

# Grief Processing and Deliberate Grief Avoidance: A Prospective Comparison of Bereaved Spouses and Parents in the United States and the People's Republic of China

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In this study, the authors measured grief processing and deliberate grief avoidance and examined their relationship to adjustment at 4 and 18 months of bereavement for 2 types of losses (spouse, child) in 2 cultures (People's Republic of China, United States). Three hypotheses were compared: the traditional grief work assumption, a conditional grief work hypothesis, and a view of grief processing as a form of rumination absent among resilient individuals. Although cultural differences in grief processing and avoidance were observed, the factor structure of these measures proved invariant across cultures. Consistent with the grief work as rumination hypothesis, both grief processing and deliberate grief avoidance predicted poor long-term adjustment for U.S. participants. Furthermore, initial grief processing predicted later grief processing in both cultures. However, among the participants in the People's Republic of China, neither grief processing nor deliberate avoidance evidenced clear psychological consequences.

The death of a loved one is a painful and often overwhelming experience. Almost since its inception as a formal discipline, psychology has held the core assumption that successful recovery from loss requires completion of the "work of mourning" (Freud, 1917, p. 166). The failure to engage in or complete the grief work process is commonly seen as a primary cause of chronic, unresolved grief (e.g., Bowlby, 1980; Freud, 1917; Lazare, 1989; Parkes & Weiss, 1983; Worden, 1996). Similarly, attempts to deliberately avoid grief processing have been viewed as leading to delayed manifestation of grief or to masked grief that manifests in the form of somatic symptoms (Belitsky & Jacobs, 1986; Cerney & Buskirk, 1991; Deutsch, 1937; Lindemann, 1944; Osterweis, Solomon, & Green, 1984; Raphael, 1983; Sanders, 1993).

Despite the historical dominance of these assumptions, researchers have increasingly observed that the presumed salutary benefits

of concerted grief processing have not been supported empirically (Bonanno & Kaltman, 1999; M. Stroebe & Stroebe, 1991; Wortman & Silver, 1989). One reason may be that the concept of grief work has never been clearly defined (Archer, 1999; W. Stroebe & Stroebe, 1987). For example, psychoanalytically oriented theorists have emphasized the quality or depth of the working through process (e.g., emotional acceptance of the loss; Parkes & Weiss, 1983). However, this type of theorizing tends to blur the distinction between grief processing and grief outcome and does not readily lend itself to prospective empirical research. To avoid this problem, researchers have attempted to measure those aspects of grief processing hypothesized to underlie successful working through (e.g., thinking about and expressing the thoughts, memories, and emotions associated with the loss). Yet, these studies have consistently failed to support and have even contradicted the presumed salutary role of extensive grief processing (for a review, see Bonanno & Kaltman, 1999). For example, a series of studies from our own research team countered the presumed necessity of experiencing and expressing the emotions associated with loss (Bonanno & Keltner, 1997; Bonanno, Keltner, Holen, & Horowitz, 1995; Bonanno, Mihalecz, & LeJeune, 1999; Bonanno, Znoj, Siddique, & Horowitz, 1999). Similarly, M. Stroebe, Stroebe, Schut, Zech, and van den Bout (2002) examined written and verbal forms of emotional disclosure during bereavement and found no evidence that the disclosure of grief-related thoughts and emotions improved adjustment.

Although these studies pose a serious challenge to the traditional grief work assumption, there remain two important but unresolved issues about the relationship of grief processing and grief avoidance to bereavement outcome. First, no study has yet attempted to test alternative theoretical positions on the relative costs or benefits

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of engaging in these processes. For example, it may be that concerted grief processing exerts a salutary effect primarily for severely grieved individuals (Bonanno, Notarius, Gunzerath, Keltner, & Horowitz, 1998; Neimeyer, 2000). A more extreme view suggests that extensive grief processing may actually be more akin to rumination than healthy working through and that extensive grief processing exacerbates rather than ameliorates grief-related distress (Bonanno, Papa, & O'Neill, 2001).

A second issue is that the relationship of grief processing and grief avoidance to adjustment may vary greatly across different cultures (Bonanno, 1998; M. Stroebe, Gergen, Gergen, & Stroebe, 1992) or types of loss. No empirical study has yet compared grief processing and grief avoidance across cultures or loss types with similar methods or measures. In the present study, we attempted to address these concerns. Specifically, questionnaire measures of grief processing and deliberate grief avoidance were developed collaboratively by a team of researchers in the United States and the People's Republic of China (PRC) and then were compared prospectively with measures of adjustment in samples of bereaved individuals in the United States and PRC who had lost either a child or a spouse.

### Grief Processing and Deliberate Grief Avoidance

A first step in examining these issues from a cross-cultural context was to develop psychometrically sound questionnaire measures of grief processing and grief avoidance. M. Stroebe and Stroebe (1991) developed a grief work questionnaire. However, the overall scale showed poor reliability, and many of the individual items were unrelated to long-term adjustment. One reason for this result may have been that all the items were keyed negatively toward grief avoidance and included a disparate array of behaviors (e.g., deliberate avoidance vs. distraction).

In the present study, we developed separate scales to measure the frequency of behaviors positively associated with grief processing (e.g., thinking about the loss) and with the deliberate avoidance of grief processing. In developing the avoidance scale, we considered that overlearned or automated avoidance behaviors (e.g., emotional dissociation) are less accessible to self-report and tend to correlate inversely with reports of deliberate avoidance (Bonanno et al., 1995). Mixing these behaviors in the same scale would likely compromise reliability. In an effort to obviate this concern, the avoidance scale used in the present study included only deliberate avoidant items (e.g., avoiding thinking about the loss). To further increase reliability, we phrased both the grief processing and deliberate avoidance questions for three different situational contexts (with family, with friends, and when alone). Although there are myriad social situations in which people process or deliberately avoid processing a loss, these three social contexts were selected for their clear global relevance to both U.S. and PRC samples.

To investigate the relationship of grief processing and deliberate avoidance to long-term adjustment, we obtained responses to these measures, as well as measures of distress and perceived health at approximately 4 months (W1) and 18 months (W2) postloss. We targeted 4-months postloss for the initial (W1) assessment to maximize individual differences in these behaviors. In the first months of bereavement, even the most resilient individuals tend to experience intense emotion and intrusive preoccupation related to

the loss (Bonanno, Moskowitz, Papa, & Folkman, in press; Bonanno, Wortman, & Neese, 2004). Furthermore, many bereaved individuals are unable to adequately respond to questions about meaning or processing at this early point (e.g., Davis, Nolen-Hoeksema, & Larson, 1998; but see McIntosh, Silver, & Wortman, 1993). After 4 months of bereavement, considerable numbers of bereaved individuals are still actively coping with the upheaval of the loss, but clear individual differences generally have emerged (Bonanno, 2004; Bonanno & Kaltman, 2001). We targeted 18-months postloss for the follow-up (W2) assessment because differences in long-term outcome patterns (e.g., recovery vs. chronic grief) are usually clearly evident by this time (Bonanno & Kaltman, 2001).

Using this design, we formalized three predictions from the traditional grief work assumption. First, more frequent grief processing at W1 would lead to reduced distress and better-perceived health at W2. Second, inherent in the grief work perspective is the assumption that working through a loss early in bereavement reduces the need for further grief processing at later dates; hence, we predicted that more frequent grief processing at W1 would lead to reduced grief processing at W2. Third, because the absence of grief processing is typically viewed as synonymous with grief avoidance (e.g., Rando, 1992), we used the traditional model to assume that W1 grief processing and grief avoidance would be highly inversely correlated and, consequently, statistically redundant.

