CONTINUING BONDS IN BEREAVEMENT

The introduction of the continuing bonds model of grief near the end of the 20th century revolutionized the way researchers and practitioners understand bereavement. *Continuing Bonds in Bereavement* is the most comprehensive, state-of-the-art collection of developments in this field since the inception of the model. As a multi-perspectival, nuanced, and forward-looking anthology, it combines innovations in clinical practice with theoretical and empirical advancements. The text traces grief in different cultural settings, asking questions about the truth in our interactions with the dead and showing how new cultural developments like social media change the ways we relate to those who have died. Together, the book’s four sections encourage practitioners and scholars in both bereavement studies and in other fields to broaden their understanding of the concept of continuing bonds.

**Dennis Klass, PhD**, is on the editorial boards of *Death Studies* and *Omega: Journal of Death and Dying* and is professor emeritus at Webster University in St. Louis, Missouri. He is the author of *The Spiritual Lives of Bereaved Parents*, coauthor of *Dead but Not Lost: Grief Narratives in Religious Traditions*, and coeditor of *Continuing Bonds: New Understandings of Grief*. A licensed psychologist, he has been active in the study of death, dying, and bereavement since 1968.

**Edith Maria Steffen, PsychD**, is a lecturer in counseling psychology at the University of Roehampton, London, UK. Her research focuses on sense of presence experiences in bereavement and meaning-oriented group grief therapy. She has published articles in journals such as *Death Studies*, *Omega: Journal of Death and Dying*, and *Mental Health, Religion & Culture*, and has contributed a number of chapters to anthologies.
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CONTINUING BONDS IN BEREAVEMENT

New Directions for Research and Practice

Edited by Dennis Klass and Edith Maria Steffen
IN MEMORY OF
PHYLLIS ROLFE SILVERMAN
JULY 10, 1927–JUNE 10, 2016
WHO INITIATED THE CONVERSATION
THAT CONTINUES IN THIS BOOK
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As Thomas Kuhn once famously recognized, normal science—including social science—tends to proceed as “bit and piece puzzle-solving,” as the great majority of researchers work comfortably within the prevailing paradigm, taking up its implicit assumptions, usually unconsciously, as they concentrate on applying its analytic and methodological framework to an ever-expanding range of problems. This approach, which takes for granted the adequacy of foundational commitments within the paradigm, works well . . . until it doesn’t. At that point anomalies begin to accumulate that call for a revolutionary paradigm shift that promises a fuller, deeper, and more useful means of conceptualizing the subject matter. Whether at the over-arching level of shifting from a Newtonian mechanics to a unified field theory, or at the more specific level of transitioning from a pathology-focused psychotherapy to one that emphasizes client strengths and resilience, the emergence of a new paradigm marks a sea change in the field, for scholars as well as practitioners working within it.

In the past two decades just such a paradigm shift has occurred in the field of bereavement research and practice. Where once psychologists, psychiatrists, and related professionals labored under the largely unquestioned assumption that adaptation to the death of a significant person required “decathexis,” “letting go,” or the “withdrawal of emotional investment” in the one who had died in order to “move on” in a healthy way, the predecessor of this book (Klass, Silverman, & Nickman, 1996) persuasively argued that the natural course of bereavement involves not relinquishing bonds with the dead, but rather retaining them. In a remarkably short time this “new look” in the study of grief has emerged as a major challenger to the dominant paradigm, generating a sizable body of research and practice substantiating, extending, and applying its insights in both scholarly and practical contexts of support and therapy.

Just how revolutionary the continuing bonds model has been in reorienting scholarship and practice in the field of bereavement studies is clearly documented
in this intriguing successor volume edited by Dennis Klass and Edith Maria Steffen. Amply sampling the breadth and depth of contemporary contributions to the field, various chapters demonstrate how the ongoing relationship with the deceased is woven into the fabric of leading models of grief, including two-track, posttraumatic growth, narrative, attachment, and meaning reconstruction approaches. Similarly, historical and cultural scholarship documents the pervasive role of relations between the living and dead in sustaining social, political, and religious systems of meaning and power, and the investment that cultural stakeholders have in regulating their expression. Complementing these more macro perspectives on the phenomenon, other contributions provide penetrating close-ups of the unique significance of continuing bonds for such populations as parents mourning children, college students using social media, immigrants seeking cultural continuity, and users of ritual to narrate and validate profound transitions. Collectively, these chapters convincingly argue for the centrality of relations between the living and the dead for scholars and researchers in a great variety of disciplines, whose joint consideration of the phenomenon adds texture and dimensions to a cardinal feature of the human encounter with loss.

But even beyond this wealth of understanding, the book provides critical commentary on such pressing questions as the ontological status of continuing bonds as “real” or constructed, the related issue of survival in an afterlife, and the role of medium-assisted after-death communication. Less controversial but no less daunting are problems addressed by other chapters, such as welcome and unwelcome senses of presence reported by the bereaved, how bonds might be used to address the need for post-mortem forgiveness, the difference between internalized and externalized bonds, positive and negative dimensions of ongoing connection, and how these might be creatively reconstructed in the intimate theatre of psychotherapy.

In sum, in *Continuing Bonds in Bereavement*, Klass and Steffen offer a sweeping and substantial successor to the pioneering volume that initiated a paradigm shift in the study of grief and its therapeutic implications, consolidating a perspective that is likely to remain ascendant as the field of bereavement matures. Of equal relevance to serious scholars and practitioners alike, this is a volume I recommend highly to others like myself who want to deepen their conceptual grasp of the role of ongoing attachment to the dead on the part of the living, and how this can inform our efforts to ease human suffering in the face of life’s ultimate transition.

Robert A. Neimeyer, PhD, University of Memphis
Editor, *Routledge Series on Death, Dying and Bereavement*

Reference

When Edith Maria Steffen and I sent invitations to authors we hoped would contribute to this anthology, we said this book would be the second edition of *Continuing Bonds: New Understandings of Grief* (1996), an anthology I coedited with Phyllis Silverman and Steven Nickman. As the book took shape, however, we realized the themes in the book went beyond what could be legitimately called a second edition. This is a new book. The authors in the 1996 book made the same case over and over: the model of grief that was dominant in both the scholarly literature and in popular culture over most of the 20th century was wrong. Bereaved people did not sever the bonds with significant people who had died as the accepted theory said they should. Rather, people continued the attachment, albeit in new circumstances. The then-dominant theory said that maintaining a bond was evidence of pathological grief. Some theorists even said it was the cause of pathological grief. Author after author in *Continuing Bonds: New Understandings of Grief* presented evidence that maintaining bonds with the dead is not pathological; indeed, they could play a positive part in the survivors’ ongoing lives.

