

Grieving in the Internet Age

Kimberly Falconer, University of Pennsylvania

Mieke Sachsenweger, Massey University

Kerry Gibson, University of Auckland

Helen Norman, Waikato District Health Board

Grief is one of the most ubiquitous traumatic human experiences. Although in recent years online expressions of grief have grown significantly in scale, little is known about the extent to which such activities aid in the clinical and non-clinical management of grief. In the wake of several national disasters including the Pike River mining tragedy and the Christchurch earthquakes, New Zealanders have increasingly used social media and the internet to express their grief and connect with others experiencing similar trauma.

This article discusses developments in this field from a psychological perspective and suggests ways in which online developments create tools to further the management of grief. Several online options are reviewed with specific reference to their facilitation of the primary tasks of grieving. Suggestions for future research are given and the impact of online grieving tools on professional practice is discussed.

The loss of a loved one is an experience that transcends all social, cultural and religious barriers. As a universal and unavoidable human experience, the impact of grief on psychological functioning has been studied since Freud's "Mourning and Melancholia" in 1917 (Freud, 1957). Although experienced primarily at an individual level, the impact of grief is inevitably much broader, with families, friends and communities all affected by loss. Moreover, with more than 2.4 million deaths experienced every year in the United States alone (Xu, Kochanek, Murphy, & Tejada-Vera, 2010) and over 30,000 deaths predicted for New Zealand this year (Cental Intelligence Agency, 2010), the impact of grief is a very real issue for society to process at personal and professional levels.

Psychology has sought to understand the causes and nature of grief and offer counsel on how to manage it, particularly in complex cases. Understanding of

grief has been built around the bedrock of four main theories. Based on these theories clinicians have historically distinguished between grief counselling and grief therapy as two different ways of helping patients. Grief counselling aims to facilitate the normal process of grief and support individuals during these difficult times. In contrast, grief therapy is tailored more specifically to people experiencing complicated grief, which occurs when individuals struggle to function and cope with the grieving process (Worden, 2009). Although empirical validation of the predominant grief models has been relatively limited, research has shown that in the context of complicated grief, psychological interventions appear to be most beneficial (see Matthews & Marwit, 2004 for a comprehensive review).

For many people grief is an experience that is processed without professional help from a clinician. To

this end societies have developed a range of customs and rituals that enable grief support. While these customs vary substantially in their expressions of grief between cultures, ethnicities and religions, they all offer a way for individuals to be supported through the tasks of mourning without professional psychological help. Traditionally these customs have included the funerary process (or tangi within Maori culture), burial or cremation customs and ways to spread news of the death (see Metcalf & Huntington, 1991 for a comprehensive review on the anthropology of mortuary ritual). However, in recent years there has been a significant addition to these rituals, as the internet has supported new behaviours and expressions of grief online. These have ranged from a more widespread public expression of loss to the establishment of 'permanent' online memorials. However, there has been no research to review whether these new behaviours are beneficial to the individuals involved and the extent to which grief professionals may find them supportive of more traditional clinical approaches. This paper aims to offer an early discussion about whether new online tools are helpful in the tasks of mourning and how and when they might be recommended by grief professionals. This appears particularly pertinent, in light of the widespread expression of grief online following recent disasters in New Zealand. It is hoped this will spur wider interest in the topic, leading to better grief support and better product offerings.

A Traditional Understanding of Grief

In light of the prevalence of grief, psychology has sought to understand the nature of its origin and expression. Only after developing a conceptual understanding of grief can attention then be directed towards understanding the tasks or behaviours most related to mourning. In this respect, the efficacy of both clinical treatment and traditional social customs can be reviewed. Historically, grief support work has been divided into grief counselling and grief therapy, with clinicians focusing on grief therapy, and traditional customs and other professionals (for example, pastoral carers, social workers and counsellors) providing grief support in the majority of circumstances.

Models of Grief

In the literature, extensive debate exists around how to best conceptualise grief. For such a universal phenomenon, the extent of debate and paucity of empirically validated theories is surprising. At a meta-level, writers have proposed a series of conceptual models that attempt to explicate the major factors in grief, and the processes or stages of grief. On an applied level, writers have described a number of grieving tasks and behaviours. These describe intervention skills and the processes involved in the context of mourning.

Kübler-Ross' (1969) *Stages of Grief* model with its five levels of grief (denial; anger; bargaining; depression; and acceptance) is the most widely referenced grief theory in academic, popular and professional press. Although originally intended to describe the process a person goes through when faced with their *own* death, the model has been generalised over time to refer to a broader representation of loss and grief. As an alternative model the *Phases of Grief* model has also been proposed (Parkes, 1970; Bowlby, 1980), broadly defining four grief phases (numbness and disbelief; yearning and searching for reunion; disorganisation and despair; and reorganisation and recovery).

The *Stages of Grief* model has been subject to debate, with contentions that individuals may progress through the stages at different speeds, and in

different orders (Silver & Wortman, 2007; Bonanno & Boerner, 2007). Many academics and clinicians have resisted the notion of a generic and linear grief process (Bierhals et al., 1995). The model has also been critiqued for its lack of strong empirical validation (see Konigsberg, 2011). However, its popularity and the extent to which the five stages are referenced within professional practice, academic writing and general society is significant. More recently, tentative empirical support for the five-stage model has amounted (Maciejewski, Zhang, Block, & Prigerson, 2007).

In addition to conceptualising the stages of grief, recent work has also extended the discussion to reflect an emphasis on maintaining bonds with the deceased (Klass, Silverman & Nickman, 1996). While more traditional grief models including those dominant in the twentieth century advocated that recovery was facilitated by a relative disconnection from the deceased and acceptance of the loss (Raphael & Nunn, 1988; Volkan, 1981), more recent work in line with a *Continuing Bonds* model highlights the importance of maintaining a union with the deceased (Klass et al., 1996). This concept also underlies Rubin's (1999) *Two-Track Model of Bereavement* (TTMoB). This model suggests that two parallel processes occur in grief, as individuals oscillate between experiencing deep feelings of grief and fostering a restorative focus on reconstructing their world (Stroebe & Schut, 1999).

