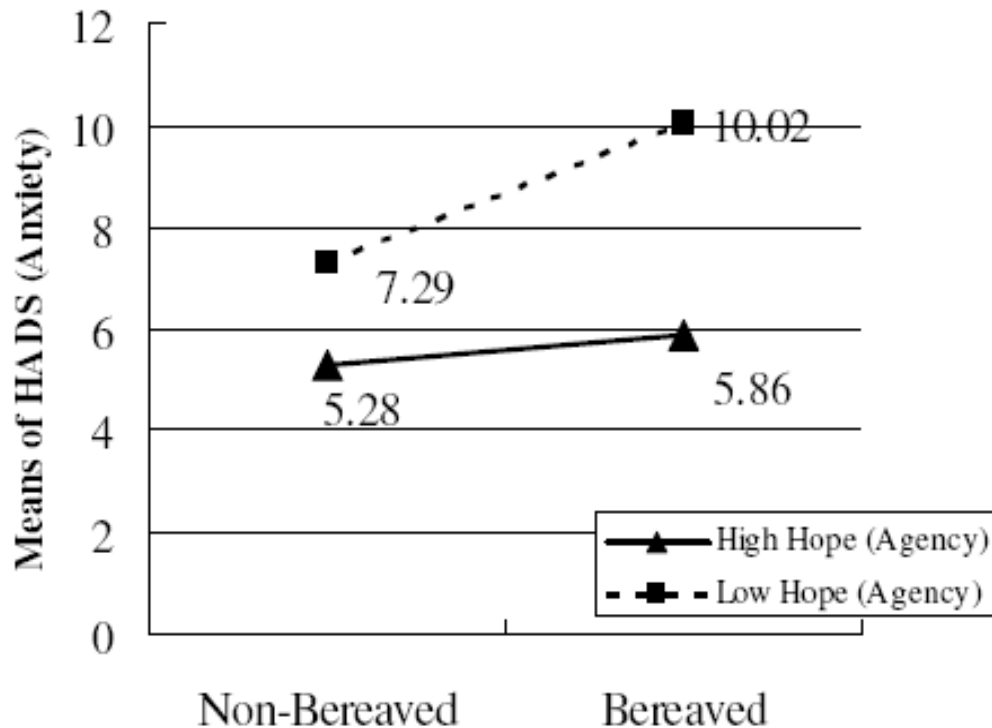


Figure 10.4: Moderating Effect of Hope (Agency) on Relations Between Bereavement and HADS (Anxiety)





# Hope (Agency) on relations between bereavement and Symptoms

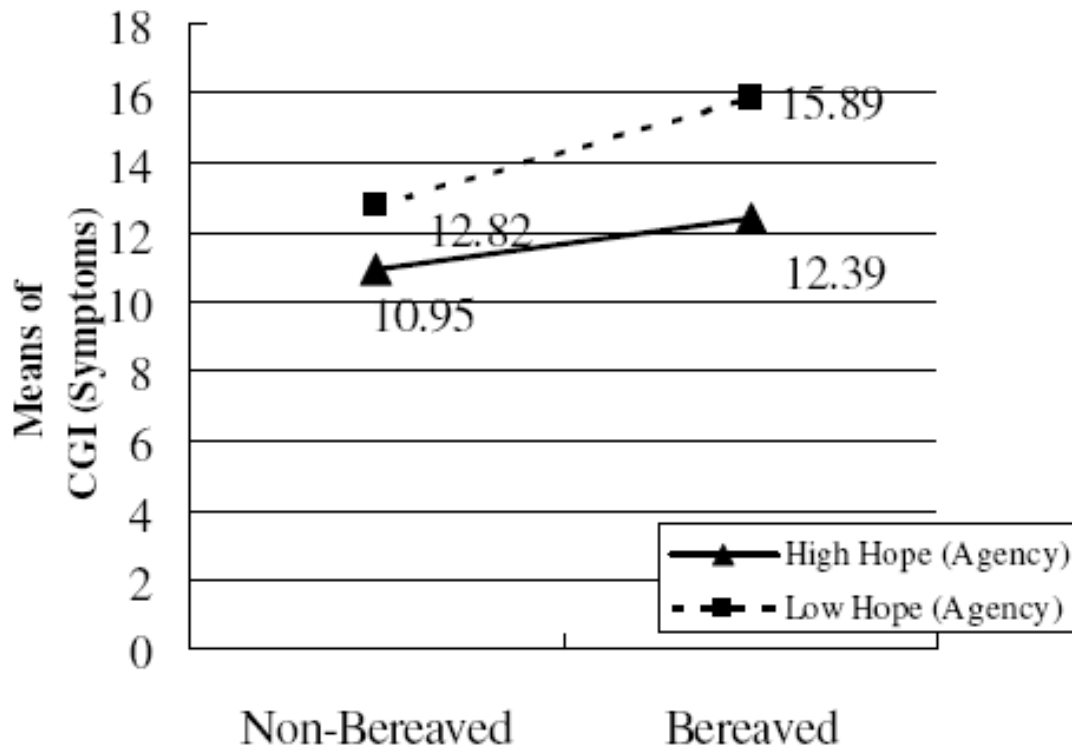




Figure 10.5: Moderating effect of Hope (Agency) on Relations Between Bereavement and CGI (Symptoms)





# Discussion

- *Hope (Agency) but not Hope (Total) or Hope (Pathway) has moderating effect on the relationship of bereavement on outcome.*
  - *Are discussions on **goal** and **alternatives** adequately helping the reduction of bereavement reactions?*
  - *What is the role of motivation in the helping process?*
- 
- 







# *How to instill Hope in Hopeless Bereaved Persons?*

- *Assessment:*


- *Using hope measures as an assessment tool*
- *Pre-death screening for low-hope group : Early intervention*

- *Intervention:*


- *Goal Formulation*
  - *Alternative Discussion*
  - *Motivation Enhancement \*\*\**
- 
- 







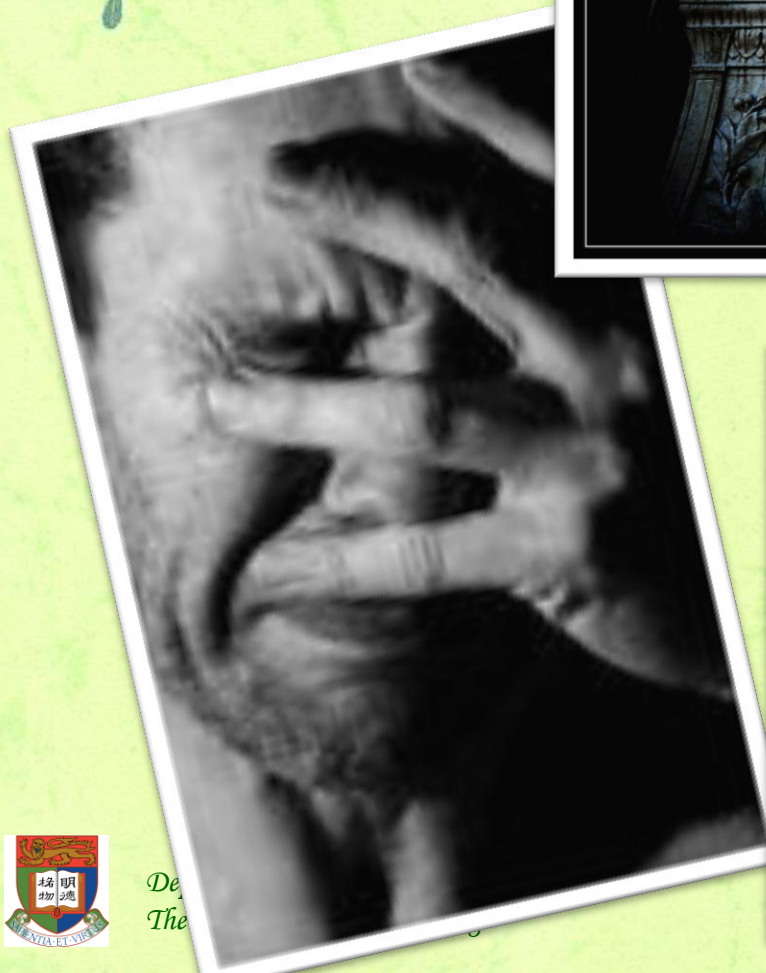
# *Motivation* (Deci & Ryan, 1985)