If ever a book was successful, *Continuing Bonds: New Understandings of Grief* was one of them. Within a few years, the great majority of bereavement researchers accepted its thesis. Continuing bonds are now regarded as a common aspect of bereavement in virtually all psychiatric and psychological models of grief. This model has been incorporated into many techniques of professional and pastoral support and help for grieving people. As some chapters in this book demonstrate, the continuing bonds model is increasingly established in sociological and anthropological understandings of grief.

Developing the continuing bonds model has always been a cooperative venture. I had written about how dead children remained important in bereaved parents’ lives and as the parents shared their lives in a self-help group. The first time I met Phyllis Silverman was at a conference in New York. She said that her data from bereaved children was much like mine from the bereaved parents.
She pulled transcripts of interviews out of her briefcase and we slowly went over them together. Yes, we had found the same thing. Phyllis suggested we write a book, so we began planning. She asked Steven Nickman, who had studied adopted children, to join us. We knew the book should be an anthology because many other researchers also had found that bereaved people did not sever their ties to the dead the way the then-dominant bereavement theory said they should. Phyllis, Steve, and I never claimed we had invented a new idea, but we said our anthology was to give voice to an emerging consensus among bereavement scholars.

When we began planning this book, I thought Phyllis should be involved in the expanded collaboration, but we learned that she was further along in the aging process than I was. She died after we assembled the contributors, but before most of the new anthology was written. We have dedicated this book to her.

The continuing bonds model of bereavement is an example of a common phenomenon in academic work: multiple discovery, sometimes called simultaneous invention. Multiple discovery describes the fact that many, perhaps most, scientific discoveries and inventions are made independently and almost at the same time by more than one person, or more than one group.

Two authors in this book published the continuing bonds model independent from Phyllis, Steve, and me.

Simon Shimshon Rubin’s two-track model of bereavement (1981) that he here outlines and updates in the chapter he coauthored with Ruth Malkinson and Eliezer Witztum is essentially the same as the continuing bonds model Phyllis, Steve, and I proposed. The strength of Simon’s two-track model is the clear relationship he draws between a positive continuing bond and a better adjustment to the changed social environment. I think we implied that connection, but Simon made it explicit.

Tony Walter had written an article for the first issue of *Mortality* (1996) in which he crisply stated the continuing bonds model. I have quoted his article many times.

The purpose of grief is . . . the construction of a durable biography that enables the living to integrate the memory of the dead into their ongoing lives; the process by which this is achieved is principally conversation with others who knew the deceased.

I wish we had said it that well.

Shortly after his article was published, Tony wrote a review of our anthology. He could have stated, correctly, that he actually published the idea first, but he did not say that. Rather, he wrote a glowing review of *Continuing Bonds*, simply noting he had written something similar, but that we had more data. I still consider his response as incredibly generous.

The term “continuing bonds” came out of a very different intellectual and personal collaboration. The anthology Phyllis, Steve, and I were editing was well along,
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but we still did not have a good phrase for the phenomena we were describing, and we needed a satisfying title for the book. Simon Rubin recently reminded me that when Phyllis and I approached him to contribute a chapter, we called the project “Detachment Revisited.” So, we had a name for what we were rejecting in the then-dominant model, but we had no name for what we would put in its place. Sociologist David Unruh (1983) had used the terms “continued bonding activities” and “continued attachment,” but his work had not made its way into the psychological literature in which Phyllis, Steve, and I were grounded.

I asked my wife Carol to help me. We tried out some terms for a week, but none seemed right. Then one morning while we were putting groceries away she said, “continuing bonds.” We said it back and forth to each other in different sentences, and we both knew it was right. I called Phyllis, she asked Steve, and that is what we have called it ever since.

There is a rich history of conversation between my wife and me as well as a history of me looking for the right words to describe what she named that morning in the kitchen.

In 1979, bereaved parents who were founding a local chapter of a self-help group asked me to be their professional advisor. I used the opportunity to do ethnographic research. The sociology of education was a significant component in my wife’s doctoral studies. She knew the methodological literature on ethnography well and became my tutor and consultant. I have written elsewhere (Klass, 1999) about my roles in the group and the ways I used the ethnographic method. I spent several years listening to bereaved parents to make sure I understood their stories and also understood the self-help group’s dynamics and how they were coming to terms with their children’s deaths.

A prominent feature of the parents’ grief was that the children were still a significant part of the parents’ lives. The first term we used to describe the phenomenon was “inner representation of the deceased.” The definition of inner representation came from the psychoanalytic writing of the time. It was, we said, the parts of the self-actualized in the bond with the person, characterizations and thematic memories of the person, and the emotional states connected with the characterizations and memories (Fairbairn, 1952; Kernberg, 1976; see also Benedek, 1975). The term still works well when describing any bonds with a person, living or dead, but focusing only on one individual, not on all the people in the relationship.

It soon became obvious, however, that the word “inner” in inner representation was wrong. Their dead children were an important inner reality to the parents, but an important element in the self-help process was that they worked hard to make the reality they felt so strongly within themselves into a social reality within the group, and within their extended families and other social networks. A couple who were on the group’s national board wrote a song: “Our children live on in the love that we share.”

As I tried to make sense of the data I was gathering from the bereaved parents, I sorted through the academic literature of grief then available. I had been an
assistant in Elisabeth Kübler-Ross’s seminar in death and dying at the University of Chicago Hospitals, and it was obvious to me, after just one meeting of the group, that the parents’ grief could not be described in terms of her five stages of grief. Kübler-Ross said the end of dying and grieving is acceptance, but while these parents might accept the deaths of their children in the sense that they knew it was true, it was not acceptance as defined by Kübler-Ross. I wrote an article showing the historical roots of her idea of acceptance (Klass, 1981), and turned to other scholarship into which the data from bereaved parents might fit.

John Bowlby published the third volume in his trilogy, *Attachment and Loss* (1969–80), just as I began listening to the bereaved parents. In it he developed the attachment model of grief he had sketched in his 1961 essay “Processes of Mourning.” I read his work carefully, but my data did not fit into the Bowlby model, or into the growing body of scholarship on grief that grew from Bowlby’s work (Parkes, 1972; Parkes & Weiss, 1983). As I wrote up my first extended report of my observations with the parents, I included an appendix detailing the problems with the Bowlby model (1988), and edited the appendix into an article (Klass, 1986–7).