### Alternative Theoretical Positions

The operationalization of core grief processing and grief avoidance constructs made it possible not only to examine the grief work assumption but several recent alternative theoretical positions. One such position, which we term the *conditional grief work hypothesis*, represents a variation on the traditional grief work assumption. This position suggests that grief processing may foster successful accommodation to loss but only for the more severely grieved individuals. It is now well established that many and sometimes the majority of bereaved participants exhibit little or no overt distress beyond the first few months of a loss (e.g., Bonanno et al., 2002), whereas chronic grief symptoms are observed by only a small subset of bereaved respondents (for reviews, see Bonanno & Kaltman, 2001; Jacobs, 1993). These patterns, combined with evidence linking cognitive and emotional processing of the loss generally with more severe grief reactions, suggest that most bereaved individuals do not benefit from grief work (Bonanno, 2004). Rather, the salutary impact of working through the cognitive and emotional meanings of a loss may be apparent only for more severely grieved individuals (Bonanno et al., 1998; Neimeyer, 2000). In the context of the present study, this hypothesis predicts that the relationship of W1 grief processing to W2 distress and perceived health depends on W1 levels of distress; more formally, an interaction between W1 grief processing and W1 distress in predicting W2 distress and W2 perceived health.

A more critical, revisionist perspective, which we will refer to as the *grief work as rumination hypothesis*, not only rejects the necessity of grief processing for recovery from loss but views extensive grief processing as a form of rumination that may exacerbate rather than ameliorate distress (Bonanno et al., 1995, 2001). One recent prospective study has shown, for instance, that

bereaved individuals who were not depressed prior to their spouse's death but then evidenced chronically elevated depression through the 1st year and a half of bereavement (i.e., a chronic grief pattern) had also tended to report more frequently thinking about and talking about their recent loss at the 6-month point in bereavement (Bonanno et al., 2004). Research has also linked rumination during bereavement with both personality (Nolen-Hoeksema & Larson, 1999) and contextual factors, such as multiple negative events or the lack of adequate social support (Nolen-Hoeksema, Parker, & Larson, 1994). Together, these findings suggest that some bereaved individuals will engage in minimal grief processing, whereas others will be predisposed toward more extensive grief processing. Furthermore, the individuals who engage in minimal grief processing will show a relatively favorable grief outcome, whereas those who are predisposed toward more extensive grief processing will tend toward dysregulation and ruminative preoccupation and, consequently, toward a more prolonged grief course (Bonanno et al., 2001; Nolen-Hoeksema, 1998, 2001). Accordingly, the grief work as rumination hypothesis contrasts the conditional grief work hypothesis by assuming that more frequent grief processing at W1 will predict increased distress at W2 regardless of the severity of the initial (W1) grief reactions.

The grief work as rumination hypothesis also views grief avoidance as an independent but maladaptive form of coping with loss. In contrast to the traditional perspective, which equates the absence of grief processing with grief avoidance, the grief work as rumination framework assumes that resilient individuals are able to minimize processing of a loss through relatively automated mechanisms, such as distraction or a shifting attention toward more positive emotional experiences (Bonanno et al., 1995; Bonanno & Keltner, 1997; Keltner & Bonanno, 1997), and that the deliberate avoidance or suppression of grief represents a less effective form of coping (Wegner, 1989; Wegner & Gold, 1995) that tends to exacerbate rather than minimize the experience of grief (Bonanno et al., 1995; Nolen-Hoeksema, 1998). Thus, whereas the traditional perspective assumes that grief work and grief avoidance are highly inversely correlated and hence statistically redundant, the grief work as rumination hypothesis predicts that grief processing and grief avoidance at W1 will be uncorrelated and that each process will independently contribute to increased distress and poorer perceived health at W2. Because rumination tends to be self-perpetuating, the grief work as rumination hypothesis also predicts that frequent grief processing and grief avoidance at W1 will predict more frequent grief processing and grief avoidance at W2.

### Bereavement in the United States and PRC

Although bereavement researchers have often pointed to the need for investigation of cultural variations in grief processing and grief avoidance (e.g., Bonanno et al., 1995; M. Stroebe & Schut, 1999), empirical data on such variations are virtually nonexistent. The vast majority of the extant cultural evidence on bereavement has come from anecdotal or observational sources.

One of the cultural comparisons most likely to yield meaningful differences in grief processing and grief avoidance is between the United States and the PRC (Bonanno et al., 1995). A broad-strokes view of culture in the PRC would suggest that bereaved Chinese individuals should show less grief and grief processing, and greater

grief avoidance relative to U.S. participants. Chinese individuals have traditionally focused relatively less attention on the personal experience or expression of emotion (Potter, 1988; Russell & Yik, 1996) and tend to view the expression of intensely negative or disturbing emotions as shameful to the self and the family (Kleinman & Kleinman, 1985). This view is reflected poignantly in traditional Chinese medicine. Whereas Western-European theorists have historically assumed that emotional expression fosters health (e.g., Pennebaker, 1989), traditional Chinese medicine assumes that the expression of emotion can be a cause of illness (Tseng, 1974; Wu, 1982).

However, a consideration of traditional Chinese mourning practices suggests a different picture. Chinese mourning practices are characterized by a relatively strong emphasis on extensive, ritualized, and culturally reinforced expressions of grief (Braun & Nichols, 1997; Rawski, 1988a; Ryan, 1986; Watson, 1988). The most intensive mourning rituals usually occur during the first 7 weeks of bereavement, with further mourning practices continuing for 100 days and sometimes longer (Ahern, 1973; Braun & Nichols, 1997; Watson, 1982). Additionally, ceremonial practices to honor deceased relatives are continued regularly for years beyond the death (Ahern, 1973). Given these cultural characteristics, we expected that bereaved individuals in the PRC would engage in extensive grief processing in the early months following a loss and considerably less but not a complete absence of grief processing into the 2nd year of bereavement.

By the same token, the bereaved individuals in the PRC are also likely to engage in considerable levels of grief avoidance. Although the precise nature of the mourning rituals appears to vary by region (Naquin, 1988), Chinese bereaved individuals generally report clear and strongly held beliefs about the precise manner in which the rituals are to be performed (Braun & Nichols, 1997; Watson, 1988). These beliefs include explicit prohibitions against certain forms of expression, as well as against excessive expressions of grief (Rawski, 1988b; Watson, 1982). Furthermore, it is considered culturally inappropriate to practice specific mourning rites after the established period for those rites has ended (Watson, 1982). Together, these observations suggest that bereaved individuals in the PRC should consistently evidence high levels of grief avoidance well into the 2nd year of bereavement.

The specificity of Chinese mourning practices also suggests the intriguing likelihood of a positive relationship between grief processing and adjustment. As we noted earlier, processes associated with grief work have consistently been associated with poor long-term adjustment among westerners. However, mourning among the Chinese is characterized by a dramatically different focus. Whereas grief work among westerners is typically described as a means of accepting the finality of the death and overcoming the emotional pain of attachment, Chinese mourning practices are aimed more at honoring and comforting the deceased and promoting his or her transition to the spirit realm (Ahern, 1973; Braun & Nichols, 1997). In other words, rather than prepare the bereaved to accept the finality of the loss, Chinese mourning rituals symbolize and reinforce cultural connectedness (Watson, 1988) and the continuation of the relationship with the deceased (Ahern, 1973; Teiser, 1988).

In considering these predictions, it is important to note two important caveats. First, relative to westerners, Chinese individuals appear to be considerably more accepting of somatic reactions to

negative events, including the death of a loved one (Draguns, 1993; Kleinman & Kleinman, 1985; Marsella, 1979). Thus, even if grief processing or grief avoidance were unrelated to distress in the PRC, these processes may still result in increased levels of somatic symptoms.

Second, despite the historical consistency of mourning practices in the PRC, many traditional Chinese cultural practices and beliefs have been strongly discouraged by the modern communist state. Unfortunately, it is difficult to gauge the extent that cultural differences in the bereavement experience may have been influenced by this change. Since its inception in the late 1940s, the PRC has discouraged and in some cases explicitly forbade certain mourning practices (Ikels, 1996). However, some reports indicate that even outlawed practices have tended to persist. Moreover, in recent years, these prohibitions have been relaxed, and resurgence in open enactments of traditional rituals appears to be taking place (Braun & Nichols, 1997; Ikels, 1996). At minimum, the prohibitions of the modern state warrant additional caution in basing predictions on anthropological and historical sources.

