

# Grief: Understanding and Coping Strategies for Adults

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November 6, 2025

## RECOMMENDED CITATION

mohammed looti (2025). *Grief: Understanding and Coping Strategies for Adults*. Psychepedia. Retrieved from <https://psychepedia.arabpsychology.com/?p=19827>

## Introduction to the Adult Attitude to Grief (AAG)

The Adult Attitude to Grief (AAG) represents a specialized domain within thanatology and clinical psychology, shifting the focus from merely documenting the behavioral and emotional manifestations of bereavement toward understanding the fundamental cognitive and affective stance an individual adopts toward their loss experience. This attitude is not synonymous with the momentary expression of sadness or anger, but rather encompasses a deeply ingrained, semi-permanent set of beliefs, expectations, and coping predispositions that shape how the mourner interprets, processes, and ultimately integrates the reality of the loss into their ongoing life narrative. Understanding the AAG is critical because it acts as a filter through which all subsequent coping mechanisms are deployed; a positive or accepting attitude facilitates adaptation, while a highly avoidant or catastrophic attitude can predispose the individual toward complicated or prolonged grief trajectories. Contemporary research emphasizes that while the initial reaction to loss is often involuntary and intense, the sustained attitude toward the reality of grief is a complex interaction between innate personality traits, prior life experiences, and the social and cultural environment in which the mourning occurs, making it a crucial target for therapeutic intervention.

Historically, grief research often centered on universal stage models, which implicitly suggested a passive progression through a fixed sequence of emotional states, thereby minimizing the mourner's agency and internal psychological orientation. The emergence of the AAG concept marks a departure from this passive view, acknowledging that adults actively construct meaning around their loss and possess varying levels of metacognitive awareness regarding their own grieving process. This attitude includes self-efficacy beliefs about the capacity to survive the pain, perceived acceptability of expressing grief publicly or privately, and the degree to which the deceased individual remains present or absent in the psychological landscape of the survivor. Furthermore, the AAG is inherently dynamic, meaning it is not fixed immediately following the loss but evolves over time as the individual encounters and masters new challenges associated with living without the deceased, requiring a continuous commitment to cognitive restructuring and emotional regulation, particularly regarding feelings of guilt, responsibility, or failure related to the death.

Crucially, the assessment of the Adult Attitude to Grief often utilizes psychometric tools designed to capture specific dimensions of this internal orientation, distinguishing successful adaptation not simply by the absence of pain, but by the presence of a healthy, adaptive orientation toward the pain itself. A core component of an adaptive AAG involves the acceptance of the irrevocability of the loss while simultaneously maintaining a constructive and continuing bond with the deceased, recognizing that the relationship shifts in form but does not necessarily terminate in meaning. This complex balancing act--oscillating between loss-orientation (focusing on the pain and absence) and restoration-orientation (focusing on rebuilding life and minimizing distress)--is highly dependent on the mourner's underlying attitude toward the validity and necessity of both

processes. Thus, the AAG serves as a foundational psychological construct that helps predict long-term adjustment outcomes and informs personalized strategies for grief support, moving beyond generalized interventions toward those that address specific cognitive roadblocks.

## Theoretical Foundations of Grief Perception

The conceptualization of the Adult Attitude to Grief is deeply rooted in several interconnected theoretical frameworks that emphasize the active, reconstructive nature of bereavement rather than a purely reactive process. One of the most influential frameworks is the Dual Process Model (DPM) proposed by Stroebe and Schut, which posits that healthy coping involves an oscillation between two distinct stressors: the **loss-orientation**, which involves confronting the emotional pain and sorrow associated with the loss, and the **restoration-orientation**, which involves managing secondary stressors, such as adapting to new roles, mastering new skills, and making necessary life changes. The AAG determines the individual's propensity or resistance to engage in this oscillation; an individual with an avoidant attitude might become stuck in the restoration-orientation, minimizing emotional pain but failing to process the core loss, while an individual with a highly catastrophic attitude might become trapped in the loss-orientation, unable to engage in restorative activities necessary for adaptation. The attitude thus dictates the flexibility required for effective oscillation, which is seen as the hallmark of successful long-term adjustment.