- *Intrinsic motivation* results from the needs for competence, autonomy, and relatedness, and also fosters engagement and enjoyment.
  - *Extrinsic motivation* promotes behavior through contingent outcomes that lie outside the activity itself, such as awards or evaluations; the purpose of a behavior is to gain benefits or avoid negative consequences that are expected to occur afterwards.
- 



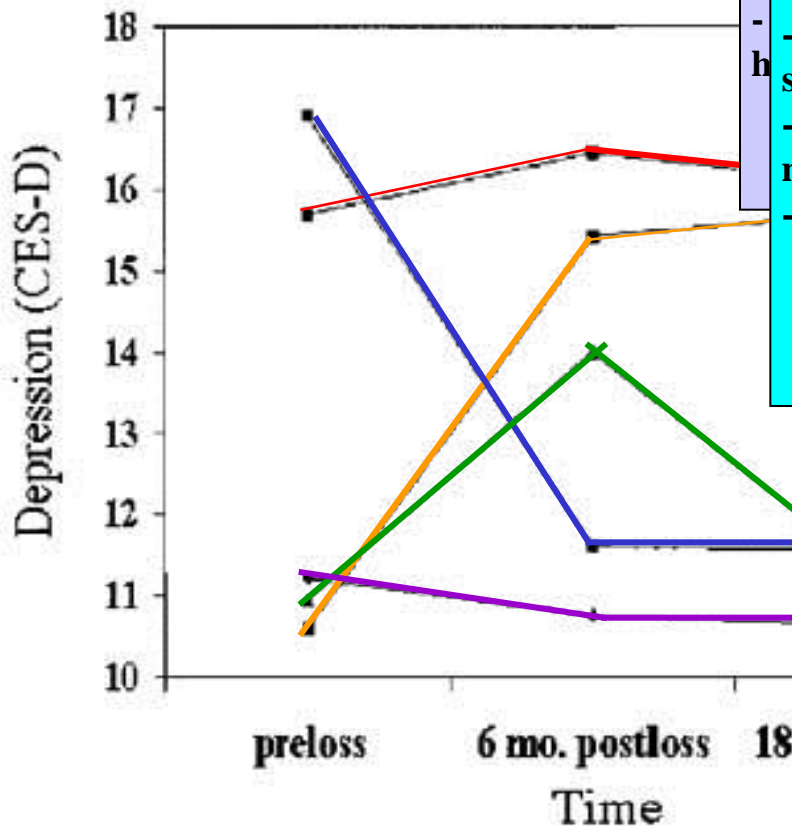


# What is Grief?



De  
The

# Trajectories



**Chronic Depression Group (about 8%)**

**Depressed improved Group (about 11%)**

- had poorest quality marriages
- higher on ambivalence towards the spouse in the pre-loss stage
- mainly on those with a seriously ill spouse

**Resilient Group (about 46 %)**

- about 75% of this group reported experiencing intense yearning (painful waves of missing the spouse) as well as pangs of intense grief in the earliest months of bereavement

**Common Grief (about 11%)**

- thinking about the spouse
- had relatively lower scores on avoidance and distraction, as well as having fewer regrets
- but less likely to make sense of or find meaning in the spouse's death

- Adopted from Bonanno, G.A., Wortman, C.B., & Nesse, R.E. M. (2004). Prospective patterns of resilience and maladjustment during widowhood. *Psychology and Aging*, 19(2):260-271.








