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Anticipatory grief:
Its nature, impact, and reasons for contradictory findings

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Abstract
A review of the published research literature that examined the consequences of anticipatory grief on post-death bereavement adjustment, found conflicting results. An analysis of the literature suggested that conceptualisation matters, the lack of a precise and consistent operational definition, along with a number of methodological issues were the main reasons for the inconsistent and contradictory findings. Until these research concerns are adequately addressed to coherently and meaningfully capture the impact of anticipatory grief on post-death bereavement adjustment, an understanding of the phenomenon is likely to be limited, and could affect the nature and type of interventions considered by mental health practitioners in this field.

Introduction

Anticipatory grief is a term describing the grief process that a person undergoes before a loss actually occurs. The scientific study of anticipatory grief is a relatively recent phenomenon, with the first documented research by Lindemann (1944). The terms 'anticipatory mourning' and 'anticipatory grief' were used interchangeably in this article to conform to the researchers' varied usage of the term. During the sixty-year span that followed, not only did the quantity of research in the field of anticipatory grief increase, but also there were marked improvements in the levels of methodological and statistical sophistications, and standards of reporting. Nevertheless, the history of research on this phenomenon has been fraught with conflict ever since its emergence. Some researchers have even submitted that anticipatory grief does not exist. Despite these submissions, a large body of research has been undertaken to determine the effects of anticipatory grief on post-death bereavement. However, the results of this research have been contradictory.

The more research that has been undertaken to determine the consequences of anticipatory grief upon post-death bereavement, the greater the degree of uncertainty that has evolved. The question that must then be addressed is what are the reasons that could have led to the increasing degree of uncertainty about the nature and impact of anticipatory grief upon post-death bereavement?

With this background, a review of relevant reported research was undertaken to: ascertain the nature and impact of anticipatory grief on post-death bereavement; analyse the conflicting findings of the research; and to identify and investigate the factors that have contributed to

the contradictory findings. This information could have implications for mental health practitioners when working with bereaved individuals.

This article was limited in scope to the experience of anticipatory grief of the dying person's intimates (family and/or significant others). The article was limited to adult studies, and, as such, did not address research on anticipatory grief of children. Further, it did not address any research with respect to anticipatory grief of losses of another nature, such as the anticipation of the loss of a major body part, or bodily function.

Presentation of the research review is as follows: Firstly, a brief background on the origin of anticipatory grief research is presented; secondly, the contradictory findings of relevant research studies are discussed; thirdly, the factors that contributed to the conflicting results are identified and examined. A brief summary concludes the article.

Background

The origin of the study of grief and mourning can be traced to the publication of Freud's (1917) seminal work, 'Mourning and Melancholia'. However, it was Lindemann (1944) who introduced the concept of anticipatory grief in the brief final paragraph of his article 'The symptomatology and management of acute grief'. Lindemann first noted the phenomenon among solders' wives during World War II. In response to the threat of the death of their loved ones, the wives went through all the phases of grief. It was thought that this reaction would form a safeguard against the impact of a sudden wartime death notice. However, it became evident that grief work could be done too effectively in advance. When soldiers returned from the battlefront, they found that their wives had disengaged themselves and no longer loved them. This notion, that mourning and detachment could actually exist in people prior to the death event, stimulated a great deal of research and debate.

Contradictory findings

The concept of anticipatory grief has inspired not only a great deal of research, but also considerable controversy. There is an accumulation of contradictory information concerning the possible effects of anticipatory grief on post-death bereavement.

Refutation of existence of anticipatory grief

Some researchers challenged Lindemann's concept of anticipatory grief, arguing that it did not exist (Glick, Weiss & Parkes: 1974; Parkes & Weiss: 1983; Silverman: 1974). They contended that the phenomenon is impossible, submitting that grief is exclusive to a loss by death, and cannot be experienced in advance. For example, Silverman (1974: 330) contended that any experiences prior to the actual death of the person were not grieving in advance, citing that a rehearsal for widowhood was not the real thing, and analogising that '… engagements are not marriages'. Parkes & Weiss (1983) challenged the notion of anticipatory grief if the relative stayed involved with the patient throughout the illness. Glick et al. (1974) also contended that, although an opportunity to prepare for a spouse's death may have had a positive effect on recovery of the bereaved spouse, any benefits thereof were not derived from what Lindemann termed anticipatory grief, but rather, were derived from the subjects accepting the inevitability of the loss.

