The Open University. Identifying Vulnerability in Grief using the Adult Attitude to Grief Scale by Linda Machin, Keele University, October 17th, 2017.

Linda introduced the seminar with a background to some of the perspectives of grief and discussed some of the key theories that have prevailed and have informed practice in the latter half of the 20th century and which continue in more contemporary times.

While some of these theories could be critiques for their sequential application to understanding grief and thus, responding to bereaved individuals, even today, other theories have informed our understanding of grief such as attachment, meaning reconstruction and resilience. These understandings however, need to be viewed in the context of cultural and personal variable which impact on individual bereavement and which pertain to our history, our current situation in relation to our family, employment, mental health and finance.

Linda’s development of the Range of Response to Loss Model (RRL) emerged from her practice and research. Within the diverse expressions of grief she identified a two dimensional pattern made up of (a) the instinctive core reactions to the impact of a loss, such as bereavement, and (b) the conscious coping responses made in managing the consequences of loss. These two dimensions provide a conceptual framework for understanding the wide range of grief responses and the ways in which they are expressed. Conceptual comparisons can be made between the RRL model and other key theories of grief which Linda exemplified as part of her presentation.

The Adult Attitude to Grief scale (AAG) was originally developed to test the concepts within the RRL model but was shown to have merit as a practice measure. The AAG is used in many bereavement services both quantitatively, to appraise the nature of grief and the levels of vulnerability, and qualitatively to facilitate the telling of the story of loss. The emerging grief profile indicates the areas of focus for appropriate intervention and the re-use of the AAG provides evidence of changes taking place in grief. While the applicability of the RRL model and AAG scale were defined in adult practice generally, there was discussion about utilising this approach as a way to understand the complexity of grief which follows from disenfranchised grief such as suicide or alcohol and drug related deaths.

The seminar was well attended by a diverse range of health and social care professionals who shared their experiences of care of people with working with bereaved individuals and in research and academic writing about the subject. While Linda was able to highlight some exemplars where the model could be applied as a way of deepening an understanding of someone’s journey of grief, this is also influenced by the extent to which the bereaved can access services to support them in the first instance.

There were murmurs of a consensus that much of our work as researchers, therapists, professionals, academic, writers in the field is very much a work in progress, with the need to adapt and alter and learn from others experiences all the time, while ensuring the bereaved individual remains at the core of what and how we are informed by them.