# *Take home message #1*

- Not all bereaved persons are having problems*








# *Who are the one that might have problems?*

- *The importance of Assessment*

- *Risk Factor Assessment*

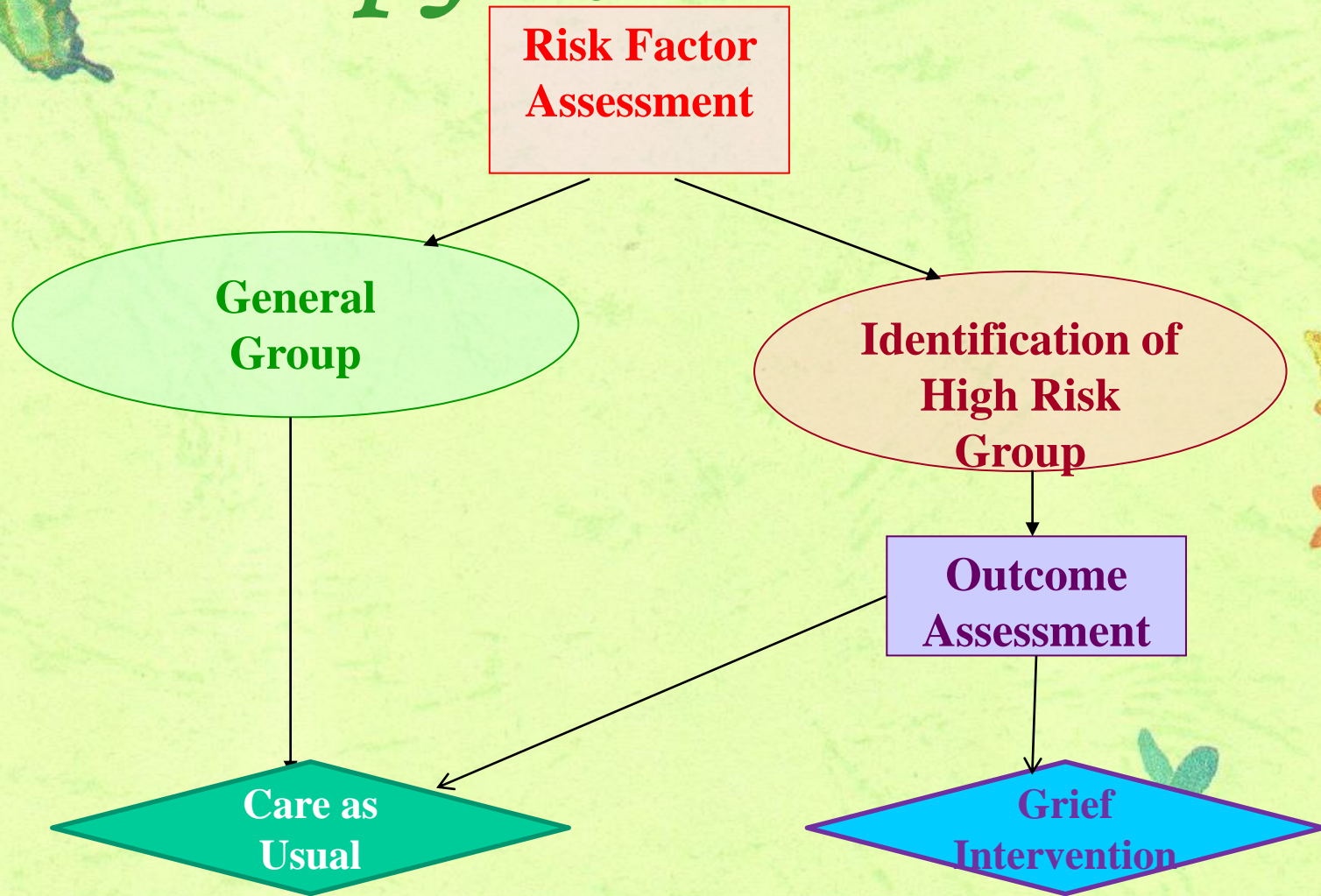
- *Outcome Assessment*

- *How: Clinical Interview, Paper and pencil test or observation?*
  - *By whom: self, proxy or professional?*
  - *What: Depression, Anxiety, Grief Reaction, Distress, Morbidity, Functionality or ....*
  - *When: immediately ? 2-month period? 6-month period?*
- 

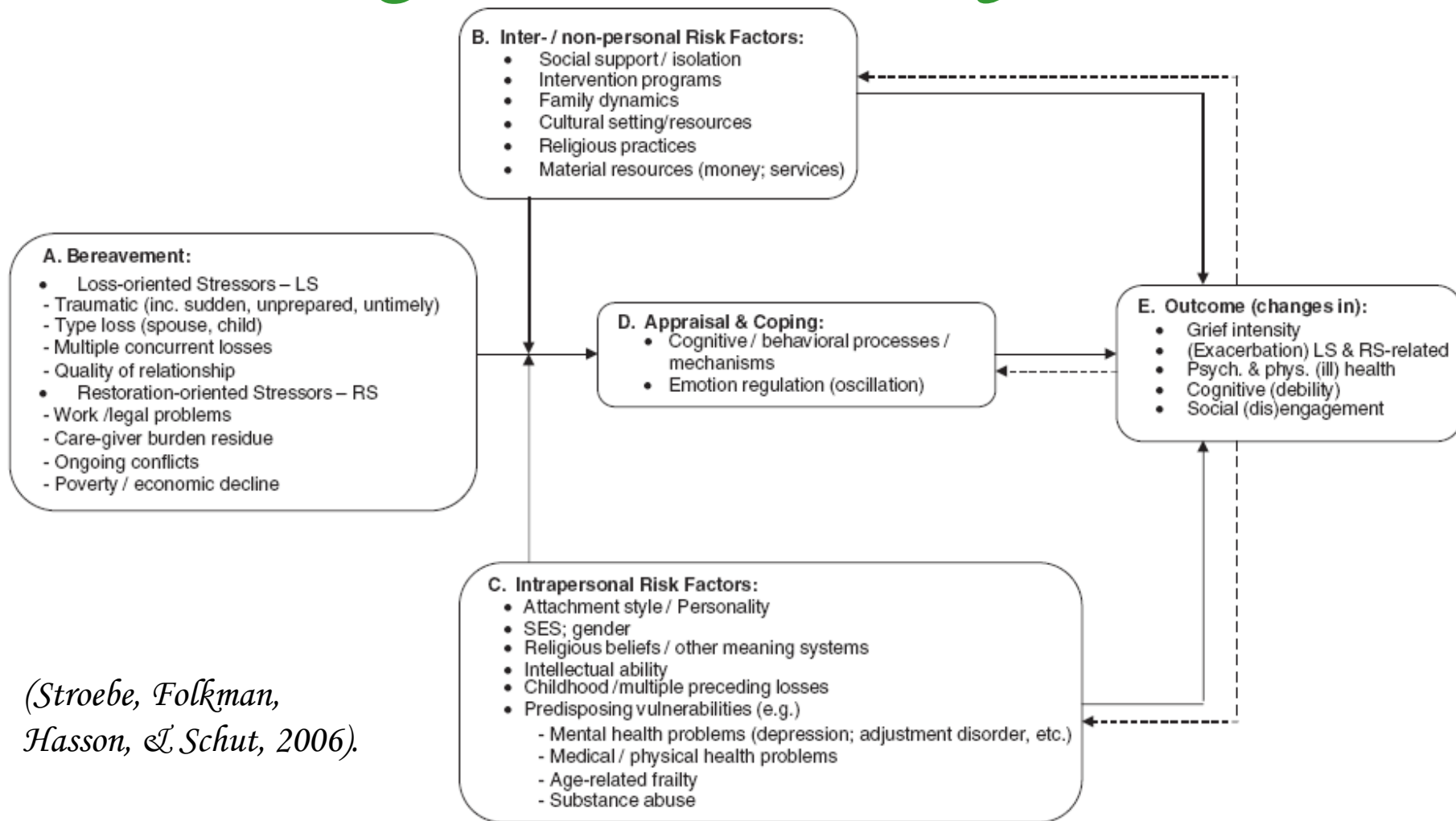




# Map for Assessment



# Risk Factor Integrated Model of Risk



*(Stroebe, Folkman,  
Hasson, & Schut, 2006).*

Fig. 1. The integrative risk factor framework for the prediction of bereavement outcome.



# *Possible Risk factors identified in Hong Kong* (Chow, in preparation)

- *Dependency on the deceased*
- *Loneliness (emotional and social loneliness)*
- *Perceived Traumatic effect of the death*



# *Findings: Relationships between death nature and grief reactions*

*(widowed older adult group, n=142)*

Variables	Perceived Traumatic Effect	Perceived Readiness of the death
ICG (Complicated Grief)	.643**	
HADS (Anxiety)	.174*	
GDS (Depression)	.307**	
Social Loneliness		
Emotional Loneliness	.292**	
General Loneliness	.423**	



# Findings: Relationships between marital relationship and grief reactions (widowed older adult group, n=142)

Variables	Dependency on	Dependency from	Marital Satisfaction	Sharing with spouse
ICG (Complicated Grief)	.198*	.192*		.307**
HADS (Anxiety)		.181*	-.253**	
GDS (Depression)				
Social Loneliness				
Emotional Loneliness	.274**			
General Loneliness	.226**			

# *Findings: Relationships between different grief reactions (widowed older adult group, n=142)*

Variables	ICG (Complicated Grief)	HADS (Anxiety)	GDS (Depression)	Social Loneliness	Emotional Loneliness
HADS (Anxiety)	<b>.410**</b>				
GDS (Depression)	<b>.509**</b>	<b>.600**</b>			
Social Loneliness		<b>.340**</b>	<b>.369**</b>		
Emotional Loneliness	<b>.472**</b>	<b>.305**</b>	<b>.391**</b>	<b>.237**</b>	
General Loneliness	<b>.480**</b>	<b>.223**</b>	<b>.462**</b>	<b>.252**</b>	<b>.460**</b>







# *Take Home Message # 2*

- *Multiple risk factors:*
  - *Individual*
  - *Relational*
  - *Contextual*





# *Proposed Diagnostic Criteria for Prolonged Grief Disorder for DSM-V*

*(Prigerson, Vanderwerker, & Maciejewski, 2008)*

*A. Persons has experienced the death of a significant other and experience at least **one** of the following three symptoms daily or to an intense or disruptive degree:*

- Intrusive thoughts related to the deceased*
- Intense pangs of separation distress*
- Distressing strong yearnings for that which was lost.*