Several common themes underpin these conceptual theories. Grief is best perceived as both a process and as a uniquely individual experience that typically requires an individualised form of support. The more recent emphasis on continuing bonds perhaps positions grief as a relatively finite process, while still respecting the enduring nature of loss and the importance of ongoing memorial and connection with the deceased. Indeed, the healthy development of a continuing bond offers potential to facilitate the resolution of a painful grieving process (Klass et al., 1996).

Tasks of Grief

As a bridge between the emotional experience of grief and deciphering

what clinicians or individuals can do to help, a model of grief behaviours has been proposed. Worden's (1991; 2001) *Tasks of Mourning* model emphasises an active rather than passive process of working through tasks related to grief. This author recommends four clear tasks that grieving individuals need to work through which are broadly defined as: accepting the reality of the loss; working through the pain; readjusting to the environment; and moving on while forging a new connection with the deceased. In many respects, the fourth task of mourning is consistent with the continuing bonds model, as it emphasises the importance of reinvesting in life while simultaneously forging a lasting bond with the deceased.

Traditional Grief Practices

During the grief process individuals express and process emotion in a number of ways. Although traditional grief practices differ across cultures, many customs are connected by common themes and intentions. In reviewing these customs it appears that many grief practices have evolved to support the tasks of mourning (see Table 1).

Task 1: Accept the reality of the loss

With respect to the first task of accepting the reality of the loss, it could be claimed that historically close-knit geographic communities combined with a physical need to tend to the body, has led every society to evolve a custom that facilitates accepting the reality of the loss. Several cultures, including Catholicism, Judaism and modern western practice, arrange a wake including open-casket viewing as part of the funerary process. Within Maori culture great emphasis is placed on the viewing and presentation of the deceased. Even in cultures where this is not present, some form of cremation or burial is typically performed for a wide audience as a social acknowledgement of the reality of death and a facilitation of closure. Confrontation with the deceased's body can be helpful in realising the reality of the loss as it removes any doubt about the person's passing. The placement of death notices in public press can also serve to acknowledge the loss and accept that the death has occurred.

Task 2: Work through the pain

The second task of mourning is to work through the pain. This is traditionally facilitated by both ritual and pastoral care. Funerals are typically held to unite grieving individuals and provide community at a time of distress (Getty et al., 2010). This process also allows individuals to talk with others, share memories and experiences, and begin to work through their emotions collectively in a supportive environment. The collective element of mourning has been extensively discussed within the context of Maori culture and the proceedings on a marae during the course of a tangi (Linnekin & Poyer, 1990). While the nature of funerals varies substantially between cultures, they all play a part in meeting one of the most important needs during grief – the establishment of social support. This second task may also be facilitated by the preparation of obituaries and in many cases, the joining of support groups and connection to others who have experienced similar grief. In the event of widespread loss and community-level grief, this second task of mourning is particularly pertinent. In the wake of the Christchurch earthquake earlier this year, memorial and charity concerts played an important role in uniting New Zealanders both locally and also overseas (Kara, 2011; NZPA, 2011a).

Task 3: Readjust to the environment

The third task involves readjusting to an environment where the deceased is no longer present. Pastoral care from professionals such as funeral directors, counselors or religious leaders, is critical to this task and all cultures provide some support for the next of kin of the recently deceased. The act of writing an obituary or eulogy may be considered therapeutic in this context. By helping people to review and reconnect with

their memories, they may be better prepared to adjust to the reality of the new situation they are faced with. In many cultures, a period of visible adjustment also facilitates this task. In Hindu cultures it is customary to wear white clothing after the loss of a spouse, and in Islam, adherents avoid jewellery for three days after the death. In western cultures, the wearing of black signifies that a period of active mourning is still ongoing. Such temporary sacrifice serves as an ongoing reminder to accept the reality of the loss and signals that adjustments need to be made. In many cultures, support from family, friends and the community in readjusting to a new lifestyle and environment is essential.

Task 4: Reinvest in life and form a continued bond with the deceased

The final task involves forging a continued connection with the deceased. There are many examples where individuals develop memorial charities or foundations to support this task. Similarly, the establishment of a grave and tombstone traditionally facilitates a process of remembrance with a new bond formed in a new physical place. Other physical mementos such as armbands and wallet cards may be important as ongoing physical connections to the memory of the deceased. Similarly, anniversary parties as evidenced in Jewish and Hindu cultures also create opportunities for forming new bonds of remembrance. Transferring distress into a new bond or action may ameliorate some of the helplessness that confronts grieving individuals. It has been suggested that feeling powerless is one of the most difficult aspects of the grief experience, regardless of whether an individual is experiencing complicated or uncomplicated grief (Bright, 1996; Lundqvist, Nilstun, & Dykes, 2002; Milberg, Strang, & Jakobsson, 2004).

Specifically in the wake of the Pike River mining disaster, Countdown and the Red Cross played significant roles in collecting charity donations and food parcels from the New Zealand public. Over \$500,000 was donated by customers and employees across New Zealand (Countdown Press Office, 2011). New Zealand's strong sporting identity also provides an apt outlet for community expressions of grief. In recent years New Zealand sports teams have dedicated a number of matches to victims of disasters such as the 2004 Asian tsunami, the Christchurch earthquake and the Pike River mining tragedy (NZPA, 2011b; Crewdson, 2005).

Therapeutic Grief Interventions

As already mentioned, society's traditional grieving practices and customs help to support the majority of individuals faced with grief. However, in cases of more complicated or atypical grief, professional intervention may be required. Two broad categories of professional grief support exist. Grief counselling is typically administered by professionals, support groups, or volunteers in individual or group settings, while grief therapy is often delivered by psychologists or professionals in more focused, time-limited contexts (Worden, 2001).