Another fundamental theoretical underpinning is the concept of **Meaning Reconstruction**, championed by researchers like Neimeyer. This perspective argues that grief is primarily a crisis of meaning, where the death shatters the individual's assumptive world, challenging fundamental beliefs about safety, predictability, and justice. The AAG reflects the individual's willingness and capacity to engage in the arduous process of rebuilding a coherent world view that integrates the reality of the loss. This involves finding meaning in the life of the deceased, making sense of the circumstances surrounding the death, and establishing new identity roles for the survivor. A positive attitude toward grief encourages active exploration and narrative restructuring, viewing the challenge as an opportunity for profound personal growth (post-traumatic growth), whereas a negative or rigid attitude may lead to perpetual narrative incoherence, where the individual remains stuck in a state of confusion or disbelief, unable to weave the loss into a comprehensible life story. The attitude therefore acts as the motor for the meaning-making engine.

Furthermore, the theory of **Continuing Bonds** significantly shapes the contemporary understanding of the AAG. Contrary to older models that advocated for "letting go" or "breaking bonds," this perspective suggests that maintaining a healthy, internalized connection with the deceased is often adaptive and crucial for psychological well-being. The AAG reflects the mourner's acceptance of this continuing psychological presence; an adaptive attitude permits the formation of internalized representations that are comforting and supportive, often involving recalling positive memories, drawing inspiration from the deceased, or maintaining rituals.

Conversely, a maladaptive attitude might involve either extreme: excessive and intrusive rumination that prevents engagement with the present, or a forceful suppression of all memories, leading to emotional numbing and a feeling of incomplete resolution. The flexibility demonstrated by the AAG in negotiating this continuing relationship--making it healthy rather than debilitating--is a key indicator of long-term psychological health and integration.

## Dimensions of the Adult Attitude to Grief

While the AAG is a composite construct, research instruments designed to measure it typically break down the attitude into several measurable dimensions, which provide a nuanced view of the individual's internal experience. One primary dimension is **Acceptance of Loss**, which involves the cognitive recognition of the finality and permanence of the death, coupled with the emotional willingness to confront the pain associated with that reality. This is not passive resignation but an active acknowledgment that allows the individual to stop fighting the reality of the situation. High acceptance is associated with better outcomes, as it frees up psychological resources previously consumed by denial or avoidance mechanisms. Conversely, low acceptance often manifests as chronic yearning, disbelief, or the maintenance of behavioral patterns that suggest the deceased is still expected to return, severely inhibiting restorative coping efforts.

A second critical dimension is **Avoidance and Suppression**, which measures the extent to which the individual attempts to minimize, ignore, or emotionally distance themselves from grief-related thoughts, feelings, and reminders. While short periods of avoidance can be restorative (as per the oscillation inherent in the DPM), chronic suppression is highly maladaptive, leading to emotional constriction and delayed grief reactions. Individuals with a high-avoidance attitude often rely on rigid defenses, excessive busyness, or substance use to manage their internal state, preventing the necessary processing required for integration. The AAG assessment seeks to identify if avoidance is a temporary coping strategy or a pervasive, chronic attitude that prevents emotional accessibility and vulnerability, which are prerequisites for emotional healing and adaptation to the new reality.

The third key dimension often assessed is the **Perceived Social Support and Disclosure Attitude**, which reflects the mourner's beliefs about the helpfulness and availability of their social network, and their willingness to share their grief experience with others. An adaptive attitude includes the belief that vulnerability is acceptable and that social bonds are reliable sources of comfort and validation. Conversely, a maladaptive attitude may involve feelings of isolation, shame regarding the expression of intense emotions, or the belief that others cannot possibly understand the depth of the loss. This internal attitude dictates external behavior; those who believe their grief is unique or burdensome are less likely to seek help, leading to further isolation and compounding the difficulty of the grief process. Thus, the AAG captures the crucial interplay between internal emotional processing and external relational engagement.

## The Influence of Attachment and Personality

The formation and persistence of the Adult Attitude to Grief are profoundly influenced by the individual's underlying attachment style, established primarily through early interactions with caregivers. **Secure attachment** styles typically foster an adaptive AAG, characterized by the capacity to experience intense emotion while maintaining regulatory control, seeking support when needed, and possessing a fundamental belief in self-efficacy and the resilience of relationships. Securely attached individuals are better equipped to oscillate effectively between loss and restoration orientations, viewing grief as painful but manageable, and recognizing that seeking help is a strength, not a weakness. Their internal working models allow them to tolerate the ambiguity and distress inherent in loss without resorting to extreme avoidance or overwhelming hyperactivation.

In contrast, **Insecure attachment** styles--specifically anxious-preoccupied and avoidant-dismissive--often predispose individuals toward specific maladaptive attitudes. The anxious-preoccupied individual may develop an AAG characterized by excessive rumination, clinging, and hyperactivation of distress, manifesting as an inability to soothe themselves and an intense, demanding reliance on others for comfort that often pushes support systems away. Their attitude may be one of catastrophic despair, where the loss is perceived as confirming their deepest fears about abandonment and unworthiness. This attitude inhibits restorative coping because the individual remains perpetually focused on the emotional vacuum created by the loss, preventing investment in new activities or relationships.

