

Beyond Decathexis: Towards a New Psychoanalytic Understanding and Treatment of Mourning.

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This paper is a contribution to the sea change that is occurring in our culture's view of bereavement and mourning. Across disciplines, clinicians and researchers are questioning many of the assumptions that have influenced our conceptualizations about mourning over the past 80 years. Given that psychoanalysis has played a central role in the development of modern mourning theory (Rando, 1993; Parkes, 1981; Jacobs, 1993), a review of the current status of analytic thinking in this area is called for. This paper examines recent developments in the psychoanalytic theory and treatment of bereavement, mourning and grief. I will show how some contemporary analysts have proposed changes in the psychoanalytic model of mourning, which echo many of the points made by other disciplines. I will begin with a brief overview of the standard psychoanalytic model of mourning, which was based primarily on Freud's early metapsychological theories, and more specifically, on his paper *Mourning, and Melancholia* of 1915. Following this, I will discuss a number of recent critiques of the standard model as well as some proposals for its revision. These critiques target the asocial, intrapsychic nature of the standard model and its failure to address the full complexity of mourning reactions. I will then suggest an outline of a new psychoanalytic model of mourning that appears to be emerging from the current debate. In closing, I will discuss a case report that illustrates the implications of the new model of mourning for clinical practice.

Literature Review

This section will examine the major writings that have contributed significantly to what has been referred to as the standard psychoanalytic model of mourning. (Hagman, 1995) Firstly I do not believe that the analytic mourning literature is homogenous and without valuable deviations from the norm. However, what seems to be the case is that there has been a model that has dominated psychoanalytic thinking and practice since Freud originally outlined the basic components of his mourning theory in 1915. We will be concerned with the origin and development of that standard model.

Freud's writings about mourning are few in number, as well as extremely brief, which is surprising when one considers the importance of the subject. They consist of several scattered references most of which are notes included in papers devoted to other subjects. Freud's most sustained discussion of mourning was in his 1915 paper *Mourning and Melancholia*. It was there that Freud first delineated the framework of what would become the standard model of mourning. However, that is not to say that Freud's intended to promulgate a standard model. Erna Furman (1974) argued that Freud's purpose might have been only to set up a model situation to explore the dynamics of narcissism and melancholia. Furman claimed that it was misleading to assume that Freud intended to portray 'actual mourning processes in their full clinical complexity.' (Pp. 241–242) Nonetheless, analysts after Freud would grant truth status to Freud's speculations on mourning. Hence, the following quote became one of Freud's best-known and most influential writings:

Now in what consists the work which mourning performs? The testing of reality, having shown that the loved object no longer exists, requires forthwith that the libido shall be withdrawn from its attachment to the object. Against this demand a struggle of course arises – it may be universally observed that man never willingly abandons a libido-position, not even when a substitute is already beckoning to him...The normal outcome is that deference for reality gains the day, Nevertheless its behest cannot be at once obeyed. The task is carried through bit by bit, under great expense of time and cathectic energy, while all the time the existence of the lost object is continued in the mind. Each single one of the memories and hopes which bound the libido to the object is brought up and hyper-cathected, and the detachment of the libido from it is accomplished...When the work of mourning is completed the ego becomes free and uninhibited again. (Freud, 1917, pp. 244 – 5)

In this passage Freud describes a normal, even universal, intrapsychic process the main function of which is the incremental divestment of libido (decathexis) from memories of the lost object. It is by means of this painful process that psychological equilibrium is restored and motivation to love is renewed. With the successful completion of the work of mourning all ties to the lost object are relinquished and pre-morbid functioning restored.

In later writings, Freud continued to view mourning in terms of the economy of psychic energy. For example in his monograph *Inhibitions, Symptoms, and Anxiety* of 1926, he reconsidered an as yet unexplained characteristic of mourning – its extreme painfulness. His answer was basically a matter of hydraulics. He asserted that separation

should be painful in view of ‘the high and unsatisfiable cathexis of longing which is concentrated on the object by the bereaved person during reproduction of the situations in which he must undo the ties that bind him.’ (Freud, 1926, p. 172) In other words, energy (libido) which had been discharged through interactions with an object cannot be released because the object is gone. This energy still pressing for satisfaction builds up in the mind, resulting in emotional pain. Recovery, according to this view, follows the redirection of libido from the memory of the lost person to available survivors with whom discharge can occur (recathexis), thereby removing the cause of the pain and renewing opportunities for pleasure in life.

