

**NEW PERSPECTIVES ON THE DUAL PROCESS
MODEL (DPM): WHAT HAVE WE LEARNED?
WHAT QUESTIONS REMAIN?**

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In 1999, Stroebe and Schut published their seminal article on the Dual Process Model (DPM), a conceptual model which changed the direction of bereavement research. While earlier models of grief focused primarily on psychological adjustment in the wake of a severed emotional attachment, the DPM model places equal emphasis on practical—even mundane—daily life strains that follow from bereavement, such as learning new household management skills and establishing new relationships. In order to cope effectively, bereaved persons must “oscillate” between loss-oriented (LO) coping and restoration-oriented (RO) coping. The former refers to coping processes that focus directly on the *stress of the loss itself*, including symptoms of grief, loss, and sadness; the latter includes the processes one uses to cope with the *secondary stressors* that accompany one’s new status as a bereaved spouse. Oscillation is essential for optimal psychological adjustment; bereaved persons must attend to practical as well as emotional matters, and many may turn to RO activities as respite from negative emotions associated with the lost attachment.

In the 10 years since Stroebe and Schut’s (1999) publication, many bereavement researchers have conducted empirical evaluations of specific components of the model. At the 2008 Gerontological Society of America’s annual meeting, a multidisciplinary panel of researchers spanning the fields of psychology, psychiatry, social work, and sociology came together to test, refine, and debate the model. The four papers presented in the symposium are published in this special issue. These papers represent a range of research methods, including

in-depth qualitative interviews (Bennett, Gibbons, & Mackenzie-Smith, 2010), quantitative analysis of survey data (Richardson, 2010), and program evaluation (Lund, Caserta, Utz, & de Vries, 2010), as well as a theoretical essay (Shear, 2010). In this article, I summarize and critique the contributions of each of these works and highlight important yet unresolved questions about the DPM.

Bennett and colleagues (2010) use data from two qualitative studies to explore whether the coping tactics adopted by widows and widowers are associated with their psychological adjustment to loss. Their first analysis uses data from in-depth interviews with 90 older bereaved spouses. Study participants had been bereaved anywhere from 3 months to 32 years, with an average of 9 years since loss. The interview obtained rich information about life prior to loss, psychological and social adjustment post-loss, and a retrospective assessment of “what a typical day had been like after the death, what support they had, and how they felt.” Their second analysis involved in-depth interviews with 13 widowed women, and focused on RO coping. Of particular interest was obtaining detailed reports about “practical changes” that were made since the death, and one’s appraisal of how difficult those changes had been.

The analysis shows that particular clusters of stressors are associated with positive versus negative adjustment. Specifically, persons who adjust well to loss had experienced stressors related to New Roles, Identities, and Relationships (RO) and Intrusion of Grief (LO), while persons who adjust less well experienced stressors related to Denial/Avoidance of Restoration Changes and Distraction/Avoidance of Grief. The article also elucidates the specific changes that widowed women made following loss; the key challenge they reported was managing personal finances, yet women also reported positive aspects of their newly-acquired independence, including the pursuit of new activities and relationships, and becoming self-sufficient emotionally and instrumentally.

Bennett and colleague’s (2010) work makes important strides in pinpointing specific aspects of RO that facilitate adjustment to loss. However, the analysis is based on retrospective data only, and is thus susceptible to the critiques typically levied against such designs. Retrospective recall bias is a serious concern given that some of the study participants were bereaved more than 2 decades earlier. Moreover, retrospective data collection techniques—especially when focused on a stressful life event such as loss—often elicit overly rosy reports of adjustment. Emerging research on post-traumatic growth suggests that individuals tend to construct narratives that emphasize themes such as personal growth and improvement. It is psychologically and emotionally protective to believe that one has “grown” or learned from a traumatic experience; by contrast, it is distressing to admit that a bad event has no positive consequences (e.g., Aldwin & Levenson 2004).

