

FUTURE DIRECTIONS IN ADULT BEREAVEMENT RESEARCH

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ABSTRACT

The primary purpose of this article is to stimulate interest in conducting research related to adult bereavement and provide suggestions for improving the quality of these studies and the application of their findings. Future research needs to generate new knowledge about grief and bereavement but it also needs to examine issues and questions that will make us more confident about what we already believe. Three general suggestions deal with the importance of integrating both theory and practice into future studies, issues related to types and designs of studies, and measurement issues that should be considered. Bereavement is a long-term, multidimensional process of adjustment and future research needs to be consistent with these defining features.

Our knowledge about adult bereavement and grief continues to increase as evidenced by the growing numbers of books in local bookstores and libraries, educational videotapes, magazines, professional and academic journals and articles, professional and lay organizations, and mass media reports. Some of this information comes from autobiographical accounts of personal experiences with grief, clinical reports from professionals who work directly with the bereaved, clergy and religious leaders providing spiritual guidance, media interviews with survivors of natural disasters and widely publicized accidents, and educators who synthesize this potpourri of knowledge and experience. Research on adult bereavement also has increased over the past fifteen years but not nearly at the pace of these other sources of knowledge. All of these sources have made

contributions to our understanding of the complexity of the bereavement process but each has its limitations as well.

Individual bereaved persons, clergy, clinicians, and researchers do not always agree on their descriptions of the process, what types of help are most needed, and which coping strategies are most effective. The growth in knowledge has been accompanied by an increased awareness of inconsistencies and a recognition that some of our previous beliefs may actually be myths. For example, for many years it was thought that all bereaved adults needed to openly express their emotions of sadness and despair and if they did not they would experience greater difficulty later in the process. This notion was supported by many autobiographical accounts from bereaved persons, clinicians who were assisting highly troubled grievers, and even much of the early psychoanalytic theories about grief. More recent research findings, however, indicate that the need for open expression of emotions may not be essential for all bereaved persons. Many people in several research studies who appeared to be managing their grief very well early in the process were among the most effective copers many years later (Lund, 1989; Wortman and Silver, 1989). Conversely, many research participants who were expressing intense emotions in the first few days and weeks were found to be having the greatest difficulty later in the process. Apparently, not all bereaved persons need to express themselves in the same way or share the same experiences in order to manage the difficulties of this highly stressful process. Research that included bereaved persons from a much broader spectrum of the population and not just those who were the most troubled or seeking professional help allowed us to modify this long lasting belief.

Not all of the research on bereavement has been equally illuminating and valuable. For example, in the second edition of *Bereavement: Studies of Grief in Adult Life* (1987) Colin Murray Parkes stated that the number of bereavement studies had increased enormously but much of the work did not reveal anything new or interesting. As researchers we do not fully agree with this assessment but we recognize that future research studies can and should do a better job of passing the "So what?" and "Who cares?" tests. The questions that researchers ask and the findings they discover need to be of interest, importance, and value to others so that they will care about the study conclusions and want to find ways to apply them to their work and lives. At the same time, it is important to note that research is needed to do more than generate new knowledge. Abraham Kaplan, a philosopher of science, stressed the importance of research in helping us to "learn more than we know now." But, equally important is the goal to "become more sure of what we already think we know" (1964: p. 73). Following these suggestions, future research on bereavement would be well advised to deal with questions and issues that will lead to both new knowledge and greater confidence in existing knowledge. Research findings that make us less as well as more confident about our knowledge should be of considerable interest and value.

In addition to acknowledging the importance of research in improving the lives of bereaved adults, the primary purpose of this article is to provide suggestions that might be useful in guiding future research and improving the quality of these studies and the application of their findings. Our recommendations are presented in three general sections. First, we discuss the need to integrate both theory and practice into the development of bereavement research studies. Second, we offer suggestions for specific types and designs of studies needed. Third, we address methodological issues that can improve the quality of future studies. The issues we identify represent only those that we believe are the most essential. Also, the primary focus of this article is on adult bereavement and later life grief which is most consistent with our expertise. While we share concerns about the ways children grieve it is most appropriate for us to leave this domain to others.