Briefly, the problem with Bowlby’s attachment model is that he excluded what we later called continuing bonds from any notion of the healthy resolution of grief. When he rejected the psychoanalysis of his day, Bowlby replaced Freud’s drive theory and metapsychology with the attachment instinct. Bowlby used the word attachment in place of the psychoanalytic term cathexis. In Freud, the paradigmatic grief is the young child’s loss of its immediate cathexis with its mother in the Oedipus drama. The resolution of the Oedipus drama was the internalization of the parent. Internalization made the representation of the parent part of the ego in that the child identified with the parent. The internalization was thus a split in the ego, creating the ego ideal in the earlier version of Freud’s metapsychology, the superego in the later version. The internalization/identification was the conscience, the internalized parent who monitors a person’s thoughts and actions.

In psychoanalytic theory, then, a continued bond with a dead person would be an identification. In rejecting the Oedipus idea, Bowlby also rejected anything in grief that smacked of identification. The title of my article on Bowlby’s model was “John Bowlby’s Model of Grief and the Problem of Identification” (Klass, 1986–7). He said that grief without identification might seem like Hamlet without the prince, but that was, he said, his conclusion. In the long period between the first and third volumes of *Attachment and Loss* Bowlby found other ways to describe the resolution of grief. Much of what he said foreshadowed Robert Neimeyer’s (2001) constructivist model. But he never connected his rejection of internalization with those newer thoughts.

As I continued in my efforts to understand the bereaved parents, rather than stay within psychological studies in the West, I turned to ancestor rituals in Japan that showed so many similarities to the narratives and rituals the parents developed in the self-help group (Klass, 1996). In retrospect, the move into cross-cultural studies was fortuitous for the development of the continuing bonds model. Many
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authors in this book use continuing bonds in cultural settings well beyond those in which Phyllis and I first observed them.

In not staying with the Bowlby model, however, I missed a term that later seemed so obvious. Mary Ainsworth was among Bowlby’s earliest collaborators (Ainsworth & Bowlby, 1953). Without challenging him directly, she transformed his understanding of attachment into mother–child bonding. Ainsworth’s modification was not a radical innovation. Donald Winnicott’s (1966) catchphrase that there is no such thing as a baby was common both in and outside psychiatric circles in those days. There is, Winnicott said, always a baby and someone else, the mother or a significant caregiver. Thus, Winnicott said, the mother and baby function together as one unit. Ainsworth simply brought Winnicott’s observation into the Bowlby attachment model.

A bond is, in common parlance, love. Love is not a thing. It is not a feeling or emotional state within the self. Love is a relationship between two or more people. If we are to understand love, even loves that seem pathological to us, we need to include all the parties in our observations.

Bowlby used Ainsworth’s findings on children’s stranger anxiety, but he does not seem to have recognized how significantly she had revised his model. Bowlby’s own history might help us understand why he continued to see attachment as a psychiatric construct (see Van Dijken, 1998). He was raised by nannies. He had almost no connection with his own mother. She was away for long stretches, and when she was home, he saw her only an hour a day after teatime. When he was three years old, the nurturing nanny who had cared for him from infancy left the family and was replaced by a nanny who was emotionally distant. When he was 10, he was sent away to boarding school. Thus, Bowlby’s own biography made him sensitive to the children separated from their mothers, but did not provide him with the basis to deeply understand the intersubjective nature of the mother–child bond. He continued to see attachment as an instinct that can be described in individual behaviors.

The caregiver–child bond made its way quickly into early childhood education and child psychology that was outside psychoanalysis. Bonding was central to my wife’s graduate studies in child development and to her work, especially as she implemented an out-of-home daycare program for children at risk of abuse and neglect, and then as she was research director for a home visiting program. Carol’s book on home visiting (Klass, 2008) is about strengthening a healthy bond between parents and children. She and I often talked about the similarities between what she observed in her work with parents and children and what I observed among bereaved parents.

As I reflect on it now, I am astonished that I missed appropriating the term bond that was so central to the intellectual and professional component of our marriage, but that’s what happened. Indeed at a conference when Carol described my interest in ancestor worship to a child development expert from Japan, the Japanese woman gave Carol references to research that studied differences in mother–child bonding in Japan and North America. Those studies
helped me understand how the dynamics of grief are different in traditional Japan when the cultural value is dependence compared with when the cultural value is autonomy, as it is in the developed West (Klass, 1996; see Goss & Klass, 2005). Thus, although I was using scholarship based on mother–child bonding, I did not use the term bonds to describe what I observed in the bereaved parents until that Saturday morning when we were putting away the groceries.

I have been gratified over the last 20 years as the term has taken on a life of its own and been useful to so many scholars and clinicians. I hope that by putting so much scholarly and clinical work in one volume, we can foster the kind of cross-fertilization and collaboration that has characterized the continuing bonds model of grief from its beginning.

References


Prologue

CONTRIBUTORS

**David E. Balk** is a professor at Brooklyn College where he chairs the Department of Health and Nutrition Sciences and directs graduate studies in thanatology. His research has examined adolescent bereavement following the death of siblings. For the past several years his primary focus has been on bereavement and college students.

**Julie Beischel** received her doctorate in pharmacology and toxicology in 2003. She is the cofounder and director of research at the Windbridge Institute where she performs research examining mediums’ accuracy, experiences, psychology, and physiology, and the potential social applications of mediumship readings. She is the author of *Investigating Mediums*.

**Mia W. Biran** was born in Haifa, Israel. She completed her PhD degree in clinical psychology at Rutgers University, New Jersey. She is currently professor emeritus at Miami University, Ohio, and a faculty member of the Cincinnati Psychoanalytic Institute where she teaches and supervises psychoanalysis trainees.

**Mark Boccuzzi** is a cofounder and researcher at the Windbridge Institute where he conducts empirical after-death communication research. He is a recipient of grants from the Helene Reeder Memorial Fund for Research into Life after Death and the Parapsychological Association’s Gilbert Roller Fund. He is the author of *Visualizing Intention*.