Like Bennett and colleagues (2010), Lund and colleagues (2010) focus primarily on the nature and utility of RO coping. Their research team developed the Living After Loss (LAL) project which evaluates the effectiveness of an

innovative DPM-based intervention (compared to a “traditional” support group). The DPM-based intervention provided bereaved spouses with lessons on how to cope with both LO and RO challenges, whereas the traditional intervention focused on LO issues only. Each of the concrete lessons taught mapped directly onto a component of the DPM model, such as “grief work” or “attending to life changes.” Further, in an effort to emulate the process of “oscillation,” participants in the DPM-based group were exposed to LO and RO lessons on alternating weeks. The authors expected that persons in the DPM-based intervention would evidence better coping outcomes at the end of the 14-week program. Study participants were recently bereaved spouses ages 50 and older, residing in the San Francisco and Salt Lake City regions.

The analyses yielded several findings that have important implications both for gerontological practice and for model refinement. First, they (Lund et al., 2010) found that the DPM group (i.e., both LO and RO treatments) and the LO-only group did *not* differ significantly in terms of how much they learned about grief-related topics. Likewise, those in the DPM group did not show greater gains in RO coping than those in the comparison group. The authors speculate that discussion of RO issues might have arisen during the “traditional” LO group, or that bereaved persons may naturally consult their friends and family outside of the support group for assistance with RO issues.

Perhaps the most interesting finding was that the needs of study participants varied tremendously in the RO group. When subjects were asked to name additional topics they would like to learn more about, multiple non-overlapping suggestions were offered—ranging from cooking to computers. The authors (Lund et al., 2010) conclude that “at least some of the participants might benefit more from an individually targeted and delivered RO coping option.” These findings suggest that while LO coping tactics and symptoms pertaining to emotional aspects to loss may be *universalistic*, RO coping tactics and the consequences thereof for bereaved people’s adjustment may be *individualistic*. The latter may depend heavily on one’s education, skill set, availability of social support, degree of preparation for the death, and both gender and cohort-specific socialization. This finding has important implications for policy and practice; while bereavement support groups may be appropriate for treating the nearly universal, short-term emotional aspects of loss, the practical challenges are much more idiosyncratic, and may require social workers or bereavement counselors to have a fairly in-depth knowledge of the bereaved person’s skills, needs, and other sources of support.

While the LAL project focused heavily on practical and instrumental aspects of RO, Richardson’s analysis investigated a different aspect of RO coping: social relations and integration. Richardson (2010) explores the extent to which social relations and activities post-loss protect against the strains of pre-loss caregiving. She proposes that individuals who engage in long spells of spousal caregiving prior to loss may disengage from meaningful social roles and relations and thus

evidence poorer adjustment post-loss. Specifically, Richardson uses cross-sectional survey data from a sample of 200 older widowers to investigate whether the length of caregiving affects widowers' levels of positive and negative affect 2 years post-loss, and whether the caregivers' engagement in RO activities, operationalized as social contact with friends, families, and neighbors and participation in new activities, moderates the adverse psychological consequences of prolonged caregiving.

Richardson's analysis, like the work of Lund and colleagues and Bennett and colleagues, finds some support for the effectiveness of RO coping. Lengthy durations of pre-loss of caregiving are associated with poorer psychological adjustment post-loss, yet this effect is moderated by social support. Having many friends and having a confidante with whom one can share their private thoughts each mitigate against the psychological strains associated with prolonged caregiving. These results are encouraging, yet provide only a partial test of the DPM. Several of the measures of social support, including number of friends and having a confidante, do not distinguish between relationships established prior to the loss versus post-loss. Although both measures focus on social contact occurring in the very recent past, it is not clear whether these relationships have persisted in the long term, or whether the intensity of the relationships has changed since bereavement. A core component of the DPM, by contrast, is a focus on *new* roles and relations developed post-bereavement. Despite this limitation, Richardson's (2010) work makes an important contribution by considering a broad range of social relationships—including those with neighbors, friends, family members, and activities including clubs and sports.