### Losing a Child and Losing a Spouse

Although all losses can be difficult, the death of a child is generally thought to be exceptionally painful and to require extensive grief processing (e.g., Klass, 1988; Murphy, Johnson, & Lohan, 2002; Rubin & Malkinson, 2001; Sanders, 1992). The strength of this conclusion is tempered, however, by the fact that much of the evidence in its support is confounded by differences in the age of the samples, with parentally bereaved individuals typically being younger than conjugally bereaved individuals (Bonanno & Kaltman, 1999). In the present study, we attempted to examine whether parental loss did in fact result in more severe grieving, or result in more extensive grief processing or grief avoidance relative to spousal loss, using age-matched samples. To facilitate age matching, we restricted sampling to individuals 65 years of age or younger.

In addition, we examined whether these effects varied across the U.S. and PRC samples. The assumption that parental loss results in more severe grief reactions derives almost exclusively from bereavement theorists in North America and Europe. There are, however, factors that argue against such a differential impact emerging among bereaved in the PRC. For instance, because traditional Chinese bereavement rituals are informed by filial piety toward one's ancestors, these rituals are typically viewed as less necessary for deceased children (Ahern, 1973). Among relatively low-income families in the PRC, the death of a child may not even result in a formal mourning ceremony (Whyte, 1988). Thus, among the bereaved in the PRC, the death of a child may not be as uniquely devastating as it is believed to be in the west or may even result in less severe grief or grief processing compared with conjugal loss.

## Method

### *Participants and Procedure*

Conjugally and parentally bereaved individuals were recruited between June 1997 and August 2001 from the metropolitan areas of Washington, DC (United States) and Nanjing, Jiangsu Province (PRC). Recruitment in each country targeted individuals younger than 66 years. The U.S. sample

was recruited by disseminating information about the study and encouraged individuals interested in participating to contact the researchers (Penslar, 1993). Information about the study was made available by sending letters describing the study to (a) recently bereaved individuals who were listed as surviving parents or spouses in newspaper obituary notices and (b) individuals likely to have contact with bereaved individuals (e.g., medical and mental health professionals, clergy). The letters encouraged bereaved individuals who met recruitment criteria and who might be interested in joining the study to contact the researchers by phone or mail. The PRC sample was recruited by obtaining names and contact information for individuals surviving the recent death of either a spouse or child with municipal death records. Potential participants were contacted by telephone, read a description of the study, and invited to participate. For exploratory purposes, all PRC individuals who responded to recruitment were enrolled in the study. However, only data from PRC respondents who met the age criterion (<66 years) are reported in the present article.

After enrolling in the study, bereaved individuals in each country completed a small set of questionnaire measures at approximately 4 months of bereavement (W1) and again at approximately 18 months of bereavement (W2). U.S. participants completed the measures at home and returned completed questionnaires by mail. To insure proper understanding of the questions in the PRC sample, a research assistant visited each participant in their home, read the questionnaire items aloud, and recorded participants' responses. Prior to the second wave of data collection, 11 participants (13.9%) from the U.S. sample and 13 participants (14.9%) from the PRC sample dropped out of the study or could not be located. The final sample consisted of 68 U.S. participants (45 conjugally bereaved, 23 parentally bereaved; 26 men, 42 women) and 74 PRC participants (45 conjugally bereaved, 29 parentally bereaved; 28 men, 46 women). Participants were paid comparable amounts (\$60 in the United States and 200 yuan in the PRC) at each wave of data collection.

The primary cause of death was disease (69.1%), followed by homicide-suicide (12.5%), accident (12.5%), and cardiovascular failure (11.0%). Differences between the PRC and U.S. samples did not approach significance for gender, age, or cause of death. The conjugal and parental bereavement groups differed significantly only in cause of death,  $\chi^2(3, N = 136) = 20.63, p < .001$ ; parental bereavement was more likely to result from accidental death (23.9%), adjusted residual (AR) = 3.4 ( $p < .01$ ) and homicide-suicide (21.7%), AR = 2.3 ( $p < .05$ ). However, the proportions of parental bereavement from accident or homicide-suicide did not differ significantly by country.

### *Measures*

*Grief processing and deliberate grief avoidance.* A 13-item grief processing scale and a seven-item grief avoidance scale were developed through collaborative meetings between investigators in the United States (George A. Bonanno) and the PRC (Nanping Zhang) and their associates. After the content of the scales was deemed appropriate for each culture, the items were written in English and independently translated into Mandarin Chinese. On approval by the PRC investigator (Nanping Zhang), the items were then independently back-translated to English. The grief processing scale measured five behaviors (thinking about the deceased, searching for meaning, having positive memories of the deceased, talking about the deceased, and expressing feelings about the deceased) rated on a 5-point scale for frequency of occurrence in the past month (1 = *almost never*, 5 = *almost constantly*). Each item was phrased for two different contexts: (a) with close family members (e.g., When you were with close family members during the past month, how often did you think about your deceased spouse [child]?) and (b) with close friends (e.g., when you were with close friends during the past month, how often did you think about your deceased spouse [child]?). Responses for three items (thinking, searching, having positive memories) were also phrased for participants being alone (e.g., When you were alone during the past month, how often did you think about your deceased spouse [child]?).



The deliberate grief avoidance scale measured three behaviors (avoiding thinking about the deceased, avoiding talking about the deceased, and avoiding expressing feelings about the deceased) phrased in two contexts (with close family members and with close friends). The avoidance of thinking about the deceased was also phrased for participants being alone.

**Distress.** Self-reported distress from psychological symptoms was measured with a combination of the Depression, Anxiety, and Hostility scales from the Symptom Check List (Derogatis, 1983). The items from these scales were summed and averaged to form a Global Symptoms Index (GSI). Normative adult samples in both the United States and the PRC have typically produced mean GSI scores between 0.30 and 0.50, with elevated or clinically relevant levels of distress considered with a score of 1.00 or greater (Liang, Zhao, & Zheng, 1992; Todd, Deane, & McKenna, 1997). Chinese translations of the distress items were obtained from studies of native Chinese-speakers with clinical (Li et al., 1991) and nonclinical (Liang et al., 1992) samples. Internal consistency for the 29-item GSI was .93 in the PRC sample and .94 in the U.S. sample.

**Perceived health.** Brief self-report measures of perceived health have been found to predict long-term physical health problems (Brook et al., 1979; Ware & Karmos, 1976). Perceived health was measured in this study with three self-report questions (e.g., "During the past month, did you feel physically healthy enough to carry out the things you like to do or had to do?") developed by the National Center for Health Services Research for the Health Insurance Study (Brook et al., 1979). These items were translated into Chinese with a back-translation process similar to that described for the grief processing and avoidance scales. Internal consistency for the three-item perceived health score was .66 in the PRC sample and .63 in the U.S. sample.

Results

Adjustment

We examined self-reported distress in an analysis of variance for country, loss type, gender, and repeated measures across time

(W1, W2). This analysis revealed a main effect for time,  $F(1, 134) = 38.19, p < .001$ , with greater distress at W1 ( $M = 0.94, SD = 0.57$ ) than W2 ( $M = 0.61, SD = 0.55$ ). The time effect was qualified by a Time  $\times$  Country interaction,  $F(1, 134) = 33.93, p < .001$ . The PRC sample at W1 reported marginally greater distress ( $M = 1.06, SD = 0.62$ ) than the U.S. sample ( $M = 0.86, SD = 0.64$ ),  $t(140) = 1.77, p < .10$ , but at W2 the PRC sample reported significantly less distress ( $M = 0.47, SD = 0.48$ ) relative to the U.S. sample ( $M = 0.71, SD = 0.74$ ),  $t(140) = 2.22, p < .05$ .