A later addition to the developing standard model was the role of identification with the lost object. Although not discussed in his 1915 paper, Freud made significant, but once again brief, comments in later works which would influence the writings of major psychoanalytic thinkers such as Karl Abraham and others (Fenichel, 1945; Klein, 1940). For example in *The Ego and the Id* (1923) Freud stated: ‘It may be that this identification is the sole condition under which the Id can give up its objects.’ Abraham would develop this idea further commenting that the bereaved person effects ‘a temporary introjection of the loved person. Its main purpose is to preserve the person’s relation with the lost object.’ (Abraham, 1927, p. 435) This notion of identification following object loss would become a central component of object relations theory and the typology of ego defenses. However, despite its importance, identification with the lost object would play only a peripheral role in the developing standard model. Analysts continued to emphasize decathexis over continuity while identification was viewed as at best an indication of unresolved mourning, or at worst, a symptom of depression. (Gaines, 1997)

Regarding the affective component of mourning, Helene Deutsch (1937) wrote a short paper that has had an enduring impact. Titled *Absence of Grief*, the paper argued that the absence of the expression of the affect of grief was indicative and/or predictive of psychopathological mourning. Deutsch stated:

Every unresolved grief is given expression in some form or other...the process of mourning, as a reaction to the real loss of a loved person must be carried out to completion. As long as the early libidinal or aggressive attachment persists, the painful affect continued to flourish, and vice versa, the attachments are unresolved as long as the affective process of mourning has not been accomplished (pp. 234 – 5).

Influenced by Deutsch's paper, analysts and non-analyst alike have come to view the expression of grief as an essential component of successful mourning. In fact the absence of grief-expression in a bereaved person became for many the diagnostic hallmark of pathological mourning; and to this day, in order to be considered normal from the point of view of mourning theory bereaved persons must endure the additional stress of *having* to express sadness and grief. Many popular forms of bereavement counseling, influenced by analytic thinking (Volkan, 1981), prescribe that the therapist challenge bereaved patients 'resistance' to mourning, compelling them to express sadness, in the belief that the abreaction of suppressed affect is at the core of successful treatment.

In 1961, there was another important addition to the standard model, the idea that the mourning process, by then accepted as an indubitable reality, was biologically based

process characterized by specific, identifiable stages (Bowlby, 1961; Pollock, 1961; Parkes, 1981; Volkan, 1981). For years, the central concern of bereavement theorists became the identification of the nature and quantity of these stages. Once again this idea was enormously influential. With the advent of Kubler Ross' work on death and dying the idea that mourning unfolded in predetermined phases became accepted as nothing short of the truth. No one seemed to raise a dissenting voice as the stage model began to dominate the western cultural perspective on bereavement.

The best summary of the standard psychoanalytic model of mourning as it's held to today, can be found in the most recent edition of *Psychoanalytic Terms and Concepts* (1991), the standard reference of the American Psychoanalytic Association. It is interesting to see how little has changed since Freud's original discussion in 1915. The following quote covers most of the major components:

Mourning is ...the mental process by which man's psychic equilibrium is restored following the loss of a meaningful love object...it is a normal process to any significant loss. The predominant mood of mourning is painful and is usually accompanied by loss of interest in the outside world, preoccupation with memories of the lost object, and diminished capacity to make new emotional investments, Uncomplicated mourning is not pathological and does not require treatment. With time the individual adapts to the loss and renews his or her capacity for pleasure in relationships.