Positive effect on the recovery of the bereaved spouse

For some, anticipatory grief is seen as an adaptive mechanism. It is thought that unexpected and sudden death tends to be associated with more severe bereavement reactions, whereas having some advance warning of impending death, and experiencing anticipatory mourning, mitigates the grief reactions of the family once the actual death occurs (Margolis, Kutscher, Marcus, Raether, Pine, Seeland & Cherico: 1988; Zilberfein: 1999). Within this paradigm,

the bereaved are able to deal with any unfinished business, say their good-byes, clarify any misunderstandings, and prepare for social adjustments to come, thereby having a less distressful and disabling period of bereavement when the death does occur (Zisook: 2000). Therefore, it is believed that survivors of a chronic illness death will do better than survivors of a sudden death. Earlier clinical research (such as those cited in Rando: 1986; for example, Naterson & Knudson: 1960; Chodoff, Friedman & Hamburg: 1964; Friedman: 1967; Ablin, Feurstein, Kushner, Zoger & Mikkelson: 1969; Fulton & Futlon: 1971; Futterman, Hoffman & Sabshin: 1972; Goldberg: 1973) found that anticipatory grief did have a positive adaptive effect by easing the intensity of grief for the bereaved after the actual death occurred. Later studies also determined the positive effects of anticipatory grief on post-death bereavement. For instance, Kramer (1996-1997) found that women who experienced emotional separation from their husbands during the period of anticipation of the spouse's death, did not do so at the expense of affiliation. Kramer's findings suggested that emotional separation during a period prior to the death event could have had a positive impact on post-death bereavement adjustment for the spouse, without it detracting from her, or her husband's, sense of affiliation in the present. These findings were in direct contrast to Lindemann (1944) who cautioned that a period of anticipatory grief could lead to premature detachment, and end in abandonment of the person.

Gilliland & Fleming (1998) found that anticipatory grieving had a potentially adaptive role in post-death bereavement. In their study, the spouses reported decreases in subsequent experience of some acute grief responses after the death occurred.

This body of research findings seemed to indicate that having time to anticipate death, and to prepare for the impending death, resulted in an easier period of post-death grief for the individual.

Negative effects on the recovery of bereaved spouses

On the other hand, research has also found that anticipatory grief has had negative effects on bereavement outcome. For instance, Clayton, Halikas, Maurice & Robins (1973) found that subjects who experienced anticipatory grief, did worse in the first month of bereavement, and were no better at one year later, than those who had not experienced anticipatory grief. Levy (1991) found that anticipatory grief might have been a risk factor for poor early bereavement adjustment. His findings were consistent with that of Clayton et al. (1973).

Blank (1974) also found that a bereaved individual who had already completed their mourning during a lengthy period of anticipatory grief, because of an extended illness, was sometimes ready to return to their normal pursuits very shortly after their loved one's death. The bereaved person was then left with trying to come to terms with feelings of guilt because of their behaviour. Conventionally, others might have seen this as inappropriate behaviour after the recent death of the person's loved one.

Studies Presenting Mixed Findings

In this category, for instance, Carey (1977) found that forewarning was a significant factor in positive adjustment in cases where the deceased spouse had experienced prolonged severe suffering, (more than 1 month), but not when severe suffering was missing. In addition, forewarning was found to be an important factor for those who had experienced a time of unhappiness in their marriage. However, this was a factor for widows, but it did not apply for widowers.

Gerber, Rusalem, Hannon, Battin & Arkin (1975) found that long, extended illnesses (6 months or more) were related to poor adjustment in bereavement when measured 6 months

following the death. However, in the short-term illness group (less than 6 months), they found no significant effect on post-death bereavement adjustment. On the other hand, Sanders (1982-1983) found that a period of anticipation of impending death mitigated the effects of post-death bereavement for the short-term chronic illness group (less than six months) as this group made the most favourable adjustment to bereavement. These findings did not confirm the Gerber et al. (1975) study. However, Sanders' findings in regard to the long-term chronic illness death group (more than 6 months) did concur with Gerber et al. (1975). Saunders found that anticipatory grief did not have an adaptive value as this group sustained higher intensities of bereavement when measured at 18 months post-death.

