

AN APPLICATION OF OBJECT RELATIONS THEORY
TO UNDERSTANDING THE MOURNING PROCESS

Martha M. Millhone

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Abstract
of
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The purpose of this theoretical project is to relate insights recently derived from object relations theory to understanding the intrapsychic processes involved in mourning. It has long been hypothesized that the capacity to mourn and integrate object loss develops fairly early in the human life cycle. The questions have remained, however, as to when and in what manner the prototype for integrating object loss is established. In the present search for answers, the position taken is that it is to the rapprochement subphase, as identified by Margaret Mahler, that investigators should direct their attention. This crucial maturational juncture in human development is increasingly recognized as eminently important for all subsequent psychological unfolding. It is at this point that the young child becomes cognitively aware of separation from the symbiotic mother. In the extended period which follows, normally this painful awareness is emotionally integrated, leading to self and object constancy. In this study, it is postulated that

capacity to relinquish internalized object relationship aims toward another is significantly influenced by the quality of the initial experience in separating from the mother.

Based on this assumption, two hypotheses are formulated: (1) That mourning is a recapitulation of the original separation-individuation process and utilizes the same psychological mechanisms to integrate the loss, and (2) That variation in response to bereavement is related to how satisfactorily the reality of separateness has been previously integrated. In extreme cases, failure to attain even a minimally differentiated sense of self will preclude capacity to let go and engage in a normal mourning process.

In developing a rationale for these two hypotheses, the similarities between the two processes—mourning and separation-individuation—are demonstrated both in respect to the external manifestations and to the intrapsychic considerations. The parallels are specifically demonstrated through the analysis of a case in which the long overdue mourning process was activated. In the second case example, it is shown that the client's inability to engage in a normal mourning process seemed related to lack of a sense of separateness from the lost object. Work with her has involved appropriate response to her inner strivings to become herself and function more autonomously, a treatment process which has proceeded very much along original separation-individuation lines.

Thus, the findings from the case studies not only confirmed but also, inversely, led to the formulations of the hypotheses. In fact, the hypotheses arose from efforts to understand and respond empathically to what the clients were experiencing, a therapeutic stance which traditionally has been promulgated by clinical social work. Empathy alone, however, which is not buttressed by solid theoretical supports tends to remain shallow and incomplete. It was an interplay of both influences which led to the formulations of this study.

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UNDERSTANDING THE MOURNING PROCESS

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Doctor of Clinical Social Work

by

MARTHA MARY MILLHONE

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INSTITUTE FOR CLINICAL SOCIAL WORK

We hereby approve the Project Demonstrating Excellence

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UNDERSTANDING THE MOURNING PROCESS

by

Martha M. Millhone

candidate for the degree of Doctor of Clinical Social Work.

Signed:

James C. Lewis, M.S.W., Ph.D.
Mentor

Doctoral Committee:

May M. Gwyn, M.S.W., Ph.D.
Animateur

Martha J. Hill
Consultant

Date: May 31, 1980

In Memory of My Parents and Dr. Morton Levitt

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In one sense there is no death. The life of a soul on earth lasts beyond his departure. You will always feel that life touching yours, that voice speaking to you, that spirit looking out of other eyes, talking to you in the familiar things he touched, worked with, loved as familiar friends. He lives on in your life and in the lives of all others that knew him.

Angelo Patri

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Chapter 1

INTRODUCTION TO THE PROJECT

Overview

The omnipresence of grief and depression following the death of a significant loved one, naturally resolved through a process of mourning, has been described and authenticated in the professional literature. However, theoretical understanding of the intra-psychic processes involved in the course of grief resolution has not been as well developed. This missing dimension precludes indepth understanding of the mourning process and significantly reduces clinical acumen in approaching the many vicissitudes which prevent healing from progressing smoothly. In this project, a hypothesis, based on recent formulations from object relations theory, is presented as a possible explanation for the psychological processes involved in grief and mourning, and relevance of the hypothesis is demonstrated through analysis of two case examples.

Purpose of the Project

It is the purpose of this project to relate recent understanding arising from object relations theory to the

intra-psycho processes which occur in mourning. Particular emphasis will be placed on Margaret Mahler's findings concerning object relations developments in the first three years of life.¹ The hypothesis is that, in the ordinary course of mourning, a healing regression occurs which utilizes earliest methods of mastery in separation-individuation to accomplish reestablishment of psychic equilibrium.

An issue related to the primary hypothesis concerns the different types of regressive reaction which have been noted to occur in response to object loss. These range from normal grief reaction along a continuum of increasing severity to depression of psychotic proportions. There is no accepted explanation for this variation. The problem is further complicated by the absence of a correlation between the severity of the symptomatology following object loss and the reported level of premorbid adjustment. An interpretation of this seeming contradiction, based on the accumulated data pertaining to the original hypothesis, is postulated: Variation in response to bereavement is related to the degree of autonomy previously attained in internalized object relations. The severity of the regressive reaction and resulting pathology is frequently an indication of lack

¹Margaret S. Mahler, On Human Symbiosis and the Vicissitudes of Individuation (New York: International Universities Press, 1968).

of attainment of a separate sense of self. In extreme cases, lack of satisfactory resolution of original separation-individuation issues will preclude a healing regression.

Significance of the Project

Symptom formation resulting from pathological or unresolved reactions to grief account for a significant number of requests for treatment to mental health professionals. The absence of sound theoretical explanations of the processes involved prevents in-depth understanding and maximum treatment efficacy. In 1961, John Bowlby² wrote that only four psychoanalysts had made meaningful contributions to the psychological theory of mourning: Sigmund Freud, Melanie Klein, Eric Lindemann, and Edith Jacobson. In the opinion of this author, only in recent years has the recognition of the significance of internalizations resulting from early object relations experiences evolved theory to a point of understanding the mourning process.

My selection of this area for exploration resulted from a strong interest in new theoretical developments and the wish to apply what I was learning to a significant clinical issue. This decision was stimulated by my conviction that clinical social work has come of age, has attained a

²John Bowlby, "Processes of Mourning," International Journal of Psychoanalysis (1961), 42:317-340.

position of autonomy and is qualified to make contributions to all aspects of psychotherapeutic work, including input to the evolution of theoretical understanding. The development of my interest in early self-object relationships coincided with my work with a very inhibited, gifted borderline client (the second case study, Chapter V) and admission to the Institute. I studied the influence of early internalized object relations upon subsequent personality development. Although my frame of reference had been ego psychology, I also surveyed the literature for contributions from other viewpoints.

A whole new dimension of understanding opened up, pieces began to fit together concerning personality functioning, and explanations for seeming incongruities and inconsistencies previously unanswered in the literature began to emerge. For example, Otto Kernberg's³ recent delineation of a whole midrange of pathological functioning, which he has designated borderline personality organization, is a condition he explains through combining traditional psychosexual instinctual drive theory with object relations theory. Sensitive processing from the psychoanalyses of adults and observations of child-mother interactions were illuminating the crucial relationship issues of the first

³Otto Kernberg, Borderline Conditions and Pathological Narcissism (New York: Jason Aronson, Inc., 1975).

three years of life which result in the establishment of a cohesive sense of self, separate from the nurturing person. Lack of satisfactory resolution of these early issues resulted in significant later pathology and maladaptive ego and superego formation.⁴

In recent years, I have been searching for more adequate theory and innovative treatment approaches for the growing number of patients with problems of this kind who present to a university-based community mental health center. My limitations were also keenly felt as clinical students turned to me for experienced guidance in working with these extremely difficult and frustrating cases which, I now recognize, fit Kernberg's descriptions of lower level character organization. Thus, for my own professional development, I decided fairly early in the educational process that I wanted my doctoral project to be an application of object relations theory to a clinical issue.

Initially, following Kernberg's example, I proposed to build a bridge between the anal-urethral instinctual drive stage and Mahler's⁵ fourth subphase of separation-individuation. I speculated that the interweaving of theories would contribute to an understanding of higher levels of borderline personality organization and help

⁴Edith Jacobson, The Self and the Object World (New York: International Universities Press, Inc., 1964).