INTEGRATION OF THEORY AND PRACTICE

A review of the research literature on bereavement shows that much of the past research has not been guided by theory or enlightened by clinical practice. Without theory and insights based on clinical practice the research is likely to lack purpose, focus, and application. When we begin our research we need to ask questions that will help pass the "So what?" and "Who cares?" tests mentioned earlier. Theory and practice can be used to generate research questions that will lead to interesting and important answers.

One does not need to be a clinician to recognize the benefits of using clinical knowledge in studies of grief and bereavement. Professionals from a wide variety of practice disciplines have already identified many relevant questions for further study. Most of the questions arise while working directly with those who are grieving and trying to understand why some people experience a particular problem and others do not or why an intervention strategy appears to be effective for some but not all clients. For example, nurses and physicians might recognize that many widowers are not maintaining adequate nutrition and exercise and suspect that these deficiencies might contribute to depression related to their bereavement situations. Social workers might recognize that a bereaved client developed a more positive outlook on life after he/she completed a job training program. Psychologists may notice that some clients did not benefit from attending a support group until the group members started to form new friendships among themselves. Each of these insights could become the focus of a research investigation and lead to results that would be of interest and value to others. Even in instances where clinical judgements appear to be correct, research is often needed to help refine our understanding and make us more confident about providing interventions that address people's needs.

Greater use of theory in bereavement research would enhance our ability to unravel many of the complexities and inconsistencies in our knowledge base. Theory can provide a framework or set of guidelines to help describe,

interpret, explain, predict and understand the behavior of bereaved persons. Bereavement occurs in a broad context and research investigations need to rely more on conceptual models and theories to guide the decisions of where to look, what and how to measure relevant variables, and how to interpret research results.

When theory has been used in past bereavement research it has been limited primarily to psychoanalytic theories, stress, appraisal and coping theories, and stage or task models. Marc Cleiren (1993) provides an excellent example of how these theories can be used in a single study. His national study in the Netherlands was enlightened by these theories and he related the study findings back to each theory. Applications of these theories have made important contributions to our understanding of bereavement but many other relevant theories and models have not received adequate attention. For example, family and systems theories, modernization theory, exchange theory, symbolic interactionism, the health belief model, and the theory of reasoned action have much to add to our understanding of grief and bereavement. In the field of gerontology are theories of disengagement, activity, continuity, and age stratification that offer rich insights about the lifelong aging process. Lieberman (1996), for instance, recently offered a life course view of bereavement where the bereaved are confronted with tasks, challenges, and opportunities for growth as compared to the more traditional grief and loss models that have driven much of this research. More information on each of these theories can be found in standard textbooks in social gerontology, health education, and human development (Berger, 1994; Glanz, Lewis, & Rimer, 1997; Hooyman & Kiyak, 1996). These theories can help to identify variables that have not been included in past studies or be used to organize sets of variables into expected relationship patterns and then tested in subsequent research.

In short, future research on bereavement would be much improved if both theory and clinical practice were used to help guide the research process from the identification of research problems and questions to the selection of variables, measures, and appropriate design and culminating in the interpretation of the results and recommendations for application. For the majority of us who are not clinicians or not sophisticated theorists it is still possible to use theory and practice in our research by making the effort to become familiar with the existing literature in these areas and to do so prior to developing a research project.

TYPES OF STUDIES AND DESIGNS

In this section we discuss the salient issues pertaining to the design of bereavement studies, particularly those testing an intervention as well as the need for longitudinal research. Also discussed is the scope and breadth of the studies such as whether special subpopulations are the focus, if cross-cultural comparisons can be made, as well as studies that utilize heterogeneous mixes of ethnic, age, gender, and other demographic and cultural categories. Of course, any one study

can involve many of these issues; however, for the purposes of this article each will be discussed separately.

