

# Cognitive behaviour therapy for complicated grief



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**THE DEATH OF SOMEONE CLOSE** can cause tremendous emotional anguish. Fortunately, most bereaved people recover from this pain with the support of friends and family (Bonanno 2004). However, for a minority, the loss precipitates the development of complicated grief – a persistent and debilitating state that blocks people's capacity to adjust and carry on with their lives (Prigerson 2004, Prigerson *et al* in press). To understand why complicated grief occurs and how to treat it, it is important to know the mechanisms involved in its development and maintenance.

In Utrecht we have evolved a cognitive behavioural theory of complicated grief (Boelen 2006, Boelen *et al* 2006) which suggests causes that may underlie the condition and offers a framework for using these ideas in interventions.

One puzzling aspect of complicated grief is that, though people may be so bound up with their grief that they have difficulty in functioning, they also tend to have a persistent difficulty in accepting the reality of their situation. They are easily reminded of their loss and often preoccupied with memories of their loved one and the events

leading up to the death, yet this does not help them to move forward. Instead they continue to experience their loss as an unbelievable event, one that may be reversible rather than permanent. The feelings of intense yearning and the searching behaviours that can accompany this distress mirror those associated with persistent separation distress (Boelen 2006, Boelen *et al* 2006).

In uncomplicated grief, preoccupation with details of events leading up to the loss, disbelief and separation distress occur more intensely soon after the death and usually gradually fade. Why, then, do these reactions persist and become exacerbated in complicated grief, gradually making it more and more difficult to adjust?

## Cognitive behavioural theory and complicated grief

Using cognitive behavioural theory, we contend that three processes account for complicated grief reactions:

- problems with properly integrating the loss into the bereaved person's existing knowledge about themselves and their relationship with the dead person stored in long-term memory
- the presence of unhelpful thinking patterns
- anxious and depressive avoidance

## EDITOR'S NOTE

*Cognitive behaviour therapies (CBT) differ from other therapies in that they attempt to modify the immediate, precipitating or aggravating causes of psychological problems in systematic and measured ways, rather than exploring the root, or underlying causes. They have achieved much success, particularly in the treatment of mild to moderate clinical depression.*

*The use of CBT in the treatment of the complications of bereavement is only beginning, but promising results have been obtained. This paper describes a theoretical model of one form of complicated grief which provides a rational basis for a range of techniques for helping sufferers, some of which are already used in other settings.*

*Work remains to be done to ascertain whether the theoretical model is adequate and which of the several techniques used are responsible for the moderate benefits that have so far been obtained. CMP*

## ABSTRACT

*Complicated grief is a debilitating condition that can develop after the death of a loved one. Here a cognitive behavioural viewpoint is used to explore why some people develop this condition whereas others recover from their loss relatively quickly. Three processes are identified as crucial in the development and maintenance of complicated grief: insufficient integration of the loss with existing autobiographical knowledge, unhelpful thinking patterns, and anxious and depressive avoidance behaviours. CBT uses interventions such as exposure, cognitive restructuring and behavioural activation to target these processes and help people to move toward recovery.*

## Insufficient integration of the loss

In normal grief, a loss gradually gets absorbed into the existing knowledge that we have about ourselves, our lives, and our relationship with the dead person, information that is part of our 'autobiographical memory base'. This adjustment is helped by thinking about the implications of the loss, by interactions with others, and

by confronting external changes caused by the loss. The effect of this process is that the loss acquires a more complex meaning, becomes part of the life story of the survivor and, as such, gradually becomes a less disruptive, more normalised (albeit still painful) event (cf Ehlers, Clark 2000; Conway, Pleydell-Pearce 2000)

In complicated grief, the process of integration is stalled or incomplete. This has at least two effects. The first is that, because the memory of it is disconnected from other knowledge, the death continues to be a very shocking, unbelievable event. At the same time, because the loss is so emotional and consequential, all kinds of stimuli easily elicit memories, thoughts, and feelings that are associated with the death so that, in the end, everything is a reminder of it.