Although reality testing is preserved and confirms that the loved object no longer exists, in the internal process of mourning the aggrieved person initially is unable to withdraw attachment from the lost object. Instead the mourner turns away from reality,

through denial, and clings to the mental representation of the lost object. Thus the object loss is turned into an ego loss. Through the stages of the mourning process, this ego loss is gradually healed and psychic equilibrium is restored. The work of mourning includes three successive, interrelated phases; the success of each affecting the next: 1) understanding, accepting and coping with the loss and its circumstances, 2) the mourning proper, which involves withdrawal of attachment to and identification with the lost object (decathexis); and 3) resumption of emotional life in harmony with one's level of maturity, which frequently involves establishing new relationships (recathexis). (Moore & Fine, 1991, p.122)

Components of the Standard Model

There are a number of component assumptions that comprise the standard model, which I would like to identify and discuss. These assumptions have been tremendously influential in psychoanalytic circles as well as modern western perspectives on grief more generally. In fact several of these assumptions may appear so familiar and basic to us that they are beyond question. Therefore to contrast new developments in psychoanalytic mourning theory we will start with a discussion of the essential components of the traditional model of mourning.

- 1. There is an identifiable, normal psychological mourning process:** Before Freud bereavement was understood as a commonplace experience, viewed primarily in social/behavioral rather than psychological terms. Freud was the first to articulate a perspective on mourning as a private, interior psychological process having specific

characteristics and dynamics. This is perhaps Freud's most significant contribution to bereavement studies: the intrapsychic process model of mourning.

- 2. The function of mourning is a conservative and restorative one, rather than transformative:** Rather than leading towards change, the psychoanalytic model is a conservative process. Restoration of psychic equilibrium and the return to premorbid conditions are the goals of mourning. The notion of mourning as a creative and transformative process has been articulated by psychoanalyst George Pollock (1989), but without having had a major impact on the standard model.
- 3. Mourning is a private, intrapsychic process, rather than social and relational:** The model of the mind, upon which the standard model was based, was of a closed psychological system with its own inherent tendencies towards organization and conflict. Freud's model was constructed to explain the economics of energy distribution within the mind. Some analysts have argued that the mourning process is part of the mind's biologically grounded adaptive responses, having developed over time to insure optimal survivability in the face of inevitable separations and losses (Pollock, 1989). This view of the mind as isolated and intra-psychic did not allow for the role of relationships and social factors in mourning (Hagman, 1996a). Even those recent authors who have given some consideration to social factors have viewed the environment as only supporting the private, individual work of mourning (Slochower, 1996).
- 4. The affect of grief arises spontaneously from within the individual, and denial or suppression of grief leads to pathological states:** In classical psychoanalysis, affects were viewed as derivatives of the drives, possessing a powerful motivational role. Thus they were seen as arising from the depths of the person's unconscious, the most

private and primitive part of the mind. As noted above, Helene Deutsch was the clearest proponent of this viewpoint (Deutsch, 1937). To Deutsch, grief was an internally arising force, which was undeniable, and the suppression of grief would lead to psychological illness. Thus in the standard model grief has no communicative or relational function. Grief in the standard model is primarily a physical aspect of mourning, closer to a bodily function than to thought or language.

5. **Mourning has normal, standardized characteristics, rather than being unique and personal:** Freud's speculations lead almost ineluctably to the normalization of mourning in the stage models of Bowlby and Pollock. From that point on mourning became increasingly regimented and standardized. Despite attempts by many stage-model theorists to argue for a flexible application of the model, in practice the more personal idiosyncratic reactions to loss became de-emphasized. According to the standard model health and normalcy are determined by successful progression through a specific sequence of stages within which the bereaved person was expected to complete certain tasks. Some recent authors (Neimeyer, 1999; Foote & Frank, 1999; Walter, 1994) have argued that these expectations have been granted an almost dogmatic status as the personal and different is viewed as resistance and/or pathology.

6. **Mourning is painful and sad, rather than involving a range of affects:** The standard model, following Freud, limits the consideration of affect to painful grieving and despondency. This has also led to the expectation that the expression of pain and grief is indicative of successful mourning. Other affects such as humor, pleasure, even joy are viewed as aberrations and/or resistances to normal mourning.

7. **The central task of mourning is detachment (decathexis), rather than continuity:**

This is perhaps the central component of the standard model. The primary function of mourning is to relinquish one's attachment to the dead person. Even those who included identification as a component of the standard model saw identification as a strategy to give up the object, rather than maintain continuity in a meaningful, vital sense. Given this a continuing passionate attachment to the dead is almost invariably viewed as pathological. To experience the dead as a living presence, with which one maintains a dialogue, would be viewed as maladaptive from the perspective of the standard model.