In most cases, the literature is replete with reports of descriptive studies that describe the overall course of bereavement (for reviews, see Lund, 1989; Osterweis, Solomon, & Green, 1984; Stroebe & Stroebe, 1987). These descriptive amounts have created a substantial body of knowledge that has provided a firm foundation for the scientific study of bereavement, and studies such as these will need to continue in areas where little is still known. Clearly, however, we should now be looking more closely at other types of studies, particularly those which examine the effectiveness of interventions. Although we know a great deal about the bereavement process itself, we need to learn much more about the most effective ways to intervene.

Effectiveness of Interventions

Comparing and contrasting the intervention studies that have been reported often results in inconsistent and sometimes contradictory conclusions where some studies uncover treatment effects while in others those who receive the intervention fare no differently than controls. In a recent review, Lieberman (1993) reported that much of this variability is attributed to differences in the form, structure, and duration of the intervention which renders comparisons even more difficult. Although support groups are the most commonly employed bereavement intervention, other forms have consisted of one-on-one interactions such as the widow-to-widow model (Silverman, 1986) or brief psychotherapy interventions (e.g., Farber, 1990; Gerber et al., 1975). Oftentimes existing programs—usually with open-ended enrollment—have been studied. Although these reports provide useful information, it is also important to utilize controlled studies with random assignment of bereaved subjects into treatment and control groups and with repeated follow-up measurements. Studies that incorporate these designs are able to address the selection factors and other potential sources of bias inherent in studies without non-intervention controls and where bereaved individuals join and participate in the intervention—whatever its form—according to their own perceived needs and desires (Lund, 1989; Stroebe & Stroebe, 1987).

Even controlled randomized studies, however, are not without their limitations and do not necessarily guarantee that between-group effects, if they exist, will be uncovered. Levy et al. (1993) argued against random assignment because some who normally would not attend self-help groups would be assigned to them while others who more likely may join are assigned as controls, “reducing the ‘fit’ that normally exists between these groups and their membership” (p. 368). In other words, it may be difficult to generalize the findings because they may not apply to self-help groups as they are normally constituted in which members elect to join them. We addressed this in our own research by assigning potential subjects into treatment or control conditions prior to contacting them while still using a

close-ended format and controlling for the number of meetings they attended (Caserta & Lund, 1993).

Issues in addition to random assignment must also be considered, even in the most diligently controlled intervention studies. First of all, given the heterogeneity among the research subjects that an investigator likely will encounter, it usually is not sufficient to simply ask, "Does the treatment work?" Those in the treatment group respond differently to the intervention just as controls may have varied responses while receiving *no treatment*. The bereavement process itself is experienced with considerable variability among people. Consequently, any between-group effect that exists could be minimized or undetected due to heterogeneity in bereavement experiences. Therefore, the next (and in some cases, more appropriate) questions to ask is, "For whom does the intervention work best and under what circumstances?"

Researchers must be prepared to address the many potential factors that can moderate the effectiveness of a bereavement intervention. In some cases, this may entail the resources, personality traits, and previous life losses and experiences that the bereaved research subjects bring with them into the treatment program. In our own research on a self-help group intervention (Caserta & Lund, 1993), we found that those bereaved spouses who were lacking in psychosocial competencies showed greater earlier improvement compared to those who did not have such deficits but received the same intervention. Similarly, controls who possessed these skills (versus those who did not) adapted as well as those who participated in the groups. If this interaction was not accounted for, we would not have detected a significant early treatment effect and could have prematurely concluded that the self-help groups we designed were not effective. At the same time, our findings were able to shed more light on what type of people might be best served by a bereavement intervention as well as identify characteristics of others who may not benefit as much from self-help groups.