A second effect is that emotions such as yearning and searching are more persistent. We know from attachment theory that such reactions are automatic responses to separation from a loved one (Bowlby 1980). In normal grief these reactions gradually diminish as the reality of the loss gets connected with thoughts and memories about the dead person. In complicated grief, distress reactions persist because there is insufficient integration of this reality. In other words, although people with complicated grief rationally know that their loss is permanent, at a less conscious level they continue to experience it as something that can be reversed.

### Negative thinking patterns

The death of someone close is often at odds with existing assumptions we have about ourselves, our lives, and our future (Parkes 1988; Janoff-Bulman 1992). Most people have the capacity to adapt these assumptions and, although it is often not easy, can maintain positive views of themselves and continue to see their life and future as meaningful. Cognitive behavioural theory suggests that people with complicated grief are unable to do this. Instead, their thoughts are characteristically extremely negative, giving rise to negative feelings that block adjustment.

Two categories of thought are particularly important. The first involves pessimistic ideas about the

self, life, and the future. It is understandable that the death of someone close causes people to think more negatively. Yet the persistence of a view that without their loved one they are worthless, life is meaningless and the future is blank is likely to encourage strong yearning feelings, interfere with the integration of the loss, and inhibit involvement in activities that facilitate adjustment (eg setting new goals, continuing usual activities).

The second category includes destructive thoughts about one's own grief reactions. When people accept their feelings, they are more able to work through them and to detail and confront the implications of their loss, which facilitates recovery (Boelen *et al* 2003; Ehlers, Steil 1995). Conversely, recovery gets blocked when people interpret their reactions in a harmful or catastrophic fashion. Mourners may label the intensity of their sadness as signalling loss of control, view their numbness as depression, and interpret vivid intrusions as reflecting insanity. Such negative misinterpretations of reactions that are painful but normal can cause intense distress and maladaptive avoidance behaviour.

### Anxious and depressive avoidance

Bereaved people are more likely to be able to process their grief if they can confront the pain of the loss and, at other times, look toward the future and invest in activities that help them to feel better and to adjust. Cognitive behavioural theory suggests that because people with complicated grief are often afraid of their own feelings, they tend to avoid the pain of loss. They are inclined to steer clear of stimuli that might trigger this emotion and to suppress unpleasant feelings and memories. This fear-driven process that blocks recovery is called 'anxious avoidance'. In addition, those with complicated grief often have little confidence in the future and do not see the point of investing in it. Their pessimism can cause inactivity and withdrawal from social, recreational, and occupational activities that could help them to move beyond their loss. This process, 'depressive avoidance', is likely to strengthen their tendency to hold on to the past and to increase their conviction that life has lost all its purpose and joy.

## How the three processes work together

In summary, the cognitive behavioural approach assumes that there are three factors that play a key role in the development of complicated grief.

- The first – poor integration – is mainly a disturbance of memory and we suggest that this accounts for the fact that bereaved people can be preoccupied with their loss and at the same time, continue to feel, think and act as if the loss is reversible.
- The second factor – negative cognitions – is mainly a disturbance of thinking, which contributes to yearning and related emotions of sadness, depression, and anxiety.
- The third – anxious and depressive avoidance – represents a disturbance in the behaviours of mourners that blocks adjustment as they attempt to deal with the internal demands of their loss (painful feelings and memories) and the external demands (adjusting to a changed situation).

The three processes may interact with one another. For example, integrating the death with existing autobiographical knowledge is likely to be blocked if thinking about the implications of the loss brings to mind negative thoughts about the self as worthless. Destructive thoughts about grief reactions can cause anxious avoidance, while negative thoughts about the self can lead to depressive avoidance. And both anxious and depressive avoidance can prevent integration of the loss and the modification of negative thoughts.