Whereas Bennett and colleagues, Lund and colleagues, and Richardson focus primarily on RO aspects of coping, Shear (2010) focuses on the complex interplay between RO and LO coping. Her essay sets forth a provocative hypothesis: avoidance, typically conceptualized as a maladaptive coping tactic, may be adaptive—at least in the short term following loss. Her argument draws heavily on attachment theory and DPM theory. Shear notes that the pain of losing a loved one is distressing, and individuals may need to temporarily and sporadically distance themselves from the harmful emotions and cognitions that accompany the loss. Unlike Stroebe and Schut (1999), however, Shear (2010) believes that bereaved persons do not necessarily oscillate between LO and RO coping, rather the two processes are overlapping and one may give rise to the other. For instance, one who needs to “achieve distance from emotions and other internal experiences” may rely on experiential avoidance and turn to new activities and relationships for a reprieve from their grief symptoms.

Shear (2010) cautions that this strategy of experiential avoidance can “backfire”; however, if avoidance persists “beyond a certain point [it] can hamper mourning and complicate grief.” Bereaved persons engaging in unhealthy avoidance may stay away from activities or emotions that could provide them solace; for instance, bereaved persons may stop listening to the favorite music of

their deceased spouse, or may withdraw from married couple friends with whom they used to socialize. Shear recommends that strategies for treating grief recognize the important role of experiential avoidance. She proposes a cognitive strategy called “imaginal revisiting” which requires the bereaved persons to recall the death, talk about the experience, and set goals for the future. This process allows the bereaved person to identify the potentially pleasant or rewarding activities that they are avoiding because they fear reminders of the loss.

Taken together, these four articles make important contributions to testing and refining DPM. They highlight the importance of RO coping for positive adjustment to loss; underscore the difficulty in conceptualizing and operationalizing oscillation; and show that avoidance may be adaptive, at least in small doses. They also reveal the importance of *heterogeneity*: whether, how, and to what end one copes with loss is conditioned by characteristics of the death, the late marriage, and the psychological and social resources of the bereaved spouse. However, these studies also highlight four important issues that require further theoretical development and empirical analysis: identifying the psychosocial factors that affect both one’s coping tactics and the implications of such tactics for psychological adjustment to loss (i.e., *social selection*); the role of agency and intent in coping with loss; the time course and relative balance of LO and RO coping; and the consideration of multiple outcomes when studying the effectiveness of LO and RO coping. I briefly summarize each of these limitations and suggest strategies for future study.

SOCIAL SELECTION PROCESSES

An overarching question posed by both the DPM and the articles presented in this issue is: to what extent do LO and RO coping facilitate psychological adjustment to loss? For instance, Bennett et al. (2010) find that persons who report stressors related to Denial/Avoidance of Restoration Chances and Distraction/Avoidance of Grief report poor psychological adjustment to loss, while Richardson (2010) shows that persons with more friends and a confidante fare better post-loss, even in the aftermath of long caregiving spells. However, the analyses do not consider the social, economic, and psychological resources that may give rise to *both* stress/coping factors *and* post-loss distress, and thus may account for an observed correlation between coping and psychological adjustment.

The issue of social selection is a critically important concern for researchers studying adjustment to loss; individuals with the fewest economic resources, poorest physical and mental health, and weakest social ties *prior to loss* may be most likely to face difficulties in managing practical tasks of loss and of adjusting emotionally to the loss. For instance, a poorly educated, economically distressed widow may not have the economic resources to engage in new activities (i.e., RO coping) yet also may be at particular risk of secondary stressors such as

financial strain, that further compromise her psychological well-being. Likewise, a widow with relatively high levels of trait neuroticism may select ineffective LO strategies, such as rumination or denial, which in turn compromise her psychological adjustment to loss. Prospective multiwave studies which obtain information on the psychosocial traits and resources of an individual prior to loss are necessary if researchers hope to distinguish the effects of coping tactics on adjustment. Longitudinal data sets such as the Changing Lives of Older Couples (CLOC), Health and Retirement Study (HRS), and Wisconsin Longitudinal Study (WLS) may be useful resources for bereavement researchers hoping to document both the precursors to and psychological consequences of particular coping strategies and secondary stressors related to loss.