Other issues regarding interventions that need further examination pertain to the various ways they are structured. More studies need to focus on how much exposure is necessary in order to generate an effect. This is especially true for close-ended mutual help interventions in which the optimum *number and frequency* of contacts or meetings needs to be determined. It is suggested that researchers design their studies in such a way to compare different combinations of frequencies (weekly, monthly, semi-monthly, etc.) as well as to try to determine how many meetings are truly needed. It could be that the answer to this question will be neither simply an issue of the number of meetings nor their frequency, but rather a synergistic relationship between the two factors. The *timing* of the intervention (or how soon it is applied) also needs to be examined more closely. It is generally assumed that because the most difficulty is commonly experienced within the first six months of bereavement, interventions should be applied early. Some research on older bereaved spouses has shown that early intervention is more effective at reducing bereavement-related depression

than if the treatment was applied later (Caserta, 1992; Constantino, 1988; Raphael, 1977; Trunnell, Caserta, & White, 1992). This, however, may be highly dependent on the intervention focus. Interventions that focus less on the disruptive aspects of bereavement and more on reorganizing issues may need to be timed differently (Constantino, 1988).

A greater range of intervention foci certainly needs to be explored. Lieberman (1993) has suggested that interventions should move beyond merely addressing loss and recovery, in which the individuality in bereavement is recognized and the possibility of growth experiences are examined as new challenges. To this end, a multidimensional approach should be used which recognizes that in addition to the need for self-expression and mutual support, interventions should provide opportunities to learn new skills and experience personal growth. Potential components could include enhancing self-esteem, teaching new skills to complete tasks of daily living, and providing health education for improved self-care and wellness (Lund, 1989). These areas have been rarely studied within the context of bereavement interventions.

Although many of the specific methodological issues will be discussed in greater detail later, intervention studies would be greatly improved if we developed measures that were more sensitive to the expected outcomes of the intervention. For example, if an intervention is not expected to impact depression, why include it as a measure of the intervention's effectiveness? We must pay more attention to what the intervention intends to impact and be careful to measure those outcomes. Similarly, we need to be more realistic in what we expect our interventions to accomplish; as it is widely understood that any intervention is not a panacea and not intended for everyone (Caserta & Lund, 1993; Lund, 1989; Osterweis, 1988). For example, it might be overly optimistic to expect a six to eight week program to eliminate or significantly reduce depression.

Longitudinal Designs

Bereavement is a process and not just a single event in time, and is best understood if it is studied longitudinally. Collecting data at multiple times allows researchers to more clearly delineate and test causal relationships specified by theoretical frameworks. Repeated assessments also allow us to identify some of the many changes that are likely to take place during this highly stressful and volatile process. These designs also permit us to examine the long-term effects of interventions that could emerge long after the treatment had ended. Some interventions provide knowledge and skills that may take months for the bereaved person to apply and realize the benefits.

It is becoming apparent that there is a need to account for even longer time spans in bereavement research. Most scholars agree that there is no clear point of demarcation where the bereavement process ends and sometimes the detrimental

effects of loss may not surface immediately (Shuchter & Zisook, 1993; Wortman & Silver, 1989). Even in the absence of long-term difficulty, Horacek (1995) argues that extended longitudinal studies are needed to understand the process of continuing grieving where, although the bereaved individual ultimately returns to an acceptable level of functioning, it is qualitatively different from what it was prior to the loss. Part of the continuing grieving process involves an ongoing relationship that the bereaved has with the deceased, the nature of which changes over time. Longer study periods will facilitate a better understanding of this phenomenon and our theoretical models of grief could be further informed and refined as a result.

Although future bereavement studies should be longer, the intervals between the data points should be shorter whenever cost and practicality allow (Lichtenstein et al., 1996). The purpose of shorter intervals is to better capture the more subtle and transitory aspects of the bereavement process that could otherwise be missed. If budgets do not allow for frequent assessments throughout the entire study period, it is especially important to build them into the early part of the design to account for the complete spectrum of emotions typical of early bereavement (Wortman & Silver, 1989).

