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To cite this article: Robert A. Neimeyer, Shani Pitcho-Prelorentzos & Michal Mahat-Shamir (2021) “If only...”: Counterfactual thinking in bereavement, *Death Studies*, 45:9, 692-701, DOI: [10.1080/07481187.2019.1679959](https://doi.org/10.1080/07481187.2019.1679959)

To link to this article: <https://doi.org/10.1080/07481187.2019.1679959>



Published online: 25 Oct 2019.



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## “If only ...”: Counterfactual thinking in bereavement

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### ABSTRACT

When grief over the death of a loved one becomes complicated, protracted and circular, ruminative counterfactual thinking in which the bereaved relentlessly but vainly seeks to somehow reverse the tragedy of the loss often plays a contributory role in sustaining the person's suffering. In this article we summarize the growing evidence implicating this cognitive process in interfering with meaning reconstruction following loss, and identify four foci for counterfactual, “if only” cognition, directed at the self, the deceased, relevant others, or the circumstances of the death itself. We then illustrate each with an actual case vignette, along with approaches to resolving, dissolving, mitigating, or redirecting such rumination, and conclude with a general principle of practice for other therapists whose clients struggle with similarly anguished and entrenched counterfactual preoccupations.

Bereavement is a universal human experience to which most individuals adjust successfully without professional help (Bonanno & Diminich, 2013; Currier, Neimeyer, & Berman, 2008). A healthy adjustment to loss is usually characterized by a gradual move from a state of acute grief reactions into a state of integrated grief (Neimeyer, 2019; Shear, Ghesquiere, & Glickman, 2013). Nevertheless, about 10% of bereaved individuals may continue to suffer from persistent acute grief symptoms of clinical relevance that are accompanied by functional impairments, and an unsuccessful struggle to rebuild a meaningful life without the deceased person (Doering, Barke, Friehs, & Eisma, 2018; Lundorff, Holmgren, Zachariae, Farver-Vestergaard, & O'Connor, 2017; Shear, Boelen, & Neimeyer, 2011). In these cases, complications derail the natural mourning process and prolong acute grief, resulting in a mental health condition termed complicated grief (Shear et al., 2013), or prolonged grief disorder (WHO, 2018). Prolonged Grief Disorder is a new mental health disorder included in the *Disorders Specifically associated with Stress* chapter in the ICD-11 (Maercker et al., 2013). This new concise definition of PGD is predated by different terminology (i.e., complicated grief, traumatic grief) and different diagnostic criteria for a disorder of grief (for reviews see Boelen & Smid, 2017; Jordan & Litz, 2014; Killikelly et al., 2019; Killikelly & Maercker, 2017; Wagner & Maercker, 2010).

Typical symptoms include persistent feelings of intense yearning for or preoccupation with the deceased, shock, disbelief, and anger about the death; feeling that it is difficult to care for or trust others; and impairing behaviors to try to avoid reminders of the loss or to feel closer to the deceased (Prigerson et al., 2009; Shear et al., 2011). Moreover, individuals suffering from complicated grief can experience rumination over troubling aspects of the circumstances of the death or its consequences, including over their own reactions (Boelen, van den Bout, & van den Hout, 2003, 2006; Nolen-Hoeksema, McBride, & Larson, 1997; Stroebe et al., 2007). Recent longitudinal research suggests that such rumination intensifies the struggle to find meaning in the loss that accounts for the impact of numerous risk factors on subsequent prolonged grief symptomatology (Milman et al., 2019).

### Grief rumination

Thought processes are assumed to play an important role in the potential transition from ‘normal’ to prolonged grief and its maintenance (Boelen, van den Hout, & van den Bout, 2006). Repetitive thinking about the deceased, the loss and its circumstances and consequences seems inherent to the acute grieving process (Stroebe et al., 2007). Some forms of repetitive thinking, however, such as rumination, have been

associated with poor bereavement outcome, both concurrently and prospectively (Eisma & Stroebe, 2017; Milman et al., 2019; Nolen-Hoeksema, 2001; Watkins & Moulds, 2013).

Morrow and Nolen-Hoeksema (1990) have defined rumination as, “cognitions and behaviors that repetitively focus the... individual’s attention on his or her [depressive] symptoms and the possible causes and consequences of those symptoms” (p. 519). They view rumination as passive and maladaptive in the sense that the person continually focuses on negative emotions and what these emotions mean without getting any closer to finding a solution that lessens these feelings. Rumination models indicate that persistent focusing on cognition and affect related to negative life events, such as death, leads to poorer adaptation to the event and lessened well-being (Michael & Snyder, 2005).