We can now identify therapeutic techniques that appear most efficacious in grief therapy and the treatment of more complicated bereavement. Some writers have argued that the use of evocative language can help to facilitate acceptance of the loss, incorporating symbols and photographs can create a sense of immediacy and writing can also foster emotional expression (Lattanzi & Hale, 1984). Cognitive restructuring is encouraged if problematic beliefs

Table 1. Traditional Customs and the Tasks of Mourning

Tasks of mourning ^a	Traditional customs
1. Accept the reality of the loss	Wake; Death notices; Dealing with remains
2. Work through the pain	Funerals; Support groups
3. Readjust to the environment	Pastoral care; Eulogy/Obituary
4. Reinvest in life and form a new bond	Foundations; Mementos; Anniversaries

^a Worden (1991; 2001). *Grief Counseling And Grief Therapy: A Handbook For The Mental Health Practitioner.*

and assumptions interfere with the grieving process and memory books have also been highlighted for children, through their ability to allow children to return and reintegrate their loss in their changing lives (Worden, 2001). Specifically in grief therapy, empty-chair Gestalt techniques can also be facilitative in helping individuals approach unfinished business and feelings of guilt and regret (Barbato & Irwin, 1992). Research has shown that talking *to* the deceased has a greater impact than talking *about* the deceased (Polster & Polster, 1973).

Efficacy studies for psychological interventions have produced mixed results and several researchers have proposed that individuals fare no better in counselling conditions, as compared to no-treatment controls (see reviews by Allumbaugh & Hoyt, 1999; Kato & Mann, 1999). However, such studies have often focused exclusively on grief counselling in the context of uncomplicated grief (Jordan & Neimeyer, 2003), or been confounded by selection bias and methodological limitations (Allumbaugh & Hoyt, 1999). Moreover, the variations in grief counselling and styles of intervention preclude strong conclusions from such analyses. Grief therapy, with its more tailored, specific and individualised approach may in fact be a more prosperous and intuitive study focus (Jordan & Neimeyer, 2003). A recent review of the field (Jordan & Neimeyer, 2003) proposed that formal intervention may not in fact be required in a majority of grief experiences (see also Stroebe, Hansson, Stroebe, & Schut, 2001); grief counselling may have been delivered in ineffectively generic or superficial doses in studies to-date; and methodological limitations have compromised previous studies through a paucity of random assignment and control groups, small sample sizes and poor use of outcome measures (see also Schut, Stroebe, van den Bout, & Terheggen, 2001; Neimeyer & Hogan, 2001; Kato & Mann, 1999).

A smaller subset of the literature has also focused on evaluating the merits of self-disclosure and emotional expression by grieving individuals. Stemming from the original Pennebaker (1986, 1987, 1988) experiments, such studies have produced equivocal results (Kato &

Mann, 1999). However, it is important to distinguish between efforts to encourage negative rumination, and efforts that might encourage a more active, and individualised working through the tasks and stages of grief, in keeping with recent theoretical developments. Perhaps the crux of the debate between opponents of grief therapy who argue that grief therapy risks promoting undesirable symptoms (Neimeyer, 2000; Jordan, 2000; Farberow, 1992) and advocates who suggest that therapy facilitates recovery (Worden, 2001), lies in the interpretation of "expression" and how exactly the grief is being processed, discussed or expressed.

Grieving in an Internet Age

In an increasingly connected world it is important to consider how internet usage has changed our everyday interactions. First and foremost, the majority of individuals in the developed world are now active online and the internet is an everyday communication domain for a significant number of people. A result of this activity has been the development of online personas, ranging from everyday online banking to explicit social networking and ultimately, the development of mechanisms for social interactions (such as *Facebook* and *Twitter*). The internet facilitates the continuation of relationships through virtual means when geographical distance creates physical separation in relationships. This is particularly relevant to New Zealand, given both our geographical isolation and the high percentage of New Zealanders living abroad (Statistics New Zealand, 2007). Society is now also faced with a forced ubiquity, as services and contact are immediately available in an always-connected world (for further discussion on the growth of e-communities and online socialisation see Feenberg & Barney, 2004; Gurnstein, 2000; and Ridings, Gefen, & Arinze, 2002). This has inevitably led to changes in attitudes towards privacy and in many instances an increased acceptance of more public expressions of individual opinions and emotions.

In light of these changes, it is necessary to re-evaluate the appropriateness of current grief practices and psychological interventions.

Nowadays when an individual dies, there is an added complication in managing their online estate and persona and this added complexity to the grieving process is also particularly relevant to the field of psychology and grief counselling and therapy. With an estimated three million *Facebook* users dying in 2011 alone this is clearly a real and significant issue (J. Good, 2011). Furthermore, the increasing use of online communication as part of everyday life poses interesting questions regarding the transference of grief to an online domain. A recent article exploring the use of *Facebook* in grief highlighted the reality of this transference, applying *Uses and Gratification* theory to show that individuals typically use available media as a way of meeting specified needs during a time of grief (Getty et al., 2010). Although the scope of this paper focuses exclusively on the internet and social media's influence on grief, it is important to note that other visual media such as television have also influenced the nature of bereavement and coping behaviours.

The Practice of Grieving Online

As relationships take on both online and offline dimensions and internet access becomes ubiquitous in large parts of the world it is unsurprising that individuals are increasingly using the internet to facilitate their mourning process. A review of the literature and survey of online offerings highlights a large number of online support options.

At one end of the spectrum, educational grief resources and information are increasingly being offered online to assist individuals during bereavement. Studies have shown that individuals utilise such information when it is presented in an accessible, online format (Dyer & Thompson, 2000). An alternative resource is online support groups for people experiencing grief (Barak, Boniel-Nissim, & Suler, 2008). One example is the formation of anonymous groups, where strangers are connected through similar loss experiences. Studies have shown benefits in this style of group membership in the case of perinatal loss (Capitulo, 2004) and child suicide (Feigelman, Gorman,

Beal, & Jordan, 2008). The Kiwi Families organisation cites widespread use of their online offerings ranging from support for miscarriage, loss and grief and child trauma (Kiwi Families, 2007).