Longitudinal studies with small samples but more in-depth assessments also have their place in bereavement research. These typically qualitative approaches can add clarity to the findings of large scale epidemiological studies. Both methods can complement one another because each can address the other's limitations (Stroebe & Stroebe, 1987). Even large studies that employ quantitative analytic strategies can still benefit by incorporating qualitative questions which provide added detail and personal examples to the statistical findings. As Lieberman (1996) demonstrated, in-depth case studies from clinical experience as well as research findings added substantial detail concerning the variability of the bereavement process observed among the 600 widows and 100 widowers he studied over a seven-year period.

Finally, investigators should attempt to obtain pre-death assessments whenever possible (Lichtenstein et al., 1996). Although this is often a problem of limited resources and logistics, if such an approach is at all realistic, a more accurate assessment of the impact of bereavement on functioning and well-being would be obtained with a baseline pre-bereavement measure. Most studies that have included a pre-death data point are large epidemiological surveys that were not primarily intended for the study of bereavement (e.g., National Health and Nutritional Examination Survey [NHANES], McCrae & Costa, 1993). Although reports such as these have offered useful insights, they are often constrained by a limited choice of measures that may not be optimum for bereavement research as well as having wide data intervals. Studies specifically designed for bereavement with a pre-death assessment of functioning and well-being will provide the most accurate assessment of the full impact of bereavement.

New Areas of Exploration

With some exceptions, most of the research on bereavement has focused on spousal loss, perhaps followed by studies on the loss of children. Other types of bereavement, such as loss of siblings, parents, and unmarried life partners, among others, should be encouraged. Our theoretical models of bereavement could be significantly under-specified without considering the similarities and differences associated with different types of loss. Although studies of this nature have begun to appear especially within the ADEC journals, *Death Studies* and *Omega*, this work needs to continue.

There also is a place for research focusing on special populations where the bereavement process and its consequences are contextually imbedded in unique circumstances. This would include studies of disenfranchised grievers and bereavement due to violent deaths, catastrophes, and sudden infant death syndrome. Because of its epidemic proportions, however, bereavement associated with death due to HIV/AIDS is one with implications for large numbers of people, many of whom are those who have not typically been part of bereavement studies. The HIV/AIDS epidemic has resulted in high concentrations of gay men experiencing bereavement, where some aspects of the process may be different than what has been observed in heterosexual samples (Martin & Dean, 1993), and the bereavement response may be influenced by important contextual factors (Cherney & Verhey, 1996). However, as the disease takes hold in other segments of the population, more heterosexuals of both sexes also will be experiencing the effects of this kind of loss. Furthermore, HIV/AIDS cuts across generations where parents and grandparents experience the loss of children and grandchildren, as well as children losing parents and siblings (Nazon & Levine-Perkell, 1996). Here, the bereaved person's relationship to the deceased could interact with those features of bereavement specific to death from HIV/AIDS. For example, to what extent are there similarities and differences among the bereavement experience of a homosexual life partner versus that of a heterosexual spouse or an older adult who has lost their adult child to AIDS? Future research should focus on distinguishing how much of the process is unique to AIDS as a cause of death compared to any similarities that AIDS-related bereavement has with the experience of life partners, spouses, parents, and children who are bereaved for other reasons.

Finally, although one qualitative study found more similarities than differences between African-American and Caucasian widows (Salahu-Din, 1996), more bereavement studies should systematically test for cross-cultural and ethnic group comparisons. This represents a need for more heterogeneous samples consisting of sufficient numbers of African-Americans, Hispanics, Asians, and Native Americans to make these comparisons feasible. Moreover, although cultural differences can account for some of the variability in the bereavement process, incorporating a greater age range within the same study will facilitate

comparisons of age and cohort related similarities and differences within the same sample. Although studies have used people from different ethnic, cultural, age, and gender groups, few have built many of these factors into the same design. The ability to compare cultural similarities and differences as well as individual ones would greatly enhance our understanding of the bereavement process.