**Harold K. Bush** is a professor of English at Saint Louis University and author most recently of *Continuing Bonds with the Dead: Parental Grief and Nineteenth-Century American Authorship*. He is also lead editor of *The Letters of Mark Twain and Joseph H. Twichell*. His first novel, *The Hemingway Files*, appeared in the summer of 2017.
Contributors

Celia H.Y. Chan is associate professor of the Department of Social Work and Social Administration at the University of Hong Kong. Her major areas of research and evidence-based practice include developing an integrated body–mind–spirit model on health and mental health issues, counselling on sex and reproductive health, and regulating assisted reproduction technologies and third-party conception.

Ide S.F. Chan is a clinical psychologist at Queen Elizabeth Hospital in Hong Kong. She has worked in the field for more than 20 years and deals with a number of clinical problems like pain management, trauma, cardiac rehabilitation, and bereavement. Her doctoral thesis focused on continuing bonds after death.

Amy Y.M. Chow is an associate professor in the Department of Social Work and Social Administration at the University of Hong Kong, and project coordinator of the Jockey Club End-of-Life Community Care Project. She is chairperson of the International Workgroup of Death, Dying and Bereavement. Her research interests include bereavement, end-of-life care, and death and dying.

Callum E. Cooper is based at the University of Northampton within its Centre for the Study of Anomalous Psychological Processes. He is the author of over 30 papers in psychology and parapsychology, a dozen book chapters, and four edited and authored books. He received the 2009 Eileen J. Garrett Scholarship Award. His teaching and research interests include thanatology, parapsychology, positive psychology, sexual behavior, and research methods.

Michael Robert Dennis is an associate professor in the Department of Communication at Emporia State University. He investigates prevention of loss from health communication perspectives, cognition and communication in surviving loss, eulogies, elegies, and grief self-help books. He introduced the study of the “grief account” in 2008.

Candy H.C. Fong is a senior training officer in the Faculty of Social Sciences at the University of Hong Kong. Her areas of research interests include integrative body–mind–spirit intervention, psychosocial oncology, palliative and end-of-life care, grief, and bereavement care.

Elizabeth A. Gassin is a professor of psychology at Olivet Nazarene University and a licensed counselor. She received her PhD from the University of Wisconsin-Madison. Her recent research focuses on linking forgiveness and various bereavement processes. She has also written in the area of ritual studies.

Jacqueline Hayes is a lecturer in counseling psychology and a humanistic psychotherapist at the University of Roehampton, London. For her doctoral studies she investigated experiences of continuing presence in bereavement, focusing on the phenomenological and pragmatic characteristics of these as well as how the bereaved make sense of them.
Contributors

**Lorraine Hedtke** teaches about a narrative approach to death and bereavement throughout the United States and internationally. She is a professor of counseling at California State University San Bernardino and an Associate of the Taos Institute. She has written several books about the philosophical and practical intersections of narrative counseling and grief psychology.

**Hani M. Henry** is an associate professor of psychology and chair of the Sociology, Anthropology, Psychology and Egyptology Department at the American University in Cairo, Egypt. He received his PhD in clinical psychology from Miami University of Ohio. He has published numerous journal articles on diversity-related issues, such as immigration, acculturation, women’s empowerment, and cultural sensitivity in psychotherapy.

**Samuel M.Y. Ho** is an associate provost and professor of psychology at the City University of Hong Kong. His primary research interest is in traumatology and resilience under adversity. As a registered clinical psychologist and researcher, Ho conducts basic research to further the understanding of applied problems as well as using applied issues to explore empirical research.

**An Hooghe** is a clinical psychologist and marriage and family therapist working in Belgium. Besides her clinical practice with bereaved couples and families, she conducts research on couples talking and not talking with each other about their grief. She is also a trainer in marriage and family therapy at the University of Leuven, Belgium.

**Jack Hunter** is an anthropologist of consciousness, religion, and the paranormal. His doctoral research with the University of Bristol examines spirit mediumship and its influence on the development of self-concepts. He is the editor of *Talking with the Sprits, Strange Dimensions*, and *Damned Facts*. He currently teaches A-level religious studies and sociology.

**Melissa D. Irwin** is a doctoral candidate in sociology at Kansas University. She specializes in thanatology and online social networking behavior. Her work on Facebook memorial pages appeared in *Omega: Journal of Death and Dying*, and pending publications explore the role of nouveau spiritualism and technology in after-death communication.

**Elaine Kasket** is a counseling psychologist with a particular interest in psychology and digital-age technologies. She has written and spoken extensively on how the digital era is transforming grieving and memorialization. In addition to her private practice, she is principal lecturer and head of programs for counseling psychology at Regent’s University London.

**Dennis Klass** is professor emeritus at Webster University. He first studied bereavement in 1968 when he was an assistant in Elisabeth Kübler-Ross’s Death
Contributors


Phyllis S. Kosminsky is a clinical social worker specializing in life-threatening illness and grief. Over the past 22 years, Dr. Kosminsky has provided individual counseling to hundreds of bereaved individuals and has conducted trainings for mental health professionals nationally and internationally on the treatment of normal and problematic grief. She coauthored Attachment-Informed Grief Therapy: The Clinician’s Guide to Foundations and Applications.

Adrienne Kunkel is a professor in the Department of Communication Studies at the University of Kansas. Her research focuses on emotional support/coping processes in personal relationships and support group settings, grief and communication, romantic relationship (re)definition processes, sex/gender similarities and differences, sexual harassment, and domestic violence intervention.

Bobo H.P. Lau is an educator and researcher of health psychology and gerontology. After obtaining her doctorate in health psychology, she worked as a senior training officer in a community end-of-life care project at the Faculty of Social Sciences of the University of Hong Kong and then as a post-doctoral researcher in the same institution. Her research interests include end-of-life care, caregiving, mind–body interventions, and reproductive loss.

Paisley Lewis is a doctoral student in the health psychology program at the University of North Carolina, Charlotte. Her research interests involve the role of exercise in natural environments in assisting trauma survivors and promoting posttraumatic growth.

Renata MacDougal brings an archaeological understanding to ancient ritual practices, with a particular interest in mortuary ritual and the development of belief systems. MacDougal has participated in several archaeological expeditions and teaches university courses on ancient women, ritual, history, religion, and magic. She holds degrees in the ancient Near East and a doctorate in archaeology from the University of Leicester.

Ruth Malkinson is director of training at the International Center for the Study of Loss, Bereavement and Resilience, University of Haifa. She is past president of the Israeli Association for Family and Marital Therapy. Her field of expertise is cognitive-behavioral therapy/rational emotive behavior therapy in bereavement and trauma with individuals, couples, and families.

