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A Cognitive Perspective on Bereavement: Mechanisms and Treatment

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A cognitive view of bereavement is outlined which argues that mourners are affected in two realms: (1) their core beliefs about themselves, their world, and the future are altered; (2) they process information differently. Specific beliefs that are salient include self-efficacy, vulnerability, and self-worth. It is also argued that the bereaved process information through their loved-one schema and this accounts for their enduring, intense symptoms. Treatment implications for each of these problem areas are addressed.

A great deal has been written about the grief process, but within a limited scope. The most influential models of grief have been psychodynamic, following Freud's publication of *Mourning and Melancholia* in 1917. This paper argues that a cognitive perspective on grief may be more germane than previous models and that cognitive therapy is an important component of treatment for this population. However, a comprehensive cognitive model of grief with specific treatment implications has not yet been developed. This paper will give a brief description of several influential models, along with their strengths and weaknesses. A cognitive approach which addresses factors previously neglected in earlier work will then be outlined. Specific applications of cognitive techniques for the bereaved will also be discussed.

EARLY MODELS OF BEREAVEMENT

The earliest and most influential theorizers about grief have been Freud and Bowlby. Freud (1917) argued that when a loved one dies, the mourner's libidinal energy remains invested in thoughts and memories of the deceased. The survivor cannot develop new relationships until this bond is broken, allowing libidinal energy to be transferred to a new object. He theorized that the mourner becomes hostile, and then depressed when the energy is not easily transferred.

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While Freud described detachment as critical in bereavement, Bowlby (1980) viewed mourning as an attempt to remain connected. He described four stages through which the mourner must pass before the loss of attachment is recognized and recovery is complete. In the first stage of denial, the individual is in shock and cannot acknowledge the loss at all. The mourner then enters the protest stage in which he or she searches and pines for the lost loved one. The third stage of despair occurs when the individual realizes the loss is permanent. Finally, the stage of acceptance occurs when the individual adapts to the loss and begins to resume prior functioning.

These early models of grief have several strengths. These writings first sparked interest in the grief process and served as a catalyst for future work. They are rich in description and provide a detailed image of the mourner and his or her experience. However, there are many problems inherent in these models. The stage models are too ambiguous to guide treatment because they argue that a mourner may skip a stage entirely, vacillate between stages, or be in more than one stage at any given time. They are also limited in that they do not address the full impact of the loss; they ignore critical cognitive and behavioral components associated with loss, focusing only on intrapsychic phenomena. In addition, they proscribe what all mourners must experience and neglect individual variability in response. They are also remiss in that they do not address any other variables, such as coping style, that might influence the impact of the loss (see Wortman and Silver, 1989).

PERSONAL CONSTRUCTS AND MEANING

Researchers have recently discussed the impact of trauma on assumptions about the world. This literature suggests that people hold positive assumptions about the self and the world until they experience a trauma and that these views are shattered after a negative life event. Janoff-Bulman (1989) argues that distress following trauma is due to three violated assumptions: personal invulnerability, the world as meaningful, and the self as positive. Horowitz (in press) believes that the death of a loved one challenges the mourner's schemas. Intrusive memories, alternated with periods of denial, are experienced until the mourner has developed a model of life without the loved one. Both of these researchers also discuss how the loss can be positively reinterpreted. For example, some mourners may emphasize how close they have become to other family members or how they appreciate life more. Reinterpretation of the event also helps to make it more bearable.

Closely related to the assumptive world literature is the work on personal construct systems. Viney (1991; Woodfield & Viney, 1984) has applied George Kelly's personal construct theory to bereavement and argues that the mourner must change his or her construct system. Dislocation symptoms include shock, anxiety, and despair which occur when the system cannot integrate the changes. The processes of assimilation and accommodation enable the survivor to absorb some information about the loss within the system but also allow him or

her to develop a new construct system. Viney stresses that these processes of dislocation and adaptation occur together and reflect an active process of reorganizing one's conceptual system. Silverman, Nickman, and Worden (1992) support a constructivist approach. They found that children who lost a parent were able to develop an internal representation of the parent and that this conceptualization changed as they aged and their needs changed. The children actively strove to remain connected with the deceased by placing them in a context (e.g., heaven), experiencing them (e.g., believing the parent is trying to communicate), reaching out toward them (e.g., by talking to them or visiting the cemetery), recalling past events, and through linking objects, such as photographs or personal items. Silverman et al. conclude that remaining connected with the deceased through an active changing construct provides meaning and comfort to the bereaved.