An even newer and more general response to grief is that where individuals who are mourning derive support from groups they already belong to. This is most commonly seen in social media forums such as *Facebook* (through *RIP groups*), blogs, *MySpace*, *Bebo* and *Twitter* (St John, 2006). A recent US study found that in the aftermath of the 2007 Virginia Tech and 2008 Northern Illinois University shootings a majority of students identified *Facebook* group membership as a form of significant temporary relief (Vicary & Fraley, 2010). Nearly 90% of students joined a shooting-related *Facebook* group, 80% of students used instant messaging to discuss the shootings and more than 60% of students discussed the trauma on their *Facebook* walls (Vicary & Fraley, 2010). Although results did not show significant long-term benefits, this study ultimately highlights the extent to which individuals are increasingly using online social media to express their grief and distress. In a separate study 65% of recently bereaved participants identified using the internet to assist in the grieving process (Massimi & Baecker, 2010).

An evolution of this online grieving behaviour is the creation of online memorials to honour deceased loved ones. This behaviour has existed since the early 1990s (Sofka, 1997) and there are now numerous websites devoted to this (Roberts, 2004). However, uptake of such services has been negligible

until recently when new services have focused on using technology to make tributes more collaborative and digital tools such as cameras and scanners have become ubiquitous. The prevalence of grieving behaviour on *Facebook* has led more people to consider the opportunity to establish a permanent memorial to their loved one online (Wortham, 2010). Online memorials can contain a variety of information, typically including at a minimum, photographs, messages, memories, and a platform to connect grieving friends and family. Examples of services include *Legacy*, *Tributes*, and *1000Memories*. The two most recent New Zealand tragedies demonstrated a widespread public desire for online expression of grief. Following the Pike River mining disaster, radio station websites posted individuals messages of condolence and a similarly public online expression was seen through the NZ Herald's photo remembrance montage on its homepage after the Christchurch earthquake.

A Clinician's View of Grieving Online

In light of the scale of online behaviours it is beneficial to consider how online grief support might facilitate the tasks of mourning. Better understanding of the mechanisms underlying grieving online might lead to a better provision of psychological intervention for individuals in grief. It may be helpful to incorporate online work in grief therapy and all grief professionals, from psychologists, to counsellors, to pastoral carers, would benefit from a view of whether online tools are a help or hindrance to the

grieving process.

In linking the changes inherent in an increasingly connected world with the four broad tasks of mourning, the advantages and disadvantages of grieving online become apparent. To evaluate this we need to not only consider the comparisons and contrasts between online and offline offerings, but also the wide variation in online grief expressions—for example the differences between *Facebook* wall posts, *Twitter* messages and *1000Memories* memory pages. In general two broad categories of services can be considered. Firstly, “informal online memorials” occur when existing websites become the place where a community expresses grief (as seen in the two most recent New Zealand examples). Examples also include *Facebook* pages or personal blogs. Secondly, “dedicated online memorials” have also emerged. These include sites that are established primarily to honour the deceased. Examples of these offerings include *Legacy*, *1000Memories* and funeral home online guest-books. Some of the potential advantages and disadvantages associated with using online forums to address each of the four tasks of mourning are presented in Table 2.

Task 1: Accept the reality of the loss

The first task of mourning appears to be facilitated by the internet as individuals are now able to share information more quickly and broadly. As a result, more traditional death notices can be communicated electronically to a large number of people in a significantly shorter period of time. This has the effect

Table 2. Advantages and Disadvantages of Grieving Online

Tasks of mourning	Advantages	Disadvantages
1. Accept the reality of the loss	Faster communication	Frozen in time
2. Work through the pain	Normalise experience	--
	Share emotions more freely	
3. Readjust to the environment	Broader community	Pain in online abandonment
	More durable community	
4. Reinvest in life and forge a new bond	Rich and vibrant place to remember	Risk of family members disabling sites
	Safe and accessible	
	Start something positive in a loved one's memory	

of making the loss known much sooner in time. Moreover, this communication is no longer a telephone tree that could be dismissed as hearsay. Instead, through viewing a significant number of their friends expressing loss, individuals have no doubt about the reality of the situation. This is important as many of the previous social rituals that supported this task are based on narrow geographic communities. There is therefore a substantial risk that as more relationships become virtual, existing grief support mechanisms will no longer support the majority of individuals. More recently, funeral homes in New Zealand have been offering online facilities such as *Skype* in the provision of funeral services. This increases the likelihood that loved ones overseas will be able to participate in the celebratory process and consequently complete the first task of mourning (Anthony, 2011).

On the other hand, a potential disadvantage of an increasingly online world is the potential for individuals to appear “frozen in time” after their death. Although a person may have died, their online persona on social media websites such as *Facebook* may delay acceptance of the loss, as the person’s information, photographs and communication are still readily accessible. To the extent that *Facebook* or other social media websites may be the primary form of interaction that a friend had with the deceased, the continued bond may be disadvantageous to this grieving task (see Pitsillides, Katsikides, & Conreen, 2009). Recently *Facebook* has struggled with the ethical issues surrounding online memorialisation and best practices when a user dies (Wortham, 2010).

Task 2: Work through the pain

The second task of mourning seems likely to be enhanced by online grieving behaviours. The need to process and experience the pain of grief can be significantly easier for individuals when they are able to connect with other people in a similar situation (Capitulo, 2004; Feigelman et al., 2008). The use of online support groups in this context has the benefit of helping to normalise the grief experience. The internet also provides a platform for those in mourning to share their emotions freely

and in a way that potentially ameliorates the risk of burdening or compromising offline relationships (Pressman & Bonanno, 2007; Hall & Irvine, 2009). It allows the individual to access support whenever they feel it would be most beneficial. Online memorials also facilitate this task by bringing friends and family of the deceased together and although this is not a replacement for professional help (where needed), the speed and breadth of support that it initiates, can be a real benefit for those working through grief. This appears true of both dedicated online memorials and informal memorials such as *Facebook RIP Groups* (Vicary & Fraley, 2010).