⁵Mahler, "On Human Symbiosis."

define approaches to treatment. It was my contention that resolution of the earlier ambivalence of the rapprochement subphase, as described by Mahler,⁶ is significantly determined by the establishment of a mutually satisfactory regulatory resolution. In the process, the role of the mother in providing external structure is symbolically taken over by the child through the successful attainment of internal control.

However, contribution of an innovative perspective to traditional theory seemed at best exceedingly difficult and open to question. Though I thought my formulation could be substantiated by the clinical observations from which it had arisen, adding a new piece to development theory would be extremely difficult to justify. Clearly, a less ambitious application of my interests was in keeping with the purposes of the Project.

Although I believe that a life-long proclivity to depression may result from lack of satisfactory progression through the separation-individuation phase, it was not from this conviction that I proceeded to the subject of grief and mourning. I was treating two clients deeply involved in grief resolution work. Both had been significantly depressed and had contemplated suicide. There were, however, major qualitative differences in the all-pervasiveness

⁶Ibid.

of the mood disorder and substantial discrepancies in their capacity to advance through the mourning process. Although there were other dissimilarities between the two clients, including age and the nature of the lost relationship, I felt the difference in the depth of despair and therapeutic response was more attributable to the extent of separateness previously achieved in internalized object relations. I concluded that a study of these differences not only would provide an opportunity to study object relations theory in more depth, but also would help to establish a foundation upon which I could build my prior theoretical speculations.

It seemed at first that the subject of grief and mourning had been overaddressed in the literature and that there was not very much new to be added. However, I became increasingly aware that theoretical understanding of the mourning process is still evolving, and the process itself may be a recapitulation of experience in early object relations.

It is my impression that most clinical social workers are familiar with the phases of the mourning process and treatment approaches to grief resolution work. I am not sure, however, that there is commensurate understanding of the theoretical implications and the intra-psychic processes involved. The demands placed on the ego to reintegrate are monumental and to an important extent influenced by past experiences with separations. This should come as no

surprise as we recall the protracted, painful manner whereby our clients give up outgrown attachments and age-inappropriate aims toward their early love objects. In fact, this is a reminder that the whole span of childhood is characterized by advancing phases in which earlier relationship investments must be renounced and internalized if development progress is to proceed.

Another clinical application of this topic has been noted by Loewald who characterizes termination as a "replica of the process of mourning."⁷ He writes, "the relationship with the analyst, like that with the parental figures in earlier ego development, has to become partially internalized."⁸ His comments seem germane to other forms of intensive psychotherapy, and this in-depth exploration of the mourning process also hopes to contribute to more emphatic understanding and response throughout the final phase of treatment.

Theoretical Framework

The processing of the relevant literature pertaining to grief and mourning reflects my training in principles of ego psychology, more precisely designated as psychoanalytic

⁷Hans W. Loewald, "Internalizations, Separation, Mourning and the Superego," Psychoanalytic Quarterly 31 (1962):486.

⁸Ibid.

developmental psychology. Therefore, my formulations arise out of that theoretical framework. However, throughout the period of attending the Institute, I have been drawn to conceptualizations which give greater emphasis to a separate construct of the self and which distinguish the adaptive characteristics of ego functioning from maturity in object relations.

Nevertheless, ego psychology's marriage to object relations theory is fairly convincingly established by such contributors as Erik Erikson, Anna Freud, Rene Spitz, Edith Jacobson, Margaret Mahler, and most recently Otto Kernberg's adaptation of the developmental concepts. The formulations which are emerging in regard to the borderline personality disorder from the writings of Mahler, Kernberg, Vamik Volkan, James F. Masterson, and many others are also highly relevant to this project. These studies of the consequences of pathological pre-oedipal developments shed further light on the significant relationship issues of the first three years of life.

It is Mahler's description of the circumstances which lead to the young child's acceptance of separateness from the mother which I will be using as the prototype for the healing regression which I believe normally occurs in reaction to bereavement. Mahler delineates three phases of development leading, at approximately the beginning of the fourth year of life, to the establishment of self integrity

and object constancy. She calls them the autistic, the symbiotic, and the separation-individuation phases. Since Mahler's description of the first experience in separation-individuation is increasingly viewed as establishing the pattern for subsequent relinquishment of age-inappropriate dependency on parents,⁹ her theory seems equally applicable to the processes involved in letting go of the emotional tie to a lost loved one.

The relevance of Mahler's studies to the formulations of other object relations theoreticians will be examined. Particular attention will be given to the relationship between her findings and the contributions of Otto Kernberg and Heinz Kohut. In their work with middle-range pathology, these two investigators have recognized the importance of pre-oedipal object relationship experiences for subsequent personality development. Their theories, resulting from reconstructive work with adults, demonstrate the correlation between Mahler's observations of the young child's interactions with the mother and the relationship issues which are reinacted in the analytic hour. In conformity with this developmental approach, I aim to demonstrate that the adult mourning process is also a recapitulation of the child's first experience in integrating a recognized object loss.

⁹James F. Masterson, Psychotherapy of the Borderline Adult (New York: Brunner/Mazel, 1976), pp. 70-71.

Heinz Kohut's theoretical formulations are relevant to the hypotheses of this study for another reason. In accepting his premise that narcissism is a driving force throughout the entire lifetime, I part company with the standard ego psychology position that secondary narcissism is a derivative of object love. Kohut's point of view seems to correspond more closely to what has been recognized to occur in the course of mourning.

Method

Chapter 2 will provide a review of the literature pertaining to grief and mourning. Theoretical formulations which have been proposed to explain the psychological processes involved will be discussed. In the third chapter, Mahler's delineation of the subphases which occur in separation-individuation will be identified. The relevance of her observations to the theories of Otto Kernberg and Heinz Kohut will be pointed out. Emphasis on the significance of the separation-individuation phase will lead to the presentation, in the fourth chapter, of the two hypotheses. At that point evidence that mourning seems to be a recapitulation of the separation-individuation process will be introduced.

In Chapter 5, two case studies will be presented to validate and demonstrate the applicability of the hypotheses. In the first case example, a twenty-six year old woman

had experienced the death of her fiancée in a car accident six years before and had been unable to grieve. As a result she remained chronically depressed and unable to make any long-term commitments. Resolution of her resistances to mourning enabled her to move into a normal grief-resolution process. This process is described in some detail and provides further evidence that mourning seems to be a recapitulation of the separation-individuation process. Resolution of late adolescent issues involving separation-individuation considerations also occurred as she proceeded with mourning.

In the second case, a middle-aged client had lost her own mother at birth and had remained enmeshed in a symbiotic relationship with the primary caretaker, her maternal grandmother. The patient experienced a psychotic depression following the death of the aged matriarch, and efforts to restore her former or achieve an improved level of functioning were unsuccessful. It soon became clear that the client had never satisfactorily resolved original separation-individuation issues and that her ego lacked the resources to mourn. Work with her has involved an adaptation of the methods developed by Heinz Kohut. As she has progressed toward attaining a more integrated sense of self, she has become increasingly able to express her anger over the "final abandonment" and move toward more autonomous functioning. These findings are particularly relevant to the second hypothesis: that clients who never have

satisfactorily resolved original separation-individuation issues are unable to engage in a normal mourning process. Indirectly the findings also provide further evidence that mourning is a recapitulation of the separation-individuation process.

Finally, the sixth chapter will consist of a brief review of the prior formulations and conclusions. The last chapter will also include a critique of the study and a discussion of treatment and broader implications.

Chapter 2

REVIEW OF THE LITERATURE

Normal and Pathological Mourning

The normal occurrence of intense grief, resulting in psychic disequilibrium, in reaction to the loss of a significant relationship has been authenticated in the literature. That considerable time is required for integration of the loss has also been determined. Pathological deviations from the normal, including failure to reestablish homeostasis within a reasonable period of time, have also been the subject of investigation. Before proceeding to a theoretical consideration of the processes involved in mourning, it seems appropriate to review the literature pertaining to the phenomenological observations.