These effects were further qualified by a significant three-way interaction of Time  $\times$  Country  $\times$  Loss Type,  $F(1, 134) = 6.25, p < .05$ . Follow-up analyses of each country separately (see Figure 1) showed that for the U.S. sample, the main effect of time was nonsignificant,  $F(1, 64) = 1.94, p = .19$ , but the Time  $\times$  Loss Type interaction was significant,  $F(1, 64) = 9.32, p < .01$ , whereas for the PRC sample, the main effect of time was significant,  $F(1, 70) = 47.71, p < .001$ , but the Time  $\times$  Loss Type interaction was not significant,  $F(1, 70) = 0.69, p = .42$ . U.S. participants who lost a spouse decreased significantly in distress from W1 ( $M = 0.89, SD = 0.59$ ) to W2 ( $M = 0.59, SD = 0.58$ ),  $t(44) = 4.12, p = .001$ , whereas those who lost a child showed no decrease in distress from W1 ( $M = 0.86, SD = 0.75$ ) to W2 ( $M = 0.94, SD = 0.94$ ),  $t(16) = -1.71, p = .10$ . For the PRC sample, both the conjugal loss group and the parental loss group decreased significantly from W1 to W2: conjugal (W1  $M = 1.04, SD = 0.62$ ; W2  $M = 0.49, SD = 0.48$ ),  $t(44) = 5.51, p < .001$ ; parental (W1  $M = 1.09, SD = 0.63$ ; W2  $M = 0.46, SD = 0.50$ ),  $t(28) = 5.15, p < .001$ .

A similar analysis of variance for repeated measures of perceived health again evidenced main effect of time,  $F(1, 123) = 32.10, p < .001$ , with perceived health increasing from W1 ( $M =$

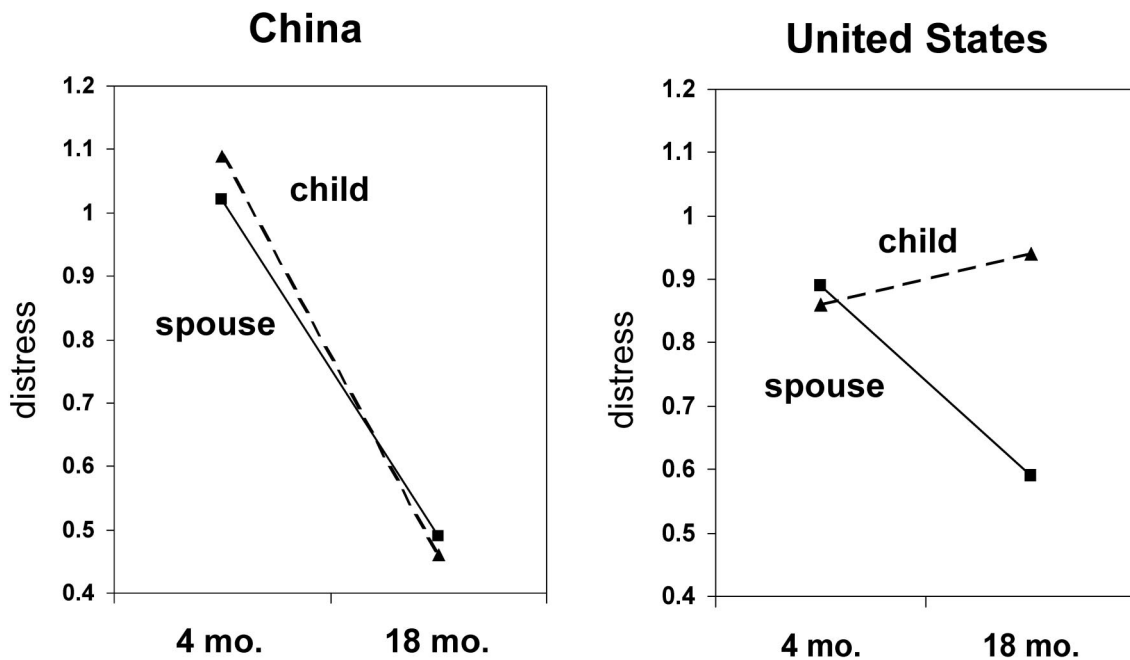


Figure 1. Distress as a function of time and loss type in the People's Republic of China and United States. mo. = months.

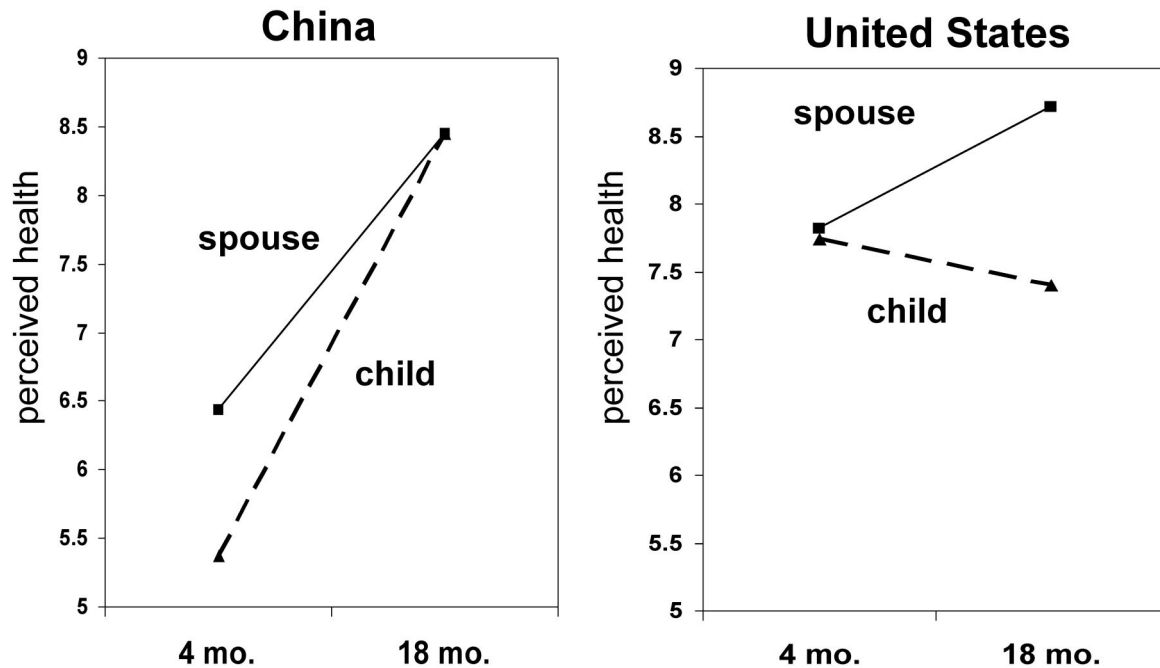


Figure 2. Perceived health as a function of time and loss type in the People's Republic of China and United States. mo. = months.

6.93,  $SD = 2.33$ ) to W2 ( $M = 8.31$ ,  $SD = 2.25$ ). As was the case for distress scores, the interaction of Time  $\times$  Country was significant,  $F(1, 123) = 19.95$ ,  $p < .001$ , and showed a similar pattern as distress scores. At W1, the PRC sample had significantly poorer perceived health ( $M = 6.05$ ,  $SD = 2.25$ ) than the U.S. sample ( $M = 7.76$ ,  $SD = 2.31$ ),  $t(140) = 4.22$ ,  $p < .001$ , whereas at W2, the PRC sample had slightly better perceived health ( $M = 8.45$ ,  $SD = 2.41$ ) than the U.S. sample ( $M = 8.24$ ,  $SD = 2.33$ ). However, the difference at W2 was not significant,  $t(128) = -0.52$ ,  $p = .61$ .