METHODOLOGICAL ISSUES

This section discusses two generic methodological issues that are important considerations irrespective of the type of bereavement study and the nature of its design. These have to do with optimizing the representativeness of the sample and the need to give important consideration to the choice of measures employed in the study.

Sample Representativeness, Recruitment, and Retention

In any bereavement study, the investigators need to make a decision up front as to who the target population is and then decide on the best strategy to obtain a representative sample that can generalize to that population. At the same time, special attention must be paid to the recruitment of racial and ethnic minorities, not only because this facilitates those cross-cultural comparisons discussed earlier, but also because a sample that is generalizable needs to be representative of *all* segments of the target population, not just those that are more readily accessible.

The representativeness of the sample is highly dependent on the sampling frame that is chosen from which potential respondents are identified. Again, the choice of the sampling frame is largely dictated by the identified target population as well as the recruitment method. The most common sampling frames that have been used are newspaper obituaries, death certificate databases, and referrals such as those from support groups, funeral directors, hospitals, hospice programs, and nursing homes. Newspaper obituaries offer the advantage of early contact while death certificate databases give more complete coverage but are usually not available for several months after the death has occurred. Specific referral sites may be the most appropriate method of identifying special subpopulations of bereaved individuals but their use could be very time and labor intensive and could depend substantially on the cooperation of key informants. Apparently each sampling frame has its own strengths and limitations which must be considered by the researcher given which one best meets the study objectives and more effectively targets the intended population. Where appropriate, more than one strategy might be useful provided each step or strategy is clearly documented, reported, and analyzed. Whatever the strategy, however, Neal, Carder, and Morgan (1996) demonstrated that the recently bereaved are easier to locate and recruit versus those who may have been widowed longer. They, therefore,

suggested that the most recently available records be used as a sampling frame if possible.

Entirely different sampling frames are usually needed to identify nonbereaved control groups. Strategies that have worked in the past have included using census track data to identify concentrations of nonbereaved individuals with similar sociodemographic characteristics to the bereaved in the study and then employing neighborhood directories to identify specific potential respondents within the targeted census tracks. Voter registry information is also useful as long as it provides the information that is sufficient to identify controls. Of course, a major caveat is that these registries only contain those people who registered to vote as of the most recent election year and the researcher must decide whether this introduces a potential source of bias into the study.

A major problem in sample recruitment encountered by bereavement researchers is high refusal rates which, depending on who refuses, can either overestimate or underestimate the impact of bereavement on the outcomes being studied (Levy, Derby, & Martinkowski, 1992; Stroebe & Stroebe, 1989). A series of steps can be taken, however, to minimize refusal and to maximize retention. The initial contact is highly influential in whether or not a potential respondent agrees to participate in the study, particularly if it is soon after the death. Therefore, the protocol must be highly sensitive, using a carefully worded letter of invitation that is followed by a phone call or a personal visit a few days later. The research staff should put ample time into preparing the letter so that it is respectful of the needs of the bereaved while at the same time emphasizing the importance of the study and encouraging them to seriously consider participating. Those who make the follow-up phone call or visit must have a clear understanding of the entire study procedure and be prepared to answer any questions and address any concerns the prospective participant may have. Researchers are also encouraged to consider using third parties such as funeral directors or clergy who could enclose a brief introductory letter endorsing and supporting the project with the letter of invitation to the potential respondent. Similarly, influential individuals within minority communities or other hard-to-reach populations could facilitate access to members of these groups as well as indicate their support for the research project.

Oftentimes potential research subjects are reluctant to make the time commitments needed to take part in longitudinal studies, especially where they are asked to participate in an intervention. It is important to acknowledge the extent of such a commitment by offering a small but sincere remuneration for the time and effort involved. One common strategy is to offer a specified monetary amount per interview. If money is not suitable other forms of reimbursement may include vouchers for meals, services, or other community resources that the bereaved may appreciate and find useful at the appropriate time. These forms of modest inducements may minimize drop-out from the study as well as initially boost successful recruitment.