The importance of accommodating the loss, instead of detaching completely, has also been addressed by Rando (1992) and Stroebe and her associates (1987, 1992). Rando suggests that accommodation occurs via six processes: acknowledging the death, the initial intense reaction, remembering the deceased, giving up the old relationship and views, adjusting into a new lifestyle while not forgetting the prior one, and becoming invested in new relationships. Complications can arise within any of these processes. She stresses that clinicians must examine the grief response within the context of the mourner's life circumstances and not apply interventions rotely.

Stroebe and her colleagues have questioned the value of detachment as it may affect the meaning of the loss. They cite cross-cultural differences as evidence that belief systems significantly contribute to the mourner's behavior and emotion. How the loss is constructed tremendously affects the grief response. Stroebe argues that grief work should be redefined as "a cognitive process involving confrontation with and restructuring of thoughts about the deceased, the loss experience, and the changed world within which the bereaved must now live" (1992, p.33).

The principal advantage of assumptive world and construct models is that they address cognitive factors in bereavement. These models can serve as the catalyst for new work in bereavement, as they initiate a paradigm shift. Several studies have begun to examine these factors. Schwartzberg and Janoff-Bulman (1991) interviewed college students who lost a parent within the prior three years. Compared to a control group, the bereaved viewed the world as less meaningful. Within the bereaved sample, a greater ability to find meaning in the loss was associated with less distress. These findings show the primary role cognitions play in the grief response. Other researchers have also begun to examine the role of cognition in bereavement. Abrahms (1981) suggests that pathological grief reactions may be due to ruminating about the loss and irrational beliefs. Robinson and Fleming (1992) empirically compared cognitive styles and depression in the bereaved to nonbereaved psychiatric inpatients, as well as to a control group of nonbereaved college students. They found that the bereaved had more negative automatic thoughts than controls but

showed less *pervasive* negative attitudes than the inpatient group. This study lends further evidence that cognitions affect mood in the bereaved. These negative thoughts may be situation specific and do not reflect long-standing and widespread dysfunctional beliefs.

Although the construct and meaning literatures have begun to address cognitions in bereavement, they are not entirely comprehensive in their discussion. These literatures each have addressed related but distinct aspects and have not yet been integrated. In addition, although they address the person's view of the self and world, they do not adequately discuss one's view of the future. Likewise, they do not address how information processing is affected by the loss. These researchers also do not connect cognitive processes in bereavement with psychopathology. The bereaved have elevated rates of depression and anxiety. For example, Kavanagh (1990) reports that one third of the people who lose a spouse through death develop a major depression and Jacobs, Hausen, Kasl, and Ostfield (1990) found that 44% of their widowed subjects had an anxiety disorder within the first year of the loss. Despite such significant findings, researchers have not fully examined the relationship between cognition and mental illness in this population. Finally, these literatures do not provide treatment recommendations.

This outline of bereavement models has highlighted several deficits in the current understanding of grief. Although the assumptive world and personal construct literatures have greatly improved prior understanding, they are not sufficiently elaborate. In addition, some of these models have not made a clear link between the grief process and clinical symptoms. A comprehensive model which encompasses cognitions and symptomatology is necessary. A cognitive perspective of grief which addresses these concerns is discussed below.

It is hypothesized that the loss of a loved one affects core beliefs about the self, world, and future. In addition, the bereaved may process information differently. Each of these factors will be discussed separately. The proposed relationship between these factors and subsequent depression and anxiety will also be described. Treatment implications and recommendations will then be outlined.

THE IMPACT OF BEREAVEMENT ON SELF, WORLD, AND FUTURE BELIEFS

Views of the Self

Three critical components of self-perception are believed to be especially challenged in mourners. Self-efficacy reflects perceived ability to meet challenges successfully. Mourners are confronted by new tasks which may seem overwhelming; practical problems are magnified. These challenges include new responsibilities and experiencing intense, seemingly uncontrollable emotions. Individuals must assess their ability to manage these tasks. This evaluation of self-efficacy is a necessary cognitive process for all mourners. Those who

believe that they cannot successfully meet these challenges may then show avoidant or dependent behavior, and depressed or anxious mood. For example, a widow whose husband had always handled the finances may think "I'm not organized enough and don't have a good understanding of money." She may then become overwhelmed at the prospect of paying bills. Individuals who are more confident about their abilities may have less difficulty because they will not be as overwhelmed and threatened.

Vulnerability is the second component of self-perception which may be challenged by the death of a loved one. The loss may make the individual acknowledge his or her own mortality. The mourner may feel more at risk because of this realization and may become more cautious. Mourners who previously relied on the loved one for emotional or instrumental support may believe that they are not safe without this form of protection. Until they learn over time that they can survive without the loved one, they may feel vulnerable and terrified.