The avoidant-dismissive individual, conversely, tends to adopt an AAG defined by emotional constriction, denial, and minimization of the significance of the loss. Their internal attitude dictates that emotional vulnerability is dangerous, and therefore, they suppress grief-related affect and cognition. While they may appear functional externally, this attitude prevents genuine emotional processing, leading to unresolved grief that can manifest physically or through delayed psychological symptoms years later. For these individuals, the AAG is a defense mechanism aimed at maintaining psychological distance and independence, even at the cost of genuine emotional integration. Furthermore, broader personality traits, such as high neuroticism, are strongly correlated with a more catastrophic and less accepting AAG, whereas traits like conscientiousness and openness tend to correlate with a more resilient and meaning-focused attitude toward bereavement.

## Cultural and Contextual Variations in Grief Attitude

The Adult Attitude to Grief is not formed in a vacuum; it is significantly shaped by the cultural scripts, societal norms, and contextual factors that define acceptable mourning behavior. Cultural expectations dictate the appropriate duration, intensity, and public visibility of grief, which directly

influence the individual's internal attitude regarding the legitimacy of their own emotional experience. In cultures that emphasize stoicism and emotional restraint, individuals may internalize an attitude that views intense public grieving as shameful or indicative of psychological weakness, leading to high levels of suppression and private suffering. Conversely, cultures that encourage communal, expressive mourning rituals may foster an AAG that validates emotional release and facilitates shared processing, though this can sometimes lead to pressure to perform grief publicly, regardless of genuine internal feeling.

Contextual factors related to the death itself also profoundly impact the AAG. Losses that are sudden, violent, or stigmatized (e.g., suicide, overdose, or prolonged illness perceived as preventable) often lead to an AAG characterized by increased feelings of guilt, blame, and a persistent search for accountability, making acceptance significantly more difficult. These circumstances introduce complexity into the meaning-making process, as the mourner struggles to reconcile the randomness or perceived injustice of the death with their existing world view. The attitude adopted in these complex contexts often revolves around the perceived preventability of the event, generating rumination and self-blame that are highly resistant to cognitive restructuring.

Moreover, the social visibility and acknowledgment of the loss--often referred to as **disenfranchised grief**--can severely negatively influence the AAG. When a loss is not socially sanctioned or recognized (e.g., the death of a secret lover, a pet, or a former spouse), the individual may internalize an attitude that their grief is invalid or unworthy of expression. This lack of external validation forces the mourner to suppress their feelings and adopt an attitude of isolation, preventing them from accessing crucial social support mechanisms. Therefore, therapeutic interventions targeting the AAG must take into account the cultural narrative and the specific circumstances of the death, recognizing that addressing societal stigma or facilitating meaning reconstruction around traumatic events is often prerequisite to shifting a maladaptive internal orientation.

## The Dynamic Nature of Grief Adaptation

A key characteristic of a healthy Adult Attitude to Grief is its inherent flexibility and dynamism over time. The AAG is not a static trait but rather a state that evolves as the mourner moves through the various tasks of bereavement. In the immediate aftermath of loss, the attitude may necessarily lean toward loss-orientation, characterized by intense preoccupation and emotional confrontation. However, successful adaptation requires a gradual shift toward an attitude that embraces restoration and future orientation, allowing the individual to reinvest energy into life goals and new relationships without feeling disloyal to the deceased. This adaptability is crucial; rigidity in the AAG--either perpetually avoiding the pain or perpetually dwelling on it--is a primary predictor of poor long-term adjustment.

The process of accommodation involves not just feeling better, but fundamentally altering the cognitive schema related to the self, the world, and the future. A resilient AAG views the integration of loss as a challenging but ultimately achievable task, leading to greater self-reflection and often resulting in personal growth, sometimes referred to as post-traumatic growth. This growth is facilitated by an attitude of openness to change and a willingness to confront difficult existential questions raised by mortality. The dynamic nature of the AAG means that therapeutic success is often measured by the individual's ability to move fluidly between different coping demands, recognizing when to lean into the pain and when to step back and seek respite or engage in life-affirming activities, embodying the spirit of the dual process model.

