The Bereavement Process: A New Approach

Linda L. Viney, B.A., M.A., Ph.D.

A new personal construct approach to the bereavement process has been proposed in *Omega* by Robert Woodfield and myself. It maintains that after the death of a loved one, the thinking and behaviour of the bereaved person are directed by their efforts to anticipate future events in their world. This anticipation of events is based upon the bereaved's system of personal constructs. Each system of constructed interpretations of themselves and the events within their worlds is unique. The psychological states commonly seen to accompany bereavement are manifestations of changes in portions of personal construct systems. Such changes are the products of the concurrent processes of personal construct *dislocation* and *adaptation.* This proposal is quite different from the approaches that impose on the bereaved a series of phases of bereavement.

The personal construct approach proposes that people look at their world through transparent patterns or templates which they create and then attempt to fit over the realities of the world. These patterns are *constructs,* or ways of construing the world. A construct is a personal invention, a way of viewing the world by means of which elements can be differentiated and interpreted or construed. An element can be anything from a concrete object, person or event, to an abstract process or concept. By using his or her constructs it becomes possible for each person to make individually distinctive sense out of what is going on, to organise and attribute meaning to his or her comprehended world. In the process of construing events some constructs will be more useful than others. A construct's range of useful application is its range of convenience. A construct which can embrace new elements or events within its range of convenience is termed a *flexible construct.* Inflexible constructs, on the other hand, are not open to the inclusion of many new events.

DISLOCATION OF THE PERSONAL CONSTRUCT SYSTEM

Psychological states which are manifestations of the experience of dislocation include shock and numbness, anger, guilt, sadness, despair and anxiety. Let us look at the last of these. The anxiety state that has often been found to follow loss serves as an example. Anxiety states are common and have been described as "waves of discomfort" lasting twenty minutes to an hour. The anxiety may be diffuse and nonspecific, e.g., feelings of being emotionally overwhelmed. Or there may be particular anxieties such as concerns about the new roles required in an altered situation. In terms of personal construct theory, anxiety is the recognition that the events with which one is confronted lie outside the range of convenience of one's construct system. The anxious bereaved realise that their construct systems are failing them either in the present or long term or both. Events seem to call for a new construct system—one which they do not have. Bereaved people become anxious if their most important constructs are not flexible enough to allow them to accept the implications of the death of their loved one, that is to incorporate them, without involving significant dislocation of their personal construct system. If the implications of the death involve the dislocation of more central rather than less central structures, the bereaveds' anxiety will be more pervasive.

Linda Viney is an Associate Professor in the Psychology Department at Wollongong University, Australia.



ADAPTATION OF THE PERSONAL CONSTRUCT SYSTEM

The bereaveds' adaptation to the dislocation of their personal construct systems will also involve the two inseparable processes of assimilation and accommodation. The bereaved try to assimilate or change the events with which they are confronted by denying their existence or by insisting that other people agree with their interpretation of such events. Some of the psychological manifestations of this assimilative process are denial, hostility and idealisation.

The process of *assimilation* through denial, for example, implies that some of the bereaveds' constructs associated with the death of their loved one are inflexible. Because of this inflexibility, elements associated with the death will not be construed realistically. The extent of denial depends upon the degree of inflexibility present in the relevant portions of the bereaveds' perceptions of their loss being changed or assimilated to the extent that they may feel that the one who has died is not really dead. Periodically the bereaved may find themselves unable to recognise their loss and setting the table for two, awaiting a homecoming, or listening for accustomed footsteps. When the death-related constructs of the bereaved are flexible, the events of the death will gradually be acknowledged and their systems will be varied to accept it. These kinds of flexible central constructs are often manifest in a well-developed philosophy of life.

Accommodation, the other facet of adaptation, involves a change in the bereaveds' system of personal constructs. Accommodation is manifested in defences against distress, depression and aggression.

(continued on page 32)

Despite the intense conflicts that sometimes arise between the proponents of different schools of psychology, apparent contradictions more often result from differences of focus and terminology than from differences of principle. Those familiar with Parkes' "Psychosocial Transitions"* will find that they concern themselves with essentially the same aspects of the bereavement process as the article which follows. Kelly's "System of Personal Constructs" is the same as Parkes' "Assumptive Worlds"; the "dislocation" which Viney sees as an inevitable consequence of bereavement is another way of describing the discrepancy between assumption and actuality in transition theory; "inflexible constructs" translate into "basic assumptions" and "accommodation" into "grief work".

With these conjunctions in mind, Viney's new approach can be seen as a useful extension and elaboration of our understanding of an important aspects of bereavement, the way in which the bereaved rebuild their internal worlds.—Editor.

* Psychosocial Transitions: A field for study. *Soc. Sci. & Med., 5:* 101-115.