In their report, Walker & Pomeroy (1996) indicated that the findings that a period of long anticipatory grief had negative effects on post-death bereavement were particularly relevant with respect to diseases such as Cancer and HIV/AIDS, as these were often associated with protracted illnesses.

The longitudinal study undertaken by Stroebe & Stroebe (1993) found that not having a period of anticipation increased the intensity of post-death bereavement of the spouses. However, the negative effects lessened over time. Furthermore, they found that those with a low internal locus of control suffered from higher levels of depression and somatic complaints at four to seven months after their loss, and improved very little over the two-year period of this study, while those with high internal control were less affected by their loss.

Thus, these mixed results in the research findings, under certain circumstances, suggest that anticipatory grief had the potential for both positive and detrimental effects on post death bereavement adjustment.

Unrelatedness

Other studies have suggested that a period of anticipation is unrelated to the grief experienced after death. Hill, Thompson & Galligher (1988) found that expectancy of death was not related to later adjustment to bereavement, as did the research by Parkes (1970). Similarly, the study by Roach & Kitson (1987) found that forewarning had no effect on the adjustment of widows to the loss of their spouse by death.

Summary

The findings on the effects of anticipatory mourning on post-death bereavement have been inconsistent. Many of the studies in the last 60 years have pointed to the positive effects of a period of anticipation on post-death bereavement, whilst other studies have produced findings that indicated a negative impact on this relationship. Still others have presented mixed findings. And finally, some studies have failed to find any relationship between anticipation and post-death bereavement.

Reasons for discrepancies

An analysis of the reported research indicated a number of explanations that may account for the contradictory and inconsistent findings as to the impact of anticipatory grief on post-death bereavement.

Conceptual Issues

One of the main reasons for the inconsistencies is the conceptual confusion of forewarning of loss with anticipatory grief (Fulton & Gottesman: 1980; Siegel & Weinstein: 1983), where anticipatory grief was often assumed to have occurred just because there was 'forewarning' of the impending death. However, the study by Vachon, Freedman, Roger, Lyall & Freeman (1977), using a sample of 73 women, found that 40% of those who had been told that their

husband was dying refused to believe a fatal diagnosis. The researchers suggested that it was possible to perceive a terminal illness as 'lingering', so that death was not anticipated. It was thought that denial by the survivor 'blocked' against the fatal diagnosis, so that anticipatory grief was not experienced. Similarly, Parkes (1970, 444) found that there was a '…failure of most respondents to accept warnings of the imminent demise of their husbands'. This study suggested that the fact that a loved one was terminally ill did not mean that the death was actually anticipated by the other, nor did it mean that anticipatory grief was present.

Lack of Precise and Consistent Operational Definitions

Another explanation for the conflicting results could be the lack of precise and consistent operational definitions. Since anticipatory grief is a complex subjective experience (Casarett, Kutner, and Abahm: 2001), and not easily quantifiable, it has not been consistently operationally defined (Fulton & Gottesman: 1980; Siegel & Weinstein: 1983). Significant factors that have had a bearing upon attempts to operationally define anticipatory grief are now addressed.

Length of illness

One approach to the construct of an operational definition of anticipatory grief has been to use the duration of the patient's terminal illness (Fulton & Gottesman: 1980; Kramer: 1989). For example, the study by Gerber et al. (1975), with a sample of 81 widows and widowers, measured the presence of anticipatory grief according to whether the death was due to a short-term acute illness (less than 6 months), or a lengthy chronic illness (6 months or more). Three medical variables selected as a gauge of bereavement adjustment were: the number of office visits to the physician; the number of times illness occurred without contacting a doctor; and, the number of tranquillizer and antidepressant medications used. The results indicated that the bereaved of a lengthy chronic illness did worse than those bereaved of a shorter illness death, at six months after the death. They also found that short-term illness had no significant effect on post death bereavement adjustment. It was also found that in cases where there was lengthy illness, widowers did more poorly than did widows.

Clayton et al. (1973) also attempted to operationally define anticipatory grief by using subjects whose spouses had short terminal illnesses (six months or less), and in those whose spouses had longer terminal illnesses (more than six months), and in those whose spouses died suddenly (in less than 5 days). They compared the frequency of symptoms of 109 widows and widowers during the illness, and then after death. The subjects were interviewed 1 month after the death of their spouses, then again at 4 months, and then re-interviewed one year after the death. If subjects confirmed depressive symptoms during the terminal illness, this was considered '…an anticipatory grief reaction'. If symptoms were present following the death of the spouse, it was termed a '…normal depressive reaction'. Their data found few differences in the post-death bereavement of persons whose spouses had suffered either short or long-term illnesses. Anticipatory grief did not mitigate the post-death grief of the survivor. In fact, they found that subjects did worse in the first month of bereavement, and did no better, one year later, than those without any anticipatory grief reaction.