Task 3: Readjust to the environment

With respect to the third task of mourning, the internet shows potential in helping individuals readjust to an environment without the deceased. This is most clearly supported through the internet’s ability to provide connection and a sense of social support. Commentary within the grief arena frequently notes the difficulties in modern society where individuals are relatively more separated from family and loved ones. When death occurs, any absence of close social support becomes transparent and a grief process is inevitably more complicated when individuals must mourn alone or at a distance from those they are closest to (Kaunonen, Tarrka, Paunonen, & Laippala, 1999). Again, this is a very real concern for New Zealand families where having a family member living abroad has become increasingly commonplace. The internet ameliorates this to an extent, by enabling individuals to maintain relationships and connection in spite of geographical distance. As compared to more traditional gatherings of social support such as funerals, the community support provided through internet groups and online forums also has a more durable potential.

However, although the potential for long-lasting community exists, it is also important to note that the task of readjustment can be complicated by the use of online means. For example, those in mourning could become more upset if they feel friends are no longer visiting their loved one’s online site. Within the literature this is described as

having the potential to create a perceived second death, as the online persona deteriorates in a particularly transparent way (see Pitsillides et al., 2009). To date there has not been any robust analysis of the magnitudes of these competing effects (or indeed, validation that either exists). An interesting area for future study would be whether a bereaved individual’s community and supports persist long enough to be experienced as helpful to the recovery process in grief.

In the absence of such data it is worth highlighting that the movement of other commemorations online has so far led to a sustained increase in engagement and interpersonal communications. This has been specifically evaluated in the context of birthday or personal reminder services, where website reminder mechanisms have reportedly fostered and increased online communication. A recent study found that over 54% of communication between infrequently interacting *Facebook* user pairs was directly attributable to *Facebook*’s birthday reminder feature (Viswanath, Mislove, Cha, & Gummadi, 2009). If such simple prompts were to lead to more frequent and durable interaction from a community after a passing, this could possibly facilitate grief management.

Task 4: Reinvest in life and forge a continuing bond

The final task of mourning involves forging a new bond with the deceased and this is clearly facilitated through online means. The internet not only provides a rich and vibrant place to remember lost loved ones but it also provides a safe place that is imminently accessible to those working through their grief. The availability of online memorials and support groups inevitably widens the scope of opportunity for remembering our deceased and establishing new bonds and connections with them. No longer need there be the emotional distress of dividing photos and letters as digital assets can be shared by all in the formation of a new and continuing bond.

However, this is contingent on the permanence of online memorial as a continuing place of tribute. The potential for an online memorial to disappear and the reality when this occurs could be

very damaging to this task. On social media sites the risk is that the deceased user's account will be disabled; for example, *Facebook's* memorialisation policy allows family and friends to request that the deceased's account be removed (Cohen, 2009). Several dedicated online memorial sites also create this risk with their policies of trials and annual renewals. For example, *Legacy* currently offers a 14-day free trial and then requires payment in order for the page to remain accessible. Understandably, when mainstream media websites are used as the memorial page for expressions of grief, the risk of impermanence becomes real, as more current stories and news events eventually displace the memorials.

Working through grief and creating a new bond is therefore most likely to be supported by online behaviours where a place is established that does not require annual maintenance and is specifically supported as a memorial in the terms of service. The ability to work through grief by creating a new bond is also advantaged by the establishment of memorial activities (Berzoff, 2006). Reducing barriers to this, facilitating a wider set of individualised actions, and involving and engaging a wider number of people online, is something that would seem likely to hold significant promise. The innovative *Mosaic* service from the American Cancer Society facilitates the development of a positive activity in memorial of a loved one, as does the partnership between *1000Memories* and *Wepay* announced in August 2010. This is congruent with the theme of action that is present in both the *Tasks of Mourning* and the *Continuing Bonds* models.

Overall, there exists significant potential for online memorials to facilitate the tasks of mourning. The act of remembering online reinforces and supplements existing social rituals that enable most people to manage their grief. Although there will always be those for whom professional help is needed, the potential for online expressions to help the vast majority of individuals to cope is immense. That said, the variation between online sites is critical and some appear to have significant advantages over others. Having an opinion on the appropriate place to grieve is as

important as ensuring the professional calibre of a funeral director. It appears that utilising a combined online-offline approach facilitates the grief process and provides individuals with a broader and more effective set of options.

Conclusions and Recommendations

There has been a significant shift in the way individuals grieve, both as a result of increased online connectivity and the development of online tools to aid in the mourning process. There is a real need for empirical research to test and study the specific impacts that different parts of this have on the grieving process. Debate surrounding the best conceptualisation of the stages of grief has so far neglected the fast-emerging online aspect of grief. Likewise, discussions around the benefits of self-disclosure or emotional expression have perhaps naively overlooked the prevalence of expression in the online domain.

Recommendations for Clinicians and Grief Professionals

Understand the development of the online persona

Over the past decade there has been a significant increase in the level of social interaction occurring online. For example, it has been estimated that over one-third of New Zealanders are now active on *Facebook* (Faith, 2010). This activity is evident both in everyday life and also during times of mourning. In order to fully support individuals it is recommended that clinical professionals therefore have a thorough understanding of online social interaction and the online products (for example *Facebook*, blogs and *Twitter*) that facilitate this process.

Increase awareness of online grief support options

Specifically in the context of grief, clinicians need to now understand the online product offerings that facilitate grief support. As mentioned, these may range from online information sources, to support groups, through to memorial websites. Furthermore, this appears to be a rapidly evolving domain and it is imperative that clinicians remain abreast

of services and updates relevant to this field.