- 8. The vicissitudes of psychic energy is the basis of the standard psychoanalytic model; the meanings associated with the loss are not emphasized:** The standard model stresses accommodation and the internal vicissitudes of psychic energy. The meanings of the mourning process are only important to the extent, to which they assist or impede the work of mourning, but the notion of meaning does not in and of itself have a motivating function in the standard model.
- 9. The normal mourning process leads to a point of full resolution, rather than being open and evolving:** Following Freud, the standard model postulates that normal mourning leads to resolution, after all there must be a point at which all energy is withdrawn and reinvested. The attachment to the dead is given up; painful mourning remits and the bereaved person joyfully and productively invests themselves in new relationships. In addition, since normal mourning is viewed as having a typical and time-limited course, there is the additional expectation that the resolution of mourning occur within a certain time frame. For years this was reflected in the DSM criteria which indicated duration of mourning as diagnostic. Those persons who continue to be sad, or who continue to maintain a sense of relatedness to

the dead, are viewed as suffering from unresolved mourning, or worse, pathologic grief.

Critiques of the Standard Model:

Creating a New Psychoanalytic Mourning Theory

Contemporary psychoanalysts, particularly those whose theory base is Object Relations, Self Psychology and Relational Psychoanalysis, have largely abandoned Freud's psychological model of instinctual energy and isolated, closed system mental functioning. There has been a growing acceptance that psychological life is fundamentally motivated towards and embedded in relationships and relationally based meaning (Mitchell, 1993). Analysts, once empiricists studying the universal principles of psychodynamics, now view themselves as interpreters (perhaps even co-authors) of complex and ambiguous organizations of meaning and personal narratives. This realization that psychological life is neither so private, nor so predictable, has led to a reconsideration of many long held beliefs (Stolorow & Atwood, 1992). Recently in keeping with this "paradigm shift", a number of psychoanalytic writers have begun to question the standard model of mourning and some of its characteristics sighted above (Shane & Shane, 1990; Shelby, 1993, 1994; Hagman, 1994, 1995, 1996; Kaplan, 1995; Shapiro, 1996; Gaines, 1997). In the following review I will structure the discussion thematically roughly following the components of the standard model discussed in the last section:

1. Freud's original depiction of mourning was not valid as a general model: The

source of Freud's model of mourning, as delineated in *Mourning and Melancholia*, is unclear. Rhetorically, Freud delineated the "normal" mourning process as a baseline for his discussion of the psychodynamics of melancholia. However, the emphatic quality of his writing is striking. The mourning process is "universally observed." There is a clear and unquestioning presentation of the work of mourning. Freud seems to believe that the description offered is proven and obvious. However, prior to the publication of *Mourning and Melancholia* there had never been a systematic study of mourning and few if any serious writing on the subject had been done. Mourning had not as yet become an object of medical or psychiatric study - this would not happen for another 30 years. Hence, it remains unclear on what empirical basis Freud founded his model of mourning.

Furman's argument mentioned earlier, that Freud was not making an empirical assertion, seems weak when one considers the assertive language and tone of Freud's essay. This is how people mourn, he is obviously claiming.

In *Mourning: A Review and Reconsideration* (Hagman, 1995), Hagman argues that Freud's model of mourning was based on views of mourning which were prevalent in western society during his lifetime. Specifically that mourning is a state that is distinct and exceptional; that the bereaved is withdrawn and preoccupied with the lost person; that grief is extremely painful and that despondency is characteristic. He sights the historical analysis of Aries (1974 & 1981) and Schorr (1993), who both discuss the ostentatious and extreme behaviors of mourners during the 19th century in Europe. Aries calls this reaction, "hysterical mourning" and Scorr refers to the "deep mourning" characterized by ostentatious displays of prolonged grief. Hagman claims that it appears that Freud's model, which became the basis for contemporary psychoanalytic mourning

theory and has influenced virtually all other models as well as general social attitudes, may have been descriptive of a new type of dramatic and passionate mourning that developed in nineteenth-century Europe, thus limiting its usefulness as a general model of human bereavement. (The psychoanalyst Charles Brenner (1972) believed that Freud drew the wrong conclusion from his observations and mistook defensive reactions for normal mourning.)