In the context of loss, grief rumination focuses on a wide array of loss related feelings (Eisma et al., 2014). Similarly to rumination after traumatic events (Michael, Halligan, Clark, & Ehlers, 2007; Schwartzberg & Janoff-Bulman, 1991), grief rumination may focus strongly on reconciling the event with previously held beliefs about the meaningfulness or fairness of the world (i.e., thinking about why the event happened and the injustice of the loss), and counterfactual thinking (i.e., thinking about possible courses of action that might have prevented the event’s occurrence) (Doering et al., 2018). As one begins to build a narrative of what happened, unproductive repetitive thought focusing on the negative aspects of the experience is likely to mire the individual in despair and hopelessness, leading to what Neimeyer (2006) termed narrative disorganization, or the inability to integrate this new, discrepant information (“I am a widow/orphan”, etc.) into one’s life story. This claim is supported further by prospective research involving bereaved participants recruited from hospices prior to their loved ones’ death (Nolen-Hoeksema & Larson, 1999; Nolen-Hoeksema, Parker, & Larson, 1994). The researchers found that rumination at 1-month post-loss significantly predicted depressive symptoms at all post-loss assessments over 18 months. Thus, the results support the contention that rumination is a nonproductive mode of thought that disrupts healthy adaptation in the grieving process, as it predicts the inability to make sense of the loss. Other studies also found grief rumination to be potentially more predictive of mental health problems in adjustment to bereavement, than depressive rumination, brooding, and reflection, consistently explaining more variance in post-loss symptoms of depression, posttraumatic stress and complicated grief, both

concurrently and longitudinally (Eisma et al., 2012, 2015; Eisma et al., 2013).

Some theorists have claimed that negative cognitions and avoidance (among which rumination can be counted, see e.g., Nolen-Hoeksema, Wisco, & Lyubomirsky, 2008) play a central role in the development and maintenance of prolonged grief (Boelen et al., 2006; Milman et al., 2019; Shear et al., 2007). Researchers (Meuser & Marwit, 2000; Milman et al., 2019; Robinson & Marwit, 2006) investigated whether different forms of coping mediated the relationship between personality and bereavement outcome, and concluded that the effect of neuroticism on grief was partly mediated by emotion-oriented coping. Nolen-Hoeksema and colleagues (1994) hypothesized and confirmed that the effect of four different risk factors (female gender, additional stress, poor social support and initially severe depressive reactions) on depressive reactions was mediated by rumination.

As meaning reconstruction in response to traumatic loss is theorized to be a central feature of grieving (Neimeyer, 2001a), Currier, Holland and Neimeyer (2006) examined sense-making (i.e., the capacity to construct an understanding of the loss experience) as a possible mediator between violent death and complicated grief symptomatology. They reported that sense-making emerged as an explanatory mechanism for the association between violent loss and complications in grieving. Furthermore, Armour’s (2002, 2003) studies revealed meaning reconstruction as a crucial component of coping with post-homicide experience. Once meaning was established, the survivors reported greater willingness and ability to move forward, physically and emotionally, with life (Stretesky, Shelley, Hogan, & Unnithan, 2010). Moreover, in a longitudinal assessment, Milman et al. (2019) found that rumination moderated meaning-making in the development of PGD symptomatology. It appears that an active search for meaning after loss event is adaptive if it produces a satisfactory answer to that search; however, if one is unable to find meaning in the event, persisting in a search is likely to become ruminative in character: the cognition is intrusive, disruptive, and painful without being productive and is likely to center on how bad it feels to feel this way (Michael & Snyder, 2005).

### Ruminative counterfactual thinking in bereavement

Counterfactual thinking seems to be a common feature of people’s conscious mental landscape (Sanna, Stocker, & Clarke, 2003). The capacity to entertain

counterfactual possibilities emerges early in life and seems to be evident as soon as children have mastered the lexical skills to express subjunctive ideas of “if only” (Beck, Robinson, Carroll, & Apperly, 2006; German & Nichols, 2003; Perner, Sprung, & Steinkogler, 2004). Whereas thinking about what might have been may influence performance and facilitates improvement (Kray et al., 2010), the same thought of undoing is also a common response to unexpected traumatic events, such as loss, that may unleash regrets and self-blame (Miller & Taylor, 1995; Zeelenberg & Pieters, 2007). Such self-blame-engendering counterfactuals may exacerbate negative affect, become a risk factor for depression, and yet bring no benefit in terms of behavior regulation (Lecci, Okun, & Karoly, 1994; Oettingen, Pak, & Schnetter, 2001; Sanna et al., 2003). Thus, mentally trying to undo a loss is associated with heightened distress (Davis, Lehman, Wortman, Silver, & Thompson, 1995).