Perceived health scores also showed a qualifying three-way interaction between Time  $\times$  Country  $\times$  Loss Type,  $F(1, 123) = 6.21$ ,  $p < .05$ , and follow-up analyses produced a similar pattern of results as was observed for distress scores (see Figure 2). For U.S. participants, the main effect of time was nonsignificant,  $F(1, 67) = 1.06$ ,  $p = .31$ , but the Time  $\times$  Loss Type interaction was significant,  $F(1, 67) = 5.46$ ,  $p < .05$ , whereas for the PRC participants, the main effect of time was significant,  $F(1, 60) = 42.31$ ,  $p < .001$ , but the Time  $\times$  Loss Type interaction was not significant,  $F(1, 60) = 1.64$ ,  $p = .18$ . U.S. individuals who lost a spouse increased significantly in perceived health from W1 ( $M = 7.82$ ,  $SD = 2.34$ ) to W2 ( $M = 8.71$ ,  $SD = 2.40$ ),  $t(45) = 3.12$ ,  $p < .01$ , whereas U.S. individuals who lost a child did not increase in perceived health from W1 ( $M = 7.74$ ,  $SD = 2.34$ ) to W2 ( $M = 7.40$ ,  $SD = 2.03$ ),  $t(22) = 0.72$ ,  $p = .48$ . In contrast, for the PRC sample perceived health improved over time in both the conjugal loss group (W1  $M = 6.43$ ,  $SD = 2.76$ ; W2  $M = 8.45$ ,  $SD = 2.74$ ),  $t(39) = 4.48$ ,  $p < .001$ , and the parental loss group (W1  $M = 5.37$ ,  $SD = 2.28$ ; W2  $M = 8.45$ ,  $SD = 1.74$ ),  $t(22) = 21.24$ ,  $p < .001$ .

### Grief Processing and Deliberate Grief Avoidance

*Psychometric properties of the scales.* The psychometric data supported the independence of the grief processing and deliberate avoidance scales in each country. Similar grief processing items (e.g., thinking about the deceased) were highly correlated across contexts (e.g., family vs. friends vs. alone) in both the United States (mean  $r = .78$ ) and the PRC (mean  $r = .82$ ) samples. The total score for the 13-item grief processing scale showed adequate variability ( $M = 3.79$ ,  $SD = 0.89$ ) and robust internal consistency in both U.S. ( $\alpha = .88$ ) and PRC ( $\alpha = .97$ ) samples. For the deliberate avoidance scale, similar items (e.g., avoiding thinking about the deceased) were also highly correlated across contexts (e.g., family vs. friends vs. alone) in both U.S. (mean  $r = .62$ ) and PRC (mean  $r = .73$ ) samples. Likewise, the seven-item deliberate grief avoidance scale also showed adequate variability ( $M = 1.97$ ,  $SD = 0.95$ ) and robust internal consistency in both the United States ( $\alpha = .83$ ) and the PRC ( $\alpha = .94$ ).<sup>1</sup>

The traditional grief work perspective assumes that grief processing and deliberate grief avoidance should be highly inversely correlated, whereas the grief work as rumination perspective views these as separate, independent processes. Consistent with the latter view, grief processing and deliberate avoidance were virtually uncorrelated in both the United States ( $r = -.04$ ,  $p = .77$ ) and the PRC ( $r = -.02$ ,  $p = .85$ ). To further examine the independence of

<sup>1</sup> Internal consistency was also satisfactory when considered separately for each scale in each context (e.g., grief processing with family, grief processing with friends, grief processing when alone), ranging from .77 to .87 for all possible subscales.

the two scales, we conducted a confirmatory factor analysis on the U.S. sample. This analysis showed a good fit for a two-factor solution that mapped onto the set of items designated a priori for each scale,  $\chi^2(169, N = 68) = 315.96, p = .33$  (normed fit index = .99; comparative fit index = .99; root mean square residual = .09). Next, we performed a test of factorial invariance to demonstrate that the two-factor solution could be confirmed in the PRC sample and that the factor structure was invariant across the two samples. The test for metric invariance (Horn & McArdle, 1992) is a stringent test of whether the structure of data is the same across groups or occasions. The factor loading parameters derived from the U.S. sample were constrained to be equal (or invariant) to the parameters derived for the PRC sample. The difference in fit between the model in which loadings are allowed to be freely estimated and the model in which the loadings are constrained to be equal is a test of the metric invariance of the factor solution. The fit of these two alternative models was essentially the same, thus demonstrating metric invariance across the two samples,  $\Delta\chi^2(20, N = 142) = 16.95, p = .28$ .

*Effects of time, country, and loss type.* Grief processing and deliberate grief avoidance were each subject to repeated measures analyses of variance for the effects of country, loss type, gender, and time. Grief processing scores showed main effects of gender,  $F(1, 119) = 5.77, p < .05$ , with women reporting more grief processing ( $M = 3.58, SD = 0.82$ ) than men ( $M = 3.26, SD = 1.08$ ), and time,  $F(1, 119) = 102.42, p < .001$ , with grief processing decreasing over time. The time effect was also qualified by significant interactions of time and country,  $F(1, 119) = 29.76, p < .001$ , and time and loss type,  $F(1, 119) = 4.14, p < .05$ .

The PRC sample reported significantly more grief processing at W1 ( $M = 4.11, SD = 0.93$ ) than the U.S. sample at W1 ( $M = 3.42, SD = 0.69$ ),  $t(135) = 4.88, p < .001$ . Both samples decreased significantly in grief processing from W1 to W2, and by W2 the samples were no longer statistically different (PRC:  $M = 3.00,$

$SD = 0.85$ ; United States:  $M = 3.11, SD = 0.80$ ),  $t(128) = 0.74, p = .46$  (see left panel of Figure 3). Conjurally bereaved and parentally bereaved groups did not differ in grief processing at W1 (conjugal  $M = 3.78, SD = 0.86$ ; parental  $M = 3.81, SD = 0.96$ ),  $t(135) = 0.14, p = .87$ , and both groups decreased significantly in grief processing over time. However, the rate of decrease was slower for parentally bereaved respondents, and by W2 the parentally bereaved group was engaging in more grief processing ( $M = 3.32, SD = 0.81$ ) than the conjugally bereaved group ( $M = 2.91, SD = 0.81$ ),  $t(128) = 2.76, p < .01$ .

Deliberate grief avoidance scores evidenced significant main effects for country,  $F(1, 119) = 12.30, p < .001$ , with the PRC sample reporting greater overall deliberate grief avoidance ( $M = 2.15, SD = 0.94$ ) than the U.S. sample ( $M = 1.57, SD = 1.00$ ; see right panel of Figure 3), and loss type,  $F(1, 119) = 4.21, p < .05$ , with parental loss respondents reporting greater overall deliberate grief avoidance ( $M = 2.05, SD = 1.13$ ) than conjugal loss respondents ( $M = 1.77, SD = 0.79$ ). The time effect was also qualified by a Time  $\times$  Loss Type interaction,  $F(1, 119) = 7.29, p < .01$ . At W1, deliberate avoidance was not significantly different for conjugal loss and parental loss respondents ( $M = 2.11, SD = 1.16$ ),  $t(135) = 1.24, p = .22$ . However, conjugal loss respondents decreased in grief avoidance from W1 ( $M = 1.90, SD = 0.85$ ) to W2 ( $M = 1.63, SD = 0.71$ ),  $t(84) = 2.74, p < .01$ , whereas parental loss respondents did not change in grief avoidance from W1 ( $M = 1.97, SD = 1.06$ ) to W2 ( $M = 2.14, SD = 0.85$ ),  $t(39) = 1.24, p = .22$ , and by W2 parental loss respondents had higher grief avoidance than conjugal loss respondents,  $t(128) = 3.07, p < .01$ .