Chad Mosher lives in Tucson, Arizona and works as a clinical coordinator for a community mental health agency. In addition, Mosher is a research associate with
the Windbridge Institute. His clinical expertise focuses on gender identity, sexuality, spirituality, and culturally responsive integrated healthcare practices.

**Robert A. Neimeyer** is a professor of psychology at the University of Memphis, where he also maintains an active clinical practice. Neimeyer has published 30 books, including *Techniques of Grief Therapy: Creative Practices for Counseling the Bereaved*, and serves as editor of the journal *Death Studies*. The author of nearly 500 articles and book chapters and a frequent workshop presenter, he is currently working to advance a more adequate theory of grieving as a meaning-making process.

**Ana I. Orejuela-Dávila** is a doctoral student in the Health Psychology Program at the University of North Carolina, Charlotte. Her research interests include the role of emotion regulation in posttraumatic growth, as well as how ethnic and racial minorities experience growth within the context of oppression.

**Simon Shimshon Rubin** is director of the International Center for the Study of Loss, Bereavement and Human Resilience at the University of Haifa in Israel where he is chairman of the Postgraduate Psychotherapy Program and professor of psychology. An active clinician and researcher, his work focuses on ethics, loss, and psychotherapy.

**Anastasia (Tasia) Philippa Scrutton** is an associate professor in philosophy and religion at the University of Leeds. She works on philosophy of religion and mental health. Recent publications include “Two Christian theologies of depression” and “Why not believe in an evil God?”

**Edith Maria Steffen** is a lecturer in counseling psychology at the University of Roehampton, London, as well as a practicing counseling psychologist. Her doctoral research focused on sense of presence experiences in bereavement and meaning-making. Collaborating with Robert Neimeyer and colleagues, she currently undertakes research into meaning-oriented group grief therapy.

**William B. Stiles** is professor emeritus of psychology at Miami University, Oxford, Ohio, USA, and adjunct professor of psychology at Appalachian State University. He has been president of Division 29 (Psychotherapy) of the American Psychological Association and of the Society for Psychotherapy Research. He has served as editor of *Psychotherapy Research* and *Person-Centered and Experiential Psychotherapies*. He has published more than 300 journal articles and book chapters.

**Richard Tedeschi** is a professor in the Department of Psychological Science at the University of North Carolina, Charlotte. He is a practicing clinical psychologist with a specialty in trauma and bereavement, and conducts research on posttraumatic growth and how people may experience personal transformation in the aftermath of trauma.
Contributors

Christine Valentine is a member of the Centre for Death and Society at the University of Bath. Her research and publications include continuing bonds in Britain and Japan, funeral welfare systems for people on low incomes, funeral directing in the 21st century, and bereavement following drug or alcohol-related deaths.

Mary Alice Varga is an assistant professor of educational research and the director of the School Improvement Doctoral Program in the Department of Leadership, Research, and School Improvement at the University of West Georgia. She currently serves on the Board for the Association of Death and Education Counseling and conducts research on student grief and online grief support.

Tony Walter is honorary professor of death studies at the University of Bath. His most recent books are Social Death (coauthored with Jana Králová) and What Death Means Now: Thinking Critically About Dying and Grieving.

Eliezer Witztum is a professor in the Division of Psychiatry, Faculty of Health Sciences, Ben-Gurion University of the Negev and Director of the School for Psychotherapy, Mental Health Center, Beer Sheva. He specializes in cultural psychiatry, trauma and bereavement, strategic and short-term dynamic psychotherapy, treatment of pedophiles, and the history of psychiatry.
INTRODUCTION

Continuing Bonds—20 Years On

Dennis Klass and Edith Maria Steffen

Since the continuing bonds model of grief was introduced into bereavement studies in Continuing Bonds: New Understandings of Grief (1996), it has been extended from its origins in psychology into other disciplines and adopted in a surprising range of cross-cultural studies. In turn, developments in other cultures and disciplines have fed back into the psychological study and treatment of grief. We think the far-flung developments provide a solid basis for new directions in research and practice. The purposes of this anthology are, first, to show the range of ways the continuing bonds model has been used; second, to trace how the model has been expanded and enriched through this process of cross-fertilization and proliferation; and third, to encourage further cross-fertilization by having so many of the developments together in the same book.

While there appears to be a consensus that continuing bonds are a central aspect of grief, some active discussions and ongoing controversies remain. For example, there are disagreements about the nature of the bonds, how they fit into cultural narratives, and how “adaptive” they are when viewed in the context of Western mental health. We find stark differences in the scholarly discourses, as well as in lay opinion about the reality status of the deceased people with whom the living remain bonded and sharp differences about the empirical reality of the experiences through which continuing bonds are often experienced.

Most sides of the disagreements are represented by authors in this book. We do not think it is helpful, however, to cast the differences in either/or statements or in oppositional language. We are bringing together many developments and perspectives because we hope that by having so diverse a collection in one place, readers will find connections across disciplines, across populations, and across cultures. Furthermore, we hope that by presenting the broad range of settings in which continuing bonds are present and the variety of ways scholars and clinicians think about them, we can begin to develop a broader synthesis in which the views that now seem opposed to each other can all have a place.
In this Introduction we first give a short overview of the continuing bonds model of grief. We have written it especially for readers from outside bereavement studies. Second, we set the developments in the continuing bonds model in the context of other developments in bereavement studies. Third, we describe four overarching themes that struck us as significant threads running through many of the book’s chapters. Finally, we outline how the chapters are organized. At the beginning of each of the book’s sections we have a brief introduction of the topic and chapters in that section.

The Origins of the Continuing Bonds Model of Grief

The book’s Prologue is a personal account of the origins of the term continuing bonds. The next few pages briefly sketch an overview of the scholarly background for readers who are unfamiliar with the history of the continuing bonds model of grief.

Even though scholarship and clinical work on continuing bonds are now grounded in many cultures, the model grew out of the discovery that the then-dominant Western model of grief did not account for important aspects of the experiences of bereaved people. This model replaced the theory of grief work that was rooted in an exaggerated, if not, some might say, obsessive adoption of some passages in Freud’s (1961) essay *Mourning and Melancholia*, published in 1917. He said that in the work of grief:

> Reality-testing has shown that the loved object no longer exists, and it proceeds to demand that all libido shall be withdrawn from its attachments to that object. This demand arouses understandable opposition... people never willingly abandon a libidinal position, not even, indeed, when a substitute is already beckoning to them. This opposition can be so intense that a turning away from reality takes place and a clinging to the object through the medium of a hallucinatory wishful psychosis.