2. A model of isolated mourning does not recognize the important role of others in

mourning: The standard model of mourning was developed within a theoretical paradigm that is currently under revision. The notion that the mind is a private, closed system that primarily functions to regulate its own inner world of energies and defenses is essentially defunct. Modern psychoanalysis has recognized that human psychological life is profoundly relational. In addition, interest in the importance of meaningful self-experience within the context of relatedness to others has been driving psychoanalytic thinking towards how our psychological life is socially embedded. A central feature of virtually all of the recent critiques of the standard model is the intrapsychic focus does not convey the role of other people and the social milieu in facilitating or impeding recovery from bereavement (Shane & Shane, 1990; Hagman, 1996a; Shelby, 1994).

3. We must look beyond de cathexis and relinquishment to the central goal of

continuity in mourning: In his paper *Detachment and Continuity: the Two Tasks of Mourning*, Robert Gaines (1997) stated: “Emphasis on the need to detach from the lost object has obscured another aspect of the work of mourning, which is to repair the disruption to the inner self-other relationship caused by the actual loss... This is the task I

call “creating continuity”. (p.549) Several of the new mourning theorists echo Gaines’ critique. Hagman (1995b), Kaplan (1995), Shapiro (1996) each argued that the emphasis on relinquishment has so dominated the psychoanalytic perspective that normal processes of preservation and continuity have been neglected if not pathologized. Shapiro stated: ‘Grief is resolved through the creation of a loving, growing relationship with the dead that recognizes the new psychological or spiritual (rather than corporeal) dimensions of the relationship.’ (p. 552) A fundamental argument of the new psychoanalytic model of mourning is the need to preserve attachment to the lost person, and the importance of securing a sense of meaningful relationship, which transcends loss. Anton Kris (1992) pointed out that the painful process of alternation between wishing to hold onto the lost relationship and wishing to live on in the present and into the future cannot be resolved by choosing one or the other. Kaplan (1995) described the importance of the continuing dialogue with the dead. Gaines (1997) stressed the work of “creating continuity”. Shapiro (1994) underscored the social factors in preserving the object tie, and Hagman (1995a & 1995b) emphasized the transformation and internal restructuralization of the attachment to the deceased. More recently, Gilbert Rose (1999) stressed the importance of acknowledgement of loss in the context of continuity.

4. The psychic energy model is too concrete: meaning and dialogue are at the heart

of mourning: Robert Stolorow and his associates in their recent work have made powerful arguments against the classical psychoanalytic model of the “isolated mind.” A central part of their critique is the notion that our standard metapsychology concretizes subjectivity, as if human experience could be reduced to things, which can then be described and studied. The standard model of mourning is such a concretization and to

that extent it reduces meaningful human experience to a mechanistic process. The new psychoanalytic mourning theory stresses the view of mourning as a crisis of meaning. In his paper *Death of A Selfobject: Towards A Self Psychology of Mourning* (1995), Hagman describes how ‘the network of cognitive-affective schemata (self-organizing fantasies) sustained by and within the selfobject tie is traumatized, broken down, reworked and gradually transformed to maintain the integrity of self-experience and restore self-cohesion and vitality.’ (p. 194) Kaplan approaches the problem more interpersonally, she stated: “The human experience of loss is about our ongoing and everlasting dialogue with the dead.” (p. 16) Mourning dialogue is the means by which human beings maintain the vital meaning of the lost relationship in psychological and social life. The new model views mourning as most importantly a crisis of meaning both on an intra-psychic level through the transformation of psychological structure and through dialogically, the maintenance of meaningful human connections in reality and fantasy.

5. The classical view of pathological mourning does not capture the positive function of the attempt to preserve meaning in the face of disruption: The conceptualizations of pathological mourning associated with the standard model take several forms. Freud emphasized conflicts in the drives, specifically the vicissitudes of aggressive feelings toward the lost person and the redirection of aggression inwardly. Deutsch emphasized the denial of affect. Pollock and Bowlby sought to identify the specific phase of mourning in which the bereaved found themselves fixated. The most common way of viewing pathology, given the predominance of the process (stage) model has been the notion of an inhibited or derailed mourning process. Refusal to give oneself over to the inevitable mourning process has been viewed as the single biggest cause of pathological

bereavements. Recently some have questioned this perspective which they see as inaccurate and perhaps harmful. With the growing recognition that mourning is intersubjective, meaningful and concerned with continuity of the tie with the deceased, our assessments of pathologic mourning must now consider, among many factors, the following: 1) whether there has been a failure of the social surround to assist with mourning, 2) how is the patient attempting to maintain meaningful life-experience in the face of loss, and 3) how is the patient attempting to hold onto the tie to the deceased, thus preserving a threatened relationship.