*Type of death.* It is possible that participants who had lost a spouse or child through a disease-related death may have engaged in anticipatory grief processing prior to the death, consequently having less need for grief processing during bereavement compared with participants who lose loved ones through more sudden

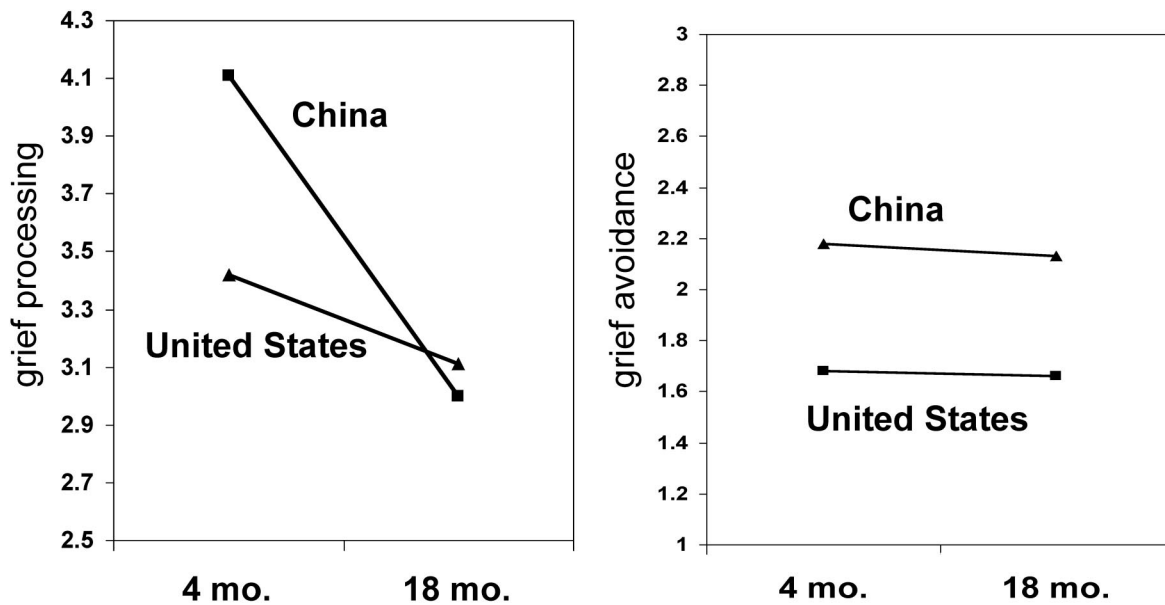


Figure 3. Grief processing and deliberate grief avoidance across time in the People's Republic of China and United States. mo. = months.

death (e.g., homicide–suicide or accident). To explore this issue, we conducted a multivariate analysis of variance for the possible effects of type of death (disease, cardiovascular, accident, and homicide–suicide) on grief work and grief avoidance, and we conducted a similar multivariate analysis of variance for the adjustment variables. Neither analysis approached significance ( $ps > .15$ )

### *Grief Processing, Deliberate Grief Avoidance, and Adjustment*

The patterns of associations between grief processing and deliberate avoidance predicted by the models specified earlier were tested with a series of regression analyses. These analyses controlled for gender differences (and possible interactions of the scales with country and loss type) and are summarized in Table 1. The first analysis examined competing predictions of the grief work assumption and the grief work as rumination hypothesis

regarding the relationship of grief processing and deliberate avoidance at W1 to distress at W2. Predictor variables entered into the analysis included gender, country, loss type, W1 distress, W1 grief processing, W1 deliberate grief avoidance, and the interaction of grief processing and deliberate avoidance with each other and with loss type and country. Not surprisingly, W1 distress emerged as a significant predictor of W2 distress ( $\beta = .37, p < .001$ ). However, independent from W1 distress and the other control variables, both W1 grief processing ( $\beta = .42, p < .01$ ) and deliberate avoidance ( $\beta = .57, p < .001$ ) emerged as significant predictors of W2 distress. Together, these findings contradict the grief work assumption and support the grief work as rumination hypothesis. However, W1 grief processing on W2 distress was also moderated by country ( $\beta = -.94, p < .05$ ), as were the effects of W1 deliberate grief avoidance ( $\beta = -.86, p < .01$ ). A graph of the Grief Processing  $\times$  Country interaction (see left panel of Figure 4) showed that grief processing was positively related to W2 distress in both countries, but the slope was much steeper for the U.S. sample relative to the PRC sample. Analysis of the simple slopes (Aiken & West, 1991) confirmed this impression: W1 grief processing was significantly positively related to W2 distress in the U.S. sample ( $\beta = .42, p < .001$ ) but not in the PRC sample ( $\beta = .23, p > .05$ ). A graph of the Deliberate Avoidance  $\times$  Country interaction (Figure 4, right panel) showed that deliberate avoidance was positively related to W2 distress for the U.S. sample but formed an almost flat line for the PRC sample. Analysis of the simple slopes again confirmed this impression: W1 deliberate avoidance was significantly positively related to W2 distress in the U.S. sample ( $\beta = .49, p < .001$ ) but was unrelated to W2 distress in the PRC sample ( $\beta = -.03, p = .78$ ).<sup>2</sup>

We next examined the conditional grief work hypothesis, which states that grief processing promotes recovery only for more severely grieved individuals, by extending the regression described above to include the interaction of W1 grief processing and W1 distress. If the conditional grief work hypothesis is correct, then this interaction term should predict W2 distress. We also examined the three-way interaction of these variables and country. Neither interaction involving W1 distress was significant ( $p > .10$ ), thus failing to support the conditional grief work hypothesis.

The next analysis tested competing predictions about the relationship of grief processing at W1 and W2. The grief work assumption predicts that initial grief processing reduces the need for subsequent grief processing, whereas the grief work as rumination hypothesis predicts that initial grief processing leads to increased grief processing at later points in bereavement. In this analysis, we used grief processing at W2 as a dependent variable

Table 1  
Regression Analyses

Variable	<i>B</i>	<i>SE</i>	$\beta$
DV = W2 distress <sup>a</sup>			
W1 distress	0.36	0.08	0.37***
Participant gender	-0.01	0.09	-0.01
Loss type	0.01	0.09	0.07
Country	1.26	0.49	1.04*
W1 grief processing	0.29	0.10	0.42**
W1 deliberate grief avoidance	0.36	0.11	0.57***
Grief Processing $\times$ Country	-0.26	0.11	-0.94*
Grief Avoidance $\times$ Country	-0.38	0.12	-0.86**
DV = W2 grief process <sup>b</sup>			
W1 distress	0.19	0.55	0.12
Participant gender	-0.03	0.13	-0.02
Loss type	0.28	0.13	0.16*
Country	0.33	0.73	0.22
W1 grief processing	0.65	0.13	0.72***
W1 deliberate grief avoidance	0.11	0.14	0.14
Grief Processing $\times$ Country	-0.18	0.16	-0.53
Grief Avoidance $\times$ Country	-0.09	0.17	-0.17
DV = W2 grief avoidance <sup>c</sup>			
W1 distress	-0.01	0.12	-0.01
Participant gender	-0.30	0.13	-0.18*
Loss type	0.47	0.13	0.28***
Country	-0.10	0.73	-0.05
W1 grief processing	-0.05	0.13	-0.05
W1 deliberate grief avoidance	0.46	0.14	0.55***
Grief Processing $\times$ Country	0.15	0.16	0.42
Grief Avoidance $\times$ Country	-0.13	0.17	-0.23
DV = W2 perceived health <sup>d</sup>			
W1 perceived health	0.38	0.08	0.44***
Participant gender	-0.06	0.40	-0.01
Loss type	-0.16	0.40	-0.04
Country	0.49	2.25	0.15
W1 grief processing	-0.40	0.39	-0.13
W1 deliberate grief avoidance	-0.79	0.40	-0.32*
Grief Processing $\times$ Country	0.22	0.50	0.16
Grief Avoidance $\times$ Country	-0.02	0.47	-0.02

Note. DV = dependent variable; W2 = 18 months; W1 = 4 months.  
<sup>a</sup>  $R^2 = .40$ ;  $F(8, 136) = 10.44, p < .001$ . <sup>b</sup>  $R^2 = .39$ ;  $F(8, 136) = 9.29, p < .001$ . <sup>c</sup>  $R^2 = .36$ ;  $F(8, 136) = 8.31, p < .001$ . <sup>d</sup>  $R^2 = .31$ ;  $F(8, 136) = 6.52, p < .001$ .  
 \*  $p < .05$ . \*\*  $p < .01$ . \*\*\*  $p < .001$ .

<sup>2</sup> To explore whether the relationship between grief processing and grief avoidance and adjustment may have varied by context, we conducted correlational analyses using separate grief processing and grief avoidance scales for each situational context (e.g., grief processing with family, grief processing with friends, grief processing when alone). The overall pattern of results from these analyses mirrored the results with the global scales and thus suggested that context did not serve such a moderating function. For the U.S. sample, each of the individual grief processing scales was significantly positively associated with increased W2 distress and each of the grief avoidance scales was significantly inversely associated with W2 distress, whereas for the PRC sample, these correlations were for the most part nonsignificant.