Hill et al. (1988) defined anticipatory grief as any grief that occurred before an actual death in which there was an awareness of the impending death. The classification of the expected death group was based on whether or not the husband had been seriously ill for at least 1 month before his death. They hypothesized that widows who expected the death of their husbands would adjust better to bereavement than those widows who did not expect the death. The sample consisted of 94 elderly Caucasian widows over the age of 55. Participants were given a structured interview and self-report measure at 2 months, 6 months, and again at 1 year following the death of their spouse. The expected death group consisted

of 54 widows, while 41 widows made up the unexpected death group. The findings indicated that anticipatory grief was not related to the subsequent adjustment to bereavement.

Similarly, Sanders (1982-1983) operationally defined anticipatory grief by the length of the patient's fatal illness. She assessed grief reactions to determine if differences in mode of death had an effect on bereavement. Three modes of death were identified: sudden, unexpected death; short term chronic illness death (less than 6 months); and long term chronic illness death (more than 6 months). The sample consisted of 86 participants with a mean age of 52. They were interviewed an average of 2.2 months following the death, and again at 18 months. The findings indicated anticipatory grief did mitigate the effects of post-death bereavement as the short-term chronic illness group made the most favourable adjustment to bereavement. In the sudden death and long-term chronic illness death groups, anticipatory grief did not have an adaptive value as these groups sustained higher intensities of bereavement at 18 months.

Related aspects of anticipatory grief

Rando (1986) submitted that when studies merely examined only one, or a few dimensions, the results could be expected to deviate, depending on the dimensions selected to study. For instance, Levy (1991) operationalized related aspects of anticipatory grief by examining thoughts, feelings and behaviours, by using a self-report inventory instrument. 159 male and female spouses of deceased cancer patients made up the sample. Participants were assessed at 6, 13, and again at 18 months after the spouse's death. Levy's data found that anticipatory grief might be a risk factor for poor 'early' bereavement adjustment. These findings were consistent with the earlier findings of Clayton et al. (1973). On the other hand, Kramer (1996-1997) examined affiliation, separation, and communication. The sample consisted of 107 women whose husbands had died from 6 months to 3 years prior to the time of the testing. The findings indicated that a period of anticipation was positive to post-death bereavement outcome. These findings however, did not concur with Levy's (1991) earlier findings.

Multidimensional approach

Gilliland & Fleming (1998) conceptualised anticipatory grief as a multidimensional phenomenon, similar to grief. They empirically compared and contrasted the features of anticipatory grief and conventional grief, and addressed the effects of anticipatory grief on post-death bereavement. It was found that spouses of the terminally ill experienced anticipatory grief at more intense levels of acute symptomatology than conventional grief. Furthermore, it was found that anticipatory grieving had an adaptive role. The spouses in this study reported a reduction in their subsequent experience of some acute grief responses.

Sloan (1999) drew upon the work of Gilliland & Fleming (1998), and also examined the similarities and differences between anticipatory grief and post-death grief, and the effects of anticipatory grief on post-death bereavement within an elderly Australian sample. The findings supported those of Gilliland & Fleming (1998). They found that those experiencing anticipatory grief tended to have less intense and acute levels of symptoms during post-death bereavement.

Factors associated with protracted illness

Siegel & Weinstein (1983) proposed that the relationship between anticipatory grief and the beneficial post-bereavement outcomes might be confounded by other factors, which are usually associated with a prolonged terminal illness. They cite factors such as emotional distress, physical exhaustion, social isolation, guilt, and depletion of emotional and financial

resources that have the potential to artificially inflate post-death symptomatology, thereby negating any positive effects, which could have resulted from a period of anticipation.