Integrate online factors into case conceptualisations

In the context of understanding client difficulties in grief, clinicians should also extend case conceptualisations to include online identities. This needs to reflect both perpetuating factors associated with current online usage, in addition to potential coping mechanisms identified through the usage of online community and grief support products. It is important to also consider the purpose of client online usage, as there may be differences in the extent to which clients perhaps attempt to replicate their offline world online, or alternatively create a new reality and context of relationships *online*. The concept of mixed online-offline reality systems therefore represents a very interesting and much-needed avenue for future research in this area. Differences in the purpose of online usage may also relate to the differences between experiences of complicated versus uncomplicated grief.

Conceptualise a two-fold bond with the deceased

This relates to the more recent *Continuing Bonds* model. A core tenet in grief support work appears to be the understanding of an individual's bond with their deceased. It seems most appropriate that clinicians conceptualise this bond as two-fold, having both an offline and online reality.

Recommend the most appropriate online options for clients in grief

As research in the field progresses, it is necessary that clinicians learn which product types are most facilitative with respect to the tasks of mourning. The development of an empirical basis for this area will enable clinicians to recommend online supports and opinions, where appropriate. Knowing which services are most useful for which clients will be particularly important.

Recommendations for Future Research

Assess the efficacy of online grief support

The recent increase in the prevalence of online grieving clearly necessitates an

evaluation of how efficacious online grief support actually is. Validating and comparing the efficacy of different online grief support options is an important next step for the psychology field. Empirical validation of online options could assist in the uptake of these tools in clinical practice and is imperative in light of the scientist-practitioner model underlying the psychology profession. This paper suggests ways in which each of the four broad tasks of mourning can be undertaken through online expression of grief. Testing the existence and relative sizes of these effects for specific populations, products and behaviours would be beneficial for grief professionals and pastoral carers whose clients are using these services today.

Evaluate differences in usage across patient populations

In addition to assessing the efficacy of online grief support, it would also be useful to better understand the usage of different online grief products across different patient populations and at different times in the grieving process. This appears to be especially pertinent given the apparent increase in usage following recent New Zealand disasters. Once again, patient differences in the purpose of online usage are also relevant and within the research arena it will be important to gain a more thorough understanding of how mixed online-offline reality systems interact with the bereavement process. There may also be significant differences in the usage of online grief tools between patient populations experiencing normal as compared to atypical grief. This may represent an important avenue for future research.

Review existing conceptual models and theories in the grief field

A more theoretical recommendation involves the re-evaluation of conceptual models to incorporate the increase in online behaviour. This needs to apply to both theories about grief stages and processes, as well as theories concerning the tasks of mourning. It is hoped that this article serves as a prompt in highlighting the recent increase in online grief behaviour and the differences that are emerging between alternative online grief products.

References

- Allumbaugh, D. L., & Hoyt, W. T. (1999). Effectiveness of grief therapy: A meta-analysis. *Journal of Counseling Psychology, 46*, (3), 370-380.
- Anthony, J. (2011, January 24). Farewell, from anywhere. *Taranaki Daily News*. Retrieved from <http://www.stuff.co.nz/taranaki-daily-news/business/4573167/Farewell-from-anywhere>
- Barak, A., Boniel-Nissim, M., & Suler, J. (2008). Fostering empowerment in online support groups. *Computers in Human Behavior, 24*, 1867-1888.
- Barbato, A., & Irwin, H. J. (1992). Major therapeutic systems and the bereaved client. *Australian Psychologist, 27*, 22-27.
- Berzoff, J. (2006). Narratives of grief and their potential for transformation. *Palliative and Supportive Care, 4*, 121-127.
- Bierhals, A. J., Frank, E., Prigerson, H. G., Miller, M., Fasiczka, A., & Reynolds, C. F. (1995). Gender differences in complicated grief among the elderly. *Journal of Death and Dying, 32*(4), 303-317.
- Bonanno, G. A., & Boerner, K. (2007). The stage theory of grief. *Journal of the American Medical Association, 297*(24), 2693.
- Bowlby, J. (1980). *Attachment and loss: Loss, sadness, and depression (Vol. III)*. New York, NY: Basic Books.
- Bright, R. (1996). *Grief and powerlessness: Helping people regain control of their lives*. London, UK: Jessica Kingsley Publishers.
- Capitulo, K. L. (2000). Perinatal grief online. *The American Journal of Maternal/Child Nursing, 29*(5), 305-311.
- Central Intelligence Agency (2010, March 11). *The World Factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/fields/2066.html>
- Cohen, A. (2009, July 25). A new kind of memorial for the internet age. *The New York Times*. Retrieved from <http://www.nytimes.com/2009/07/25/opinion/25sat4.htm>
- Countdown Press Office (2011). Countdown Supermarkets – Christchurch Earthquake Updates. Retrieved from <http://www.countdown.co.nz/12024/Countdown-Story/chch-earthquake>
- Crowdson, P. (2005). New Zealanders donate \$8.5m to tsunami relief. *NZ Herald*. Retrieved from http://www.nzherald.co.nz/natural-disasters/news/article.cfm?c_id=68&objectid=9005989
- Dyer, K. A., & Thompson, C. D. (2000). Internet use for web-education on the overlooked areas of grief and loss. *Cyber Psychology & Behavior, 3*(2), 255-270.
- Enright, B. P., & Marwit, S. J. (2002). Diagnosing complicated grief: A closer look. *International Journal of Clinical Psychology, 58*(7), 747-757.
- Feigelman, W., Gorman, B. S., Beal, K. C., & Jordan, J. R. (2008). Internet support groups for suicide survivors: A new mode for gaining bereavement assistance. *Journal of Death and Dying, 57*(3) 217-243.
- Faith, J. (2010, February 6). Number of New Zealanders on Facebook in 2010. *Social Media NZ*. Retrieved from <http://socialmedianz.posterous.com/number-of-new-zealanders-on-facebook-in-2010>
- Farberow, N. (1992). The Los Angeles Survivors-After-Suicide Program: An evaluation. *CRISIS, The Journal of Crisis Intervention and Suicide Prevention, 13*(1), 23-34.
- Feenburg, A., & Barney, D. (2004). *Community in the digital age: Philosophy and practice*. Lanham, MA: Rowman and Littlefield.
- Freud, S. (1957). Mourning and melancholia. In J. Strachey (Ed. & Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 14, pp.237-260). London: Hogarth. (Originally published 1917).
- Getty, E., Cobb, J., Gabeler, M., Nelson, C., Weng, E., & Hancock, J. T. (2010, April 28). *Digital bereavement: Articulating the unheard utterances*. Retrieved from <http://uncommonground4500.blogspot.com/>
- J. Good, (2011, January 19). 1000Memories' analysis of "Facebook's death problem" [Web log comment]. Retrieved from <http://1000memories.com/blog/38-death-much-more-common-on-facebook-than-anyone-realizes-3-million-deaths-expected-in-2011> (2011, February 22).
- Gurnstein, M. (2000). *Community Informatics: Enabling communities with information and communications technologies*. Hershey, PA: Idea Group Publishing.
- Hall, W., & Irvine, V. (2009). E-Communication among mothers of infants and toddlers in a community-based cohort: A content analysis. *Journal of Advanced Nursing, 65*(1), 175-183.
- Jordan, J. R. (2000). Introduction research that matters: Bridging the gap between research and practice in thanatology. *Death Studies, 24*(6), 457-468.

