

LOSS OF THE ASSUMPTIVE WORLD— HOW WE DEAL WITH DEATH AND LOSS*

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ABSTRACT

The assumptive world concept refers to the assumptions or beliefs that ground, secure, stabilize, and orient people. They are our core beliefs. In the face of death and trauma, these beliefs are shattered and disorientation and even panic can enter the lives of those affected. In essence, the security of their beliefs has been aborted. This article will look at the concept of the assumptive world, how attachments are impacted by its violation, and will make suggestions for intervention for those who work to rebuild survivors of loss.

INTRODUCTION

Consider the following situations:

Mark is 14 years old. He lives with his comfortable, middle-class parents and his two brothers, Seth, 15 and David, 13. He has had an uneventful growing up, been successful at school, maintains a 90% average, has had a fairly steady girlfriend for the last two years and is considered a popular guy. He wants to go to law school upon graduation. A few months ago, his brother began complaining about headaches. After having his eyes checked and getting new glasses, when the headaches did not get better, he was referred to a neurologist. Fast forward: Mark's brother was diagnosed with a malignant

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tumor of the brain. Within two months of diagnosis, Seth died. Mark had never experienced death; his brother had been his “favorite person” in the world, his idol. Mark’s depression was crippling.

Barbara (57 years old) and Ruth (48 years old) became a couple late in life. After much soul-searching, struggles with acknowledging their sexual attraction, and making the accommodations to each other that any new couple would have, they moved in together and began their life as a committed couple. For the second year anniversary of their first date, they planned a vacation to the Caribbean. The night before they were to leave, Barbara, who worked as a legal secretary, was asked to postpone her trip by one day due to an emergency situation in the office. She could extend her trip and her boss would cover the additional charges for the airfare and whatever other expenses she incurred. Ruth decided to go, as scheduled, and told Barbara that she would have the day to herself at the resort and be eagerly awaiting her arrival the next evening. Barbara’s flight to the Caribbean was effortless but the small prop plane that had to be taken to the resort was unstable and when a sudden thunderstorm hit, the plane was struck by lightning and disappeared into the sea. All 12 passengers and two crew died. Ruth was beyond devastated.

These two situations have much in common: suddenness of death, loss of a beloved person (object), and profound life disruption because of the loss. Ensuing depression and bereavement followed both losses but the grief period was extended and complex. In addition to the usual bereavement issues with deaths of this type—sudden and fracturing—each of these two people experienced a violation of their assumptive world.

This article will introduce (or perhaps reintroduce) the reader to the concept of the assumptive world as it relates to death, especially traumatic death, and explore ways of working with those who suffer violations in this way. And, it may make each of us examine our assumptive worlds in the process.

THE NATURE OF ATTACHMENTS

Death, in most instances, is perceived by those who grieve as a shattering experience. The use of the word shattering has particular meaning here, as loss often renders incomprehensible many aspects of life. If we have loved someone, the loss of them is excruciatingly painful; if we lose someone with whom we have had a conflicted relationship, the ensuing loss is complicated by ambivalent feelings; if we lose someone with whom we have had angry feelings and the time to repair them has not be granted, then loss can mean relief and guilt. Loss is a part of life and living as is connection and caring. When death occurs, there is usually a complex package of feelings and emotions for the survivor(s).

There are many theorists who have described why there is such pain when there is a death. The work of John Bowlby (1980) stands out as seminal in

understanding the nature of attachment and loss. Bowlby is the chief architect of attachment theory. His formulation is based on work with children struggling with maternal loss and subsequent psychopathology and delinquency (Shaver & Tancredy, 2001). He was the first to unite the notions of attachment and grief. With the conceptual understanding his work ushered in, we are better able to explain the experiences, symptoms, behaviors, pain, and purpose of grief (Bowlby, 1980).