# *Proposed Diagnostic Criteria for Prolonged Grief Disorder for DSM-V* (Prigerson, Vanderwerker, & Maciejewski, 2008)

*B. The bereaved person must have **five** of the following nine symptoms daily or to an intense or disruptive degree:*

- Confusion about one's role in life or a diminished sense of self (e.g. feeling that a part of oneself has died)*
- Difficulty accepting the loss*
- Avoidance of reminders of the reality of the loss*
- An inability to trust others since the loss*
- Bitterness or anger related to the loss*
- Difficulty moving on with life (e.g. making new friends, pursuing interests)*
- Numbness (absence of emotion) since the loss*
- Feeling that life is unfulfilling, empty, and meaningless since the loss*
- Feeling stunned, dazed, or shocked by the loss*





# *Proposed Diagnostic Criteria for Prolonged Grief Disorder for DSM-V* (Prigerson, Vanderwerker, & Maciejewski, 2008)

- C. Duration of disturbance (symptoms listed) is at least **six months***
- D. The disturbance causes clinically significant **impairment** in social, occupational, or other important areas of functioning*









# *Common Measurement Tools in Grief and Bereavement*

*Inventory of Complicated Grief* (Prigerson, Maciejewski, Reynolds, Bierhals, Newsom, Fasiczka, Frank et al., 1995)

- *19 items*
  - *Scores greater than 25 were significantly more impaired in social, general, mental and physical health functioning and in bodily pain*
- 
- 

### 複雜哀悼反應量表 (Inventory of Complicated Grief)

請圈出最能形容您此刻的感受。句中的「他」是指你離世的親人。

	從不	偶有	有時	經常	完全
1. 因太想念他，我很難去完成平常我能做到的事。	0	1	2	3	4
2. 有關他的回憶令我難過。	0	1	2	3	4
3. 我感到很難接受他的死亡。	0	1	2	3	4
4. 我很掛念他。	0	1	2	3	4
5. 我渴求前往與他有關的地方、見與他有關的東西。	0	1	2	3	4
6. 對於他的死亡，我不能自控地感到忿怒。	0	1	2	3	4
7. 對於所發生的事，我感到難以置信。	0	1	2	3	4
8. 對於所發生的事，我感到愕然。	0	1	2	3	4
9. 自他死後，我難對他人有信任。	0	1	2	3	4
10. 自他死後，我失去關懷他人的能力或我與關懷我的人有很大的隔膜。	0	1	2	3	4
11. 我身體的痛楚及徵狀與他所感受的相同。	0	1	2	3	4
12. 我避免觸景傷情。	0	1	2	3	4
13. 自他死後，我感到人生空虛。	0	1	2	3	4
14. 我聽到他對我說話。	0	1	2	3	4
15. 我見到他站在我面前。	0	1	2	3	4
16. 我認為他死去而我活著是不公平的。	0	1	2	3	4
17. 他的死令我感到苦澀。	0	1	2	3	4
18. 我妒忌那些沒有失去摯親的人。	0	1	2	3	4
19. 他死後我很多時間感到很孤獨。	0	1	2	3	4








# *Chinese version of ICG*

*(Chow & Fu, in preparation)*

- *The best fit model excludes 4 items.*
  - *Instead of a single factor, 3 factors are identified*
    - *Separation Distress (8 Items)*
    - *Traumatic Distress (4 items)*
    - *Contact with the deceased (3 items)*
- 



# *Take Home Message # 3*

- *Multiple Assessment tools*





# Cohen's definition of strength of Effect size

- **Strong** 0.8 (explained about 14% variance)
- **Medium** 0.5 (explained about 6% of variance)
- **Low** 0.2 (explained about 1% of variance)



# Efficacy Studies

Journal of Counseling Psychology  
1999, Vol. 46, No. 3, 370-380

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0022-0167/99/\$1.00

## Effectiveness of Grief Therapy: A Meta-Analysis

Denise Litterer Allumbaugh and William T. Hoyt  
Iowa State University

This meta-analysis addressed the question of how effective grief therapy is and for whom, using B. J. Becker's (1988) techniques for analyzing standardized mean-change scores. Analyses were based on 35 studies ( $N = 2,284$ ), with a weighted mean effect size (ES) of  $\Delta_d = 0.43$  (95% confidence interval = 0.33 to 0.52). Clients in no-treatment control groups showed little improvement ( $d_s = 0.06$ ), possibly because of the relatively long delay between loss and treatment in most studies (mean delay = 27 months). Moderators of treatment efficacy included time since loss and relationship to the deceased. Client selection procedures, a methodological factor not originally coded in this meta-analysis, appeared to contribute strongly to variability in ESs: A small number of studies involving self-selected clients produced relatively large ESs, whereas the majority of studies involving clients recruited by the investigators produced ESs in the small to moderate range.

Allumbaugh, D. L. & Hoyt, W. T. (1999).  
Effectiveness of Grief Therapy: A meta-analysis.  
*Journal of Counseling Psychology*, 46(3), 370-380.

- -Reviewed 35 studies,  
with Effect Size: 0.34



Pergamon

Clinical Psychology Review, Vol. 19, No. 3, pp. 275-296, 1999  
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0272-7358/99/\$-see front matter

PII S0272-7358(98)00064-6

## A SYNTHESIS OF PSYCHOLOGICAL INTERVENTIONS FOR THE BEREAVED

Pamela M. Kato and Traci Mann

Stanford University

**ABSTRACT.** Several interventions have been implemented to address the adverse psychological and physical consequences associated with bereavement. In this review, we summarize four major theories of bereavement, present a qualitative review of bereavement intervention studies, and assess the overall effectiveness of bereavement intervention studies in a quantitative meta-analysis. Summaries of the theories are drawn from published theoretical works. The qualitative and quantitative reviews were based on searches of Medline, PsychINFO, and Dissertation Abstracts International databases using the keywords "bereaved" and "bereavement." Overall, the interventions were largely methodologically flawed, rarely specified what theory of bereavement they were testing, and showed surprisingly weak effect sizes. Possible interpretations for the small effect sizes are discussed, and future directions are outlined. © 1999 Elsevier Science Ltd

Kato, P. M. & Mann, T. (1999). A synthesis of psychological interventions for the bereaved.  
*Clinical Psychology Review*, 19(3), 275-296.

Effect varied,  
Effect Size: 0.114





# Efficacy Studies

Death Studies, 24: 541-558, 2000  
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0748-1187/00 \$12.00 +.00



SEARCHING FOR THE MEANING OF MEANING:  
GRIEF THERAPY AND THE PROCESS OF  
RECONSTRUCTION

ROBERT A. NEIMEYER

University of Memphis, Memphis, Tennessee, USA

*A comprehensive quantitative review of published randomized controlled outcome studies of grief counseling and therapy suggests that such interventions are typically ineffective, and perhaps even deleterious, at least for persons experiencing a normal bereavement. On the other hand, there is some evidence that grief therapy is more beneficial and safer for those who have been traumatically bereaved. Beginning with this sobering appraisal, this article considers the findings of C. G. Davis, C. B. Wortman, D. R. Lehman, and R. C. Silver (this issue) and their implications for a meaning reconstruction approach to grief therapy, arguing that an expanded conception of meaning is necessary to provide a stronger basis for clinical intervention.*

Neimeyer, R. A. (2000). Searching for the meaning of meaning: Grief therapy and the process of reconstruction. *Death Studies*, 24, 541-558.