- Jordan, J. R., & Neimeyer, R. A. (2003). Does grief counseling work? *Death Studies*, 27(9), 765-786.
- Kara, S. (2011, March 23). Concert Review: Foo Fighters, Town Hall. *NZ Herald*. Retrieved from http://www.nzherald.co.nz/music/news/article.cfm?c_id=264&objectid=10714331
- Kato, P. M., & Mann, T. (1999). A synthesis of psychological interventions for the bereaved. *Clinical Psychology Review*, 19(3), 275-296.
- Kaunonen, M., Tarkka, M., Paunonen, M., & Laippala, P. (1999). Grief and social support after the death of a spouse. *Journal of Advanced Nursing*, 30(6), 1304-1311.
- Kiwi Families (2007). *Grief and Death*. Retrieved from <http://www.kiwifamilies.co.nz/Topics/Support+Groups/Grief+Death.html>
- Klass, D., Silverman, P. R., & Nickman, S. L. (1996). *Continuing bonds: New understandings of grief*. Philadelphia, PA: Taylor & Francis.
- Konigsberg, R. D. (2011, January 29). *New ways to think about grief*. Retrieved from <http://www.time.com/time/magazine/article/0,9171,2042372,00.html>
- Kübler-Ross, E. (1969). *On death and dying*. New York, NY: Touchstone.
- Lattanzi, M., & Hale, M. E. (1984). Giving grief words: Writing during bereavement. *Journal of Death and Dying*, 15(1), 45-52.
- Linnekin, J., & Poyer, L. (1990). *Cultural identity and ethnicity in the pacific*. New York, NY: University of Hawaii Press.
- Lundqvist, A., Nilstun, T., & Dykes, A. (2002). Both empowered and powerless: Mothers' experiences of professional care when their newborn dies. *Birth*, 29(3), 192-199.
- Maciejewski, P. K., Zhang, B., Block, S. D., & Prigerson, H. G. (2007). An empirical examination on the stage theory of grief. *Journal of the American Medical Association*, 297(7), 716-723.
- Marwit, S.J. (1996). Reliability of diagnosing complicated grief: A preliminary investigation. *Journal of Consulting and Clinical Psychology*, 64(3), 1-6.
- Massimi, M., & Baecker, R. N. (2010). "A death in the family: Opportunities for designing technologies for the bereaved". Proceedings of SIG CHI, Atlanta, Georgia, USA: ACM, 1821-1830.
- Matthews, L., & Marwit, S. (2004). Complicated grief and the trend toward cognitive-behavioral therapy. *Death Studies*, 28(9), 849-863.
- Metcalfe, P., & Huntington, R. (1991). *Celebrations of death: The anthropology of mortuary ritual*. London: Cambridge University Press.
- Milberg, A., Strang, P., & Jakobsson, M. (2004). Next of kin's experience of powerlessness and helplessness in palliative home care. *Supportive Care in Cancer*, 12(2), 120-128.
- Nager, E. A., & de Vries, B. (2004). Memorializing on the world wide web: Patterns of Grief and attachment in adult daughters of deceased mothers. *Journal of Death and Dying*, 49(1), 34-56.
- Neimeyer, R. A. (2000). Searching for the meaning of meaning: Grief therapy and the process of reconstruction. *Death Studies*, 24(6), 541-558.
- Neimeyer, R. A., & Hogan, N. S. (2001). Quantitative or qualitative? Measurement issues in the study of grief. In M. S. Stroebe, R. O. Hansson, W. Stroebe, & H. Schut (Eds.), *Handbook of bereavement research* (pp. 89-118). Washington, DC: American Psychological Association.
- NZPA (2011a, April, 28). Neil Finn to front London fundraiser for Christchurch. *NZ Herald*. Retrieved from http://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=10722145
- NZPA (2011b, March 13). Key smashes Warne in quake charity match. *NZ Herald*. Retrieved from http://www.nzherald.co.nz/sport/news/article.cfm?c_id=4&objectid=10712195
- Parkes, C. M. (1970). The first year of bereavement: A longitudinal study of the reaction of London widows to death of husbands. *Psychiatry*, 33(4), 444-467.
- Payne, S. (2002). Dilemmas in the use of volunteers to provide hospice bereavement support: Evidence from New Zealand. *Mortality*, 7(2), 139-154.
- Pennebaker, J. W., & Beall, S. K. (1986). Confronting a traumatic event: Toward an understanding of inhibition and disease. *Journal of Abnormal Psychology*, 95(3), 274-281.
- Pennebaker, J. W., Hughes, C. F., & O'Heeron, R. C. (1987). The psychophysiology of confession: Linking inhibitory and psychosomatic processes. *Journal of Personality and Social Psychology*, 52(4), 781-793.
- Pennebaker, J. W., Kiecolt-Glaser, J., & Glaser, R. (1988). Disclosure of traumas and immune function: Health implications for psychotherapy. *Journal of Consulting and Clinical Psychology*, 56(2), 239-245.
- Pitsillides, S., Katsikides, S., & Conreen, M. (2009, April). *Images of virtuality: Conceptualizations and applications in everyday life*. Paper presented at the IFIP WG9.5 "Virtuality and Society" International Workshop, Athens, Greece. Retrieved from https://docs.google.com/Doc?id=dcgmqtc7_0c3kmt6g4&pli=1
- Polster, E., & Polster, M. (1973). *Gestalt therapy integrated*. New York, NY: Brunner/Mazel.
- Pressman, D. L., & Bonanno, G. A. (2007). With whom do we grieve? Social and cultural determinants of grief processing in the United States and China. *Journal of Social and Personal Relationships*, 24(5), 729-746.
- Raphael, B., & Nunn, K. (1988). Counseling the bereaved. *Journal of Social Issues*, 44(3), 191-206.
- Ridings, C. M., Gefen, D., & Arinze, B. (2002). Some antecedents and effects of trust in virtual communities. *Strategic Information Systems* 1(1): 271-295.
- Roberts, P. (1999). Tangible sorrows, virtual tributes: Cemeteries in cyberspace. In B. de Vries (Ed.), *End of life issue: Interdisciplinary and multidimensional perspectives* (pp. 327-357). New York, NY: Springer.
- Roberts, P. (2004). Here today and cyberspace tomorrow: Memorials and bereavement support on the web. *Generations*, 28(2), 41-46.
- Rubin, S. S. (1999). The two-track model of bereavement: Overview, retrospect, and prospect. *Death Studies*, 23(8), 681-714.
- Schut, H. A., Stroebe, M. S., van den Bout, J., & Terheggen, M. (2001). The efficacy of bereavement interventions: Determining who benefits. In M. S. Stroebe, R. O. Hansson, W. Stroebe, & H. Schut (Eds.), *Handbook of bereavement research* (pp. 705-738). Washington, DC: American Psychological Association.
- Silver, R. C., & Wortman, C. B. (2007). The stage theory of grief. *Journal of the American Medical Association*, 297(24), 2692.
- Sofka, C. J. (1997). Social support "Internet Works," caskets for sale, and more: Thanatology and the information superhighway. *Death Studies*, 21(6), 553-574.
- St. John, W. (2006, April 27). Rituals of grief go online. *The New York Times*. Retrieved from <http://www.nytimes.com/2006/04/27/technology/27myspace.html>
- Statistics New Zealand (2007, September 17). Myth 10: There are at least 1,000,000 New Zealanders living overseas. *Statistics New Zealand*. Retrieved from <http://www.stats.govt.nz/sitecore/content/population/Home/myth-busters/myth-10.aspx>
- Stroebe, M. S., & Schut, H. W. (1999).