6. The standard models perspective on grief as private does not capture the complexity and fundamentally communicative function of grief affects: Freudian psychological theory held that affects, such as grief, could be explained as arising from the somatic abreaction of instinctual drives which are denied their normal avenues of discharge. In the case of bereavement, the absence of the object of love results in the experience of psychological pain and the eruption of despondent longings and grief. On the other hand, depression follows from the loss of an object of ambivalence, as aggression is turned inward taking the self as its object. Recent analytic models have revised this endogenously based model of grief, and affects in general, and replaced it with a view of affect as relational and intersubjective. Beginning in the 1960's John Bowlby (1961, 1980) argued that the expression of grief was not simply a private response to loss but an effort on the part of the bereaved to reestablish connection with the lost object and/or obtain comfort from other survivors. More recently, analysts (Stolorow & Atwood, 1992) have stressed the importance of affect attunement and responsiveness in psychological development, the resolution of trauma, and the integrity

of self-experience. As a consequence of this relational approach to affects, grief is viewed as communicative and meaningful, its primary function being the preservation and/or restoration of interpersonal connection. Clinically this means that the analyst's attunement to the bereaved's expression of grief and responsiveness to the need for comfort and protection is now viewed as of central importance to the facilitation of mourning.

7. The stage model of mourning does not recognize the complexity and uniqueness of each mourning experience: In *Mourning: A Review and Reconsideration* (Hagman, 1995), Hagman argues that normal mourning processes should be judged within a broad context that includes multiple variables and acceptable outcomes. Gaines (1997) stated explicitly that, 'mourning is not something that can be finished.' (p. 568) Once we move beyond deathexis, it becomes clear that there is no need to declare an expectable endpoint to mourning. From this new perspective a person may mourn for a lifetime. Most importantly, the new perspective links mourning with developmental stages and crises. An example is when a childhood loss is revitalized in middle age, and when, during periods of new loss, old bereavements are revitalized. Rather than being resolved, the significance of a loss may be elaborated throughout life, most importantly it is the unconscious meanings, which we attach to bereavement and the dynamic function of the internal relationship with the dead that accounts for the ongoing open-ended work of mourning.

A New Definition

Let me offer a definition of this new psychoanalytic model of mourning. It is offered tentatively; but I think it is worth while attempting to bring together into a brief statement the changes proposed by recent analytic writers. In this spirit, I offer the following definition:

Mourning refers to a varied and diverse psychological response to the loss of an important other. Mourning involve the transformation of the meanings and affects associated with one's relationship to the lost person the goal of which is to permit one's survival without the other while at the same time insuring a continuing experience of relationship with the deceased. The work of mourning is rarely done in isolation and may involve active engagement with fellow mourners and other survivors. An important aspect of mourning is the experience of disruption in self-organization due to the loss of the function of the relationship with the other in sustaining self-experience. Thus mourning involves a reorganization of the survivor's sense of self as a key function of the process.

The Treatment of Pathological Mourning

There are a number of implications for changes in clinical practice, which arise from the emerging psychoanalytic model of mourning. These changes are in striking contrast to the closed system, isolated, step-wise model of treatment that arises from the standard model. To my mind the following are just several aspects of this new clinical perspective:

1. Each person's response to bereavement is unique, and what is normal and what is pathological must be considered in the context of the patient's specific personality, relationship to the deceased and familial/cultural background. Openness to psychological individuality and a willingness to explore the unique bereavement response of the patient is crucial.
2. What we call pathological responses may be unsuccessful strategies to maintain meaning and preserve the attachment to the lost object. Treatment does not require relinquishment but an exploration of the continuing value of the attachment to the survivor and, with a consequent reconstruction of the meaning of that person in the context of the survivor's ongoing life.
3. Bereavement results in a crisis in the meanings by which a person's life is given structure and substance. Therefore, pathologic grief is meaningful, however disturbed and painful it appears.
4. Grief affects are not the external manifestations of private processes but efforts to communicate. Given this, pathologic mourning, traditionally viewed as regressive and asocial must be assessed for its often hidden communicative motive. No matter how withdrawn into grief a person appears to be, they are struggling to maintain relatedness, whether to the internal representation of the dead, or to the social surround.
5. Mourning is fundamentally an intersubjective process and many problems arising from bereavement are due to the failure of other survivors to engage with the bereaved in mourning together.