Essential to this focus is a clarification of the terms which are ordinarily employed in discussing reactions to bereavement. In "Processes of Mourning," John Bowlby¹ proposes the following definitions which have received fairly universal acceptance and are the ones which will be

¹John Bowlby, "Processes of Mourning," International Journal of Psychoanalysis 42 (1961):318.

applied throughout this study. Bowlby designates mourning as the psychological processes which are set in motion by the loss of a loved object and that commonly lead to the relinquishment of the object. Grief denotes the sequence of subjective states that follow loss and accompany mourning. Although a common outcome of mourning is the relinquishment of the object, this is not always so. Bowlby believes that by defining the term mourning to cover a fairly wide array of psychological processes, even those which lead to the retention of the object, the different courses mourning may take, healthy or pathological, can be more easily understood.²

In that same pivotal paper, which was published in 1961, Bowlby also delineated three basic phases which he had observed to occur throughout the course of mourning. Some nine years later, his colleague, C. Murray Parkes, recommended that an antecedent phase be added to Bowlby's original formulation. The resulting Four Phase construct has been widely accepted and seems generally familiar to clinicians. In his book, Dying and Death: A Clinical Guide for Caregivers, David Barton differentiates the phases of mourning in the following manner:

First Phase - Phase of Numbness - during which the fact of loss is partially disregarded.

²Ibid.

Second Phase - Phase of Yearning - during which the urge to recover the lost object predominates and "searching" takes place. In this phase it is the permanence rather than the fact of loss which is disregarded. Separation anxiety seems to prevail.

Third Phase - Phase of Despair and Disorganization - during which both the permanence and the fact of loss are accepted and attempts to recover the lost object are given up. Despair, depression and disorganization of behavior ensue.

Fourth Phase - Phase of Reorganization of Behavior - during which the loss is gradually accommodated to and a new psychosocial adaptation attained.³

In the same 1961 Journal in which Bowlby's familiar article appeared, another memorable contribution to the subject of mourning was made by George H. Pollock.⁴ In his paper, "Mourning and Adaptation," he also distinguishes between the acute and chronic phases of mourning in the following manner:

. . . the acute stage of the mourning process refers to the immediate phases following the loss of the object. These phases consist of the shock, grief, pain, reaction to separation, and the beginning internal object decathexis with the recognition of the loss. The

³David Barton, Dying and Death: A Clinical Guide for Caregivers (Baltimore: The Williams & Wilkins Company, 1977), p. 113.

⁴George H. Pollock, "Mourning and Adaptation," International Journal of Psychoanalysis 42 (1961):352.

reaction to separation brings with it anxiety as the perception of the loss in time and space is integrated, as well as the anger reaction.

As the acute stage of the mourning process progresses, the chronic stage gradually takes over. Here we find various manifestations of adaptive mechanisms attempting to integrate the experience of the loss with reality so that life activities can go on . . . Freud has described this chronic stage of the mourning process as the mourning work. This work is a continuation of the process that began more acutely immediately following the loss.⁵

In 1944, seventeen years prior to the contributions of Bowlby and Pollock, research findings reported by Erich Lindemann⁶ provided a basis for future theoretical formulations. In the first systematic study of bereavement Lindemann and his group conducted interviews with one hundred subjects who had experienced the death of a loved one including survivors of the tragic Coconut Grove fire. That study provided valuable firsthand information about the characteristics of the immediate grief reaction, including the observation that the acute phase is ordinarily resolved within a matter of four to six weeks. It also identified patterns of pathological variance. However, Lindemann seemed of the opinion that, once the acute phase had been passed, recovery proceeded fairly smoothly in a relatively short time.

⁵Ibid.

⁶Erich Lindemann, "Symptomatology and Management of Acute Grief," American Journal of Psychiatry 101 (1944):141-148.

That particular conclusion has been refuted by clinical findings and subsequent research including a recent study entitled The First Year of Bereavement.⁷ Results from interviews with forty-nine widows and nineteen widowers indicated that even a year after a major bereavement, grief was still prominent. "It is more often during the second year of bereavement than the first that a widow can admit to thoughts of a hopeful future, and even three or four years after loss both widows and widowers may have recurrent moments of grief."⁸

The finding that ordinarily at least a year is required for the integration of the loss is more consistent with society's conventions and traditional observances. For example, according to a long-standing Judaic custom, the unveiling of the tombstone, a universal symbol of eternal (internal) life, does not occur until a special memorial service is held at the gravesite a year following the death.

The preceding paragraphs provide a broad outline of the normal mourning process and a framework for understanding the stages involved in resolving the grief. When consideration is given to the inordinate demands placed on the whole psychic system to sustain the loss of a relationship

⁷Ira O. Glick, Robert S. Weiss, and C. Murray Parkes, The First Year of Bereavement (New York: John Wiley & Sons, 1974).

⁸Ibid., p. 10.

which was essential to prior homeostasis and, after the initial shock has passed, to proceed with the painful work of reintegration, it is understandable that disruptions do occur all along the way to final resolution. Pathological response to bereavement, inability to mourn or complete the process, and various defensive maneuvers set in motion to avoid the painful experience have been described in the literature.

It is sometimes difficult to determine whether the mourning process is preceding normally, because within reasonably predictable limits, each pattern of reintegration is individual and progresses according to a unique inner plan. There is a fine line between normal and pathological mourning and in making this distinction, specific guidelines can be helpful.

Lindemann's study provided detailed information about normal response during the acute phases of mourning which contributes to understanding pathological variants. He enumerated five characteristics he found to be universally present in reaction to bereavement. They are:

1. Somatic distress
 - a. Marked tendency to tearing and sighing respiration, particularly when discussing the loss.
 - b. Complaint about lack of strength and exhaustion.

c. Digestive symptoms.

2. Preoccupation with the image of the deceased.
3. Guilty preoccupations about having "done right" by the deceased.
4. Irritability and hostility in social exchange.
5. Restless hyperactivity; loss of daily structure.⁹

In addition, Lindemann noted a sixth characteristic which he believed bordered on the pathological. This involved the appearance of traits of the deceased in the behavior of the bereaved, especially symptoms shown during the last illness, or behavior which may have been shown at the time of the tragedy.¹⁰

Lindemann delineated two groups of atypical response, referred to as "morbid grief reactions," which, left untreated, he believed did not improve. These "morbid grief reactions" were noted to represent exaggerations and caricatures of the normal processes, although that description did not necessarily apply to the first grouping of pathological responses. That first category included "delayed or postponed grief reactions," the delay ranging from a brief period of time to years. The second group classified as "distorted grief reactions" demonstrated the

⁹Lindemann, "Acute Grief," p. 142.

¹⁰Ibid.

following symptoms: hyperactivity without the subjective sense of loss; persistence of symptoms symbolically associated with the deceased person's last illness; a recognized physical illness; changes in interpersonal relationships with increasing social isolation; intense rage against imagined persecutors; schizophreniform disorders; persistent disruption and loss of patterns of social interaction; activities detrimental to social and economic existence such as uncalled-for generosity; and frank agitated depression with depressive symptoms including suicidal ideation.

A quick review of the symptom list not only affirms distortions of normal grief reactions but also provides evidence of severe ego decompensation including fragmentation, somatization and utilization of primitive defense mechanisms such as denial, projection/introjection, projective identification, splitting, etc., ordinarily associated with pre-oedipal developmental fixation. It is interesting that Lindemann¹¹ believed these symptoms could be transformed into "normal reactions" resulting in appropriate involvement in the mourning process. Contrary to his views, subsequent investigators do not find that these malignant symptoms are always amenable to active forms of treatment intervention. In fact, in spite of increasingly sophisticated methodology, persistence of severe and life-threatening conditions remain a major concern.

¹¹Ibid., p. 144.