- Reviewed 23 studies
- Effect size = 0.13
- Treatment induced deterioration (TIDE)







# *Efficacy Studies*

30

THE EFFICACY OF BEREAVEMENT  
INTERVENTIONS: DETERMINING  
WHO BENEFITS

HENK SCHUT, MARGARET S. STROEBE, JAN VAN DEN BOUT,  
AND MAAIKE TERHEGGEN

Schut, H., Stroebe, M. S., Van Den Bout, J., & Terheggen, M. (2001). The efficacy of bereavement interventions: Determining who benefits. In M. S. Stroebe, R. O. Hansson, W. Stroebe, & H. Schut (Eds.), *Handbook of bereavement research* (pp 705-737). Washington, DC: American Psychological Association.





# *Differentiated care for different targets*

## **Tertiary Preventive Interventions**

*For bereaved persons with complicated  
mourning responses  
generally successful when compared with  
control groups*

## **Secondary Preventive Interventions**

*- Focused on high risk bereaved persons  
more evidence of efficacy, but modest when compared with  
traditional psychotherapy outcome studies*

## **Primary Preventive Interventions**

*- Design to prevent the development in the general population of bereaved  
persons  
- receive hardly any empirical support for their effectiveness*

*(Schut, Stroebe, van der Bout, J&L Terheggen, 2001).*



# Efficacy Studies

Death Studies, 27: 765–786, 2003  
Copyright © Taylor & Francis Inc.  
ISSN 0748-4187 print / 1090-7683 online  
DOI: 10.1080/07484180300233362

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healthsciences

## DOES GRIEF COUNSELING WORK?

JOHN R. JORDAN

The Family Loss Project, Sherborn, Massachusetts, USA

ROBERT A. NEIMEYER

The University of Memphis, Memphis, Tennessee, USA

*Most bereavement caregivers accept as a truism that their interventions are helpful. However, an examination of the bereavement intervention literature suggests that the scientific basis for accepting the efficacy of grief counseling may be quite weak. This article summarizes the findings of four recent qualitative and quantitative reviews of the bereavement intervention literature. It then discusses three possible explanations for these surprising findings and concludes with recommendations for both researchers and clinicians in the natology that could help to focus efforts to answer the questions of when and for whom grief counseling is helpful.*

Jordan, J. R. & Neimeyer, R. A. (2003). Does grief counseling work? *Death Studies*, 27, 765 - 786.

- *Limited Effect*
- *Research methodological problem*



Professional Psychology: Research and Practice  
2007, Vol. 38, No. 4, 347–355

Copyright 2007 by the American Psychological Association  
0893-3200/07/\$12.00 DOI: 10.1037/0893-3200.38.4.347

## What Has Become of Grief Counseling? An Evaluation of the Empirical Foundations of the New Pessimism

Dale G. Larson  
Santa Clara University

William T. Hoyt  
University of Wisconsin—Madison

A pessimistic view of grief counseling has emerged over the last 7 years, exemplified by R. A. Neimeyer's (2000) oft-cited claim that "such interventions are typically ineffective, and perhaps even deleterious, at least for persons experiencing a normal bereavement" (p. 541). This negative characterization has little or no empirical grounding, however. The claim rests on 2 pieces of evidence. The 1st is an unorthodox analysis of deterioration effects in 10 outcome studies in B. V. Fennell's (1999) dissertation, usually attributed to Neimeyer (2000). Neither the analysis nor Fennell's findings have ever been published or subjected to peer review, until now. This review shows that there is no statistical or empirical basis for claims about deterioration effects in grief counseling. The 2nd piece of evidence involves what the authors believe to be ill-informed summaries of conventional meta-analytic findings. This misrepresentation of empirical findings has damaged the reputation of grief counseling in the field and in the popular media and offers lessons for both researchers and research consumers interested in the relationship between science and practice in psychology.

**Keywords:** grief therapy, grief counseling, treatment deterioration, scientist-practitioner model, bereavement

Larson, D. G., & Hoyt, W. T. (2007). What has become of grief counseling? An evaluation of the foundations of the new pessimism. *Professional Psychology: Research and Practice*, 38(4), 347-355.

Queries over  
research  
methodology of  
the meta-  
analysis.



# Efficacy Studies

Journal of Clinical Child and Adolescent Psychology  
2007, Vol. 36, No. 2, 253–259

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## REVIEW ARTICLE

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### The Effectiveness of Bereavement Interventions With Children: A Meta-Analytic Review of Controlled Outcome Research

Joseph M. Currier, Jason M. Holland, and Robert A. Neimeyer  
*Department of Psychology, University of Memphis*

*Grief therapies with children are becoming increasingly popular in the mental health community. Nonetheless, questions persist about how well these treatments actually help with children's adjustment to the death of a loved one. This study used meta-analytic techniques to evaluate the general effectiveness of bereavement interventions with children. A thorough quantitative review of the existing controlled outcome literature ( $n = 13$ ) yielded a conclusion akin to earlier reviews of grief therapy with adults, namely that the child grief interventions do not appear to generate the positive outcomes of other professional psychotherapeutic interventions. However, studies that intervened in a time-sensitive manner and those that implemented specific selection criteria produced better outcomes than investigations that did not attend to these factors.*

- *Effect Size for bereavement Intervention is still small*
- *= 0.14*

Currier, J., Holland, J. M., & Neimeyer, R. A. (2007). The effectiveness of bereavement interventions with children: A meta-analytic review of controlled outcome research. *Journal of Clinical Child and Adolescent Psychology*, 36(2), 253–259.





# Efficacy Studies

## • Differentiate Intervention

Results		Comments
<b>Primary</b>		
16 studies before 2001	Not effective in most	Absence of effects possibly because nearly all studies used outreaching recruitment procedures (help offered rather than asked for) <sup>171</sup>
4 studies after 2001	More positive results than previous studies. <sup>78,79,173,174</sup> Suggestions of better results seen in females (adults and young girls) than in young males. <sup>78,79,174</sup> Better results in people with mental-health problems at baseline, for both adults <sup>175</sup> and children <sup>174,176</sup>	Positive results possibly because three of four studies were inreaching studies (bereaved requested help). Efficacy for those with higher levels of mental-health problems before intervention suggests rationale for secondary intervention
<b>Secondary</b>		
7 studies before 2001	Generally, though not unequivocally, more effective than primary intervention, though effects were modest and improvements were temporary	Effectiveness associated with strict use of risk criteria, showing need to differentiate more within groups and tailor intervention to the subgroup (eg, by gender <sup>181</sup> )
3 studies after 2001	Improvements in children bereaved by suicide in group intervention (compared with community care). <sup>177</sup> Families at high-risk showed slightly more improvement after family-focused grief therapy <sup>178,179</sup> in terms of general distress (not family functioning). Those with worst symptoms had most improvement. No effects of a highly-specific (body touching) therapy <sup>180</sup> on bereaved mothers. Emotion-focused interventions most effective for distressed widowers; problem-focused for distressed widows. <sup>181</sup> Fathers in general, and mothers with low baseline values of distress and grief did not benefit from group intervention focused on problems and emotions; highly distressed or grieving mothers improved most through intervention <sup>182</sup>	
<b>Tertiary</b>		
7 studies before 2001	Modest but lasting positive effects on symptoms of pathology and grief (individual and group interventions; from analytically oriented dynamic psychotherapy to cognitive and behaviour therapy)	Therapy for complicated grief or bereavement-related depression and stress disorders has led to substantial and lasting results. 3 additional studies were difficult to interpret (no non-intervention control group) but were interesting for future research. <sup>52,165,185,186</sup> For example, gender differences in effects of time-limited supportive and interpretative group therapy in bereaved people with major depression: women improved more than men in depression, anxiety, avoidance and general distress; men reported less grief than women after interpretive group therapy. <sup>185</sup> A specific individual treatment module for complicated grief was more effective than standard interpersonal psychotherapy <sup>185</sup>
2 studies after 2001	Substantiate earlier findings: strong effects in terms of intrusion, avoidance, grief, depression & anxiety. <sup>183,184</sup> Assessed nortriptyline and interpersonal psychotherapy (alone and in combination) for people with bereavement-related major depressive episodes examined. <sup>184</sup> Nortriptyline led to less remission than placebo and psychotherapy. Indication that combination of medication and psychotherapy gave best results	