The three processes not only influence each other, we suggest, but also are the pathways along which personality characteristics (eg attachment style, neuroticism), and events surrounding the death, exert their influence on the intensity of grief. For instance, neuroticism is thought to influence the intensity of grief because it makes people more prone to negative thinking and avoiding. Likewise, traumatic losses (caused by, for instance, accident or suicide) are assumed to carry greater risks of complicated grief because such losses are by their very nature more extraordinary, hence more difficult to assimilate into an existing life story.

## Cognitive behavioural treatments

A key aim of cognitive behavioural treatment is to help those with complicated grief to change their distress by a process in which feelings of sorrow and loneliness get less intense, so that they are able to reinvest in new activities and relationships and move toward acceptance of the loss. From the perspective of our theory, the following changes are needed to accomplish this:

- the loss needs to be integrated with existing knowledge
- unhelpful thinking patterns need to be identified and altered
- maladaptive avoidance behaviours need to be replaced by more helpful ones

Various cognitive behavioural interventions can be used to achieve these changes. Imaging techniques, cognitive restructuring, and behavioural activation are particularly useful (Boelen 2006; Boelen *et al* 2006).

### Imaginal exposure

In this intervention, people with complicated grief are confronted with the reality of the loss in a step-by-step manner (Harkness *et al* 2002; Ramsay 1977). Firstly, they are encouraged to tell the story of their loss from the moment they first knew that their loved one was going to die, or heard about the death, until the period after the funeral. During this phase therapists identify the most painful aspects of the loss and these are subsequently reviewed in detail. Later in the therapy clients are encouraged to focus attention on what is missed most, now that the loved one is gone, and to carefully review the implications of the loss for their life in the present and future.

With imaginal exposure, the person is encouraged to admit to the loss at all levels and to confront and work through its implications. In theoretical terms this serves to integrate the loss into existing autobiographical memory knowledge, which ultimately leads to a reduction in preoccupation, separation distress, and other complicated grief symptoms.

This technique can also be used to curb anxious avoidance. As noted, anxious avoidance is mostly a combination of a conviction such as 'When I confront the loss, I won't be able to control my feelings and will go crazy'

with deliberate efforts to avoid confrontation with the loss. Therapists use cognitive restructuring to change the pessimistic assumption. Next, they encourage the grief client to confront the stimuli that they tend to avoid and experience the absence of the feared consequences.

### Cognitive restructuring

With cognitive restructuring, unhelpful thinking patterns are systematically identified, challenged, and altered. In doing this it is important for therapists to search for the right thoughts. There is a lot of cognitive activity during a grieving process, but this does not mean that every thought that sounds negative should be changed or *can* be changed. Instead, it is better to look for cognitions that are both central and changeable. For example, an idea such as 'Life has no meaning' may well be central to the person's problems, but at the same time it is difficult to dispute. If the person suffers from complicated grief, they are probably thinking 'Life has no meaning now, and I don't believe I will find meaning in the future'. The therapist should look at the second thought here, because that one is changeable whereas the first, more general one is not. As another example, 'I should have prevented the death' should not be a target of cognitive restructuring because it is difficult to dispute. If the person with complicated grief suffers from intense guilt or self-directed anger, they are probably thinking 'I should have prevented the death and since I didn't I deserve to be punished'. Again, the therapist should look for this second thought and not focus on the first.

Many conventional cognitive restructuring techniques can be used to change unhelpful thoughts (Beck 1976). An example is Socratic questioning in which the therapist asks questions about the utility ('How does it help you to predict that you will never be able to find some meaning in life again?') and validity ('What evidence do you have that you could have prevented the death?') of identified thoughts. At the same time, the behavioural interventions such as imaginal exposure and behavioural activation (see below) can be put into the cognitive context to alter such thoughts. As noted, when people with complicated grief are afraid to con-

front the loss, imaginal exposure can be used to correct the erroneous ideas that underlie the fear. In the same way, when they socially withdraw because they predict that they will not feel at ease in company, they can be encouraged to try some social activity to test the validity of this belief.