To summarize his work: Bowlby identified that human beings, like many of our primate and mammalian relatives, are born needing attachment, initially in order to survive. Human infants become attached to their caregivers and clearly prefer them, will exhibit fear and wariness toward others, and become distressed when separated from them. When there is an absence of an attachment figure through death, an innate motivational system is activated that compels the individual to search for the deceased and do everything possible to regain that person's proximity and care. When these efforts fail, the bereaved individual experiences profound sorrow and despair. In time, the bereaved individual reorganizes his or her representations of the world in a way that allows him or her to return to normal activities and seek out or renew social relationships (Farley & Shaver, 1999). Attachment theory implies that the loss of an attachment figure will be an important and deeply troubling event, especially if there are levels of emotional dependency involved. Interestingly, adults also show the need for attachment, especially when they are under stress and are disposed to cling to one another (Kastenbaum, 2001; Shaver & Tancredy, 2001). Attachment behavior leads to the development of affectional bonds (attachments) at first between child and parent and later between adult and adult. The attachment behavior is instinctive and it creates a bond which endures. When the attachment bond is endangered by threat of loss, powerful reactions are noted (Bowlby, 1980; Raphael, 1983).

Adult grief, accordingly, reflects our early experiences of separation. The depressive state of a bereaved widow resonates from the infant in her who felt abandoned and vulnerable when separated from those to whom she was attached early in life. So, why is grief work so difficult for many survivors? Bowlby's explanation would be that the goal of attachment behavior is to maintain the security provided by a significant interpersonal relationship (Kastenbaum, 2001) and when that security is aborted, the individual suffers the loss.

Bowlby's work has been expanded by Klass, Silverman, and Nickman (1996), who describe the existence of "continuing bonds." Through their research, they observed that it is common for bereaved individuals to remain connected to the deceased, and that these connections offer solace and comfort, easing the transition from the past to the present. For some, the devastation of loss of the essential attachments described by Bowlby can be mitigated through the creation of these continuing bonds (Farley & Shaver, 1999).

Whether we see loss through the lens of Bowlby or Klass et al., when loss occurs, it hurts and hearkens back to our most primitive need for attachment and love. As infants and young persons, we need to attach and bask in the safety

and security of those connections. As we mature, new and powerful connections are forged, which create a different sense of security. Loss threatens all of it!

THE ASSUMPTIVE WORLD

The assumptive world is an organized schema reflecting all that a person assumes to be true about the world and the self on the basis of previous experiences; it refers to the assumptions, or beliefs, that ground, secure, and orient people, that give a sense of reality, meaning, or purpose to life. As first articulated by Parkes (1988) and built upon by others (Janoff-Bulman, 1992; Kauffman, 2002a), it helps those who deal with traumatic loss, the bereaved and those who work with the bereaved, to understand the intensity and complexity of responses.

“At the core of our internal world, we hold basic views of ourselves and our external world that represent our orientation to the push and pull of the cosmos. Our assumptions . . . are guides for our day-to-day thoughts and behaviors” (Janoff-Bulman, 1992, p. 4). C. M. Parkes (1975) first used the term “assumptive world” to refer to people’s view of reality. It was a “. . . strongly held set of assumptions about the world and the self which is confidently maintained and used as a means of recognizing, planning, and acting. . . . Assumptions such as these are learned and confirmed by the experience of many years” (p. 132). In essence, the assumptive world refers to a conceptual system, developed over time, that provides us with expectations about the world and ourselves.

Janoff-Bulman (1992) identifies three core assumptions that shape our worldview:

- The world is benevolent;
- The world is meaningful;
- The self is worthy (p. 6).

Benevolence of the world refers to the belief that the world is a good place, that the people in it are kind and well intentioned, and that events usually have positive outcomes. The world being meaningful means that things make sense, that there is a cause and effect relationship between events and outcomes. The notion of the self as worthy means that we perceive ourselves as good, capable, and moral individuals. In essence, our assumptive world leads us to believe we are good people who live in a benevolent world where things make sense, more or less.

In the event of trauma—violent tragedy and death—each of these assumptions is challenged and the loss of the assumptive world can occur (Kaufmann, 2002b). Those assumptions which have kept us steady and have given coherence to our lives are soon discovered to be illusions and an abrupt, terrifying disillusionment occurs (Fleming & Robinson, 2001).