Indeed, a representative survey of adult Americans found that both counterfactual thinking (conceptualized as regret) and rumination (conceptualized as repetitive thinking) predict different facets of depression and anxiety, and that their interaction (repetitive regret) was highly predictive of general distress (Roese et al., 2009).

### The meaning reconstruction perspective

Like pages abruptly ripped from a book, disrupting its storyline, the loss of a loved one may create a sense of discontinuity and disconnection, sometimes contradicting pivotal elements of the survivor’s self-narrative (Alves, Neimeyer, Batista, & Gonçalves, 2018). Thus, the attempt to reaffirm or reconstruct a world of meaning that has been challenged by the loss is a central process in grieving (Neimeyer, 2001b, 2019). Research shows that success in reaffirming or reconstructing one’s world of meaning in the aftermath of loss is associated with better adaptation to life after the loss, while struggles to make sense of the loss or find constructive life lessons in it portend more complicated and protracted bereavement trajectories (Neimeyer, 2001b, 2006, 2019).

Meaning making entails processes that aim at finding significance in, and making sense of the loss (Neimeyer & Sands, 2011). These processes can lead to changes in situational meanings or in global meanings. Situational meanings are meanings ascribed to the loss event, whereas global meanings are the core schemas through which people interpret their experiences of the world (Janoff-Bulman, 1989). The latter

refer to beliefs encompassing broad domains, such as fairness, justice, luck, control, predictability, coherence, benevolence, and personal vulnerability. Meaning (re)construction is aimed at bringing global and situational meanings into alignment. The reduction of discrepancies between situational and global meanings through processes of meaning (re)construction is expected to lead to better adjustment (Park, 2010).

When losses are substantial, meaning reconstruction involves figuratively “rewriting” the life story of the individual. The bereaved must relearn themselves and the world (Attig, 1996), negotiating these changes both in their personal psychological system and the external social system (Currier & Neimeyer, 2006). This negotiation process is more difficult in cases of traumatic loss, where the grieving individual is often engaged with grief rumination. In these cases, there is commonly a need for therapeutic intervention.

### Meaning making and counterfactual thinking: A therapeutic approach

Viewed in meaning reconstruction terms, psychological adaptation in the wake of loss involves two forms of narrative activity: processing the *event story* of the death and its implications for survivors’ ongoing lives, and accessing the *back story* of the relationship with the deceased to resolve unfinished business and restore a sense of secure attachment (Neimeyer & Thompson, 2014). Although constructivist therapy tends to be technically eclectic, some therapeutic techniques have proven to be particularly helpful and transformative in the lives of clients suffering from bereavement related complications: retelling the narrative of the loss, therapeutic writing, attention to language and metaphor, evocative visualization and articulation of pro-symptom positions that sustain problematic thoughts, feelings and behavior (Neimeyer, Burke, Mackay, & van Dyke Stringer, 2010).

Viewed in a meaning-oriented perspective, by considering what might have been, individuals attempt to construct life stories that are more meaningful (Kray et al., 2010). This connection between counterfactual thought and meaning is driven by at least two psychological processes: a) a search for redemptive life stories (McAdams, 2006) and b) a quest to find benefits in the face of adversity (Affleck & Tennen, 1996; Taylor, Lichtman, & Wood, 1984), which, however, often go awry or become circular, failing to usher in new meaning reconstruction. When this occurs, engaging counterfactual thinking may open up opportunities

for meaning-making conversations concerning such issues as guilt, anger or helplessness. Thus, in therapy, the therapist may help the bereaved carefully examine or experiment with their ruminative counterfactual thoughts, rather than simply dismiss them or be tormented by them. When undertaken successfully, such approaches can help the bereaved to reconstruct their life stories and re-narrate their lives, the deceased's life, and their understanding of the world and other people. Paradoxically, engaging the client's ruminative counterfactual thinking may help the bereaved to acknowledge the existence of other possibilities; if there were other possibilities in the past, perhaps there could be other possibilities now when dealing with the loss.