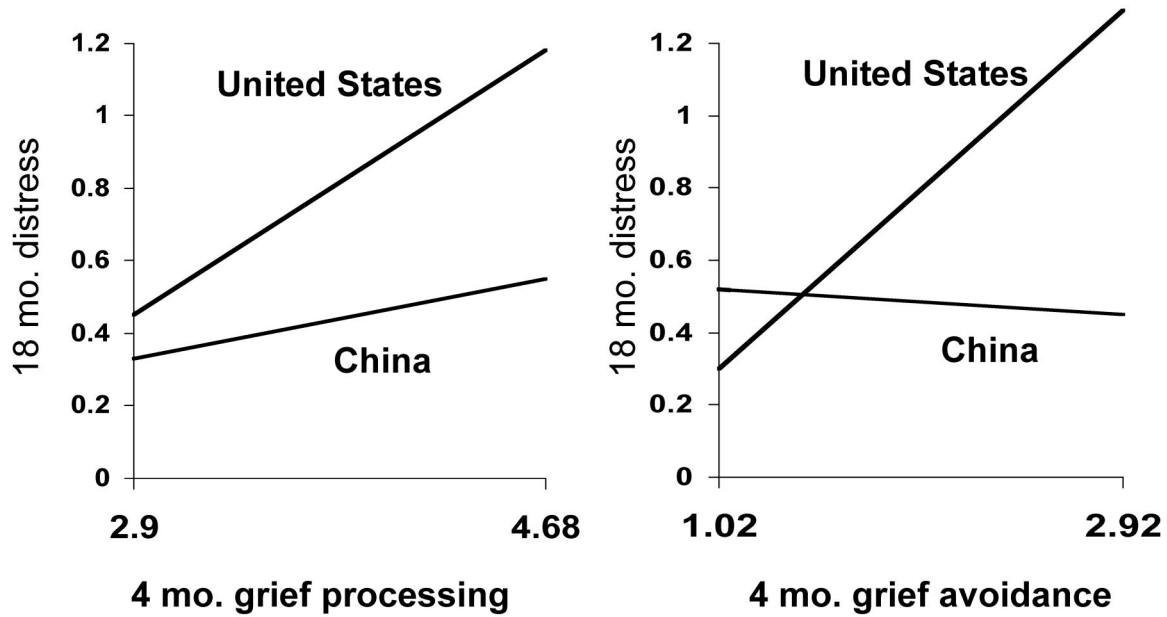


Figure 4. Regression slopes for distress at 18 months (mo.) as predicted by grief processing (at 4 mo.) and deliberate grief avoidance (at 4 mo.) in the People's Republic of China and United States.

and included gender, country, loss type, W1 distress, W1 grief processing, W1 deliberate grief avoidance, and the interaction of grief processing and deliberate avoidance with country and loss type. W1 grief processing emerged as a strong positive predictor of W2 grief processing ( $\beta = .72, p < .001$ ). This result contradicts the traditional assumption and supports the grief work as rumination hypothesis. There was also an effect for loss type ( $\beta = .16, p < .001$ ), indicating greater W2 grief processing among parentally bereaved. A similar analysis was conducted with W2 deliberate grief avoidance as the dependent variable. In this analysis, W1 grief processing was unrelated to W2 deliberate avoidance ( $\beta = .10, p = .53$ ), but W1 deliberate avoidance emerged as a strong positive predictor of W2 deliberate avoidance ( $\beta = .55, p < .001$ ). In addition, deliberate avoidance at W2 was predicted by gender ( $\beta = -.18, p < .05$ ), indicating that male participants engaged in more deliberate avoidance at W2.

A final regression analysis was conducted to examine predictors of W2 perceived health. This analysis revealed that W2 perceived health was predicted by W1 perceived health ( $\beta = .44, p < .001$ ) and by W1 deliberate grief avoidance ( $\beta = -.32, p < .05$ ). In other words, regardless of the participants' initial W1 perceived health, increases in W1 deliberate grief avoidance predicted poorer perceived health at W2. No other effects approached significance ( $ps > .10$ ).

### Discussion

Bereavement researchers have been increasingly critical of the traditional grief work assumption, owing largely to the lack of supportive evidence and to the growing number of studies showing that variables related to processing of the loss (e.g., emotional expression) are often found to predict a more protracted rather than improved long-term adjustment (Bonanno & Kaltman, 1999).

However, there remain two important but unresolved issues related to the prevalence and possible consequences of grief processing and deliberate grief avoidance. First, bereavement theorists vary in how they conceptualize the role of grief processing, and to our knowledge no study has yet compared these different theoretical positions and predictions. Second, the consequences of grief processing or deliberate avoidance have not yet been compared across cultures or for different types of losses.

To address these issues in the present study, we first developed psychometrically robust questionnaire measures of grief processing and deliberate grief avoidance. Contrary to the traditional grief work perspective, which assumes that the absence of grief processing is tantamount to grief avoidance, the grief processing and grief avoidance scales were virtually uncorrelated in each culture. Additionally, confirmatory factor analysis produced a two-factor solution indicating that these constructs were relatively invariant across samples in the PRC and the United States.

Next, we formalized and tested predictions using the grief processing and deliberate grief avoidance variables based on the traditional grief work assumption as well as two alternative theoretical perspectives—the conditional grief work hypothesis and the grief work as rumination hypothesis. As in previous investigations, our measure of grief processing again failed to support the key prediction of the traditional grief work assumption that extensive grief processing promotes recovery. However, the specific effects of grief processing on long-term adjustment varied in relation to the second issue addressed in this study: culture differences. In the United States, initial grief processing emerged as a strong positive predictor of long-term distress and poorer perceived health regardless of participant's initial level of distress (see Figure 4); this finding is consistent with the alternative hypothesis that views grief work as form of rumination. However, in the PRC, grief

processing early in bereavement was not a significant predictor of long-term distress or long-term perceived health.

Several other findings from the present investigation also contradicted the traditional grief work hypothesis and instead supported the alternative grief work as rumination hypothesis, and these effects were evidenced in both the United States and the PRC. As mentioned above, in both cultures the grief processing and deliberate avoidance measures were virtually uncorrelated. Furthermore, in contrast to the traditional assumption that extensive grief processing early in bereavement leads to reduced grief processing at later points in bereavement, but consistent with the view of grief work as a form of rumination, in both the U.S. and PRC samples grief processing at 4-months postloss was a significant positive predictor of continued grief processing at 18-months postloss regardless of participant's initial level of distress. Similarly, we found no evidence to support a modified version of the grief work assumption—the conditional grief work hypothesis—which assumes that grief processing may be salutary primarily for the most severely grieved participants (Bonanno et al., 1998; Neimeyer, 2000). Again, this result was similar in both the U.S. and PRC samples.

There were also several clear cultural effects in both grief-related adjustment and the prevalence of grief processing and deliberate grief avoidance. As expected, on the basis of anthropological accounts documenting the intensity of Chinese mourning rituals, bereaved participants in the PRC evidenced a more acute pattern of grieving in the early months of bereavement but also a more rapid recovery than bereaved participants in the United States. Specifically, the PRC sample reported more acute distress and poorer perceived health than the U.S. sample in the initial months of bereavement. However, the PRC sample showed greater improvement over time, and by 18 months postloss the PRC sample had less distress and similar levels of perceived health as the U.S. sample. The PRC sample also reported greater levels of grief processing at W1 compared with U.S. participants but decreased significantly in grief processing over time, and by the 18-month point of bereavement PRC participants were no longer different from U.S. participants. Also as anticipated by the specificity of Chinese mourning rituals, the PRC sample reported overall higher levels of deliberate grief avoidance across time relative to the U.S. sample.