When the assumptive world is shattered through loss, the guidelines with which the self navigates the world are overturned. The world is no longer a safe, benevolent place, peopled with good caring individuals who have a modicum of control and impact over what happens to them. “Traumatic loss *overwhelms* and floods the self with negative assumptions deviant from the protective norm of the good. . . . The terror that shatters the assumptive world is a violent deprivation of safety. . . . What is lost in the traumatic loss of the assumptive world? All is lost. Hope is lost . . .” (Kauffman, 2002b, p. 206). For the bereft, there are no answers, safety, logic, clarity, power, or control. There is a low level of panic as the self is in danger. Healing from this type of loss may be especially painful and more protracted, as new assumptions have to be created in the worldview of the griever. Depending on the depth and nature of the attachments we have formed in our lives (Bowlby, 1980), the violations of the assumptive world can be even more wrenching.

BACK TO MARK AND RUTH

Mark was 14 years old when his brother died. As an early adolescent, he was being pulled by all the developmental and social struggles of his age. Erikson (1950) notes that this period of life is marked by efforts toward adult behavior and norms while still having one foot in childhood. Peers and group identity are pressing issues for the age; puberty brings with it hormonal and psychological changes to which the adolescent must adhere. During adolescence, the loss of a profound relationship may interfere in what seems to be the natural progression of the intellectual-emotional-psychological growing up. Changes that are expected may be averted, avoided, or may not even take place. Kastenbaum (2001) astutely observes that it is in adolescence that we glimpse for the first time what we and the world might be. The life and death questions we raise in adolescence create a sense of vulnerability that we spend most of our adult years trying to conceal and forget. Death in the life of a 14 year old is potentially shattering.

In addition, “the sibling relationship is unique among human relationships . . . the death of a sibling marks an end to what is expected to be one of the longest and sometimes most intimate relationship of a lifetime” (Robinson & Mahon, 1997, p. 477). As sibling death takes place within the context of the family, there is always the potential for sibling rivalry and competition for parental attention and affection (Rando, 1988). The family context speaks to a shared past, and while the siblings may disagree about the perceptions of the past, the sibling was there and is able to recall incidents and events in ways that are shared. When a sibling dies, part of the family history dies, as does part of the family (Beder, 2004). Also, peer relationships tend to be strained when there is a death; Davies (1991) found that young adult surviving siblings felt somewhat

estranged from their peers and perceived as trivial some of their activities and interests.

But, of equal or greater concern is being able to understand the grief journey of the adolescent is the impact on their worldview and the need for the youngster to reinterpret the ways in which the world works. For the teen, the emerging adult, logical and sensible explanations for the ways the world operates have been developed over time, and an unexpected death potentially overturns these beliefs. The assumptive world is not only vulnerable but shaken and the bereaved young adult must struggle to make sense of the world and answer some of the existential questions that emerge around death: why did this happen, what kind of world is this that such things can occur, why me? Restoration of an assumptive world may be a long and painful process.

Mark was immersed in the above described struggle. In counseling sessions, initiated by his mother, Mark lamented his loss. His depression and anger toward the injustices of the world and his personal loss were intense. His self-esteem had been shattered as he no longer cared about most anything. For Mark, the world was an ugly place, marked by random acts of cruelty that had no rhyme or reason. The violations to his assumptive world were complete.

Ruth had three intertwining aspects of her bereavement—the sexual identity of the deceased and herself, the impact of sudden, traumatic death, and the violation of her assumptive world. Homosexual death and dying is laden with layers of societal attitude from full acceptance of the relationship to outright disdain. Concealing homosexual identity when there is a death creates a situation of disenfranchised grief. This is grief that a person experiences which is not or cannot be openly acknowledged, publicly mourned, and/or socially supported (Doka, 1989). This means that the grief has to be disowned or hidden. When death and grief are disenfranchised, mourning becomes complicated and prolonged. Surely, this was at play for Ruth as she was not “out” at work or to most family members.