Retention rates are also optimized by keeping in close contact with the respondents between data collection points. This is particularly important when study intervals are wide. It is usually good practice to periodically keep in touch with the participants sometime between data points to keep current on changes of address or phone number as well as other changes in life circumstances that may affect their continued participation. These regular contacts may keep the respondents committed to the study and less likely to drop out from lack of interest.

Even with all these steps in place, subject recruitment and retention may still be problematic, given the sensitive and distressing nature of bereavement. In this case the researcher needs to be prepared to address potential sources of bias associated with refusal and attrition. At the very least, reasons for refusal and drop-out should be documented and reported along with some selected demographic information. Another useful strategy that we urge investigators to seriously consider is to do brief follow-up surveys of those who refuse. In our own research, we found that a simple brief phone survey of refusals a year after they were initially contacted helped to address some of these issues by asking a few single-item questions regarding their health and well-being. Although we were not able to address all sources of bias, we were able to compare participants and those who refused according to several important factors. Similar approaches in future studies are encouraged so that sample representativeness can be addressed as effectively as possible.

Measurement Issues

Because bereavement adjustments involve nearly every aspect of a person's life it is important that research investigations include a similarly broad range of adjustment process and outcome measures. Greater diversity is needed in what we measure, especially those aspects other than acute grief reactions or complicated bereavement. Many of the current tools are not sensitive to those adjustment changes associated with the enduring, uncomplicated, and normal course of bereavement (Horacek, 1995). Bereavement can impact a person's self-concept or identity, social relationships with friends, family, and co-workers, emotional well-being, religious participation, physical health, work productivity, participation in leisure activities, and desire for intimacy in relationships with others, to name just a few. Not every study can include a measure of every aspect of the adjustment process but researchers need to be reminded of the multidimensional nature of bereavement so that measures are more broadly selected and there is an awareness of and justification for what was not selected. Theory and practice can help guide this selection so that the most appropriate variables and measures are included along with a rationale for not including others.

Each of the multidimensional aspects of the bereavement process has not received equal attention by researchers. We know much more about the physical and mental health effects of bereavement than we do about other dimensions of

people's lives. Some of these neglected dimensions include work and leisure activities. Employers of bereaved workers should be interested in knowing more about how the process might impact productivity, absenteeism, quality of work, and job satisfaction. It is likely to be in the best interest of employers to learn more about the possible impact of benefit packages and intervention services that they might provide to bereaved workers to minimize some of the work-related disruption. Similarly, we know very little about the impact of loss on specific kinds of social, volunteer, and leisure activities. We know that it is relatively important for bereaved persons to remain socially active to help them through the process but we know little about which specific activities to recommend. After research examines more of these neglected aspects of adjustment we will be in a better position to do more intervention research to test those activities that hold the most promise to help.

Future research also could benefit from focusing more on measures that assess the daily lives of the bereaved and not simply rely on the more global measures like depression and life satisfaction as well as those that measure unresolved grief. As mentioned previously in the section on intervention studies, it is important to select measures that are sensitive enough to identify subtle changes in the daily life of the bereaved person. We need to know much more than how depression scores change over time. It is quite possible that a bereaved person could remain somewhat depressed but at the same time feel pride in learning how to do something new and feel motivated to learn other new skills. With a few exceptions (e.g., Lieberman, 1996; Yalom & Lieberman, 1991) positive outcomes such as personal growth, independence, autonomy, pride, and greater self-efficacy have generally not received much attention. We have found that bereavement is similar to a long roller-coaster ride that has many ups and downs that occur within very brief periods of time. Global measures of well-being can play important roles in certain kinds of studies but they often miss many of the subtle or transitory changes that occur. Even subtle changes can often represent important signs of improvement and would be worthwhile to identify in research studies. For example, simply feeling at peace with oneself and at peace about the loss, even for a few moments during the day, can be a desirable outcome especially if these moments increase in frequency during the course of the day. Researchers need to carefully select their measures so that they are appropriate to the theory, purpose of the study, and able to capture more of the transitory characteristics of the daily life of a bereaved person.