In concluding this chapter I would like to illustrate the clinical implications of a

new psychoanalytic model. To do this I would like to discuss a paper by E.K. Rynearson in which he illustrates how his work changed with a particular patient when he began to question some of the standard assumptions of traditional mourning theory. What I find valuable in this paper is the way in which a therapist who approaches his patient with openness and a willingness to jettison unhelpful and constricting assumptions can become better able to understand the underlying meanings and strengths of so-called pathological states. Unfortunately, space constraints will not allow a full summary of the paper, but I will present enough to illustrate some significant clinical points.

In his paper *Psychotherapy of Pathologic Grief: Revisions and Limitations*, Rynearson (1987) described the treatment of a woman who suffered from a refractory, pathological bereavement subsequent to the death of her teenage son. He pointed out how every effort to encourage the final resolution of mourning failed. In spite of years of therapy and a generally good treatment relationship, the woman remained despondent and deeply attached to the memory of her dead son. The patient would even say how she found the treatment “helpful enough,” but “it will never bring my son back,” she would add despairingly. Despite all efforts, the patient remained determined to continue her vigil. “I began to wonder aloud,” Rynearson wrote, “how her dying son might help in reviving our therapy.” He asked the patient to compose a letter from her son. He noted, “It did not feel contrived or unnatural to seek some caring and strength from an internalized ‘presence’ that he needed so much from us.” The patient composed a series of moving and beautiful letters as if from her son, an admiring and supportive tribute to her as a mother. In one of these she wrote:

Dear Mom and Dr. Rynearson:

I will try to help you. Mom you know I don't want you to stay so sad and hopeless and I don't think it's good for you to visit my grave so often. You've got to start living more for you and the family and start taking better care of yourself.

Don't give up on my mom, Dr. Rynearson, she's real stubborn and she won't give up, so don't you.

Rynearson concluded,

We now look to David (the son) as a part of her that is increasingly able to help us by becoming more alive and nurturant. David remains an obsession, but he also advises and guides as a mother would a child. I cannot say precisely what is changing in this dissociated, highly traumatized and tangled attachment, but my patient and I, and now David, are all working together [p. 497]

It is curious that Rynearson offers few comments regarding such a radical change in technique. He seems surprised by his changed vision and strategy. I would like to suggest that Rynearson's new approach is quite consistent with recent thinking in psychoanalysis and is a fine illustration of the technical changes that follow from the new model of mourning. From this perspective let me conclude with some comments regarding Rynearson's case report.

1. Rather than being simply a refusal to give up the attachment to the lost object, Rynearson looks for the positive function served by the continuing relationship. He recognizes that his active encouragement of relinquishment of her attachment to the

son, is at best ineffective at worst traumatic. His sudden insight into the positive function of the attachment to the son allows him to become more empathic regarding the woman's experience and especially of the positive meaning associated with the relationship to David. While understanding the meaning of David is important to the treatment, in terms of technique, Rynearson's willingness to ask the question is even more crucial.

2. Mourning is viewed as varied and unique. Most of the treatment of the bereaved woman is based on assumptions derived from the standard model of mourning. The idea that the woman must be encouraged to engage in a normal process, which is expected to lead to relinquishment, is the basis of his clinical assessment and treatment strategy. The application of these standards essentially misses the point and may even be said to violate the woman's primary need for continuity. Once Rynearson is willing to accept the woman on her own terms (i.e. as needing an ongoing relationship with her dead son in order to recover), and recognize and appreciate the uniqueness of her grief, he is able to join her from within rather than outside her subjective experience.
3. Rather than viewing the therapist as a catalyst of the mourning process, the therapist plays an active, even central role in facilitating mourning. At first, Rynearson takes a position external to his patient's experience. He acts upon her, challenging her to give up her lost son and "go on with living." The conceptualization of grief as an internal, private process driven by universal psychological principles, leads to an approach to the bereaved which is characterized by estrangement and in the worst case intersubjective disjunction (Stolorow & Atwood, 1992).
4. The affects of mourning extend beyond grief and include positive affects such as joy