Sudden, traumatic death also raises the potential for complicated mourning (Rando, 1993). For many, the loss and shock is so profound that the survivor is not able to incorporate the death or begin processing it. But, as with Mark, Ruth suffered a severe alteration in her assumptive world, one that caused her great depression and despair. She was “ordered” to counseling by her employer after weeks of staying home for reasons that they did not understand (her life with Barbara was hidden from those at work). For Ruth to reiterate Kauffman’s (2002b) comments, “Traumatic loss overwhelms and floods the self with negative assumptions deviant from the norm of the good. . . . The terror that shatters the assumptive world is a violent deprivation of safety. . . . What is lost in the traumatic loss of the assumptive world? All is lost. Hope is lost” (p. 206). This was a most accurate description of Ruth—she was in despair, unable to see any light, unable to understand why such tragedy had occurred in her life, angry, and lost.

APPROACHES TO INTERVENTION IN ASSUMPTIVE WORLD VIOLATION

The loss of a significant other causes a broad range of grief reactions which most people experience and which do not provoke a pathological or complicated mourning response. Rando (1993) defines complicated mourning as a generic term indicating that, given the amount of time since the death, there is some compromise, distortion, or failure of one or more of the “R” processes of mourning. The “R” processes or phases of mourning are recognition of the loss, reaction to the separation, recollection of the deceased and the relationship, relinquishing old attachments, readjusting to a new world without the deceased, and reinvestment in new relationships. Most people are able to cope with their reactions and work through their emotions, ultimately making the adaptation(s) to their loss. Some, however, find that they have trouble resolving their feelings of anger and sadness and are not able to reenter life (Worden, 2002). For those who may be experiencing a protracted mourning, grief counseling is recommended.

Within the counseling relationship, the goal of grief counseling is to help the survivor complete any unfinished business and be able to relinquish the ties that have been part of their life. The most frequent approach to reach this goal has been through the blending of cognitive and intrapsychic approaches. As described by Rando (1984), there are three main tasks of the work: decathexis, development of a new relationship with the deceased, and formation of a new identity. Decathexis involves letting go of the introjected image of the deceased. It is the letting go that is usually so painful for the bereaved. The development of a new relationship with the deceased asks the mourner to remember the deceased as one who has lived and died; the mourner must decide which parts of the relationship should be retained and which are let go of forever. Formation of a new identity happens when the mourner comes to the realization that the major loss of the loved object has changed him/her permanently, that the I, now is not part of a we. This is a shortened description of a rather complex and perhaps, extended process.

There are those who dispute the view that a cognitive approach adequately addresses the needs of those who grieve with the overlay of a violated assumptive world. Attig (2002) argues that much more rebuilding of the subjective world needs to take place for adequate repair to be achieved. Because the assumptive world is an accumulation of experiences and interactions upon which we build our assumptions about life, because many of these relationships harken to our earliest years and memories, it goes beyond rethinking our goals and finding alternate means to achieve them. Attig suggests that: “Relearning the world or coming to terms with the loss of our assumptive world is primarily about learning new ways of acting and being in the world. It is a matter of coming to know how to go on in the world where so much of what we have taken for granted in the emotional,

psychological, social, soulful, and spiritual dimensions of our lives is no longer supportable or practicable” (p. 64).

HOW TO HELP WITH THE RELEARNING

Some of what is urged in the helping is basic: our response is to offer comfort and consolation (Raphael, 1982), validation and confirmation of the pain, allow for the venting of anger and guilt, and work toward acceptance of the loss (Beder, 2004).

In the aftermath of traumatic assumptive violation, there remains the arduous task of reconstructing an assumptive world, a world that requires creating a delicate balance between confronting and avoiding trauma related thoughts, feelings, and images. As pre-existing assumptions are no longer viable in describing the world and functioning within it, and new assumptions, based on the loss or trauma, are usually negative, the work involves a reworking and rebuilding of aspects of the prior world. It is the meaning of the traumatic event, for the survivor, that determines which assumptions are affected and how the event is understood.