Recognition that there are variations in response to bereavement seems to be reflected in various classification schemas.¹² The differences are usually categorized in the following manner: (1) Normal grief reactions; (2) Pathological grief reactions resulting in vague and nonspecific symptoms, suggesting arrest at one of the phases of mourning, and amenable to treatment; and (3) Pathological grief reactions resulting in specific psychosomatic conditions or severe psychopathology, including psychotic depressions. Unfortunately conditions which fall into the latter category are frequently approached exclusively from the perspective of the diagnosed illness with disregard for the precipitating cause. This insular approach not only precludes a comprehensive understanding of the continuum of grief reactions but also tends to neglect a significant determinant of the patient's pathology. It would appear that many of these patients have developed more blatant symptomatology for the same reason as those in the second category; i.e., because of difficulty in completing the mourning work. It is hoped that this study with its emphasis on the intrapsychic processes involved in mourning will contribute to more in-depth understanding of variations in response to

¹²Lorraine D. Siggins, "Mourning: A Critical Survey of the Literature," International Journal of Psycho-Analysis 47 (1966):14-25; George H. Pollock, "Process and Affect: Mourning and Grief," International Journal of Psycho-Analysis 59 (1978):262; and Vamik Volkan, "Typical Findings of Pathological Grief," Psychiatric Quarterly 44 (1970):231-50.

bereavement, thus leading to more appropriate treatment interventions.

Consideration of pathological grief reactions is highly relevant to the Four Phases of Mourning which Bowlby and Parkes believe must be negotiated before acceptance of the loss can occur. Significantly, Bowlby writes that this theory "sticks closely to the empirical data of Lindemann" and the findings of other researchers.¹³ For purposes of review, the following summary is provided in Bowlby's own words:

. . . Mourning is best regarded as the whole complex sequence of psychological processes and their overt manifestations, beginning with craving, angry efforts at recovery, and appeals for help, proceeding through apathy and disorganization of behavior, and ending when some form of more or less stable reorganization is beginning to develop.¹⁴

In this phenomenological approach to normal and pathological mourning, much has been said about the two polarities of reaction whereas reflections about the mid-range have been left fairly open to conjecture. Perhaps this is as it must be, not only because maladaptive patterns of the center seem to flow into the two extremes but also because there are so many manifestations and causes for incomplete resolution. Whenever the response to bereavement significantly deviates from the normal, when the reactions

¹³Bowlby, "Processes of Mourning," p. 319.

¹⁴Ibid., p. 332.

are too intense or too muted, reflect exaggerations of normal response patterns, are distorted and/or confusing, the possibility arises that defensive processes have, at least partially, interfered with the progress of mourning.

Though, as Lindemann's study revealed, many people function for years with unresolved grief reactions, this is at untold psychic expense. In her 1937 paper, "Absence of Grief," Helene Deutsch wrote "unmanifested grief will certainly be expressed to the full in some form or other—often resulting, for example, in psychiatric conditions such as unexplained periodic depressions."¹⁵ Since the time of her statement, accumulated evidence has certainly provided substantial proof of the validity of that early observation.

It has been this author's experience that for a number of psychological and/or social reasons, many bereaved are unable to proceed from the Second to the Third Phase of Mourning; i.e., although they accept the external reality of the loss, they are unable to make the necessary accommodations for this knowledge to be integrated internally. This, it seems, can only be accomplished after the initial sense of loss is fully experienced and the "mourning work" of the latter phases is worked through to completion. Deterrents which prevent this from happening are a major focus of this study.

¹⁵Helene Deutsch, "Absence of Grief," Psychoanalytic Quarterly 6 (1937):13.

In conclusion, throughout the preceding paragraphs patterns of response to bereavement and the potentially restorative nature of mourning have been discussed. Mourning has been described as a psychological process which, through a sequence of phases (subjective states), leads to the relinquishment of the attachment to the lost relationship and reinvolvement in the mainstream of daily living. Failure to progress through these phases results in pathological reactions of one kind or another, disturbing internal organization, but frequently not recognized as the source of difficulty by the clinician.

Theoretical Foundations (1917-1961)

The aim of this project is to understand the intrapsychic processes involved in mourning. Theoretical formulations about what occurs internally and by what means the ego restores equilibrium began with Sigmund Freud's vanguard paper, "Mourning and Melancholia," published in 1917. Starting with Freud's initial conceptualizations, a historical review of the literature will now be provided.

For purposes of clarity the review will consist of two sections. The first will trace earlier theoretical formulations including the previously noted contributions by John Bowlby. The second section will explore more recent developments with particular emphasis on contributions from ego psychology and object relations theory.

In recent years there have been at least three comprehensive reviews of the literature pertaining to theoretical formulations concerning mourning; Bowlby and Pollock's 1961 articles have been mentioned previously. A third article, written by Lorraine D. Siggins, appeared in the 1966 volume of the International Journal of Pscho-Analysis.¹⁶ These resources have been exceedingly helpful in developing the perspectives included in this section.

John Bowlby wrote in "Processes of Mourning" that early in the psychoanalytic movement Freud had pointed out the relationship between neurotic symptoms and bereavement, but it had taken over fifty years for psychoanalysis to undertake a systematic study of the relationship.¹⁷ As previously indicated, Bowlby identified four psychoanalysts whom he considered to have been most outstanding in their attention to the psychology of mourning and theory building; they were in addition to Freud, Melanie Klein, Erich Lindemann and Edith Jacobson. (He himself, of course, joined those ranks with the formulations which appeared in his writings of the early sixties.)

As Siggins points out, most of the early discussions of mourning came about "because the author used mourning to

¹⁶Lorraine D. Siggins, "Mourning: A Critical Survey of the Literature," International Journal of Psycho-Analysis 47 (1966):14-25.

¹⁷See p. 6, Lindemann Study.

clarify or illustrate something else."¹⁸ Although Freud's early paper is considered the main source for subsequent developments, he regarded mourning as a natural phenomenon from which he hoped to extrapolate information which would help explain depression. He wrote, "Dreams having served as the prototype in normal life of narcissistic mental disorders, we will now try to throw some light on the nature of melancholia by comparing it with mourning."¹⁹

In spite of this secondary emphasis, much of what is understood about the mourning process derives from the early literature. Since Lindemann's contribution was discussed in some detail in the preceding section, theories of the other investigators will now be considered in the following order: (1) Sigmund Freud, (2) Melanie Klein, (3) Edith Jacobson, and (4) John Bowlby.

Sigmund Freud

Freud believed mourning was a natural phenomenon following bereavement but that understanding the intrapsychic processes involved could lead to broader applications. He hypothesized that in mourning all libido is withdrawn from its attachment to the lost object. He described this withdrawal as being carried out bit by bit, at great

¹⁸Siggins, "Mourning," p. 15.

¹⁹Sigmund Freud (1917), "Mourning and Melancholia," Standard Edition 14:245 (London: Hogarth Press, 1957).

expense of time and cathectic energy, the existence of the object being psychically prolonged during this process.

"Each single one of the memories and expectations in which the libido is bound to the object is brought up and hyper-cathected, and detachment of the libido is accomplished in respect of it."²⁰

Freud distinguished between mourning in which the world had become poor and empty and melancholia in which the ego (self)²¹ had become imbued with all the negative qualities. However, he noted a concurrence in the reactions of obsessive personalities to the death of a loved person: Their ambivalence conflict tended to be expressed in self-reproaches and self-blame resembling the classic picture of depression.

As to the process of libidinal withdrawal, in his later works, Freud came to the conclusion this is commonly, if not always, accomplished by means of the "ego" identifying with the lost object.²² This hypothesis arose from his earlier observations of obsessive personalities in mourning and also from the influence of his discourse with Karl Abraham. Recognizing the occurrence of self-criticisms,

²⁰Ibid., p. 245.

²¹From an ego psychology/object relations standpoint, it was not until 1950 Hartmann distinguished between the ego (as a psychic system) and the self (one's own person in distinction to the object).