The above analysis indicates that there has been no uniformity in the operational definition and measurement of anticipatory grief. Typically, it has been operationally defined according to the length of time of the patient's terminal condition. However, as pointed out, the fact that a death was medically viewed as inevitable was no indication that the prospective survivors anticipated the death, or that they would begin grieving prior to the death. Other studies operationalized related aspects of anticipatory grief concentrating on one, or just a few, dimensions of anticipatory grief and, depending on the dimension examined, discrepancies in the findings might have occurred. More recent studies applied a multidimensional approach. Furthermore, factors associated with protracted illness may have also confounded the findings. Given the lack of precise and consistent operational definitions of anticipatory grief, and the features of lengthy illnesses, it is therefore not unexpected to have found discrepancies in the results of the various studies.

Methodological Issues

The contradictory and inconclusive findings, which have led to the uncertainty about the impact of anticipatory grief on bereavement adjustment, can also be attributed to the differences in methodological aspects that have prevented comparability (Fulton & Gottesman: 1980; Fulton, Madden & Minicheiello: 1996; Siegel & Weinstein: 1983).

Untested assumptions

One cause of the incongruities and uncertainty in research findings may be untested assumptions (Fulton & Gottesman: 1980; Siegel & Weinstein: 1983). Two untested assumptions that may have contributed to the discrepancies in the findings were noted; firstly, that '…all those in a state of bereavement are experiencing a comparable volume of grief' (Fulton & Gottesman, 1980: 50). This assumption does not consider individual variations. For instance, there may be a difference in the grief experienced by the bereaved survivor of a couple who were emotionally close, and the grief experienced by the survivor of a couple who were not close. The second assumption was that '…once grief work has begun, the grief reaction is dissipated in a continuous and irrevocable route towards resolution' (Fulton & Gottesman, 1980: 51). Studies that have attempted to measure whether those who go through anticipatory grief dissipate their grief sooner than those who don't experience any forewarning of loss, appear to have expressed this assumption (Fulton & Gottesman: 1980). Failure to understand how individuals experience and respond to this phenomenon, prohibits knowing whether or not anticipatory grief is helpful to survivors during post-death bereavement.

Population variables: Age issues

In a number of studies, there were significant differences among sample populations. The sample in Gerber et al. (1975) consisted of elderly individuals whose average age was 67. Similarly, the Hill et al. (1988) sample consisted of only those over the age of 55, with a mean age of 66.5 years. Sloan (1999) also studied an older sample where participants were required to be 50 years of age or over. Their age ranged from 50 – 88 years, with a mean age of 67.9 years. On the other hand, Carey's (1977) sample base was broader, with ages ranging from 28 to 70 years, having a median age of 57 years. The ages of subjects in the Kramer (1996–1997) study ranged from 38 to 81 years of age, with a mean of 63.2 years. Likewise, Gilliland and Fleming (1998) included individuals whose ages ranged from 28 to 81 years of age. A number of studies however, omitted the ages of their participants, either indicating only the mean age of their sample, or omitting the ages altogether. These included Clayton et al (1973), average age of 61 years of age; Levy (1991), mean age of 63.6 years of age;

Sanders (1982-1983), mean age of 52 years of age; Stroebe & Stroebe (1993), mean age of 53.05 years; and, Vachon et al. (1997), mean age of 54 years of age. On the other hand, Parkes (1970) stipulated that his sample had to be under the age of 65; while Roach & Kitson (1987) made no reference to the exact age in their sample, but merely stated that the data included both younger and older women.

Although the significant differences in ages, age groupings, and age reporting in the various studies may be a contributing factor to the conflicting results, it was not clear whether or not age differentials were the only variable that may have impacted on the findings. Most studies also incorporated a number of other variables, which could have also contributed to the conflicting results.

Population variables: Gender issues

Gender was another methodological issue that may also have accounted for the discrepancies in the research findings. There was no consistency with regards to the gender of the populations studied. Some research involved only women (Hill et al: 1998; Kramer: 1996-1997; Parkes: 1970; Roach & Kitson: 1989; Vachon et al: 1977), while other studies combined both men and women in their studies (Carey: 1977; Clayton et al: 1973; Gerber et al: 1975; Gilliland & Fleming: 1998; Levy: 1991; Sloan: 1999; Stroebe & Stroebe: 1993). It was also noted that in the majority of studies that combined both sexes in the sample, there was an unequal number of men and women. On the other hand, Sanders (1982-1983) made no mention as to the gender of the sample used.