Table 3: Effectiveness of bereavement intervention programmes: psychosocial and psychological counselling and therapy<sup>105,170</sup>

Stroebe, M., Schut, H., & Stroebe, W. (2007). Health outcomes of bereavement. *The Lancet*, 370(9603), 1960-1973





# Efficacy Studies



- *Effect Size for bereavement Intervention is still small*
- $= 0.14 - 0.38$

Currier, J., Neimeyer, R. A. & Berman, J. (2008). The effectiveness of psychotherapeutic interventions for bereaved persons: a comprehensive quantitative review. *Psychological Bulletin*, 134(5), 648-661.





# *Efficacy Studies*

CURRENT DIRECTIONS IN PSYCHOLOGICAL SCIENCE

## **Grief Therapy**

**Evidence of Efficacy and Emerging Directions**

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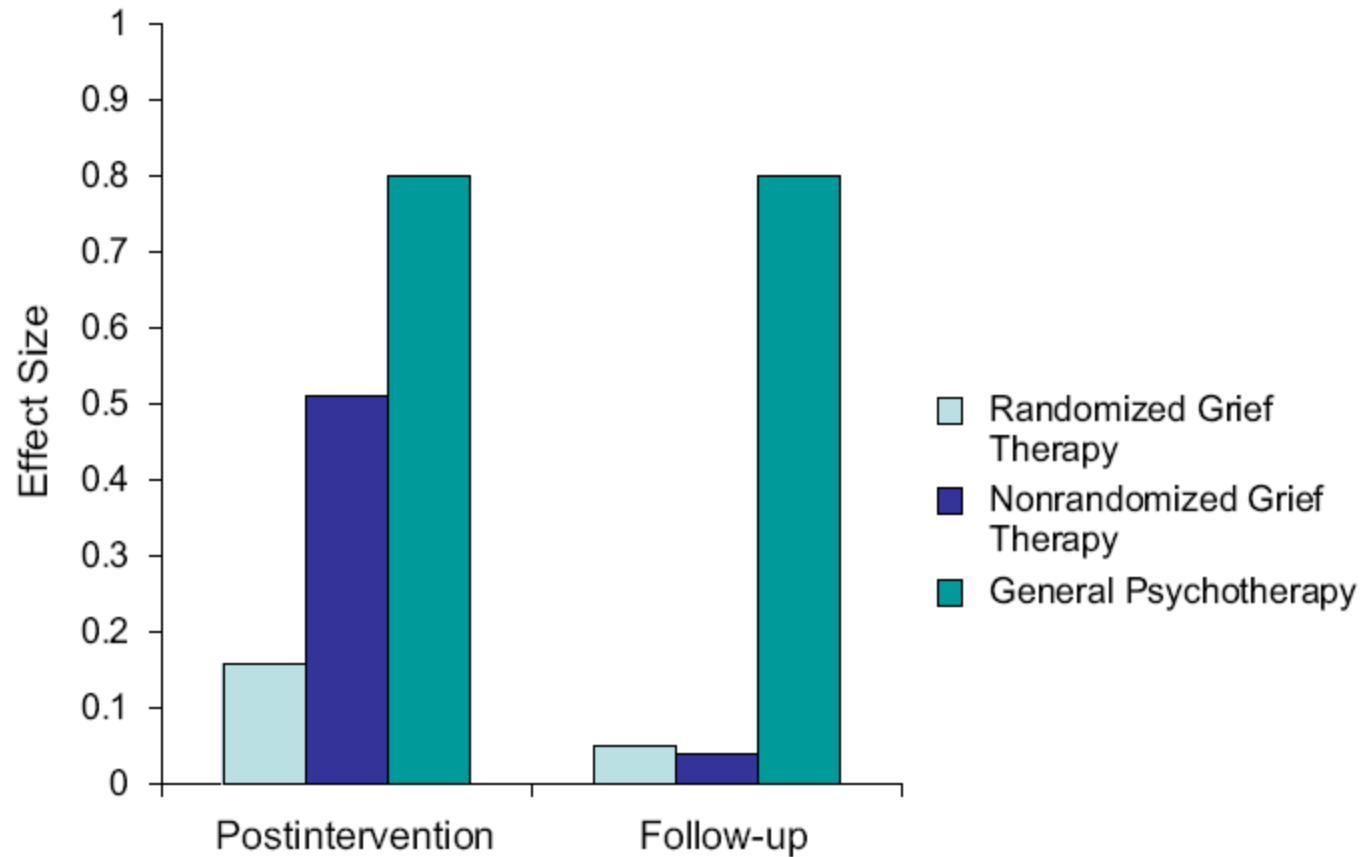
*Effect Size for  
bereavement  
Intervention is still  
small*

**= 0.14 - 0.38**

Neimeyer, R. A. & Currier, J. (2009). Grief therapy: Evidence of efficacy and emerging directions. *Current directions in psychological science*, 18(6), 352 -356.