The dual process model of coping with bereavement: Rationale and description. *Death Studies*, 23(3), 197-224.

Stroebe, M. S., Hansson, R. O., Stroebe, W., & Schut, H. (2001). Introduction: Concepts and issues in contemporary research on bereavement. In M. S. Stroebe, R. O. Hansson, W. Stroebe, & H. Schut (Eds.), *Handbook of bereavement research* (pp. 2-23). Washington, DC: American Psychological Association.

Stroebe, W., Schut, H., & Stroebe, M. S. (2005). Grief work, disclosure and counseling: Do they help the deceased? *Clinical Psychology Review*, 25(4), 395-414.

Vicary, A. M., & Fraley, R. C. (2010). Student reactions to the shootings at Virginia Tech and Northern Illinois University: Does sharing grief and support over the internet affect recovery? *Personality and Social Psychology Bulletin*, 20(10), 1-9.

Viswanath, B., Mislove, A., Cha, M., & Gummadi, K. P. (2009). *On the evolution of user interaction on Facebook: Proceedings of the 2nd ACM Workshop on Online Social Networks*, New York, NY (pp 37 - 42). Retrieved from <http://portal.acm.org.ezproxy.auckland.ac.nz/citation.cfm?id=1592675>

Volkan, V. (1981). *Linking Objects and Linking Phenomena*. New York, NY: Guilford.

Worden, J.W. (1991, 2001). *Grief Counseling and Grief Therapy: A Handbook For The Mental Health Practitioner*. New York, NY: Springer.

Wortham, J. (2010). As Facebook users die, ghosts reach out. *The New York Times*. Retrieved from <http://www.nytimes.com/2010/07/18/technology/18death.html>

Xu, J., Kochanek, K. D., Murphy, S. L., & Tejada-Vera, B. (2010). Deaths: Final data for 2007. *National Vital Statistics Reports*, 58(19), 1-136.

Corresponding Author:

Dr Kimberly Falconer
University of Pennsylvania
Centre for Cognitive Therapy
c/o 13 Maybeck Road
Mt Albert
Auckland 1025
New Zealand
kimberlyfalconer@gmail.com



Interactive Drawing Therapy

BUSINESS OPPORTUNITY

IDT is a NZ-based private training establishment (PTE) with over 7,800 course enrolments since its inception in 1992. IDT is a professionally recognised and academically respected trainer of counsellors and therapists, with a strong international reputation.

Acknowledged as a valued professional training option, IDT has been widely presented at national and international conferences, university researched, and published in the professional press. Based on increasing international interest, the opportunity now exists to purchase an IDT master license for the whole of New Zealand. This is an ideal opportunity to acquire an owner-operated successful and profitable business.

For more information please contact the IDT office directly:
Visit www.InteractiveDrawingTherapy.com
Email: idt@pl.net or Phone: +64 9 376 4789