It was noted that Carey (1977) found that there was a superior adjustment of widowers, as compared to widows. These findings did not concur with Gerber et al (1975) who found that that widowers did more poorly than did widows. Stroebe (2001) also found that the effects of the loss of a marital partner were greater for widowers than for widows in the acute grieving period. On the other hand, Clayton et al. (1973) found no gender difference in bereavement outcome, nor did Stroebe & Stroebe (1993) who attributed the gender similarity of the findings to their selection process (selected only emotionally stable individuals).

Gender differences, as well as the emotional state of individuals, may also have been additional factors contributing to the contradictory results.

Population variables: Oversimplification of personal factors

A lack of sophistication in the sense of an oversimplification of factors have also been reasons for the conflicting results in many of the studies (Rando, 2000). For instance, in a two-year longitudinal study, Stroebe & Stroebe (1993) found that personality variables were an important determinant for the survivors in their adjustment to unexpected loss. Their findings on a sample of 60 bereaved individuals indicated that those with a low internal locus of control suffered from high levels of depression and somatic complaints, and improved only slightly over the two-year period of this study. Those subjects with high internal control were less affected by the loss than those with low internal control. Thus, when examining the impact of anticipatory mourning on the survivors, personal factors may have lessened, or contributed to the inconsistency in findings (Rando, 2000).

Survey techniques: Instrument validity

Some of the more recent research, which examined the multidimensional nature of the bereavement process, such as the Gilliland & Fleming's (1998) study and the Sloan (1999) study, used the Grief Experience Inventory (GEI) instrument. Levy (1991) used the Anticipatory Grief Inventory (AGI). These instruments were constructed using 'rational' methods of instrument development (practitioners and researchers choose the items for

instruments), rather than using the procedure of 'empirically' deriving items from data collected from bereaved adults. According to Hogan (2001), instruments using 'rational' methods, rather than 'empirical' methods, can negatively affect instrument validity. Not only were different instruments used in the studies quoted by Hogan (Hinkin: 1998; Tilden, Nelson & May: 1990), but also it appears that questions regarding instrument validity could also raise doubts about the conclusions reached in the studies. These issues point to still other possible explanations for the discrepancies in the findings.

Again, it seems reasonable to submit that the impact of these various methodological differences and issues may have adversely affected any meaningful comparison of the findings.

Survey techniques: Variations in data gathering process

The analysis of the studies found that the number of interviews and/or questionnaires given to the subjects, as well as the way in which they were administered, also differed. For instance, Carey (1977) interviewed all the subjects in his sample after 13 to 16 months of the death of their spouse. A structured 8 item self-report was administered to the respondents only once in their home. The procedure used by Clayton et al. (1973) was to interview all subjects 1 month after the deaths of their spouses. At 4 months, only some of the subjects were re-interviewed and then, after approximately 1 year, most of the subjects were re-interviewed again. Gerber et al. (1975) administered an open-ended questionnaire to their subjects measuring adjustment once, at 6 months after the death. Gilliland & Fleming (1998) administered a true-false answer self-report scale and 2 questionnaires, the first at approximately 36 days prior to the death of the spouses, while the second interview was given about 80 days thereafter. Hill et al. (1988) administered a structured interview and an 18 item self-report measure in the participants' homes at 2 months, 6 months, and again at 1 year following the death of the spouses.

On the other hand, Kramer (1996-1997) administered 5 questionnaires on only 1 occasion (the timing of which was not mentioned in the study), using 2 different approaches. Some subjects were requested to complete the questionnaires in a group situation, while others were mailed questionnaires for completion and return to the researcher. Levy (1991) used a semi-structured interview format, as well a pencil-and-paper self-report instrument (Anticipatory Grief Inventory). 4 individual assessment interviews were conducted: the first 5 weeks after the death of the spouse, and then again at 6, 13, and 18 months. All interviews were done in the participants' homes. Parkes (1970) conducted a standardized interview with each subject in their home at 1, 3, 6, 9 and 13 months after bereavement. Sloan (1999) mailed out a questionnaire survey with a pre-paid return envelope to subjects whose partners had died 3 to 9 months previously. Sanders (1982-1983) administered a questionnaire and a 135-item true-false self-report inventory. Participants were interviewed in their home approximately 2.2 months following the death, and then again 18 months after the bereavement. Stroebe & Stroebe (1993) administered structured interviews as well as a self-report questionnaire at 3 intervals over a 2-year period. There was no mention in the study as to when the interviews took place over this 2-year period. The first 2 interviews were held at the home of the participants, but the 3rd interview was conducted by telephone.