Self-worth is the third aspect of self-perception which is affected by bereavement. This construct refers to an individual's basic view of himself or herself as a good and valuable person. Mourners who have low perceived self-efficacy and high perceptions of vulnerability may use these beliefs as evidence that they are inadequate or defective in some way and come to view themselves as worthless. The mourner's explanation for why the loss occurred also critically affects self-worth. If the survivor blames himself or herself or generates a self-incriminating or deprecating answer to the question "Why me?," self-worth may be diminished. Finally, social comparison and expectations about the grief process also have an impact on self-worth. Mourners who view others as better copers, or who believe that their reaction does not follow anticipated stages, will evaluate themselves negatively.

Views of the World

It is expected that mourners' views of their personal world are also affected by the loss. Schwartzberg and Janoff-Bulman (1991) have shown that the bereaved find less meaning in the world than those who have not experienced a loss, and Silver, Boon, and Stones (1983) found that a search for meaning is a common reaction to trauma. Silver et al. argue that this occurs because people need to believe that negative events happen for a reason, as it is too threatening to accept that the world is an unsafe, chaotic place where trauma can happen randomly. Perceived predictability and controllability may also be significantly diminished in mourners. These factors have a proven relationship with depression (Peterson and Seligman, 1984) and may play a critical role in the grief experience.

Views of the Future

Mourners have two cognitive challenges in this realm: (1) they must confront prior expectations and accept that these will not be fulfilled; (2) they must

develop new goals for the future. Accepting that prior wishes are not possible is painful and may be problematic for many years as the mourner encounters significant milestones. For example, parents who lose a child may experience difficulties over their lifespan as they see other children graduate, marry, and begin careers. This death of a dream may be a daily challenge with a chronic course. The second cognitive challenge here is planning a new future. The mourner must redefine his or her construct of the rest of the life span. A significant task involves developing new relationships. Specific negative thoughts may make this especially difficult and lead to despair. People may fear that they will always be alone, may believe that they are being disloyal to the deceased, or may avoid intimacy because they fear future abandonment.

INFORMATION-PROCESSING IN THE BEREAVED

As outlined above, it is proposed that bereavement affects one's view of the self, world, and future. More globally, bereavement may impact on how information is processed. Beck, Freeman, and associates (1990) describe schemas as having four properties: breadth, flexibility versus rigidity, density/prominence, and valence. For the mourner, the loved-one schema is prominent and highly charged. The survivor has numerous and diverse thoughts about the loved one and experiences these thoughts with a great intensity. Beliefs may range from "He was the most helpful person I know" to "She was so special, I'll never find anyone else like her." These thoughts are easily evoked by many different cues. All information is thus processed and has meaning within this context. The loved-one schema is likely to be broadly defined as well. For example, if the person has lost a spouse, the mate may have been a friend, provider, and sexual partner. Each time the mourner has any of these desires, the memory of the loved one will be activated. Finally, the loved-one schema is likely to be rigid, with numerous associations. The mourner may have spent years with the deceased and developed solid, core expectations. The expectation that the deceased would always be a part of the survivor's life may be the most rigid.

Because the loss of a loved one instantly changes the survivor's life, any subsequent event may be absorbed through the bereavement framework. The initial challenge is making the loved-one schema less salient. Until this schema loses prominence and energy, the mourner cannot attend to other information. The survivor may be less affected by some cues soon after the loss but other triggers may fade more gradually. For example, thoughts about the deceased may occur initially with trivial events such as hearing his or her favorite song or going to restaurants he or she used to enjoy. These events have less meaning and occur more frequently than other events such as anniversaries and birthdays and thus are less problematic. These later events may evoke painful thoughts about the deceased each time they occur for many years.

As the loved-one schema becomes activated less frequently, the mourner must also begin to alter the underlying constructs. A critical task is relinquish-

ing expectations that will never be fulfilled. Another challenge is changing how the deceased is defined, since the lost person is no longer the best friend, closest confidante, or source of support. In this process, the loved-one schema becomes more narrow. Conversely, the mourner may gradually come to broaden the schema about other significant people. Eventually, some qualities uniquely ascribed to the loved one may be perceived in others.

The model outlined above points to several cognitive tasks which are a part of the mourning process. Difficulties may appear in these areas: (1) a specific category of beliefs, such as the self or the future; (2) processing of information; (3) a combination of these areas. After determining the problematic area, treatment can be adapted for each of these challenges. In addition, the therapist can work with several of these tasks concurrently.