The general aim of constructivist therapy for bereavement is to alleviate acute grief symptoms, such as ruminative counterfactual thinking, and to help the person to achieve valued goals. Guided by this line of thought, we will introduce four main issues via illustrative cases of ruminative counterfactual thinking in bereavement, as well as ways they were dealt with in constructivist therapy or in in-depth semi-structured research interviews, as during the course of a well-done interview, new insights and meanings can emerge (Mahat-Shamir, Neimeyer, & Pitcho-Prelorntzos, 2019).

#### **Four main issues of ruminative counterfactual thinking in bereavement**

Our clinical and research work with bereaved individuals, especially those who have suffered traumatic losses, led us to acknowledge their engagement with ruminative counterfactual thinking around four main foci: a) *the self* (if only I were different or acted differently); b) *the deceased* (if only he/she were different or acted differently); c) *other people* (if only others were different or acted differently); d) the circumstances of the loss event (if only specific things or the world in general were different).

These thoughts often torment the bereaved and may manifest difficulties in the continuing bond with the deceased. However, we believe ruminative counterfactual thinking, if dealt with effectively, may also be beneficial for the process of meaning reconstruction and especially for benefit finding in the loss. We will now introduce examples from our clinical and research work, for each of the four main foci of ruminative counterfactual thinking in bereavement and of the way these ruminative counterfactual

thoughts were approached for the benefit of meaning reconstruction.

#### **The self**

Devastated by the suicide death of her 19-year-old daughter, Carolyn, Tanya plunged into a deep and complicated grief marked by profound guilt for not having foreseen her daughter's latest crisis against the backdrop of numerous hospitalizations throughout an increasingly stormy adolescence. Why hadn't she picked up the signals of Carolyn's fatal struggle with depression in a distant city? Had she failed her as a mother at the time her daughter needed her most, so that her daughter chose not to call her that fateful night she died, though she had phoned home at so many similar junctures before? What had she missed? Plagued with these ruminative questions and corrosive self-blame, she had functionally withdrawn from two younger children who greatly needed their mother, was unable to continue her work as a nurse, and became distant from her increasingly desperate husband, Steve, who accompanied her to therapy to address his own struggle with the loss as well as that of his wife.

A turning point came in the third session, when the therapist asked both parents' permission to "invite their daughter to join them to reopen a conversation foreclosed by her death," ultimately offering her a symbolic empty chair across from her mother, as her father accepted the role of a silent but compassionate observer on the sidelines whose perspective would be solicited after a much needed dialog between mother and daughter. With the couple's brave but somewhat nervous acceptance of this frame, the therapist encouraged Tanya to close her eyes and visualize Carolyn's presence in the chair opposite her, describing how she would be dressed, seated, and nonverbally engaging her mother for the first time after too many months of silence. As Tanya quickly conjured Carolyn's adolescent nonchalance, the therapist prompted her to ask the anguished but rhetorical questions that kept recycling through her heart—*Why didn't you call me? What did I do wrong that I didn't recognize what was happening? Why, why, why?* As the torrent of self-accusatory questions tumbled out and reached a pausing point, the therapist gestured to the empty chair and asked that Tanya change positions, loan her daughter her voice, and answer them. Without hesitation, Tanya did so, leaning back in a casual teenage posture, saying, "Mom, this is so not about *you*." Speaking for her daughter, Tanya went on

to say that she was no longer “orbiting” her mother, as she had as a child, but instead was in her own universe of relationships that drew her in other directions—and ultimately fatal ones. In less than 10 min of chair work with her daughter (Neimeyer, 2012), Tanya clearly “knew the answers to her questions,” answers that only her daughter could provide. In the weeks that followed Tanya spontaneously reopened the conversation in the shower, the kitchen, her car—whenever the vexing questions came to her—and would clearly “hear the answers” her daughter would provide, but that were unreachable before adopting a dialogical position and voicing her daughter’s persuasive answers. As the conversation was restored on this symbolic level, the counterfactual, “if only” rumination quickly dwindled, and imaginal conversations with Carolyn turned in more affirmative directions, sharing special memories, hearing her daughter’s counsel and encouragement, and her reassurance that she now was in a place beyond turbulence and suffering, experiencing a peace in death that she also wished for her mother in her life.