²²Bowlby, "Processes of Mourning," p. 324.

originally intended for the object, he expanded this observation of identification to apply to normal as well as pathological mourning. As expressed by Abraham in 1924,

In the normal process of mourning, too, the person reacts to a real object loss by effecting a temporary introjection of the loved person. Its main purpose is to preserve the person's relation to the lost object. "My loved object is not gone, for now I carry it within myself and can never lose it."²³

Another important contribution from Abraham was his recognition that, to a certain extent, all intimate relationships are characterized by ambivalence, determined, in part, by life-long love/hate experiences. Therefore, the introjections arising out of identification with the lost object would, in all instances, be imbued with both negative and positive aspects.

Both Freud and Abraham viewed introjection as characteristic of the infant's early relationship with the object. Freud referred to this as regression from object-cathexis to the still narcissistic oral phase of the libido.²⁴ Introjection not only had economic utility in providing internal release of instinctual energies which had previously been discharged externally, but also afforded transitory equilibrium through preserving the relationship,

²³"A Short Study of the Development of the Libido; Viewed in the Light of Mental Disorders" in Selected Papers on Psychoanalysis quoted by Siggins, "Mourning," p. 17.

²⁴Bowlby, "Processes of Mourning," p. 324.

at a very regressed level, while the gradual process of relinquishment proceeded. On the other hand, negative introjections resulted in guilt and self-depreciation.

These observations of Freud and Abraham were substantiated so consistently that in 1945 Fenichel summarized mourning as consisting of two acts: "The first is the establishment of an introjection; the second, the loosening of the binding to the introjected object."²⁵

Melanie Klein

As early as the 1930's Klein, having assumed the primacy of object relations, had directed attention to the importance of infantile experiences of grief and mourning to subsequent personality development.²⁶ She further postulated that response to the loss of a loved object in later life may be patterned on response to similar experiences in infancy and early childhood. The mode of reorganizing relationships would be in large part determined by the measure of success achieved on those earlier occasions.

She perceived mourning as a phase of disorganization and of reorganization and the painfulness as resulting from this.

²⁵Otto Fenichel, The Psychoanalytic Theory of Neurosis (New York: W. W. Norton and Company, 1945), p. 394.

²⁶Bowlby, "Processes of Mourning," p. 325.

The pain experienced in the slow process of testing reality in the work of mourning thus seems to be partly due to the necessity, not only to renew the links to the external world, and thus continuously experience the loss, but at the same time and by means of this to rebuild the inner world, which is felt to be in danger of deteriorating and collapsing.²⁷

As Bowlby indicates, controversy arises when Melanie Klein specifies the nature of the experiences of loss and grief which are of consequence in early life and the processes which constitute mourning. She believes these experiences arise from the early "depressive position," a phase she conceptualized as beginning at four months and reaching its peak at six months. In connection with this phase she placed great emphasis on orality, breast-feeding, and weaning. Secondly, she hypothesized that paranoid anxieties precede depression, leading her to the conclusion that the pain of grief is inevitably permeated with persecutory anxiety and guilt.²⁸

Edith Jacobson

In 1957 Jacobson's paper, "On Normal and Pathological Moods: Their Nature and Function," was published in The Psychoanalytic Study of the Child. Since that time she

²⁷Melanie Klein (1940), "Mourning and Its Relation to Manic-Depressive States," Love, Guilt and Reparation and Other Works 1921-45 (London: Hogarth Press, 1975), p. 354.

²⁸Bowlby, "Processes of Mourning," p. 325.

has further revised and refined her formulations.²⁹ From the onset, the impact of her contributions on the development of ideas expressed in this present study must be acknowledged.

In spite of his cogent observations about mourning, Freud seemed perplexed about theoretical explanations, which is reflected in this statement from Mourning and Melancholia: "Why the compromise by which the command of reality is carried out should be so extraordinarily painful is not at all easy to explain in terms of economics. It is remarkable it is taken as a matter of course by us."³⁰ This query occurred, however, prior to his development of the structural hypothesis and attention to the role of aggression in human development.

Jacobson integrated those concepts, along with recognition of the significance of early object relations, in her investigation of the nature of moods which includes a reexamination of the theories of mourning. She believes moods serve a psycho-economic function in providing for the gradual discharge of high energetic tensions provoked by overwhelming experiences, the function of mourning representing an awesome example. She begins her paper by noting

²⁹Edith Jacobson, "Normal and Pathological Moods: Their Nature and Function," Depression (New York: International University Press, 1971), pp. 66-106.

³⁰Freud, "Mourning," p. 245.

that moods are commonly conceived of in a dualistic manner, i.e., in terms of good or bad, happy or unhappy, high or low, active or passive, kind or angry, etc. This, she continues, reflects the unmistakable dualism in all psychological happenings; the drive dualism, the vascillations between tension and relief and the inevitable changes between pleasure and unpleasure enforced by reality. In her significant paper she contrasts differences in the management of these two polarities in normal, neurotic and psychotic mood states.

Following a death, she believes there are two common reactions: A yearning to regain the lost object (reflecting libidinal investments) and a tendency toward aggression (reflecting frustrations experienced in the relationship, including the final loss). The eventual compromise which occurs between these two opposing forces varies greatly from individual to individual and distinguishes normal from pathological reaction to the loss. In a normal response, she believes, yearning prevails, and the resulting mood is one of sadness. When aggressive feelings predominate, there is a pathological response of depression. Unlike Klein, she regards normal mourning as unencumbered with guilt in as much as the "sad" person cherishes the past, will feel deprived, but not bad and worthless or empty.

Jacobson has been criticized for dichotomizing the two types of responses and implying that "sadness" is free

from both aggression and conflict. Bowlby writes, "not only is this definition out of keeping with common observation and usage, but it makes for difficulty in understanding the relation of healthy grief and mourning to their pathological variants."³¹

In reviewing her case material, however, it does not appear that Jacobson draws such a sharp distinction. Her case examples represent a continuum from libidinally to aggressively dominated reactions, and in all instances the presence of ambivalent recollections of the past is documented. In the light of present-day recognition of the importance of early object relations to subsequent intimate interaction patterns, her abstraction of pathological mourning, in which there is a predominance of aggression, seems, instead, to contribute a significant dimension to "understanding the relation of healthy grief and mourning to their pathological variants." Relevantly, Anna Freud expressed in 1965 that

If by "mourning" we understand not the various manifestations of anxiety, distress, and malfunction which accompany object loss in the earliest phases but the painful, gradual process of detaching libido from an internal image, this, of course, cannot be expected to occur before object constancy has been established.³²

The point is that, since object constancy derives from the

³¹Bowlby, "Processes of Mourning," p. 327.

³²Anna Freud, Normality and Pathology in Childhood (New York: International Universities Press, 1965), p. 67.

ascendence of libidinal over aggressively experienced interactions, the range of response Jacobson describes may be a reflection of level of maturity previously attained in internalized object relations.³³

Since Freud's formulations, understanding of the processes of identification and introjection in mourning had been refined, and Jacobson's paper also helps clarify those concepts. She suggests that the identifications may start—possibly always start—at a magic fantasy level; but they gradually progress to the ego level and eventually bring about solid, selective ego alterations. She continues that the identification processes in grief may have many vicissitudes. They may have constructive results or, under the influence of neurotic ambivalence conflicts, they may secondarily provoke depressive conditions and other pathological manifestations. But they bring about structural changes in the ego and develop gradually as an outcome of the grieving process, whereas in psychotic conditions narcissistic identifications introduce and mark the onset of a depressive period. Since these later processes are founded on archaic incorporation fantasies, they cannot succeed in exerting a constructive influence on the ego but may lead to the development of delusional ideas.³⁴

³³Further development of this interpretation will occur in Chapter 3.

³⁴Jacobson, Depression, p. 100.