*(p. 223)*

In *Mourning and Melancholia*, Freud did not present any case material on the resolution of grief. When his daughter Sophie died, and later when her son died, Freud did not use the idea of grief work to understand his sorrow (see Klass, 2014). Right after Sophie died Freud connected how he responded to his lack of any religious sense.

> Since I am profoundly irreligious there is no one I can accuse, and I know there is nowhere to which any complaint could be addressed... Quite deep down I can trace the feelings of a deep narcissistic hurt that is not to be healed. My wife and Annerl are terribly shaken in a more human way.

*(Jones, 1957, p. 20)*
Nine years after Sophie died, on what would have been her thirty-sixth birthday, he wrote to Ludwig Binswanger whose child had just died. He said he remained unconsolable (ungetröstet).

One knows that the acute grief after such a loss will lapse, but one will remain unconsolable, never find a substitute. (Man weiß, daß die akute Trauer nach einem solchen Verlust ablaufen wird, aber man wird ungetröstet bleiben, nie einen Ersatz finden.)

(Freud, 1960, p. 383)

Yet, for the next seven decades the overwhelming consensus among psychologists and psychiatrists was that for successful mourning to take place the mourner must disengage from the deceased, let go of the past, and move on.

The psychoanalytic idea of grief work was a radical change from the sentimental attachment to the dead in the middle and upper classes before the First World War. In “Footsteps of Angels,” a poem that was republished several times over the nineteenth century, Henry Wadsworth Longfellow described a visit from his wife, Mary, who died during a miscarriage in 1835:

With a slow and noiseless footstep
Comes that messenger divine,
Takes the vacant chair beside me,
Lays her gentle hand in mine.

... Utttered not, yet comprehended,
Is the spirit’s voiceless prayer,
Soft rebukes, in blessings ended,
Breathing from her lips of air.

In the Freudian model, the poem would be evidence of Longfellow’s incomplete grieving.

Freud’s concept of grief work remained largely within the psychoanalytic circle until 1944, when Erich Lindemann (1979) began the contemporary discourse about grief. He defined acute grief as a psychiatric syndrome. Lindemann, who was a leader in the mental health movement in psychiatry, accepted the grief work model uncritically. That is, he thought that the task of grief was to sever the bonds with the dead, thus freeing the survivors to form new relationships that served individuals in their changed social environment. The concept passed quickly into popular usage. Lindemann thus codified the underdeveloped ideas about grieving of Freud’s essay, thereby giving the culture the concepts to make grief an individual matter for which psychiatric and psychological concepts and diagnoses provided the best explanations and paths to resolution.

Within the psychological/psychiatric hegemony, continuing an attachment with the dead was regarded as pathological grief. Widows beginning to date or marrying again was counted as evidence that they were over their grief. It was
as if a woman could develop a new relationship with a man only if her deceased husband was fully out of her life.

That theory proved inadequate to the data. In the 1980s, several researchers reported that seemingly well-adjusted survivors did not sever their bonds with the dead. People who continued their bonds said their ongoing relationship with a significant dead person helped them cope with the death, and supported their better self. Tony Walter put it succinctly:

> The purpose of grief is . . . the construction of a durable biography that enables the living to integrate the memory of the dead into their ongoing lives; the process by which this is achieved is principally conversation with others who knew the deceased.

*(1996, p. 7)*

A bond with the deceased continues, but also changes the multi-dimensional bond with the living person. All the history in bonds between people when they were living continues into the bond after they die, although as we see in several of this book’s chapters, survivors may have opportunities to reshape the bond that they did not have when the person was living.

Phenomena that indicate active continuing bonds are a sense of presence, experiences of the deceased person in any of the senses, belief in the person’s continuing active influence on thoughts or events, or a conscious incorporation of the characteristics or virtues of the dead into the self. In individuals a continuing bond includes the part of the self actualized in the bond with the person, characterizations and thematic memories of the deceased person, and the emotional states connected with the characterizations and memories. Living people play roles, often complex, within the family and psychic system. After they die, roles change, but the dead can still be significant members of families and communities. Continuing bonds are, then, not simply mental constructs – that is, they are not just an idea, or a feeling.

The editors of *Continuing Bonds: New Understandings of Grief* never said they had developed a new model. They said their book articulated the consensus that had emerged among many bereavement scholars. Most psychological models of grief now accept that continuing bonds are a normal aspect of grief. George Hagman’s edited book (2016) shows that even some psychoanalysts accept that continuing bonds are normal.

**Continuing Bonds in Bereavement Studies and Interventions**

Although *Continuing Bonds: New Understandings of Grief* did not contain any chapters specifically addressing how continuing bonds may present themselves or be worked with in the consulting room, the book’s very inception was first and foremost a response to clinical perspectives, to the psychoanalytic theories that had informed them, and to the clinical practices that had arisen as a result of how these
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Theories had been received, interpreted, and passed on. The grief work model became increasingly simplistic, one-sided, and removed from either scientific or human truths.

The 1996 book became, then, a call to the clinical community to stop, look around, and take note of the clinical evidence that did not fit into the dominant model. Within a few years continuing bonds were an accepted aspect of grief in the psychological descriptions of grief and in clinical practice.

Not surprisingly, the early questions for clinicians and psychological researchers were whether continuing bonds contributed to “healthy” resolutions of grief, and then to what kinds of bonds were better for the bereaved than others. An early empirical strand of research investigated the “adaptiveness” of not breaking bonds to the dead. The research used measures of grief intensity and the attachment styles identified in Ainsworth’s stranger anxiety studies that were noted in the Prologue, but retained Bowlby’s understanding of attachment as a psychiatric construct measurable in individuals (e.g. Field et al., 2003; Stroebe & Schut, 2005). By searching for what may be “maladaptive” or “unhealthy” about continuing bonds (without, however, making transparent who decides what is healthy or unhealthy), that strand of research preserved a prescriptive medical model. The chapter by Samuel Ho and Ide Chan in this book shows the limitations of this research strand in a Chinese cultural setting.

It was tempting to move from the idea of continuing bonds being pathological, to continuing bonds as normal, and then to continuing bonds as good. Ten years on, in a response to the contributions in a special issue of *Death Studies* on continuing bonds, one of us (Klass, 2006) reminded readers that it was never the intention to replace old simplistic and prescriptive formulas with new ones. As many chapters in this book show, we have now moved to a more nuanced understanding of how the bonds function in individual and family life in different cultural settings, as well as how they function in the therapy process itself.