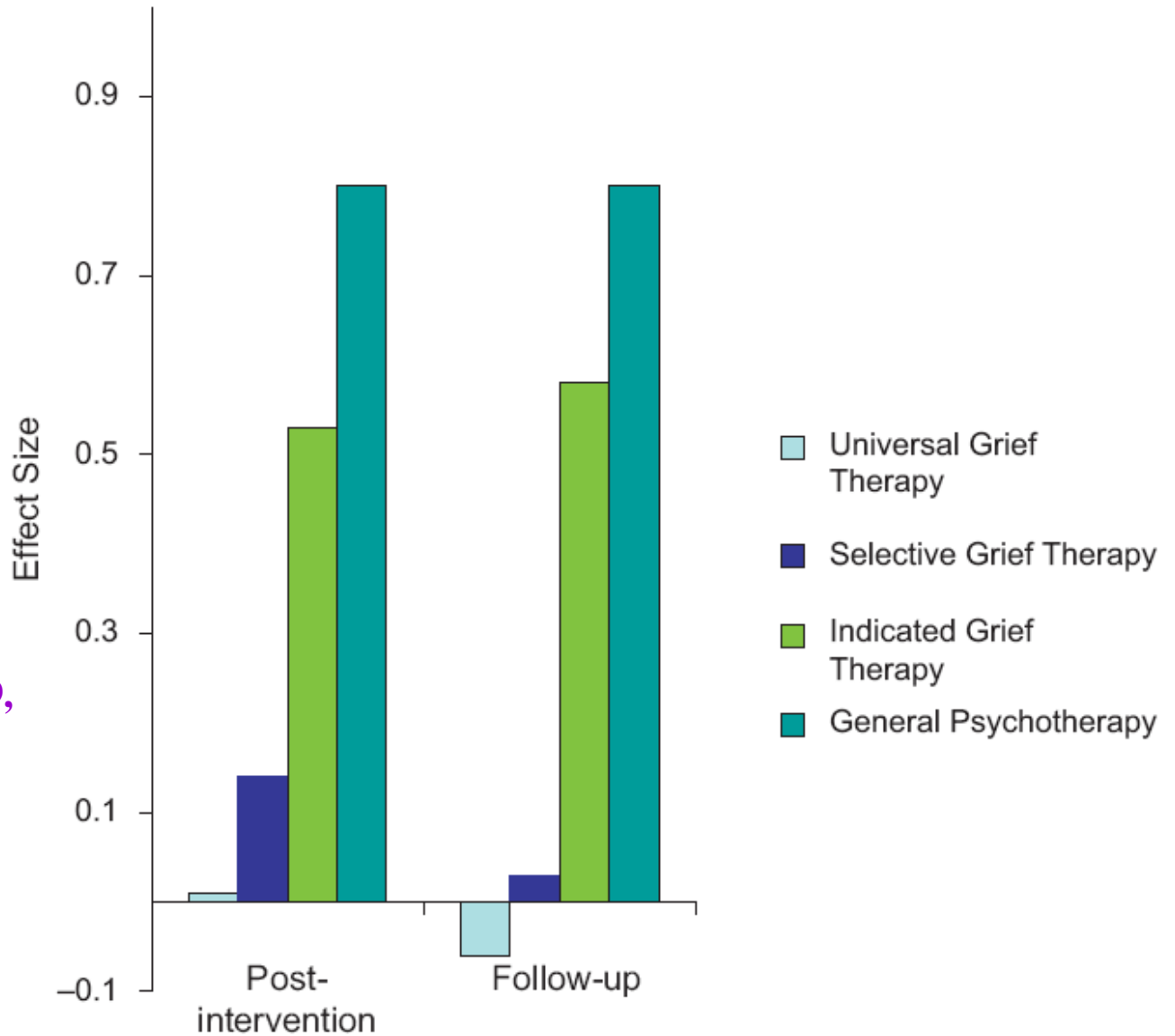
**Fig. 1.** Overall effectiveness of grief therapies compared to general psychotherapy. Bars represent effect sizes for different classes of interventions relative to untreated controls, with taller bars indicating more effective treatments. Compared to general psychotherapy for other problems (see Wampold, 2001), the effects of grief therapy are unimpressive; the apparently more substantial effects for nonrandom studies of grief therapy likely reflect confounding factors, such as the assignment of more motivated clients to the active treatment condition.

( Neimeyer & Currier, 2009, p. 353).





( Neimeyer & Currier, 2009, p. 354).



**Fig. 2.** Effect sizes of grief therapies for targeted populations. At both posttreatment and follow-up, bereavement interventions for “indicated” groups of mourners suffering from clinically elevated symptoms outperform interventions for “selective” groups of “at risk” mourners (e.g., bereaved parents) and “universal” interventions for all bereaved people, regardless of risk or demonstrated distress. Effects for general psychotherapy for other problems (see Wampold, 2001) are included for comparison.







# *Take Home Message # 4*

- *Differentiate Intervention*





# What is the hope in Bereavement Counseling ?

GRIEF THERAPY FOR BEREAVED  
ADULTS AFTER CATASTROPHES:

A TREATMENT MANUAL  
VERSION 1.0



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*Grief Therapy for Bereaved  
Adults after Catastrophe  
(Ho, Chow, Leung, & Hui,  
2010)*





# Overall Framework: Integrated Model

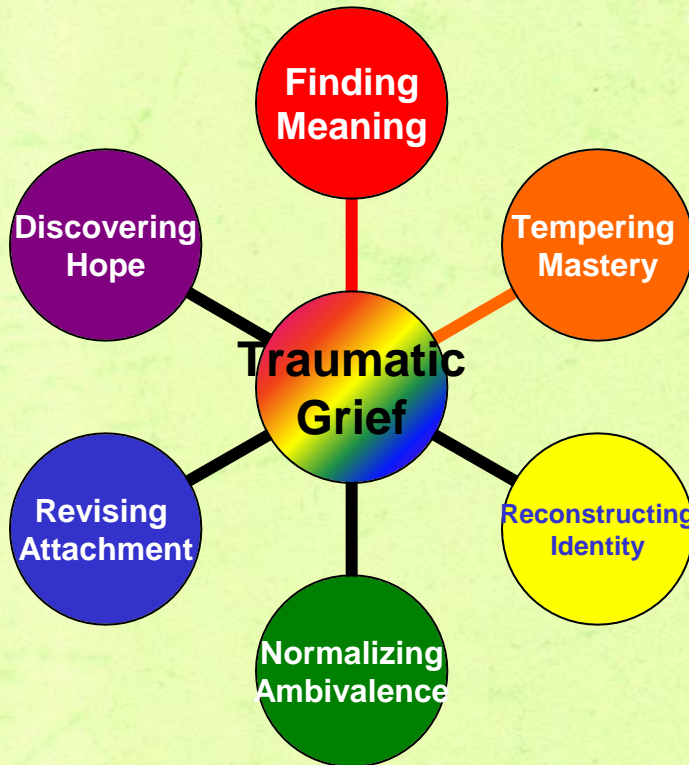
**Assessment** : Structured Interview and Measuring tool

Not CG

CG

Bereavement Support

**Supportive Story Telling Approach**



## Ritualistic-Behavioral Approach

- To smoothen ventilation of emotions and thoughts
- To address issues arisen in the 6 domains
- To reconstruct the problem-saturated story into healthier story

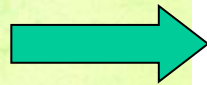
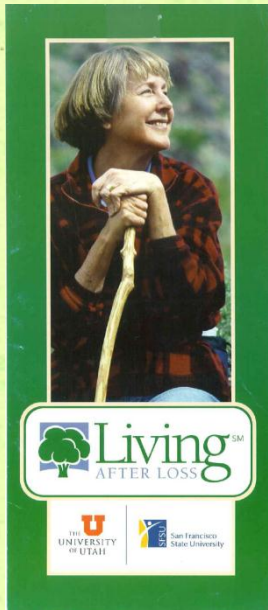
## Cognitive Approach

- To address issues arisen in the 6 domains with the use of cognitive techniques
- To reconstruct the problem-saturated story into healthier story



# What is the hope of Bereavement Counseling ?

- To adapt the DPM Model in working with widowed older adults in Hong Kong



「單腳踏實地」



To evaluate the effectiveness of the Chinese DPM Model



# Intervention (DPM intervention)

(Lund, Caerta, Utz, de Vries, 2008, 2010)

## Loss Orientated Intervention

S1. L1: Overview of Grief

S2. L2: Physical and behavioral reactions

S3. L3: Emotional reactions

S4. L4: Emotional reactions (Secondary)