AGENCY AND INTENT IN COPING WITH LOSS

One of the greatest strengths of the DPM model is that it allows for individual-level agency and innovation. Unlike classic “stage theories” of grief, which assume that bereaved persons proceed through a series of stages in lock-step fashion, and where deviation from this progression is viewed as problematic for adjustment, the DPM model allows that there are multiple paths to adjustment, and that individuals will oscillate between LO and RO coping based on one’s own needs and demands. However, the model does not adequately address whether individuals are actively and purposively choosing these strategies, or whether they are passively defaulting to strategies due to lack of options.

Understanding a bereaved person’s intent and motivation is particularly important when assessing the implications of “avoidance” for adjustment to loss. Shear (2010) proposes a plausible argument: that avoidance can be adaptive, provided it does not persist too long. However, Bennett finds that avoidance is associated with poorer adjustment to loss. These conflicting findings raise questions about the role of intent and agency. Is a bereaved person actively avoiding a thought or activity because it is too painful? Or are they passively avoidant because they lack the resources to engage in a particular activity? Or, are they avoiding a task or emotion because they simply have other more desirable or satisfying options? Importantly, both “push” and “pull” factors may cause a bereaved older adult to engage in new activities, roles, and relationships. For example, a widow may seek out new activities because she cannot bear to be in her home alone (i.e., push factor), or may seek out new activities because she happily embraces the prospects of developing new skills and friendships (i.e., pull factor). The extent to which one plays an active versus passive role in selecting a new activity or relationship, and one’s rationale for why one has chosen a particular path may condition the psychological consequences of that coping practice. Future qualitative studies could probe bereaved spouses for the reasons behind their choices to engage in particular practices; the simple question of “why?” may elicit valuable insights into the role of agency in the bereavement process.

TIME COURSE AND RELATIVE BALANCE OF LO AND RO AND COPING PROCESSES

Each of the four studies presented here points out an important gap in bereavement research: neither the DPM model nor empirical tests thereof have yet established when, how much, and to what end one engages in LO versus RO coping. Of particular interest would be an investigation of whether such processes can begin *prior to loss*. Among the 2 million deaths in the United States each year, nearly three-quarters are to older adults—most of whom suffered from long-term chronic illnesses that required intensive caregiving (Federal Interagency Forum on Aging-Related Statistics, 2008). As such, soon-to-be bereaved spouses may begin to oscillate between RO and LO coping even prior to the loss.

The concept of “anticipatory grief” suggests that individuals often begin to disengage emotionally from and mourn the loss of their loved one even prior to the death, as terminal illness and severe cognitive impairment irrevocably alter the nature of one’s relationship (Rando, 2000). Likewise, Bennett and colleague’s (2010) interviews reveal that some women began to cut back their activities, such as volunteering, when their husbands became ill. Yet others may ramp up their social engagement in preparation for the impending death. For example, research on divorce reveals that unhappily married women who anticipate a future divorce, may return to the labor market even prior to the divorce, so that they will be financially prepared for the transition (Johnson & Skinner, 1986). One might suspect that married persons may begin to learn new skills, such as cooking, financial management, or earning a driver’s license prior to the loss of their spouses in anticipation of the RO stressors they may ultimately encounter. Married caregivers may re-establish old friendships or re-invest in relationships with siblings in anticipation of the social and emotional support they will require upon bereavement. This attention to RO coping prior to loss may also provide respite from the emotional strain associated with watching a loved one die; thus it is plausible that oscillation is adaptive both pre- and post-loss.

A further goal of DPM researchers is to ascertain the time points post-loss when RO versus LO coping is particularly valuable, and whether there are *optimal* time points for invoking one set of strategies more frequently than the other, or for oscillating more or less frequently. Each of the articles presented in this issue implicitly recognizes the importance of time, although none made this concern the focus of their study. For instance, while Bennett and colleague’s (2010) sample included persons who had been bereaved for as many as 32 years, she did not stratify her analysis by duration since loss. Both Richardson (2010) and Lund and colleagues (2010) focused exclusively on newly bereaved person (i.e., 1 to 2 years, and 2 to 6 months post-loss, respectively); this limited focus is well justified, given that psychological symptoms and practical challenges are most acute during the early stages of loss. Still, future studies could explore the extent to which and the effectiveness with which one oscillates between LO and

RO in the near term (i.e., less than 6 months) versus longer term (6 to 12 months) post-loss. This approach would be particularly useful in evaluating Shear's (2010) claim that avoidance is adaptive in the short term only. Studies that focus explicitly on the time course of symptoms could help to identify the specific time period during bereavement when avoidance becomes maladaptive rather than adaptive.