### **The deceased**

Five years after Ronit was murdered by an immigrant she had helped and with whom she had had a romantic relationship, her mother Alina participated in an in-depth qualitative study of the meanings reconstructed by 12 Israeli mothers who survived their children’s homicide (Mahat-Shamir & Leichtenritt, 2016). At the very beginning of the four and a half hours in-depth semi-structured interview, Alina shared a ruminative counterfactual thought that revolved around her 26-year-old daughters’ actions:

I keep thinking ‘If only my daughter did not help him’... I’m being tormented by that thought... if only she didn’t help him. They met at the hotel they both worked at, he was a cook and one day he was cut. My daughter helped him, treated his wound and they started talking. Since that day, as he was a work immigrant, she continued helping him. Apparently, he fell in love with her and when she wanted to end the relationship, he killed her... I can’t stop thinking what if she didn’t... if only she didn’t help him, he wouldn’t have known her and wouldn’t have murdered her, and she would still be alive.

In some forms of constructivist-oriented psychotherapy, and coherence therapy (Ecker & Hulley, 1996) in particular, the therapist adopts a pro-symptom position and works in a thoroughly experiential manner to bring to light the client’s problem-sustaining premises so that they might be considered consciously rather

than simply enacted unconsciously (Neimeyer et al., 2010). With this theoretical view in mind, considering Alina’s ruminative counterfactual thought as a painful, yet necessary ‘symptom’, the interviewer asked Alina how she understood Ronit’s choice to help the man who eventually murdered her. At first Alina found it hard to reply and just repeated her ruminative counterfactual thought: “*I really don’t know what was it that made her help him. I just know that if she didn’t, she would still be alive*”.

As the interview continued, the interviewer asked Alina if she could tell her more about her daughter: “*Can you please describe your daughter to me, who she was, what kind of a person she was?*”. Alina replied:

She was the most loving person. Always willing to help and to be there for others. Her siblings could always rely on her for help, but not just them, everybody... she had such a good heart! Even now, long after she is gone, people I don’t even know call me and tell me about how she had helped them... this is what I loved the most about her and what I miss the most – her good heart.

As Alina described her daughter, she unwittingly replied to her ruminative counterfactual thought. The interviewer asked her: “*Do you think this is why she helped the person who eventually murdered her? Because of her good heart and her willingness to be there for others in need?*” At first, Alina was struck by the question and did not reply. After sitting in silence for some time, thinking about it, Alina said: “*I never thought about it like that... she was a loving person... she always helped people. I guess this is why she helped him, she was a kind loving person, this is who she was and who I loved...* ”.

As Alina’s ruminative counterfactual thought was exposed and captured during the interview, with no attempt to dispute or counteract it, Alina came to dissolve it in light of other living knowledge about who her daughter was and who she herself loved—knowledge with which her ruminative counterfactual thought was incompatible. Alina stayed in touch with the interviewer to this day. She shared that since the interview the tormenting loop ended, and not only she did not think that Ronit shouldn’t have helped the person who eventually murdered her, but she was proud to tell people about her daughters’ good heart and the way she helped everyone, and that this is what she loved about her.

This example demonstrates how a constructivist view of bereavement can help a suffering individual shift from constantly engaging in the traumatic aspects of the event, to focusing on his/her lost loved one and thereby construct and reconstruct new

meanings to the loss. In this way, Alina's ruminative thought regarding her daughter's kind actions had shifted from a tormenting 'if only' thought, which caused her much sorrow and distress, into a deeply validating and positive understanding of Ronit's kind and loving soul, and provided another way of commemorating and securing a bond with her deceased daughter. This shift did not change the fact or circumstances of Ronit's tragic death, but it did change the meaning Alina constructed regarding her daughter's actions and freed her from the pain knotted in the tormenting ruminative counterfactual thought of 'If only she had acted differently'.

### **Other people**

In the 7 months since the death of her husband, Ted, Mary lived with anger as a nearly constant companion. Though he had suffered a growing pain in his spine for months, Ted was diagnosed with a metastatic bone cancer only a few short weeks before he died, when his chiropractor finally referred him to an allopathic physician who sought specialist consultation when it was already too late. Continually preoccupied with what she saw as the injustice of Ted's dying without an opportunity for anything more than palliative treatment, she ruminatively replayed the course of his medical care, relentlessly and resentfully imagining the difference that she was sure an earlier correct diagnosis would have made. Compounding this, she fumed at an adoptive adult daughter who was legally disputing Tom's will, returning again and again to the counterfactual wish that she and Tom never had adopted her. These two persistent and circular preoccupations and the anger they sustained had begun to poison her relationships with other family and friends who understandably started to distance themselves from her embittered resistance to their attempts persuade her to direct her attention elsewhere.