John Bowlby

John Bowlby presented his formulations about adult and childhood mourning in three widely-read articles which were published between 1960 and 1963.³⁵ He was the first well-known psychoanalyst to make grief and mourning his primary focus for theoretical investigation. His contributions have influenced the organization of this literature review because of their pivotal effect on the professional community. His ideas were controversial in certain respects and provoked rebuttals and continued interest in the essence of mourning, developments which will be presented in the following section.

His formulations concerning the different phases of mourning must, by now, be familiar to the reader; however, a recapitulation from his own work seems indicated. Bowlby divided the mourning process into three phases: (1) Yearning and Protest, (2) Despair (grief and depression) and Detachment, and (3) Reorganization. It was not this construct which was questioned, because it seemed to accurately reflect clinical observations. Rather it was his interpretation of the phenomena, including his view that the process

³⁵ John Bowlby, "Grief and Mourning in Infancy and Early Childhood," Psychoanalytic Study of the Child 15 (1960):9-52; "Processes of Mourning," International Journal of Psycho-Analysis 42 (1961):317-340; and "Pathological Mourning and Childhood Mourning," Journal of American Psychoanalytic Association 11 (1963):500-541.

is the same from six months of age throughout life, which aroused controversy.

Bowlby's explanations are based on biological findings and his conviction that there is an inborn urge to relate to the mother. Behavior resulting from that urge he refers to as "attachment behavior," and he believes that disruption of the attachment leads to separation anxiety, grief, and eventual mourning. It is this response which, according to him, is activated by the loss of a loved person. The yearning and protest is an instinctual response produced by separation anxiety and ordinarily serves the purpose of restoring the relationship. However, when, after repeated attempts at reunion, the loss must be acknowledged as permanent, despair sets in, and behavior, lacking an object towards which to be organized, becomes disorganized. Disorganization and reorganization are the adaptive processes whereby equilibrium is restored. In this respect, his views are similar to Klein's.

Bowlby's uncomplicated, straightforward explanations certainly coincide with observed behavior. However, they tend to disregard what is occurring intrapsychically, particularly in the latter two phases. In the 1960 volume of the Psychoanalytic Study of the Child, Anna Freud commented on this general omission in her discussion of Bowlby's first paper as follows:

Not that, as analysts, we do not share Dr. Bowlby's regard for biological and behavioral considerations.

But, taken by themselves, not in conjunction with metapsychological thinking, these two types of data do not fulfill the analyst's requirements. As analysts, we do not deal with drive activity as such, but with the mental representations of the drives. In the case of the biological tie of infant to mother, this representation has to be recognized, I believe, in the infant's inborn readiness to cathect objects with libido. Equally, we do not deal with the happenings in the external world as such but with their repercussions in the mind, i.e., with the form in which they are registered . . . these complications seem to me no more than a true reflection of the complexity of mental life, built, as we know it to be, on the drive derivatives and the dynamic interplay between them; on the sensations and perceptions arriving from the internal and external world; on the pleasure-pain experiences; on mental images and fantasies.³⁶

In the preceding presentation of theoretical foundations, Edith Jacobson and Anna Freud have represented the ego psychology point of view, the theoretical position on which this study is based. In the following section a review of more current literature, with particular emphasis on contributions from psychoanalytic developmental psychology, will be the focus.

Developmental Perspectives (1961-1978)

Theoretical formulations concerning the intrapsychic processes involved in mourning at their state of evolvement in the early 1960's were summarized in the preceding pages. In brief, the initial reaction to loss was described as one of acute distress, activating primitive response patterns of

³⁶ Anna Freud, "Discussion of Dr. John Bowlby's Paper," The Psychoanalytic Study of the Child 15 (1960):54.

a contradictory nature reflected in yearning and protest. After the reality of the loss is accepted, a state of despair and hopelessness ensues, followed by a prolonged state of disorganization and disequilibrium. The totally disruptive potential of this phase is partially counteracted by the establishment of an introject of the lost relationship, from which libidinal and aggressive cathexis can be gradually withdrawn, restored to the self and reinvested in the external world.

However, the manner in which this is accomplished and the relatedness between mourning and other intrapsychic processes was still not completely understood, and has remained an area of inquiry for the past twenty years. At this point, this discussion will focus on the writings of George Pollock, who was previously identified as the second contributor to that pivotal 1961 Journal presentation on grief and mourning.³⁷ Pollock has continued his interest and written extensively on the subject, including a 1977 presentation to the 30th International Psycho-Analytic Congress, entitled "Process and Affect: Mourning and Grief."³⁸

³⁷See p. 16.

³⁸George H. Pollock, "Process and Affect: Mourning and Grief," International Journal of Psycho-Analysis 59 (1978):255-276.

He expresses his belief that the mourning process has its own developmental history which can be linked to other developmental accomplishments. He also concurs with Bowlby that, "it (the mourning process) must have in its earliest form evolved phylogenetically in order to facilitate survival of the individual and the group, i.e., been self preservative and species preservative."³⁹ In his integration of the literature pertaining to the relationship between developmental issues and mourning, Pollock used many of the same references which were consulted for this project. Consequently, his interpretations have provided valued additional input in preparing this section of the review.

Controversy over the necessary age attainment before mourning can occur, which was introduced in the previous material, is pertinent to establishing a link between the mourning process and developmental origins. Whereas Bowlby believes the process is essentially the same from six months onward, the representatives of the ego psychology position, including Anna Freud, Rene Spitz, and Margaret Mahler, maintain that an equivalent to the normal adult mourning process is not possible until object constancy has been established with commensurate ego development. Therefore, a review of the literature pertaining to childhood response to

³⁹Ibid., p. 263.

significant object loss is in keeping with the purpose of the project.

Childhood Reactions to Object Loss

In the previously cited reference to the Psycho-analytic Study of the Child (1960), both Anna Freud and Rene Spitz, who had previously studied the reaction of young children to separation from their mothers, were invited to respond to Bowlby's initial work, "Grief and Mourning in Infancy." After pointing out that there is little difference in the observed material collected during the war by the Hampstead Nursery team and the later observations concerning separation anxiety in hospitalized children, of Bowlby's team at the Tavistock Clinic, Anna Freud states that it is the theoretical interpretation of the data which is so divergent.

Expanding her previously quoted observation on their theoretical differences, Anna Freud makes the following application to the issue of mourning in children:

In his paper Dr. Bowlby emphasizes the identity of the young child's grief and mourning with the reactions shown by the normal adult after object loss. While taking a similar view so far as the overt manifestations are concerned, we have been reluctant to assume a corresponding identity of the underlying processes in infants and adults. The process of mourning (Trauerarbeit) taken in its analytic sense means to us the individual's effort to accept a fact in the external world (the loss of the cathected object) and to effect corresponding changes in the inner world (withdrawal of libido from the lost object, identification with the lost object). At least the former half of this task, presupposes certain capacities of the mental apparatus

such as reality testing, the acceptance of the reality principle, partial control of id tendencies by the ego, etc., i.e., capacities which are still undeveloped in the infant according to all other evidence. We have hesitated therefore to apply the term mourning in its technical sense to the bereavement reactions of the infant. Before the mental apparatus has matured and before, on the libidinal side, the stage of object constancy has been reached, the child's reactions to loss seem to us to be governed by the more primitive and direct dictates of the pleasure-pain principle.⁴⁰

Accordingly, the Hampstead Nursery team linked the time needed by the child to adjust to a substitute object with the level of the object relationship and ego maturity reached before the separation rather than with the chronological age of the child: the nearer to object constancy, the longer the duration of grief reactions with corresponding approximation to the adult internal processes of mourning. In regard to the immediate pathological effects of separation, Anna Freud indicates the staff was inclined to group them under headings such as the following:

1. Psychosomatic Conditions: These were frequent, especially with the youngest children, in the form of sleeping disturbances, feeding troubles, digestive upsets, especially constipation, sore throats, and respiratory infections.
2. Regression in Instinctual Development: On the libidinal side this consisted of a return to earlier levels, including clinging, domineering,

⁴⁰Anna Freud, "Discussions of Bowlby's Paper," p. 58.

querulous anal or greedy, insatiable oral behavior and autoerotic activities (sucking, rocking). On the aggressive side it resulted in biting, spitting, hitting, or a diffusion of libidinal and aggressive elements which allowed the latter to dominate the picture.