These variations in the data gathering process may also have accounted for the differences and contradictions in the findings of the various studies. However, as with the other methodological issues referred to in this article, there are other variables that may have also confounded comparative research results.

Conclusion

A review and analysis of reported studies that examined the consequences of anticipatory grief on post-death bereavement adjustment found results that were conflicting. In some studies a period of anticipatory grief was found to have mitigated the effects of bereavement, while other findings indicated a negative impact on this relationship. On the other hand, some research studies presented mixed findings, while other studies failed to find any relationship between anticipation and post-death bereavement. The analysis of the literature shed some light as to the reasons for the inconsistent and contradictory findings surrounding research on anticipatory grief. The discrepancies in the results in the various studies appear to be a function of differences in the conceptualisation of anticipatory grief, the lack of a precise operational definition, as well as a number of methodological differences and shortcomings. Until these research issues are adequately addressed in order to coherently and meaningfully capture the impact of anticipatory grief on post-death bereavement adjustment, an understanding of the phenomenon will remain limited, and could affect the nature and type of interventions by mental health practitioners.

References

Blank, I. M. (1974) 'Anticipatory Grief.' In *Anticipatory Grief, (Eds),* Schoenberg, B., Carr, A. C., Kutscher, A. H., Peretz, D., & Goldberg, I. K., (343-345). New York: Columbia University Press.

Carey, R. G. (1977) 'The widowed: A year later' *Journal of Counselling Psychology*, **24**(2), 125-131.

Casarett, D., Kustner, J. S., & Abrahm, J. (2001) 'Life after death: A practical approach to grief and bereavement' *Annals of Internal Medicine,* **134**(3), 208-215.

Chochinov, H. M., & William, B. (2000) *Handbook of Psychiatry in Palliative Medicine*, New York: Oxford University Press, Inc.

Clayton, P. J., Halikas, J. A., Maurice, W. L., & Robins, E. (1973) 'Anticipatory grief and widowhood' *British Journal of Psychiatry*, **122**, 47-51.

Freud, S. (1957) 'Mourning and Melancholia.' In *Standard Edition of the complete works of Sigmund Freud,* Strachey, J., (Ed), (243-258), London, Hogarth Press (original work first published in 1917).

Fulton, G., & Gottesman, D. J. (1980) 'Anticipatory grief: A psychosocial concept reconsidered' *British Journal of Psychiatry*, **137**, 45-54.

Fulton, G., Madden, C., & Minichiello, V. (1996) 'The social construction of anticipatory grief' *Social Science Medicine*, **43**(9), 1349-1358.

Gerber, I., Rusalem, R., Hannon, N., Battin, D., & Arkin, A. (1975) 'Anticipatory grief and aged widows and widowers' *Journal of Gerontology*, **30**(2), 225-229.

Gilliland, G., & Fleming, S. (1998) 'A comparison of spousal anticipatory grief and conventional grief' *Death Studies*, **22**(6), 541-570.

Glick, I. O., Weiss, R. S., & Parkes, C. M. (1974) *The first year of bereavement.* Toronto, Canada: John Wiley and Sons, Inc.

Hill, C. D., Thompson, L. W., & Gallagher, D. (1988) 'The role of anticipatory bereavement in older women's adjustment to widowhood' *The Gerontologist*, **28**(6), 792-796.

Hogan, N. (2001) 'Development and validation of the Hogan grief reaction checklist' *Death Studies*, **25**(1), 1-32.

Klagsbrun, S. G., Kliman, G. W., Clark, E. J., Kutscher, A. J., DeBellis, R., & Lambert, C. A., (Eds), (1989) *Preventive psychiatry: Early intervention and situational crisis management.* Philadelphia: The Charles Press, Publishers.

Kramer, D. (1996-1997) 'How women relate to terminally ill husbands and their subsequent adjustment to bereavement' *Omega*, **34**(2), 93-106.

Kramer, D. (1989) 'Anticipatory Grief: A New Perspective.' In *Preventive psychiatry: Early intervention and situational crisis management*, (Eds), Klagsbrun, S. G., W. Kliman, W., Clark, E. J., Kutscher, A. J., DeBellis, R., & Lambert, C. A., (Eds), (29-35). Philadelphia: The Charles Press Publishers.