and pride. The assumption that mourning is primarily a painful and sad experience is basic to the standard model derived from Freud. Rynearson also focuses at first on the woman's grief in terms of her distress and these results in a failure to elaborate and explore other affective features of her grief. Eventually, his openness to the woman's experience leads to the expression of tremendously important positive affects such as pride and even joy associated with her relationship with her dead son. From the perspective of the standard model these affects would have been viewed as defensive, if not pathological, but Rynearson eventually welcomes these feelings and rather than discouraging her positive affects in deference to painful grieving, he welcomes their full expression and exploration.

5. The therapist is interested in the meaning of the relationship to the deceased. The standard model emphasis on relinquishment leads inevitably to a suspicion of the continuing meanings of the relationship to the deceased. In fact, one of the effects of the standard model has been a fear on the part of therapists that the exploration of the positive meaning of the relationship will get in the way of relinquishment. One of the most important aspects of Rynearson's revised approach is his final question about what it all means in terms of the woman's continuing internalized relationship with her son. He has moved beyond assumptions about mourning and has placed the question of meaning and the continuity of relatedness at the center of his clinical approach. But most importantly, he has included himself in the equation. It is no longer just a matter of what David means to the bereaved woman, it is what is the meaning of this new relationship configuration of which Rynearson is now a central part. Rynearson has moved into a clinical realm where meanings and subjectivities are no longer private and isolated, but social and intersubjectively based.

6. A key aspect of the experience of bereavement is the impact of the loss on the self-organization of the bereaved. Another of Rynearson's insights is the function that the relationship to David plays in the woman's self-experience. David is part of her self, and it is the nature of the selfobject function of David that Rynearson begins to emphasize. In a 1995 paper, *Death of a Selfobject: Towards a Self Psychology of the Mourning Process*, Hagman wrote the following about Rynearson's cases:

He became aware of the "function" of the selfobject (David), as he explored with the patient the positive, self-sustaining, self-repairing, and self-regulating nature of the woman's "moribund" attachment to her son. Once he ceased to promote deathexis and began to explore the functions of the selfobject in the areas of affirmation, mirroring, and merger needs, he noted a change in the ambiance of the treatment and a revitalization of the treatment relationship.

In other words, it was Rynearson's recognition of the powerful role that the relationship to David played in his patient's self-experience which permitted the expanded exploration of the meanings of his patient's mourning. This leads to my next point:

7. In terms of technique, rather than confronting the patient's resistance to mourning, the therapist's empathy and support creates an opportunity for self-reorganization - the therapy being a holding environment. The standard model of mourning leads to a clinical approach, which can be coercive and unempathic. At worst the frequent use of confrontation to challenge resistance and provoke mourning results in further trauma and defense, which may masquerade as improvement. The new clinical approaches

which are being elaborated in psychoanalysis in general and in the psychoanalytic treatment of mourning in particular emphasize the importance of empathy and security. Slochower in her excellent monograph *Holding and Interpretation* showed us just how important the maintenance of a secure holding environment is to the mourning process. In her discussion of the holding function of the Jewish ritual of “sitting Shiva” she wrote regarding her own grief experience:

How did Shiva help? It seems to me that Shiva facilitates mourning by establishing an emotionally protective setting – one reminiscent of the analytic holding environment. In Shiva the caller, like the analyst, brackets her subjectivity in order to provide a large emotional space for the mourner.[p.132]

In his brief, but evocative case report, Rynearson showed us how he created a facilitative context for his patient’s mourning in which she could securely engage with him in the exploration and elaboration of the continuing meaning of her relationship with her dead son. What the ultimate outcome of the treatment was I do not know. However, the case report shows how, whatever the outcome, it is clear that moving towards a more open and intersubjective approach can liberate both our patients and ourselves from the restrictions and distortions of traditional models of grief.

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