THERAPEUTIC IMPLICATIONS

Evaluating Views of the Self

As discussed previously, in this realm the loss may result in low perceived self-efficacy and self-worth, and high perceived vulnerability. Clients may have thoughts such as "I can't handle these new responsibilities," "I don't have the skills I need," and "I won't be able to cope." Strategies for challenging these beliefs may include pointing out prior good coping and skills, breaking down tasks into manageable goals so they are less overwhelming, and helping clients to recognize ways in which they still have control, such as in their decision-making ability, for instance. Individual variability in response must also be addressed in treatment. For example, clients may berate themselves for their reaction to the loss, believing that they are abnormal. It is critical to challenge their beliefs about a normative grief response by teaching them that there is no set time line for recovery.

Evaluating Views of the Personal World

The bereaved may view the world differently after their loss. They may not feel safe, believe their life is meaningless, and may lose faith in their personal philosophy. Searching for meaning, or developing some understanding of the loss, is a significant aspect of this process. Socratic questioning from the therapist may be useful in helping the client to derive some understanding of the event. The therapist might help generate meaning by asking questions such as "What is your explanation for why this occurred?," "Are there any other ways of interpreting it?," and "How would (the deceased) explain it?" The meaning the client assigns the loss must be generated by himself or herself. Challenging the client's more positive reinterpretation of the event is not recommended. This restructuring may be the only way the client can answer "Why me?" It is equally important to discuss accepting the meaninglessness of the event if the client cannot answer the "why" questions. If this occurs,

addressing how to live in a meaningless world becomes necessary. Identifying specific circumstances which counteract the chaotic global environment may be adaptive. Motivation may be developed through such questions as "What are the costs of viewing the world as meaningless?," "How else can you find value in your life?," and "What are some other reasons to continue to strive?"

Evaluating Views of the Future

Relinquishing expectations and developing new goals are the challenges in this arena. Identifying prior expectations which are lost may be the initial therapeutic task. If clients can concretely articulate their disappointments, these more specific cognitions can then be worked with more directly. For example, a widow may be saddened because she and her spouse will not be able to enjoy their retirement together. While this dream cannot be realized, it may be useful to discuss other ways she can still find pleasure in retirement, such as spending time with friends and family. Setting new goals and dreams may also be problematic. Teaching clients how to structure their future with distinct and diverse goals will make it seem manageable and give it purpose. The objective is to increase the range of possibilities and provide hope. For example, a widower who previously relied on his wife to arrange social plans may not believe he can develop friendships and may expect to be lonely. Therapy could help him to evaluate his skills and teach new ones, if necessary. Evaluating specific negative assumptions about these future endeavors, such as work or new relationships, may also be necessary. Common thoughts might include: "I'll never be able to hold down a job" or "I'll never find a new relationship." Cognitive therapy techniques outlined previously by Beck and his associates (1979) are highly appropriate for these types of beliefs. Finally, teaching clients to distinguish between a loss and a challenge may enable them to look toward their future with less pain, as they begin to see that they do have some effective coping strategies (see Kavanagh, 1990).

Strategies for Altered Information Processing

An initial strategy with grief clients may be to teach them how the schema of the deceased is implicated in the grief reaction, as outlined above. With this knowledge, they will better understand the intensity of their reaction. The diverse stimuli which elicit memories may then seem less overwhelming because the mourner can place them in the proper context. The ability to recognize schema activation may give the mourner a sense of control and thus may decrease anxiety. The mourner may then come to distinguish events which should be processed within this schema from events which might be better interpreted within another framework. By learning how not to view all experience within the loved-one schema, the survivor can compartmentalize the grief reaction. For example, a parent who loses a child might become upset when colleagues discuss their family vacations. By recognizing his distress is due to

thoughts of "It's not fair, I should have had the same chance with my child," he or she can then begin to develop alternatives. Less upsetting thoughts could include: "I have wonderful memories...we aren't together now but nothing can diminish the past good times." Hopefully, the individual will come to see that the loss, while significant, does not have to define all aspects of his or her life.

CONCLUSION

It is clear that much remains to be studied about cognitive processes in bereavement. This paper suggests that two factors may be particularly responsible for the distress of the bereaved. One category includes shattered beliefs, specifically about the self, personal world, and future. In addition, it is proposed that the bereaved have faulty information processing, such that most information is absorbed through their loved-one schema. Specific techniques for addressing each of these problem areas have also been outlined. It is hoped that the cognitive approach discussed here will provide psychologists with a new conceptualization of bereavement and help generate therapeutic strategies to best serve this population.

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