Furthermore, the attitude toward grief often shifts dramatically around significant anniversaries, holidays, or life transitions (e.g., a child graduating, a wedding). These "trigger events" momentarily reactivate the acute pain of the loss, and the AAG dictates how these reactivations are managed. An adaptive attitude recognizes these episodes as normal, temporary fluctuations that do not indicate a failure in the healing process. Conversely, a maladaptive attitude might interpret these surges of pain as evidence that the individual is "not recovering" or "failing to move on," leading to cyclical despair and self-criticism. Therefore, fostering an attitude of self-compassion and normalizing the recurrence of grief waves is central to supporting the dynamic integration of loss over the lifespan.

## Maladaptive Attitudes and Complicated Grief

When the Adult Attitude to Grief becomes entrenched in rigid, unhelpful patterns, it significantly contributes to the development of **Complicated Grief (CG)** or **Prolonged Grief Disorder (PGD)**, as defined by modern diagnostic criteria. Maladaptive AAGs are typically characterized by an extreme inability to accept the finality of the loss, persistent and overwhelming yearning, and a pervasive sense of life futility or meaninglessness following the death. Two specific maladaptive attitudes are particularly salient: chronic avoidance and chronic rumination.

Chronic avoidance, as a core component of a maladaptive AAG, involves a sustained effort to suppress all grief-related thoughts and emotions, leading to emotional numbness and a failure to update one's internal working models to reflect the reality of the loss. This attitude often manifests as behavioral avoidance of places, people, or activities associated with the deceased. While seemingly protective, this attitude prevents the necessary emotional processing and confrontation, keeping the individual psychologically stuck in the immediate pre-loss reality. This avoidance is often maintained by an underlying attitude that the pain is intolerable or that confronting the loss will lead to complete psychological disintegration, an attitude that severely limits the potential for meaning reconstruction and integration.

Conversely, chronic rumination involves an excessive, repetitive, and unproductive focus on the

circumstances of the death, perceived failures, or self-blame, often manifesting as extreme forms of continuing bonds that are intrusive and distressing rather than comforting. This attitude prevents restorative coping because all cognitive resources are consumed by the repetitive cycle of negative thought, inhibiting engagement with the present or future. This form of maladaptive AAG is sustained by an underlying belief that rumination is a necessary form of loyalty or that by thinking about the death enough, the individual might somehow find an answer or undo the event. Both chronic avoidance and chronic rumination reflect a failure of the AAG to achieve the necessary balance and flexibility required for adaptive oscillation, resulting in severe functional impairment and the enduring symptoms characteristic of PGD.

## Clinical Assessment and Therapeutic Interventions

The clinical utility of understanding the Adult Attitude to Grief lies in its ability to guide targeted interventions. Assessment tools, such as the Adult Attitude to Grief Scale itself, are used to measure the specific dimensions of acceptance, avoidance, and continuing bonds, thereby pinpointing the precise areas where the mourner is psychologically stuck. This diagnostic clarity moves therapy beyond general support and toward specific cognitive and behavioral restructuring. For instance, a high score on avoidance suggests the need for behavioral exposure techniques and psychoeducation on the necessity of emotional confrontation, whereas a high score on catastrophic rumination indicates the need for cognitive restructuring techniques aimed at challenging dysfunctional beliefs about control, responsibility, and the nature of the continuing bond.

Therapeutic interventions are fundamentally aimed at fostering a more adaptive AAG. For individuals struggling with low acceptance and chronic yearning, interventions often focus on narrative therapy and meaning reconstruction, helping the client to integrate the loss into their life story in a coherent and less threatening way. This involves helping the client adopt an attitude that allows them to acknowledge the pain while simultaneously identifying the resilience demonstrated in their survival and adaptation. The goal is to shift the attitude from one of helplessness to one of agency, encouraging the individual to recognize their capacity to shape their future despite the profound absence of the deceased.

Specific therapeutic components often utilized to reshape the AAG include:

**Grief Psychoeducation:** Normalizing the experience of oscillation and validating the painful, non-linear nature of grief to counteract the attitude of self-blame or failure.

**Cognitive Restructuring:** Directly challenging maladaptive thoughts such as "I should have prevented the death" or "My life is over now," replacing them with more balanced and realistic appraisals.

**Imaginal and In Vivo Exposure:** Gradually exposing the client to avoided memories or situations

(e.g., visiting the grave, looking at photos) to challenge the attitude that the pain is intolerable and promote emotional processing.

**Facilitating Adaptive Continuing Bonds:** Helping the client establish internal rituals and memories that are comforting and supportive, shifting the attitude toward the deceased from one of painful absence to one of internalized positive presence.

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