3. Regression in Ego Development: The occurrence of loss of ego functions, such as speech, bowel and bladder control, and beginning of social adaptation. According to the observations, the functions most endangered in this respect were those that had been most recently acquired.
4. Upsets in Libido Distribution: The interval between loss of contact with the mother and attachment to a substitute mother was considered as the period most productive of pathology, especially if the interval were prolonged either for external reasons or because of inability to transfer cathexis. The form of the pathological outcome was influenced by what happened to the libido during the interval withdrawn from the mother. It might be used to cathect (or recathect) the child's own body, resulting in disturbances of a psychosomatic or hypochondriacal nature; or it might be used for cathexis of the self-image where it could cause a variety

of disturbances such as increased self-love, feelings of omnipotence, ideas of grandeur, all due to narcissistic imbalance; or it might be used to overcathect a crude inner fantasy world with the result that the child might become autistic, cut off from the environment, and wholly immersed in self. The longer the interval lasted, the more difficult it would be to reverse these pathological developments.⁴¹

Any assessment of the eventual pathological consequences was inseparable, Anna Freud believed, from the level of object relatedness at the time of the occurrence, i.e., whether the tie to the mother was still of a narcissistic nature, dominated by the search for instinctual satisfactions; whether the personal and affectionate elements had begun to predominate, or whether the child had attained the level of so-called object constancy.

In the last instance the image of a cathected person can be maintained internally for longer periods of time, regardless of the real object's presence or absence in the external world, and much internal effort will be needed before the libido is withdrawn. Such withdrawal happens gradually by means of the painful disengagement process known to us as mourning.⁴²

Rene Spitz's studies had been primarily of children under a year who had been deprived of the care of their mothers, and his conscientious methodology had yielded much

⁴¹Ibid., pp. 60-61.

⁴²Ibid., pp. 61-62.

valuable material about object loss in the crucial first year of life. He had been the first to observe that the grief reaction begins to emerge sometime around the sixth month. He too maintained that as long as the instinctual responses are the sole carriers of the interaction between mother and child, the loss of the mother is responded to primarily in a physiological manner and not by psychological pain, not by the grief affect. To experience this affect, the infant has to develop a psychological organization, an occurrence which, in his opinion, takes place around the sixth month of life.⁴³

After the consolidation of attachment to a particular mother figure, reactions to her prolonged absence in the second six months of life produced a picture consistent with the prior description of grief, i.e., sadness, weepiness, lack of contact, withdrawal, dejection, loss of appetite, insomnia, etc. Spitz referred to this syndrome as "anaclitic depression," so named because of the classical psychoanalytic assumption of a first "anaclitic" relationship to the mother, a phase in which libidinal cathexis is believed to be derived from need gratification.

Spitz does indicate that in children under one year he did not witness the violent manifest aggression which Bowlby has described as occurring with object loss. Spitz

⁴³Rene Spitz, "Discussion of Dr. Bowlby's Paper," The Psychoanalytic Study of the Child 15 (1960):87.

acknowledges that the presence of hostility following object loss is a most important observational finding, supported by numerous investigations, including those of Anna Freud in older children, as well as observations made on adults and reports on preliterate societies. The absence of this reaction in children under twelve months, except perhaps initial feeble attempts to reclaim the lost object, left room for conjecture. It did not seem consistent with expressions of aggression in response to other frustrations common in the normal child after the eighth month. Another finding Spitz could not account for was that the previously unexpressed aggressiveness was regularly manifested after the object had returned, the depression had lifted, and the child appeared to function normally or even better.⁴⁴

Spitz proposed a psychodynamic formulation to account for these somewhat surprising findings. The children he had studied in a foundling home had been confined to their cots a significant portion of the time, thus impeding locomotion and motility, motor activity he believed necessary for the release of the normal assertive drive in infants. With this constriction, he postulated that the only remaining alternative was to direct the aggression against the self. The unaccountable improvement after the love object had been returned then might represent the

⁴⁴Ibid., p. 88.

release of aggression, previously turned against the self, which now had become available for mastery and for use against the outer world.⁴⁵

He concluded that the explanation for the absence of aggression might be identical to the one traditionally advanced to account for melancholia. The only difference being that "whereas in melancholia it was the superego which made use of the aggressive drive against the ego (self), in the case of inhibited motor activity in infancy the intervention of the superego is unnecessary."⁴⁶ (In other words the shortcomings of the environment produced the same results as the superego in a more structured personality.)

Spitz concurs with Anna Freud that Bowlby seems to disregard the difference in developmental levels between infants aged six months and children between three to four years of age and calls attention to differences in ego functioning. The infant who is in the process of acquiring the rudiments of an ego at less than twelve months reacts differently than the child of twelve to eighteen months who goes through the process of firmly integrating and establishing the ego. The reaction to the loss will also have different implications for the child in the latter half of the second year, when speech is acquired and language is

⁴⁵ Ibid., p. 88.

⁴⁶ Rene Spitz, "Anaclitic Depression," The Psycho-analytic Study of the Child 2 (1946):313-342.

used in thought processes. He expresses concern that Bowlby's theoretical formulations seem to have excluded the structural principle, the dynamic viewpoint, and the developmental stages leading to the establishment of the ego.

As far as observational data are concerned, he (Bowlby) fails to take into account that, for the formation of object relations, the development of the perceptual apparatus and of directed neuromuscular functioning on the one hand, emotional development and differentiation on the other, are prerequisites.⁴⁷

In 1961, Margaret Mahler contributed a paper, "On Sadness and Grief in Infancy and Childhood," which was subtitled "Loss and Restoration of the Symbiotic Love Object."⁴⁸ She introduces her paper with the observation there has been a conspicuous gap in understanding the connecting links between those conditions which Spitz had described as "anaclitic depression" and other psychotic pictures in early childhood. "While anaclitic depressions occur in the second half of the first year of life," she states, "the other psychotic conditions (secondary autism and symbiotic fixation) may, or may not, have their pre-stages in the first year of life. However, they definitely develop during the separation-individuation phase of normal

⁴⁷Spitz, "Discussion of Dr. Bowlby's Paper," pp. 90-91.

⁴⁸Margaret Mahler, "On Sadness and Grief in Infancy and Childhood," The Psychoanalytic Study of the Child (1961):332-351.

development, that is, from twelve to thirty-six months of age."⁴⁹

As she begins to build a bridge between anaclitic depression and other early childhood psychopathology she stresses a significant common denominator. She writes, "(I) consider a need-satisfying mother-infant relationship during this period a prerequisite for normal growth."⁵⁰

In continuing her search for "connecting links" she writes that the most severe traumatization during the first year of life is that suffered by anaclitically depressed infants who have actually been separated from the central love object. In the cases described by Spitz, the children had suffered object loss in reality and substitute mothers had not been available. Yet, when a nurturing relationship was provided within a reasonable period of time, before the ego had experienced irreversible damage, the infant recovered. (Mahler suggests that it is interesting to speculate about what mechanisms account for the striking recovery potential in these anaclitically depressed infants.)⁵¹

She points out that the histories of children with autistic and symbiotic psychoses rarely revealed actual loss or prolonged separation from the mother. When these events

⁴⁹Ibid., p. 332.

⁵⁰Ibid., p. 333.

⁵¹Ibid., p. 336.

did occur, most toddlers and infants were able to accept substitute love objects as long as they were at all available. She explains that the young child seems to be able to develop and sustain the mental image of the original symbiotic object. This enables acceptance of need satisfaction from a temporary substitute and restoration of the original image after reunion.