The issue of *balance*, or how much one focuses on LO versus RO coping, also remains an unresolved question. Bennett and colleagues (2010) found that a full 87% of bereaved persons in their sample reported both LO and RO coping, but they captured the presence of rather than oscillation between the two. Lund and colleagues (2010) attempted to emulate an oscillation process in their DPM intervention, but acknowledge that alternating weeks of LO and RO sessions may not be a realistic approximation of the "real" oscillation process. They note that "oscillation . . . is the least well-developed feature of the DPM but has considerable promise in facilitating more positive adjustment outcomes." Of particular interest is whether the "optimal" balance varies based on one's psychosocial characteristics including one's gender, physical health, economic resources, social support systems, and other stressors in one's life.

Researchers now have the methodological tools to assess both the optimal balance of LO and RO coping, and to document the point in the bereavement process when one is invoked more heavily than the others. As Stroebe and Schut (1999) note in their introductory article, new data collection techniques including daily diary studies or "beeper" studies that ask bereaved persons to indicate what they are doing at every moment of the day may provide rich descriptive information on the coping tactics used, and the extent to which oscillation occurs. Large-scale time-diary studies such as the American Time Use Survey (ATUS) and National Survey of Daily Experiences (NSDE) provide methodological templates for developing diary studies of bereavement. This type of data could be used to predict psychological outcomes measured at a subsequent time point. Moreover, as existing studies of bereavement obtain multiple waves of data across time, data analysts will be able to use sophisticated analytic tools such as latent growth curves. This analytic approach allows researchers to track both the initial levels of RO and LO coping post-loss, changes in these levels over the course of bereavement, and the psychosocial correlates of such trajectories.

IMPORTANCE OF MULTIPLE OUTCOMES

A further strength of the DPM model is that it was developed to explore a range of behavioral and psychosocial outcomes. Future studies should continue to consider a diverse range of outcomes including physical, emotional, and social well-being; different aspects of adjustment may respond to different aspects of LO and RO coping. For example, Richardson (2010) found that the duration of

caregiving pre-loss predicts positive affect—but not negative affect—in her sample of 200 recently bereaved widowers. Similarly, positive affect only is associated with having a confidante and number of friends.

It is important to study multiple outcomes because the time course of specific symptoms may vary and important consequences may go undetected. Studies that focus on the consequences of LO and RO coping at only one time point, such as 6 months post-loss, may fail to detect individual-level differences in adjustment that occur immediately after loss, as well as those effects that are lagged and manifest only in the longer-term post-loss. For instance, depressive symptoms may be most acute during the first 6 months post-loss, whereas indicators of social adjustment, such as interest in dating or forming new relationships, may emerge only in the longer-term, given cultural norms prohibiting relationship formation “too soon” after loss.

Further, researchers should continue to consider the *level* of one’s psychological symptoms rather than solely one’s diagnostic category, such as a diagnosis of complicated grief. Studies that focus solely on discrete categories cannot provide information on the coping processes of those who barely fail to meet diagnostic criteria, or who experience severe symptoms at one point in time post-loss but whose symptoms have subsided by the time of data collection. For example, Lund and colleagues (2010) focus on a broad range of participants in the LAL, rather than only those who are coping poorly. This strategy enables them to focus on a diverse range of coping strategies and outcomes.

In sum, influential theoretical and empirical advances have been made in the past decade as researchers have tested and refined the Dual Process Model. This model has influenced the development of innovative interventions to treat the bereaved (Lund et al., 2010; Shear, 2010) and has promise to inform practice and theory even more powerfully in the next decade, facilitated in part by the promising research presented in this issue.

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