A pivotal moment in Mary's therapy came in the fifth session, when her therapist slowed the pace of her tirade to invite her simply to close her eyes, breathe deeply and evenly with him for a minute, and, as she grew more quiet, directed her in a soft but resonant voice to observe where and how she held the anger in her body, giving her a moment to identify and signal her perception of this with a silent nod. Asking her to place her attention near but not in this embodied anger, he then asked a simple question: "What would be there... if the anger were not?" Immediately, and for the first time in her therapy and her bereavement, great sobs of grief welled up for

Mary, accompanied by a torrent of tears. In the formulation of Emotion-Focused Therapy (Greenberg, 2011), Mary's ruminative anger had functioned as a secondary emotion, protecting her (at great cost) from her primary grief. Accessing this deeper emotion, Mary was able to acknowledge her great well of sadness and loneliness, and began to join with her therapist to validate it, discern her genuine needs resident in it, and address them more directly at psychological and social levels, memorializing her beloved husband in a blog and repairing the frayed relationships with her biological adult children. Within a few short weeks the previously entrenched anger and the counterfactual thinking that sustained it had retreated to the point that they made only an occasional appearance, even though her relationship with her adoptive daughter remained a source of tension that required ongoing problem solving.

### **The loss event**

As they entered their 70's, Walter and his wife experienced every parent's nightmare—the death of their child, and compounding this, the death of their 8-year-old grandchild as well. Both had been lost on a father-and-son fishing trip on a large lake in a state park, when a freak storm blew in and capsized their small boat, ultimately leaving the empty vessel washed up on the shore when the storm abated. No bodies were recovered until a cruel winter had come and gone, and a renewed search discovered their unrecognizable remains. Accustomed to a high level of control across a successful executive career, Walter raged against no one in particular, but simply against the random environmental and meteorological circumstances that had devastated two generations of his family, and left a third feeling helpless and devoid of meaning in their own later life. If only the weather had remained fair, or if his son had received notification of the storm, or—he realized with a wince—his son had ensured that he and his boy had been wearing life jackets when the boat capsized, which might have saved them both from a tragic death. Mulling over these questions with Walter, the therapist prompted him to look for painful lessons in the loss, lessons that could yield some unsought benefit in the tragedy, if only a benefit that might spare others similar suffering. Almost immediately, Walter drew upon a lifetime of skill in identifying a need, defining a response, and implementing it. What emerged was an ambitious boating safety program for which he lobbied in multiple state legislatures, funded with

donations from manufacturers, and launched in parks across the United States: a life-jacket loaner program, available on every dock and at every boat launch, with prominent signage depicting his son and grandson proudly holding the fish they had caught, under the sobering slogan, “Kids don’t float.” Though it did not eradicate his deep grief, Walter’s 2-year campaign imparted some compensatory meaning to his son and grandson’s death, and freed him from the terrible sense of powerlessness to which his previous counterfactual rumination had consigned him.

## Coda

Although human beings are characteristically resilient in the face of loss and transition, not all attempts at integrating grief and restoring a sense of meaning in our lives are successful. Particularly when grief becomes chronic, and a range of negative emotions such as anger and guilt are unrelenting, clinicians can often detect circular, ruminative attempts at meaning making that play a role in perpetuating a client’s suffering. In this brief paper we have sketched some of the most common of these corrosive counterfactual patterns, and illustrating these with actual cases, have tried to suggest some potential responses that can help clients restore fluidity to their meaning making, and thereby effect emotional and behavioral adaptation in the wake of a loss they cannot deny.

As constructivists, our approach to the challenge of counterfactual rumination is more creative than corrective. That is, we rarely find that desperate attempts to turn back the clock, rewrite the story of the loss, or to blame self, others or circumstances for the death yield to rational disputation or well-intentioned persuasion. Indeed, if these commonsensical strategies were successful, the responses of friends and family would have been enough to loosen the hold of such patterns. Instead, we find it more enlightened and enlightening to delve more deeply into the structure of the client’s own system of meaning to foster dialog in the place of monologue, to connect seemingly unanswerable questions to the living knowledge that can dissolve them, to address experientially the function of feelings generated or sustained by preoccupying patterns of thought, and to seek actionable implications of apparent cognitive dead ends. We hope that our attempt to highlight the clinical utility of this approach will have practical value to other therapists like ourselves, who commonly confront clients at a place of impasse, and seek a path forward toward new meaning in the aftermath of loss.

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