At the same time that the continuing bonds model was being enlarged, a group of researchers, largely quantitative, was pressing to define grief that merited treatment by mental health professionals. Rather than call it pathological, it was labeled prolonged grief disorder or complicated grief. Defining grief as a psychiatric diagnosis is part of what Heidi Rimke and Deborah Brock call “the shrinking spectrum of normalcy”:

> The idea that some people are psychologically sick or disordered reflects the growth of the pathological approach, a distinctly Western and recent historical phenomenon, in which it is assumed that personal problems are individual and caused by biological and/or psychological factors. (2012, p. 182)

As we decided whom to invite as contributors to *Continuing Bonds: New Directions for Research and Practice*, we did not want to isolate the experience of those seeking help from clinicians from those who do not, nor did we want to paint a picture of “healthy grieving” versus “pathological grieving” or of “adaptive” versus
“maladaptive” continuing bonds. Instead, we wanted to open windows on the complex interweavings within diverse manifestations of continuing and discontinuing bonds in a nuanced way. We did not want to separate the psychological from the social and cultural but to see these as interlinked in complex ways. The scholarship, well represented in this book, that has grown around the construct of continuing bonds from disciplines other than psychology is as important for clinical practice as the latest empirical research in clinical and counseling psychology.

The authors in this book are, then, for the most part reluctant to see pathology in grief as anything more than a cultural matter. That is, all cultures have guidelines for grieving and expectations of bereaved people. Among the book’s authors, the underlying viewpoint is that we should avoid drawing simplistic causal relationships and should be particularly careful when it comes to telling people how they should live – and grieve. By and large, then, scholars and clinicians who are extending and clarifying the continuing bonds model avoid getting involved in the questions of clinical diagnosis. The issues involved in labeling pathology show up in a few chapters in this book, but most of the chapters leave the matter aside.

Four Themes in the Book

A lot has happened in the way we understand continuing bonds and the issues to which the continuing bonds model has been applied since it was introduced. Few of the developments have happened in a straight line. Rather, as the chapters in this book show, the idea has been incorporated into a widely diverse set of clinical, cultural, and scholarly discourses.

We invited chapters from people we think have interesting, important, and novel contributions to the model. When we sent out invitations we had a provisional table of contents, but it was quite different from what we now have. As authors sent proposals and as we received drafts, we tried to let the structure of the book develop from the ground up rather than by fitting chapters into a preconceived order. The contributions we received in response to our invitations often surprised us in the directions they took and in the new insights they generated. One of the delights of editing the book has been our correspondence with many of the book’s authors as we responded to early drafts, and they helped us understand the implications of what they had written. In the conversations, however, we cannot claim to have found an outline in which all the ideas and directions in the chapters neatly fit. The book reflects the far-flung developments in the idea of continuing bonds.

In the next parts of this Introduction we try to articulate four overarching themes that struck us as significant threads running through many of the chapters. Obviously, the themes interweave and overlap in interesting ways, but we think it is useful to separate out themes as a way of facilitating conversations. We hope that as readers make their way through the book, they will find themes and connections that did not occur to us as we edited. The continuing bonds model of grief has been crowd-sourced from its beginning. We invited contributors who,
we thought, would keep the process going. We hope the authors’ ideas and writing styles encourage readers to join the process of expanding and deepening how we understand continuing bonds.

**Theme 1: Continuing Bonds Are Intersubjective**

As was noted in the Prologue, the term continuing bonds comes from the way Mary Ainsworth’s word “bond” is used in the field of child development. The mother–child bond is not the individual instinct. It is intersubjective. We can define intersubjectivity simply as the experience or reality that exists between two or more conscious minds, whether two people in the therapy room or all the citizens of a nation. Grieving is a relationship between the bereaved and the dead who are now, in varying degrees, both absent and present. As lonely as we might feel in grief, the longing is itself a relationship with the person who used to fill the now-empty place.

Grief, with its continuing bonds, is intersubjective between the individual griever and community of people to whom they are bonded. Even at the biological level grief is characterized by intersubjectivity. One side of the biological response is expressed by crying and withdrawal. The other side is reaching out to others for a close intimate connection. Crying elicits a response from others. A grieving person’s words and feelings often prompt a hug or other culturally appropriate comforting gestures from those around them, thus inviting them back into communion with others. Grief thus creates the intersubjective spaces described in many of the book’s chapters.

When the idea of continuing bonds was first introduced, researchers and clinicians recognized them in individual grief. A theme that weaves through many chapters in this anthology is that bonds with the dead are not individual; they are interpersonal: they are woven into the complex bonds individuals maintain with intimate others within the communities and the overarching narratives that structure the culture in which their lives and bonds are set. Intersubjectivity is relevant not only for culturally focused disciplines such as anthropology or religious studies, but perhaps even more so for mental health professionals who too often regard continuing bonds as individual psychic phenomena. The bonds are, as we see in this book, a great deal more than an attachment between two separate entities, one of which is merely a “representation.” It seems that conceptualizing continuing bonds as individual phenomena is demonstrably misleading, because our ongoing relationships with the dead are elements in our larger social and cultural attachments, and form part of our personal and social identities.

Many of the chapters in this book are set in grief’s intersubjective spaces. Rituals and religious beliefs in every culture provide intersubjective spaces. In contemporary Western culture, counseling and psychotherapy, the setting for many chapters in this book, is a socially sanctioned intersubjective space. Many cultures, including our own, have specialists such as mediums who can call back the dead, communicate what the dead need from the living, or speak for the dead. In one sense psychological counseling/therapy has moved into the intersubjective
Dennis Klass and Edith Maria Steffen

space that was previously the province of mediums. Recognizing that continuing bonds are real and true, in whatever sense, brings us to a question in the book of how the work of mediums is like, unlike, or can be coordinated with grief counseling/therapy.

The intersubjective spaces in which bonds continue have been expanded by the introduction of social media such as Facebook. In the last Section in the book, three chapters argue that the new technology creates new forms of relationships between the living and the dead, and new forms of an intersubjective community of grief. A few chapters in the book move beyond person-to-person interactions to continuing bonds, to the continuing bonds that are part of our larger cultural memberships and our ethnic, national, and religious membership.