Corr (2002) notes that “. . . helping individuals who are coping with challenges to assumptive worlds may range from simple befriending—which offers the presence of a caring person who accepts and values the bereaved person, practical assistance, useful information, and/or human companionship—through various forms of professional intervention . . .” (p. 137). The underlying strategy is that there is the recognition of the challenges the bereaved person has encountered and is struggling with. In essence, it means looking beyond the actuality of the loss to another level of loss, one that transcends the literal impact of the missing person and the loss of their part in the life of the survivor. Viewed in this way, the fundamental rearrangement or redefinition of the assumptive world may be seen as adaptive and more reality-based for that person.

This new worldview has been imposed upon the survivor by circumstance and the adaptive quality of each individual is sorely tested under these circumstances. Can one overcome the inexorable pull toward the cynical and dark aspects of life and be able to engage fully in a transformed world? Janoff-Bulman (1992) eloquently describes the new world psychological world of the survivor commenting that:

The new inner worlds of the “recovered” now reflect an acknowledgment of mis-fortune, an awareness of vulnerability. These survivors know that their prior assumptions were naïve, that tragedy can strike and no one is invulnerable. . . . These survivors recognize the possibility of tragedy, but do not allow it to pervade their self and worldviews. . . . Survivors can remember the traumatic event (loss) but not constantly. Over time, they manage to minimize the extent to which the traumatic experience (their loss) defines the fundamental assumptions. . . . The balance what they know can happen with more benign views of themselves and the world (p. 174).

Over time, with the help of personally meaningful cognitive reappraisals and genuine support from close, caring others, most are able to rebuild their world. They can move on with their lives, which no longer seem to be wholly defined by their victimization. Victims become survivors. The bereaved become whole unto themselves. They have recovered (Janoff-Bulman, 1992).

A WORD ABOUT HOPE

Hope can be defined as the expectation of good in the future (Zilberfin & Hurwitz, 2003). In the midst of the darkest times, we tend to lose hope and anticipate that the darkness of the moment will become the only reality. For those who suffer from assumptive world violation, hope may be in short supply. While those who work with survivors want to instill hope and help the survivor create a safe assumptive world, there is the caution of rushing the process. A survivor has to rebuild, perhaps in fits and starts, and arrive at their own new personal definitions. Hope may be the last aspect of the newly reconfigured assumptive world. As in most helping encounters, timing, presence, and support are crucial.

FINAL WORDS ABOUT MARK AND BARBARA

Mark entered grief counseling in a seriously compromised state. His world was shattered, his belief structures were shot and he was angry. There were many months of retelling of the few weeks before his brother's death, scenes were replayed from the hospital where he died, funeral rituals were relived, and the angst of that period were retold and retold. The rebuilding was slow and involved reaching toward his family to help him realize that all had not been lost when Seth died. One of the hardest things for Mark to reconcile was the arbitrariness of what had happened. He wailed that there were terrible people in the world that deserved to die but Seth didn't. His fundamental sense of the injustice of it all was palpable. In working with him, impotence had to be acknowledged and ultimately accepted—the impotence of not being able to control some of the events of our lives. Mark's sense of safety had to be revised and strengthened. His belief in himself, as a worthy person with the requisite self-esteem to negotiate his world, was the last to be restored. Mark is still working on that.

Ruth required much support to be able to make sense of her loss. What complicated her experience was the hidden nature of her relationship with Barbara. Ruth first had to be encouraged to come out to her family so that they could be engaged, at some level, in her recovery. This was accomplished through a family meeting between Ruth, her mother, and sister. Ruth, in order to address her feelings of being disenfranchised in her grief, was encouraged to create a memorial service to honor Ruth and to have the service at her graveside. Ruth, in addressing her assumptive world violations, had to begin to relearn new ways of acting and being in the world. Often, the counselor has to adopt a teaching role,

teaching basic interpretations of life events. As with other aspects of bereavement, the reiteration and retelling of the loss is essential, as it is through the speaking of an event, such as the plane crash that killed Barbara, that survivors can revise it in ways that make it more tolerable. They can impose some order on the event (Janoff-Bulman, 1992) as they struggle to understand their loss. Ruth needed to be put on anti-depressant medication for six months after Barbara died. It helped her to get through each day but it was only support, retelling and affirming of her pain that moved her toward recovery. The reconstruction of her assumptive world is still a “work in progress.”

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