S6. L5: Loneliness

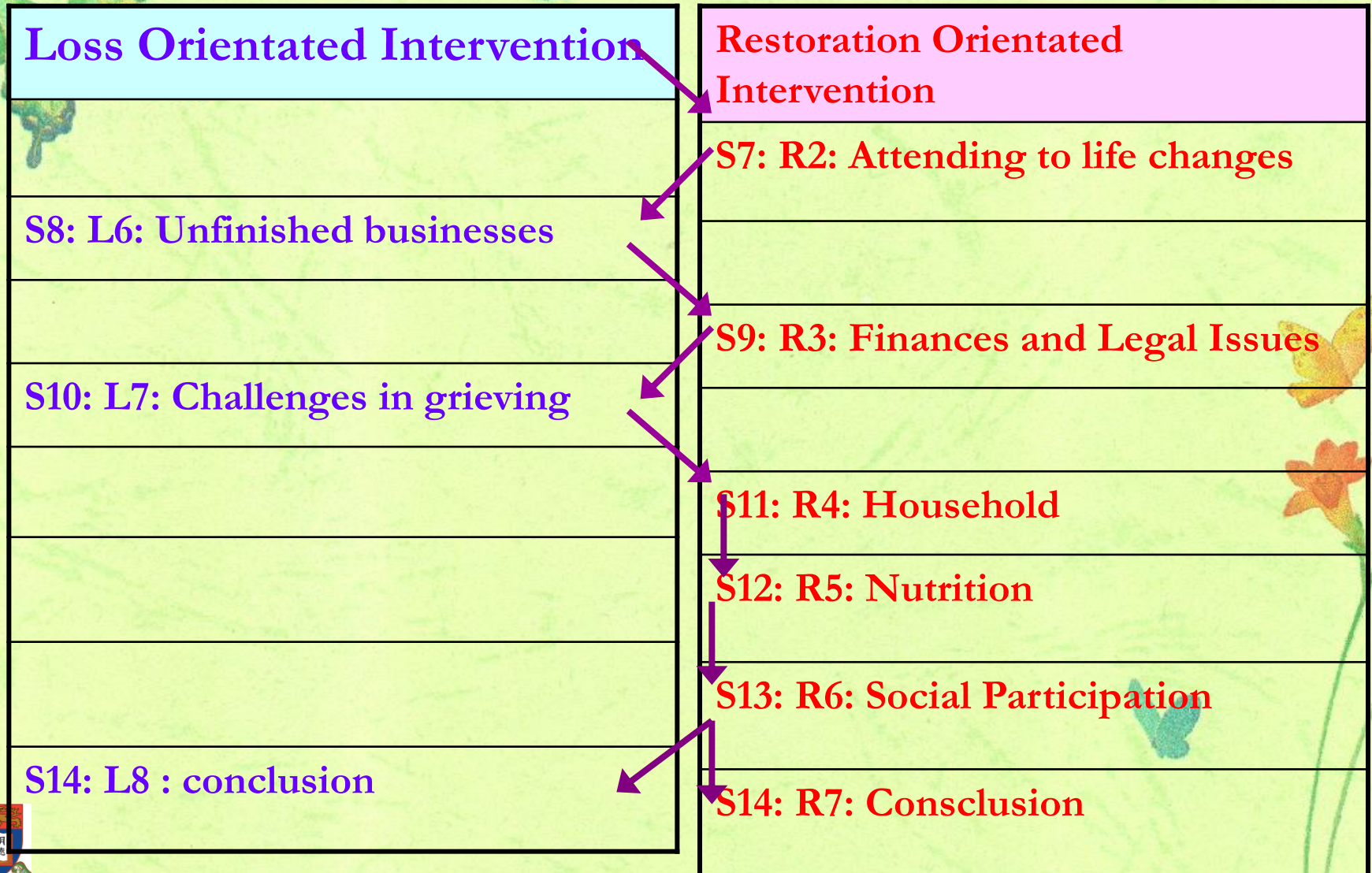
## Restoration Orientated Intervention

S5. R1: Goal Settings & addressing one's need



# Intervention (DPM intervention)

(Lund, Caerta, Utz, de Vries, 2008)





# Intervention (Chinese DPM intervention)

(Chow, 2010)

Loss Oriented Intervention
S1. L1: Overview of Grief
S2. L2: Physical , behavioral and emotional reactions
S3. $\frac{3}{4}$ L3: Relationship with the deceased
S4. $\frac{1}{2}$ L4: Relationship with others
S5. $\frac{1}{2}$ L5: Relationship with self
S6. $\frac{1}{4}$ L6: Food for thoughts
S7. $\frac{1}{4}$ L7: Food for thoughts
S8. $\frac{1}{8}$ L7: A time to mourn

Restoration Oriented Intervention
S3. $\frac{1}{4}$ R1: New relationship with the deceased
S4. $\frac{1}{2}$ R2: New Relationship with others
S5. $\frac{1}{2}$ R3: Relationship with self
S6. $\frac{3}{4}$ R4 : Food for thoughts
S7. R5: Health comes first
S8. $\frac{7}{8}$ R6: A time to dance



# *Facilitate the movement between...*

## *The Past*

*Review,  
And working  
Through the  
Unfinished  
Businesses...*

## *The Present*

*Adjust to  
Life without  
the deceased &  
Meaning  
Making...*

## *The Future*

*Goal setting,  
Pathways to Goals,  
Motivation towards  
Goals...*





# The Manchester Wheel

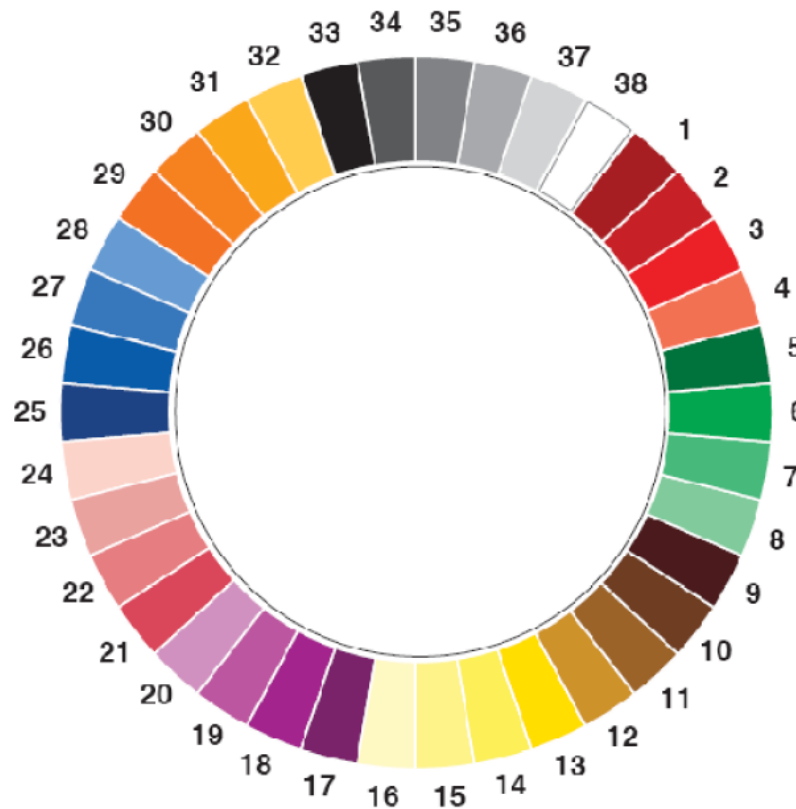


Figure 2  
The Manchester Color Wheel



A wooden signpost stands in a desert landscape. The signpost is made of two vertical wooden posts and a horizontal crossbar. A blue sign with white text hangs from the crossbar. The text on the sign reads "YOU'RE NOW BEYOND HOPE". The background shows a desert with sparse vegetation, a cactus, and mountains in the distance under a cloudy sky.

YOU'RE NOW  
BEYOND HOPE

Thank you.  
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