(continued from page 27)

It involves the active elaboration of their personal construct systems. Accommodation involves changes in the bereaveds' system of personal constructs. Many of these changes are used to defend against the overwhelming onrush of events, but other changes involve them in the active elaboration of their personal construct system. Bereaved people who are distressed sense a need to reorganise their construct systems. This is done slowly because they systems as they stand are essential charts for their personal adventures, and such reorganisation must take into account the hierarchical organisation of the construct systems. The bereaved will usually live with their anxiety and keep opening themselves to moderate amounts of confusion in order to be able to revise their construct systems continuously.

IMPLICATIONS OF THE NEW APPROACH

From the vantage point of this personal construct approach, each bereaved person can be seen as involved as an active participant in his or her bereavement reaction. The personal construct approach emphasises that the bereavement reaction is a conscious experience, accessible to evaluation, introspection, and, if necessary, counselling. By applying personal construct theory the bereavement reaction can be anticipated, understood, and assisted.

The adaptability of the personal construct system of each bereaved person determines the efficacy of his or her adjustment to bereavement. For example, the widow who has defined her identity and the meaning of her life inflexibly in terms of her marriage and husband may become a prisoner of her own construct system. The widow whose prior beliefs about herself and her marriage have encompassed a broader perspective has a better chance of discovering those choices which lead to her freedom.

References:

Bannister, D. & Fransella, F. (1980). *Inquiring man.* Penguin.

Epting, F. R. & Neimeyer, R. A. (1984). *Personal meanings of death.* Hemisphere, New York.

Kelly, G. A. (1955). *The psychology of personal constructs.* Norton, New York.

Woodfield, R. & Viney, L. (1985). A personal construct approach to be eavement. *Omega,* 16, 1-13.

Widowed People's Sexual Needs

In the introduction to our recent article (Vol. 4, No. 1) about the Sexual Needs of the Widowed, we invited future contributions about this rarely discussed subject.

We are glad to publish below the adapted text of a talk given by Margaret John to the counsellors at Greenwich Cruse Branch, and subsequently to Bexley Cruse Branch's AGM. **EDITOR**

As counsellors we should surely be aware of the sexual need of the bereaved. This may not manifest itself in actually talking about the subject but in physical problems like headaches, tension, aches and pains, also short-tempered behaviour — particularly towards any children.

Women particularly find it difficult to admit that they actually miss a sexual relationship. I think this may be because society often expresses more surprise at a bereaved woman embarking on another relationship than a man. I have not, however, found the sexual need following bereavement any greater in men than women, nor does age seem to have any significant effect on how someone copes with the problem.

I remember a lady of 63 and a man turned 70, who expressed quite strong and honest desires following the death of a partner, whilst a woman in her twenties and a man in his thirties expressed very little concern. This could of course, be linked with the fact that the younger people had to cope with young families, probably leaving them exhausted and not much able to give thought to their own feelings.

I think we must be ready to hear an almost silent plea from a bereaved person. Just the words "You must miss being cuddled" can be all they need to enable them to speak about a subject which they may feel they have not been able to mention to anyone else.

Not all people are reticent. I remember one man who embarrassed his teenage children and his in-laws considerably, because he seemed to talk on little else but what he and his wife had done in the privacy of their bedroom. In this instance all I could do when I was hearing everybody's thoughts on the subject, was to ask them to be tolerant, and try not to worry about what he had been saying afterwards. I personally felt that his sex life probably had not been in actual fact as absolutely fantastic as he was trying to say it was. I obviously did not say this to his family. It did eventually cease when he found someone to whom he could relate, and although he has not yet remarried, I feel sure that he will in the near future. I did gently suggest that it was a bit distressing for his family, but that did not even seem to enter his thoughts. The family have, I presume, put it to the back of their minds, because everything seems to be all right, and I do keep in touch with his teenage children as well.

Some of the problems which arise can be helped in practical ways. I always suggest to someone to sleep inside a double bed sheet folded in half, lengthways. Then one's feet cannot reach over to the empty side.

I was asked once how I coped with not being made love to. My initial answer was "with great difficulty". When the laughter stopped, although I was serious, I said "with a cold shower, a walk up and down the garden, a strong coffee and a good book, though not necessarily in that order" or "I would knock hell out of the Hoover for an hour".

Whilst I would not recommend sleeping around, I do not feel that someone should feel guilty at feeling a sexual attraction towards another person. Some people are worried because they can feel quite a strong attraction for another person relatively soon after bereavement. I would only suggest people to be very careful not to become too involved too quickly, and rush headlong into marriage because that seems the right thing to do. A close friend I know has remarried for the third time, following two tragic bereavements, and it is proving disastrous. He just felt that he could not take someone to bed without being married, and he is only in his early fifties, so the so-called promiscuous attitude does not prevail everywhere.

I have also had several conversations with a bereaved homosexual, and wished I could have helped him more with the devastating loss of a partner after a long relationship. This is particularly sad because the bereaved person feels such a sense of isolation.

Briefly concerning incest, I have heard of mothers who have taken their children to bed for comfort, but *I personally* do not have any experience of incest resulting, although I believe that difficult situations have arisen as a result.