CONCLUSIONS

Conducting research on grief and bereavement is a very rewarding experience because the knowledge that it generates can be used to make a difference in people's lives. The death of a child, spouse, sibling, parent, or close friend are among the most stressful and difficult life events. When confronted with these

losses nearly every aspect of our lives can be affected and the process of adjustment may never end. Because the effects of bereavement can be so profound and longlasting, there are many opportunities to apply research-based knowledge to help alleviate some of the suffering and detrimental outcomes. Research can help us to identify those who are likely to suffer the most and need the most help, what kinds of assistance are needed and what are the most effective ways to intervene, and when it might not be appropriate to assume that help is needed. Research on bereavement also offers fertile ground to test theories and conceptual models from a variety of disciplines, and thereby advance the development of these theories by applying them to this extremely stressful situation. Theories are valuable tools for understanding and changing behaviors and confirming, refining, and modifying their essential elements is a worthwhile outcome in itself. What we learn about human behavior by studying bereavement may have valuable applications to many other life situations because each theory is likely to be relevant to many different kinds of circumstances.

Our final suggestions concerning the future directions for research on adult bereavement are based on our previous research experience and preferences. In this article we described the importance of integrating theory and practice in the research process, reviewed important suggestions about the types of studies needed, and discussed some critical issues about methodology and measurement, but two pieces are still missing. We highly recommend that research investigators try to be creative and work in interdisciplinary teams whenever possible.

Being creative means that while looking at the same thing you are able to see something different, perhaps many different things. Good quality research is not always the result of following a "cookbook" approach where we simply look up the issue or problem and we can find the recipe to resolve it. In order to ask the most interesting and important questions, decide how to identify the sample of respondents and get them to remain in the study, determine what measures to use and how to report the findings in the most meaningful way, we sometimes need to be very creative. For example, what appears to be a problem of bereavement-related depression might also be viewed as an expected reaction to the loss of income, social status, or transportation. Some subjects are more likely to participate in a study if they are paid honorariums, yet others are most willing when they are informed that their participation will be helpful to others. Research results do not always need to be presented in regression or correlation tables particularly when the intended audience would prefer more personal and qualitative information. Each of these three situations would benefit from the researchers being creative and not automatically assuming that every problem or decision has a ready-made answer. As researchers we need to be much more creative in how we define a problem, how we go about designing our studies, and how we communicate our results with others.

We have discovered that it is much easier to be creative by working in interdisciplinary teams to conduct research. Researchers are trained within specific

disciplines and learn to favor specific research designs and strategies. Over time, each investigator's training becomes his/her area of expertise and there is a natural tendency to define research questions in a way that leads to using the same methodologies, measures, and analyses. Abraham Kaplan refers to this rigidity as "the law of the instrument" (1964: p. 28). He states that if you give a young boy a hammer, everything he encounters will need pounding. If a researcher exclusively uses only one theory, one methodology, one type of measure, and one kind of analysis then other techniques and strategies are ignored. If we cannot become skilled with more than just a single approach to research (the hammer) it is even more important that we work in interdisciplinary teams so that other tools, perspectives, and methodologies are used. One of the best ways to be creative is to assemble a team of investigators who represent diverse and needed areas of expertise. When clinicians, theorists, and researchers from nursing, social work, social and behavioral sciences, and other disciplines work collaboratively the end results are much greater than just the sum of the parts. New theories, methodologies, and measures will result from the creativity that is enhanced by working in multidisciplinary teams.

Many unanswered and unasked questions remain about the bereavement process. Research-based knowledge is needed to fill in these gaps by creating new knowledge and helping us to become more confident of what we think is true. Researchers need to ask relevant and interesting questions, be skilled in how to conduct good quality studies, and be prepared to be creative in all aspects of the research process. Much pioneering work remains for those who have the interest, expertise, and enthusiasm to learn more about adult grief and bereavement.

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