### Behavioural activation

In behavioural activation (working on changing a client's behaviour to initiate psychological change) those with complicated grief are encouraged to formulate social, occupational, or recreational goals. Next, they are helped to prepare and bring into practice the necessary actions, working step-by-step to achieve these goals (Jacobson *et al* 2001). There is a clear focus on attempting the activities, irrespective of the negative feelings. A key idea behind behavioural activation is that it is not necessary to change mood before behaviour can be changed but, on the contrary, behaviour change can precede improvement of mood. Behavioural activation is particularly useful to target depressive avoidance.

### Additional interventions

Several other interventions can be used to promote integration of the loss and to change unhelpful thinking and behavioural patterns. Education about grief may help to counteract negative interpretations people with complicated grief may have assigned to their own reactions, and may create some initial acceptance of these reactions. Physical exposure to external reminders of the loss (places, people) is a powerful way to help people to emotionally accept that the loss really occurred and is irreversible and can also provide new information that helps to correct unhelpful thoughts (eg talking with doctors about the illness that led to the death and discovering that no one could have prevented it). Response prevention, the systematic, gradual reduction of unhelpful behaviours, can be used when particular repetitive behaviours stand in the way of admitting to the painful reality of the loss, eg compulsively visiting the graveyard or excessive rumination about the cause of the loss. The 'thought suppression experiment' (Wegner 1989) may be used to give people with complicated grief the

experience of the paradoxical effects of trying to keep unpleasant thoughts out of their mind. In this experiment the person is asked not to think about a white bear for five minutes with the effect that these bears are thought about constantly.

### Evidence supporting the cognitive behavioural approach

The cognitive behavioural approach draws on the writings of other theorists. Readers may recognise aspects of Bowlby's attachment theory (Bowlby 1980) which states that prolonged grief mirrors a continuation of maladaptive attachment behaviours. Others will recognise early theories that conceptualised bereavement as a social transition (Parkes 1988) and more recent theories emphasising the importance of finding meaning in the loss (Neimeyer 2006) and suggesting that healthy grief entails an alternation between focusing attention on the loss and on the future (Stroebe, Schut 1999). Readers familiar with post-traumatic stress disorder will see that the approach has elements of the modern cognitive theories of this disorder (Ehlers, Clark 2000)

Yet, although it links up with work by others, the cognitive behavioural approach described here is distinct in that it explicitly tries to explain complicated rather than normal grief. In doing so, it tries to account for symptoms of separation distress (yearning, searching, preoccupation) that are at the core of complicated grief. In addition, the approach adds to existing theories in that it provides specific targets for treatment, focusing on changeable mechanisms (thoughts, behaviours) rather than static risk factors such as personality and events precipitating the loss.

Is there any evidence of the efficacy of this cognitive behavioural approach? Several of the theoretical underpinnings of the model have been confirmed in our own research which shows that negative thinking after loss is a risk factor for the development of complicated grief (Boelen, Lensvelt-Mulders 2005; Boelen *et al* 2003; Boelen *et al* 2004; Boelen *et al* 2006). We have also found that negatively misinterpreting and avoiding one's own feelings over the loss, rather than

accepting them, is also associated with problems (Boelen *et al* 2003; Boelen *et al* 2006).

More important, perhaps, is that there is increasing evidence that cognitive behavioural treatment is helpful. Several efficacious treatments that rely heavily on cognitive behavioural interventions have appeared in the literature. Shear *et al* (2005) found that a treatment that includes cognitive behavioural ingredients was very successful at alleviating complicated grief, and more effective than interpersonal psychotherapy. Wagner and her colleagues (2006) published a study in which CBT delivered via the internet was found to be successful. At our centre in Utrecht, we have done a study that compared the effectiveness of CBT with that of supportive counselling. Findings showed the former approach to be much more effective (Boelen *et al* 2007). Thus, findings generated to date give reasons to be optimistic about the usefulness of using cognitive behavioural therapy to help those with difficulties recovering from loss. ●

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