

## **Cognitive Grief Therapy: Constructing a Rational Meaning to Life Following Loss**

Ruth Malkinson

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‘The day the temple was destroyed, the Messiah was born’. This Jewish Talmudic dictum is one of the many classic Jewish sources connecting grief with hope, destruction with rebuilding, death with life. In the same week that Dr. Malkinson’s brother died after a long struggle with illness and she was grieving over his death, she received the first copy of her book, in which two chapters are written together with her colleagues, professors Eli Witztum and Simon Rubin.

The book, an impressive contribution to the theoretical understanding of and clinical interventions with patients facing the task of coming to terms with traumatic loss, is the fruit (in more than one sense) of a long and rich career of working with clients who have to confront issues that therapists would like to avoid as long as possible since they confront us – unavoidably- with our own death..

The book is organized around three main themes:

1. The ‘Continuous Bond with the deceased’ model which, contrary to earlier models (that saw the main challenge as one of letting go and ending relationships) posits that the main task of the surviving patient is to learn how to continue the relationship with the deceased person, albeit in an internalized form.
2. The Two-track model of Bereavement (written with Simon Rubin) which looks at the process of coming to terms with loss through two pairs of lenses or ‘tracks’ : track one- the results of loss as reflected in different aspects of functioning ( like: cognitive, emotional functions, work, social relationships etc.) And track two- aspects of the internalized relationship with the deceased (images, memories, feelings, idealization etc.).
3. Grief-therapy from the perspective of Rational-Emotive-Behavior Therapy (REBT) and cognitive-constructivist approaches.

These three themes return in the three parts of the book:

Part 1: the theoretical foundations of cognitive grief therapy

Part 2: the practice of cognitive grief therapy

Part 3: difficulties and challenges for therapists

In this reviewer’s view, the most creative and original part of the book is the integration of the psychology of loss and grief with a cognitive-behavioral orientation in general and the cognitive psychotherapy model of REBT in particular.

REBT, or Rational Emotive Behavior Therapy, is one of the oldest and earliest (if not the earliest) of the different branches of Cognitive-Behavior Therapy (CBT) that over the past 30 years has become the most important and influential school of psychotherapy in many Western countries, supported by an impressive body of research and clinical evidence. In a nutshell, REBT approaches emotional problems from a perspective that considers emotional difficulties as a function of the interaction between environmental, cognitive and behavioral influences with a central role assigned to cognitive processes. As Albert Ellis, founder of REBT and Malkinson’s

role model used to say ‘if you do not feel right, you do not think right’. By ‘thinking right’ i.e. using constructive and constructivist thinking processes, one can change one’s emotional and behavioral functioning.

‘Nothing is more practical than a good theory’ (Kurt Lewin). The introduction and first four chapters of the book lay the theoretical groundwork for the therapeutic application of cognitive-grief therapy.

The introductory chapter presents the general theoretical background against which we can better understand and grasp the main theoretical issues that are being investigated in depth in the following four chapters. In the introduction Malkinson presents the major conceptual shift in thinking about grief and loss, which took place over the last 100 years, beginning with Freud. From this point of view the main task of the surviving relative is one of going through a sequence of stages or phases to be able to separate and terminate the relationship with the deceased (to accept the loss as final and be able to let go) to a perspective of “continuing bonds” that sees coping with loss as a lifelong developmental process (page 18). “Bereavement involves reorganizing one’s life and worldview without the deceased but with bonds remaining intact and unbroken”. (page 19).

The first chapter, co-authored with Simon Rubin, describes Rubin’s original and well-researched Two-Track Model of Bereavement. It is a model that clarifies the impact of loss on general areas of day to day functioning (e.g. anxiety, work, social relationships, self-esteem) and on the internalized relationship to the deceased (memories, emotional closeness, affect). Rubin’s model offers a useful tool to assess changes in those two areas and points to the importance of the quality of the internalized relationship, which seems to be a function of the pre-existing interpersonal relationship when the deceased was still alive.

In the following three chapters the author lays the theoretical groundwork for the practice of Cognitive Grief Therapy, which is described in the second part of the book. What strikes the reader who is familiar with CBT is that some of the same ideas, principles and techniques that were known as effective and useful in the seventies and eighties of the past centuries are still being applied but- as Malkinson notes- within a different conceptualization. While in the past techniques like exposure, desensitization, guided imagery, were used to help the patient extinguish bonds with the deceased, in the new conceptualization these same methods are used to help the patient reconstruct new meanings around the loss.

For any therapist who wants to apply the ideas of the first, theoretical, part of the book, the second part ‘The Practice of Cognitive Grief Therapy’ describes the outline of the therapy approach. On the basis of meta-analyses of the results of Grief Therapy, Malkinson proposes the Cognitive grief -therapy model as the first choice of treatment in cases ‘ where the circumstances are traumatic, and when grief takes a complex form’. She adds that when the client refers him-or herself to treatment the effectiveness increases (page 101).

Underlying all interventions, described in the book, is the principle that, “the client is an active collaborator in the process of change, and has the choice and ability to change distorted thinking as a way to create order in a world that has been shattered” (page 124). Two chapters on the adaptation of Cognitive Grief Therapy to couples and families conclude the second part of the book. Here Malkinson combines her superb skills as both a CBT therapist and a family therapist to show us how to integrate the two fields. Interspersed between these chapters is an important contribution by Malkinson together with Eli Witztum on the use of letter writing to the deceased as a way of coping with complicated grief, illustrated by a very interesting and moving case study.

The title of the third and last part of the book ‘Difficulties and Challenges for Therapists’ speaks for itself. In number it is the smallest of the three (only eleven pages) but in a way it is the most important one, since – as every therapist knows- on paper, theories and applications sometimes look seductively elegant, clear, logic, applicable. But sitting opposite the client, things look different. Malkinson discusses some of the unhelpful beliefs, not of the clients but of the therapists, and ways to cope with them. She also deals with the cumulative effects of dealing with grief and loss of clients on the therapists themselves. Here is a paradox: to become a specialist in this field you have to see many clients who lost their dear ones. On the other hand becoming a specialist puts the therapist at great risk. That we, as therapists, can now, in this book, enjoy the fruits of Malkinson’s long and rich experience with patients who lost their loved ones, is a tribute to the author’s inner strength, humanity, deep understanding, and above all real care for other human beings who in their pain and suffering form a mirror in which we can, will and must see ourselves as well.

**Joop Meijers**

*Department of Clinical Child Psychology  
Hebrew University  
Jerusalem, Israel*