Levy, L. (1991) 'Anticipatory grief: Its measurement and proposed reconceptualisation' *The Hospice Journal*, **7**(4), 1-28.

Lindemann, E. (1944) 'The symptomatology and management of acute grief' *American Journal of Psychiatry*, **101**, 141-148.

Margolis, O. S., Kutscher, A. H., Marcus, E. R., Raether, H. C., Pine, V. R., Seeland, I. B., & Cherico, D. J. (Eds), (1988) *Grief and the loss of an adult child.* New York: Praeger Publishers.

Parkes, C. M. (1970) 'The first year of bereavement: a longitudinal study of the reaction of London widows to the death of their husbands' *Psychiatry*, **33**, 444-467.

Parkes, C. M., & Weiss, R. S. (1983) *Recovery from Bereavement*. New York: Basic Books. In *Understanding and Managing Bereavement in Palliative Care*, S. Zisook. In H. M. Chochinov, & B. William (2000), *Handbook of Psychiatry in Palliative Medicine* (321-334). New York: Oxford University Press, Inc.

Rando, T. A. (Ed), (1986) *Loss and anticipatory grief.* Mass: Lexington Books.

Rando, T. A. (Ed), (2000) *Clinical dimensions of anticipatory mourning: Theory and practice in working with the dying, their loved ones, and their caregivers.* Illinois: Research Press.

Roach, M. J., & Kitson, G. C. (1989) 'Impact of forewarning on adjustment to widowhood and divorce'. In *Older bereaved spouses: Research with practical applications*, D. A. Lund, (185-200). New York: Hemisphere Publishing Corporation.

Sanders, C. M. (1982-1983) 'Effects of sudden vs chronic illness death on bereavement outcome' *Omega*, **13**(3), 227-241.

Schoenberg, B., Carr, A. C., Kutscher, A. H., Peretz, D., & Goldberg, I. K. (Eds), (1974) *Anticipatory Grief.* New York: Columbia University Press.

Siegel, K., & Weinstein, L. (1983) 'Anticipatory grief reconsidered' *Journal of Psychosocial Oncology,* **1**(2), 61-73.

Silverman, P. R. (1974) 'Anticipatory Grief from the Perspective of Widowhood'. In *Anticipatory grief*, Schoenberg, B., Carr, A. C., Kutscher, A. H., Peretz, D., & Goldberg, I. K., (Eds), (320-330). New York: Columbia University Press.

Sloan, K. A. (1999*) 'An investigation into the similarities and differences between anticipatory grief and post-death grief for a sample of older South Australians'* Unpublished Master of Gerontology degree. University of South Australia, Adelaide.

Stroebe, W., & Stroebe, M. S. (1993) 'Determinants of adjustment to bereavement in younger widows and widowers'. In *Handbook of bereavement: Theory, research and intervention,* M. S. Stroebe, M. S., Stroebe, W., & Hansson, R. O., (208-226). Cambridge: Cambridge University Press.

Stroebe, M. S., Stroebe, W. & Hansson, R. O. (1993) *Handbook of bereavement: Theory, research and intervention.* Cambridge: Cambridge University Press.

Stroebe, M. S. (2001) 'Gender differences in adjustment to bereavement: An empirical and theoretical review' *Review of General Psychology,* **5**(1), 62-83.

Swensen, C. H., & Fuller, S. R. (1992) 'Expression of love, marriage problems, commitment, and anticipatory grief in the marriages of cancer patients' *Journal of Marriage and Family*, **54**(1), 191-197.

Vachon, M. L., Freedman, K., Formo, A., Rogers, J., Lyall, W. A., & Freeman, S. J. (1977) 'The final illness in cancer: the widow's perspective' *Canadian Medical Association Journal,* **117**(10), 1151-1154.

Walker, R. J., & Pomeroy, E. C. (1996) 'Anticipatory grief and AIDS: Strategies for intervening with caregivers' *Health and Social Work*, **21**(1), 49-58.

Zielberfein, F. (1999) 'Coping with death: Anticipatory grief and bereavement' *Generations*, **23**(1), 69-75.

Zisook, S. (2000) 'Understanding and Managing Bereavement in Palliative Care'. In *Handbook of Psychiatry in Palliative Medicine* (2000) H. M. Chochinov, & B. William (321-334), New York: Oxford University Press, Inc.