**Theme 2: Continuing Bonds Are an Important Aspect of Finding or Constructing Meaning**

Some deaths present a challenge to individual, family, and sometimes larger cultural narratives because the deaths seem to make no sense. They can throw survivors into an existential crisis that requires them to engage in a search for meaning (Balk, 1999; Benore & Park, 2004; Frankl, 1959). Making meaning is making sense of the events leading to the death and around the death, making sense of our relationship to the deceased, and making sense of our ongoing lives after the death. Meaning and meaning-making in bereavement have always had an important place in the continuing bonds model, for example in the cultural meanings that are invoked in the narratives on which we draw to frame our connections with the deceased.

We know that meaning-making is not an individual process. Meaning is created, transformed, and sustained within communities. Communities, ranging from groups of friends to nations and religions, offer narratives that are the templates from which individuals construct their individual and family narratives. In other words, meaning is socially constructed. Robert Neimeyer, Dennis Klass, and Michael Robert Dennis, one of the co-editors of this book and two of the authors, sketched what appears to be the emerging social constructionist model of bereavement that defines grief as a *situated interpretive and communicative activity*:

By “situated,” we mean to emphasize that mourning is a function of a given social, historical and cultural context; by “interpretive,” we draw attention to the meaning-making processes it entails; by “communicative,” we stress the essential embeddedness of such processes in written, spoken, and nonverbally performed exchanges with others; and by “activity,” we underscore that grieving and mourning are active verbs, not merely states to be endured. In sum, “the work of grief,” in our view, involves reaffirmation or reconstruction of a world of meaning that has been challenged by loss, at social as well as individual levels, in a specific cultural and historical frame.

*(2014, p. 486)*
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The best way to understand grief, then, is as an interaction between interior, interpersonal, communal, and cultural narratives by which individuals and communities construct the meaning of the deceased’s life and death, as well as the post-death status of the bereaved within the broader community.

To understand continuing bonds, it matters how we conceptualize interactions with the dead ontologically, i.e., in what ways our cultural and personal narratives permit us to perceive and experience the relationship as real. As we will see in some contributions to this volume, for example in Anastasia Scrutton’s chapter, meanings are not just belief and ideas, but are often experienced within ritual and shared experience. While continuing bonds appear to be a cross-cultural phenomenon, the meanings ascribed vary significantly from context to context. A number of chapters in this book focus on culturally mediated diverse understandings of continuing bonds. This includes not only the diversity of meaning across broader cultural frameworks but also the creation of different meanings across a diversity of cultural channels, for example eulogy patterns, communication styles of mediums, or novel social conventions about how to maintain bonds with the deceased and what they mean as practiced in social media.

At a more micro level, meanings can also be seen as depending on the nature and history of the relationship with the deceased who is still present and alive for the bereaved. Some chapters, particularly in Section II, show how specific continuing bonds between persons play out, how difficulties in such a relationship may impact on the survivor who comes to counseling, and how working on the relationship can lead to active—and beneficial—changes in the meanings that are made.

Meaning-making, and meaning reconstruction, are frequently central processes in bereavement (Neimeyer, 2016). Both meaning-as-comprehensibility and meaning-as-significance, or sense-making and benefit-finding (Davis, Nolen-Hoeksema, & Larson, 1998), can be enhanced through the continuing bond with the deceased. A number of chapters in the clinical section of this book explicitly deal with this aspect. Grief therapy techniques can be employed to access what Robert Neimeyer calls the back story of the relationship with the deceased in order for the bereaved to regain attachment security and address unfinished business in the relationship. There is an intertwine-ment here of meaning-making and continuing bonds in which each helps the other.

The importance of continuing bonds for meaning-making is not only relevant within clinical contexts. The experience of continuing bonds also invites us to rethink our understandings about what are often considered to be polar opposites: life and death, presence and absence, mind and matter, self and other. The paradox of continuing bonds seems to cut through this dialectic and may stimulate openness to different existential possibilities in a consciousness-expanding way, something that is further elaborated in the chapter on posttraumatic growth and continuing bonds by Richard Tedeschi and his colleagues.
Theme 3: The Continuing Bonds Model Raises Questions about the Sense in which Continuing Bonds with the Dead Are Real and/or in What Sense They Are True

When we say continuing bonds are a part of normal short-term and long-term grief, the question almost all Western bereaved people ask is also the scholarly question: Are those whose presence we feel really there? Are the voices we hear or the glimpses we catch of them just our imagination? Can we trust the deep truths continuing bonds seem to have for our lives? The answers to these questions are the focus of many chapters in the book, and assumptions about the answers are found in all the chapters. The theme, then, is about the ontology of continuing bonds. Ontology is the philosophical study of what exists and what does not. The word literally means the study of being.

When the purpose of grief was to detach from the dead because, as Freud said, “the object no longer exists” (1961, p. 223), the phenomena by which people continued their bonds were not real. If the grief process is completed, the dead are gone. Continuing bonds might be hallucinations, evidence of longing, perhaps necessary illusions that compensate for the loss, but they are only real in the bereaved person’s mind.

The continuing bonds model does not allow us so easily to foreclose the ontological status of the dead and the experiences by which we interact with the dead. The question the continuing bonds model raises for philosophers, as well as for lay bereaved people, is: What is the ontological status of continuing bonds?

The question is not an idle one. In both research and counseling, the beliefs of the person asking questions influence how the bereaved people report their experience. If, for example, a researcher thinks hearing a dead person is a hallucination, either consciously or unconsciously the bereaved person knows that some things should be left out of the story. If the counselor thinks the sense of presence is an imagined compensation for the loss, very little in the patient–professional interactions will help bereaved people deal with the ambivalences in the relationship with the person that died, or to stabilize the continuing bond in a way that can be helpful and solace-giving for the rest of their years.

We find a good deal of variation in different cultural contexts in how problematic the ontological status of continuing bonds is. Ontological reality is, for example, more of a problem in contemporary Western culture than in Japan. In the West, the strong inner truth that the survivor is interacting with the dead usually calls forth the claim that the spirits are, in some way, objectively present. Matthew Hamabata, a Japanese-American studying ancestor rituals in a Japanese business family, found that he kept asking about the “real” existence of the dead. He was constantly frustrated because the replies were “It really doesn’t matter, does it?” or, “I don’t know.” Hamabata finally realized, he said, that his questions were framed in Western scientific rationalism. His informants answered in the same framework, so none could say that they believed in the real presence of the dead in an unqualified way. “However, just because they could not claim