Finally, the effects of different types of loss on long-term adjustment were also moderated by culture. Consistent with previous studies, U.S. participants who had lost a child showed chronic distress and poor perceived health, whereas U.S. participants who had lost a spouse evidenced recovery over time. By contrast, PRC participants evidenced acute distress and poor perceived health followed by a relatively quick recovery regardless of whether they were grieving a spouse or a child. Earlier, we suggested several possible cultural explanations that anticipated this difference. For example, Chinese mourning practices most clearly focus on deceased adult relatives, and this focus may obviate any extra psychological pain associated with the death of a child. Another factor may be that the family unit in the PRC tends to be larger and include more extended family relations than the smaller nuclear family units typical in the United States (Ikels, 1996). Thus, the impact from the loss of a child may not be as pronounced a loss as in the United States. This effect may also be in some way related to the governmental policies in the PRC

mandating a one-child limit per family. Adjudication among these and other possible explanations goes well beyond the present data. Clearly, more research on this important issue is necessary.

### *Limitations*

There are several limitations of the present study. Primary among these is that the data were obtained exclusively by self-report. This method carries certain advantages for cross-cultural research (e.g., self-report measures are economical and easy to administer). However, it is possible that self-report measures may fail to capture the full complexity of grief processing. Perhaps even more serious, participants' responses to these scales may have been influenced by their generalized beliefs about coping (Stone et al., 1998). Although this issue does not negate the usefulness of retrospective coping measures (Stone et al., 1998), it does raise a related concern that the scales may have held different meanings for respondents in the United States and the PRC. Although we cannot completely rule out this possibility, several factors mitigate its likelihood: (a) the wording of the items was reached through collaboration of investigators in both countries, (b) each item was carefully back-translated, and (c) factor structure of the scales was relatively invariant across the two cultures.

A second limitation is that the design of the present study may not have been perfectly suited to test specific features of some bereavement models. For instance, the dual-process model of coping with loss (M. Stroebe & Schut, 1999) specifies that grief processing and other loss-oriented coping processes may be adaptive but only when balanced with avoidance and other restoration-oriented coping responses. Although the present findings do not appear to support the predictions of this model, because we used only two outcome points, these findings cannot address the model's most crucial feature, which is the oscillation between loss- and restoration-oriented coping over the course of many months of bereavement. Finally, it is possible that the type of processing emphasized by traditional grief work theorists might occur primarily in the very 1st or 2nd month of bereavement, prior to the initial assessment used in the present study. Although we cannot rule out this possibility, we note that differences in initial reactions to loss may be more heavily influenced by preexisting dispositional factors than processing per se (Bauer & Bonanno, 2001; Bonanno et al., 2002) and that meaningful differences in grief processing emerge well beyond the 4-month point in bereavement (Bonanno et al., 2004). Nonetheless, although we argue that 4-month point offers a fair test of the grief work assumption, it may still be of interest for future studies to examine grief processing at early points in bereavement.

A third limitation is that the measures of bereavement outcome for this study were limited to general levels of adjustment (self-reported distress and perceived health) and did not cover more grief-specific difficulties (e.g., yearning). Finally, different rates of participation were evidenced in the United States and the PRC. This may have resulted in part because different recruitment procedures had to be used in each country. However, differences in participation rate also suggest the possibility of different perceptions and attitudes about what it means to volunteer for a research study. Although we are hesitant to speculate too broadly on this issue in the absence of more concrete data, clearly it will be

imperative to address this concern in subsequent cross-cultural bereavement research.

### *Implications and Future Research Directions*

Within the constraints of these limitations, the findings of the present study suggest a number of important implications and questions for future research. At the most obvious level, the present findings add to the growing body of evidence suggesting that it may be inadvisable to routinely encourage bereaved individuals to focus their attention fully on processing their loss. The lack of support in the present study for the conditional grief work hypothesis suggests the more encompassing conclusion that it may be inadvisable under any circumstances, even those in which a bereaved person appears to be suffering greatly, to encourage intensive processing of a loss. In this same vein, and somewhat surprisingly, individuals who had lost loved ones to relatively sudden death (e.g., accident or homicide–suicide) did not engage in grief processes to any greater extent than other bereaved individuals; thus, even these individuals may not have a greater need for grief work. In keeping with the methodological limitations discussed above, this implication should be considered somewhat cautiously. At minimum, however, the present findings add to the growing literature casting doubt on the usefulness of engaging in extensive grief processing even for acutely or chronically bereaved individuals, particularly in the United States, and suggest an imperative need for further research on this issue.

An intriguing question raised by these findings is how bereaved participants in the PRC manage to show such a rapid recovery from their initially high levels of distress. Because the participants in the PRC sample reported greater levels of initial grief processing and exhibited a greater reduction in grief processing over time relative to the U.S. sample, it appears that their rapid improvement should have been attributed at least in part to the intensity of their initial grief processing. Yet, regression analyses failed to reveal such a relationship. In addition, deliberate avoidance of grief processing, which exacerbated grief severity among U.S. participants, did not appear to be maladaptive for bereaved participants in the PRC.

One possible explanation for these findings may be that it was the cultural significance of the mourning ritual, rather than the psychological benefit of processing the loss, that led to the greater improvement among the PRC sample. This may be because Chinese mourning rituals offer clear and perhaps comforting guidelines for expressions of grief as well as for not expressing grief. Another reason may be the communal aspects of the Chinese rituals that aid in cultural unification (Watson, 1988). Because interpersonal connectedness appears to be part of the broader social fabric in the PRC, bereaved individuals in this culture may benefit from greater societal supports, and more importantly, specific rituals that allow them to maintain a continuous sense of identity—one that is deeply ingrained in and reinforced by cultural practices to promote continuing emotional bonds with the deceased (Bonanno et al., 2001). In addition, anthropological research has suggested that Chinese individuals focus primarily on the proper performance of funeral rites, as opposed to emphasizing personal religious beliefs (Watson, 1988). Thus, grief processing in the PRC might not be experienced as an individual and spiritual endeavor but rather as a comforting and structured communal

ritual that reaffirms cultural identity. In an effort to explore this question further, we are presently conducting follow-up analyses to examine possible cultural differences in grief processing across situational contexts.

Multiculturalism in psychotherapy has been a major focus in the last decade. The present findings suggest that cultural differences in grief related practices are associated at least in part with cultural differences in grief outcome. Clinically, it seems vital to explore how a bereaved individual from a cultural background different from the dominant culture might experience the particulars of a loss. The present findings suggest that a recent Chinese immigrant to the United States, for example, might grieve more intensely, engage in proscribed rituals that differ from those normative in the United States and, particularly in the case of child loss, show less prolonged grief than more acculturated individuals. By the same token, recent Chinese immigrants may also find themselves more able to practice and maintain traditional grieving rituals in the United States, particularly in communities with a long history of emigration. This picture may be more complicated, of course, in families or immigrant communities that encompass a variety of levels of acculturation to or acceptance of western values and beliefs (Tsai, Ying, & Lee, 2000). Together, these considerations suggest the vital importance of further empirical examination of the Chinese experience of bereavement in both the PRC and Taiwan, as well as among Chinese emigrants.

Finally, our results are in line with the growing literature supporting the role of resilience in positive bereavement responding among western samples (Bonanno et al., 2002). The present data are supportive of the view of grief processing among westerners as falling on a continuum from resilience to rumination, with low or absent grief processing among resilient individuals and excessive or ruminative levels of grief processing among more acutely or chronically grieved individuals. We have postulated elsewhere that resilience may be promoted by, among other factors, a world view that helps accommodate the pain of interpersonal loss, a high degree of social integration, self-enhancement, and the existence of basic emotion regulation skills—factors that are ultimately shaped by cultural practices (Bonanno, 2004; Bonanno et al., 2001). Each of these factors, we further proposed, serves the maintenance of identity continuity in the face of interpersonal loss. These factors buffer the individual from the potentially destabilizing attributions (e.g., that the death will be harmful to their continued well-being or will tax their existing coping resources) and thus obviate the need for more prolonged coping responses such as those typically ascribed to the grief work construct. When considered in this context, the present findings suggest that such speculations may be true primarily for bereaved individuals acculturated to the United States and less important for individuals with other cultural backgrounds. Clearly, it will be imperative for future studies to compare resilient individuals from different cultures and to map the psychological mechanisms operative in these cultures.

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