In corroboration of this premise she cites studies by Anna Freud and Sophie Dann (1951) and William Goldfarb (1945). The children described by Freud and Dann had been in concentration camps, their mothers had been brutally taken from them and been replaced by a succession of substitute mothers. The babies in Goldfarb's studies had been placed in foster homes and also moved from one home to another with great frequency. Yet, in spite of repeated object loss, the infants seemed able to extract substitute gratifications from their surroundings. As Mahler indicates, "Although they may have paid the price for this object loss with neurotic disorders, character distortions, or psychopathic difficulties later in life, they never severed their ties with reality."⁵²

Consequently, Mahler concluded that it is not ordinarily a reality loss which precipitates infantile psychosis, but rather the breakdown of that highly subtle

⁵²Ibid., p. 337.

"circular process," the mutually reciprocal relationship which enables mother and infant to send out and receive, each others signals. If the infant's signals do not reach the mother because of his/her inability to send them, or if the infant's signals are not heeded because of the mother's incapacity to react to them, the mother-infant interaction pattern takes on a dangerously discordant rhythm.

Gratification-frustration sequences are unpredictable, and utter disorientation as to inner tension versus gratification from an outside source obtains. Under such circumstances, the infant cannot develop a capacity for confident expectation (Benedek, 1938), for basic trust (Erikson, 1950), which would enable him from the third or fourth month on to keep disruptive impulses toward immediate tension discharge in abeyance—a first prerequisite for the formation of ego structure.⁵³

(In this sense the child has indeed experienced a critical object loss.)

Mahler's research aims in treating these autistic children was to recreate, whenever there had been an original libidinally invested object, the circular interaction pattern and mutual cuing system which had previously broken down, resulting in failure of symbiosis, grief and anxiety, and subsequent autistic withdrawal. She found that as these children began anew to interact with and cathect the external object, sadness and grief accompanied ordinary separations, for example, when it was necessary for the child to go to sleep. As necessary frustrations were endured with

⁵³Ibid., p. 341.

consistent restoration of the object, however, ego functioning progressed. Mahler hypothesized that a period of grief and mourning of unmanageable severity had led originally to this complete break with reality, a condition which she referred to as secondary autism.⁵⁴ Under different conditions of object loss these children had responded with psychotic withdrawal in much the same manner as described by Spitz in identifying anaclitic depression.

In this same early article Mahler attempts to trace the development of emotional expression in young children. She agrees with Anna Freud, that effective disorders are unknown in infancy as the immature personality of the young child is not capable of producing a state of depression such as that seen in the adult. But grief as a basic ego reaction, she believes, occurs as soon as the ego emerges from the undifferentiated phase (at approximately six months) and the mimetic, gestural and physiological signs of grief do appear, albeit in rudimental form.⁵⁵

She refers to the writings of Edward Bibring⁵⁶ who hypothesized that both anxiety and depression are basic ego reactions. Bibring's interpretation of depression as the emotional expression of a state of helplessness, she

⁵⁴Ibid., p. 349.

⁵⁵Ibid., p. 342.

⁵⁶"The Mechanisms of Depression," Affective Disorders (1954), quoted in Margaret Mahler, "On Sadness and Grief," p. 342.

believes, is applicable to understanding the nature of the young child's reaction to unbearable frustration. In her words, "(Bibring) contributes to our understanding of the ego's fluidity and vulnerability during the phase when the dim self-image and symbiotic object representation are differentiated."⁵⁷ Bibring emphasized that frequent frustrations of the child's needs may at first mobilize anxiety and anger. However, if the frustration continues, despite the "signals" produced by the infant, his/her initial anger will be replaced by feelings of exhaustion, helplessness, and depression.⁵⁸ The emphasis in this hypothesis is not on oral frustration and subsequent oral fixation, but on the infant or young child's reaction to the trauma resulting from lack of empathic response to inner tension and mounting feelings of helplessness.

In accenting this point Mahler employs a 1926 statement by Freud concerning the origins of grief:

[The infant] is not yet able to distinguish temporary absence from permanent loss; when he fails to see his mother . . . , he behaves as though he would never see her again, and it requires repeated consoling experiences before he learns that each disappearance on his mother's part is usually followed by her reappearance. The mother promotes this knowledge . . . by playing with him the familiar game of covering her face and then to his joy revealing it again. Thus he is enabled, as it were, to experience longing without despair . . .

⁵⁷Ibid., p. 342.

⁵⁸See p. 36 to compare Bibring's formulations with Bowlby's description of the first phases in adult mourning.

Subsequent thereto, repeated situations in which gratification was experienced have created out of the mother the object who is the recipient, when a need arises, of an intense cathexis, a cathexis which we may call "longingful."⁵⁹

Mahler continues that the connection between the affective state of longing and the modulated, ego-filtered emotions of grief and depression also had been emphasized by David Rapaport in his 1959 paper given in memory of Edward Bibring.⁶⁰ This subjective affective reaction, reminiscent of depression, seems in children to consist of a vague realization of helplessness, of the ego's apprehension lest the libidinal object fail to come to the rescue in the face of mounting inner tension.⁶¹ For this reaction to occur Mahler emphasizes the ego must be sufficiently structured to allow for the secondary process to delay discharge, i.e., the ego must be able to permit enough postponement to mobilize adequate vestiges of confident expectation and yearning. Only if these conditions prevail is it possible, in her opinion, to experience the subjective affect of longing, which, she believes, is a precursor of the ego-filtered affect of sadness and grief. Like Bibring and Freud in "Inhibitions,

⁵⁹The Problem of Anxiety (1926), cited by Margaret Mahler, "On Sadness and Grief," p. 343.

⁶⁰"Edward Bibring's Theory of Depression," Bulletin of the Philadelphia Association of Psychoanalysis (1959), cited by Margaret Mahler, "On Sadness and Grief," p. 343.

⁶¹Mahler, "On Sadness and Grief," p. 343.

Symptoms and Anxiety" (1926), Mahler sees grief "as the reaction specific to object loss, and anxiety as the reaction specific to the danger which this loss entails."⁶²

Robert Furman,⁶³ writing in 1964, takes the same position as Anna Freud and Mahler that for a child to master the pain of decathexis required by mourning, the achievement of object constancy, with the stability of inner-world representations which accompanies it, must have been attained. He believes this capacity ordinarily evolves between the age of three-and-a-half and four, although it may also be present in precocious younger children. To support this hypothesis he provides several case examples, including a nursery school class with eleven four year olds who were able to grieve the loss of a classmate's mother.

He conferred with Anna Freud about this study, which was conducted at Western Reserve University, and credits her assistance in arriving at some of his basic assumptions. For mourning to take place he believed it necessary for a child to have a concept of death, a cognitive ability which he claims develops between ages two and three, and the emotional capacity to integrate a significant loss. As previously stated, the capacity to integrate the loss was held to be closely related to the level of attainment in object

⁶²Pollock, "Process and Affect," p. 264.

⁶³Robert Furman, "Death and the Young Child," The Psychoanalytic Study of the Child 19 (1964):321-397.

relations which Furman postulated required safe anchorage in the phallic phase of development.

His explanation for selecting this developmental point is that, by then, the child has essentially mastered the high degree of ambivalence of the anal-sadistic phase of relationships and the anxiety engendered by the fear of the destructive component of the ambivalence. At an earlier stage of development the unmodified aggressive components of the anal-sadistic phase could obliterate the internal representation of the lost object, and, if the representation of the object could not be maintained in the object's absence, the necessary decathexis could not occur.⁶⁴

Furman then proceeds to tie together in a most cogent manner many of the previously presented theoretical considerations relative to level of ego functioning required for the maturational capacity to mourn:

This level of object relationship, and the stability of the inner-world representations which accompanies it, requires further maturation of reality testing, further ego mastery of the drives, and further ascendancy of the reality principle than was needed to master the concept of death. The increased reality testing endows the representations with the stability only objective attributes and characteristics can bring. The increased mastery of the drives helps to bring about their fusion as well as a neutralization of aggression, thus assuring the continued libidinal cathexis of the object's representation essential for its maintenance. The increased ascendancy of the reality principle brings the necessary concomitant diminuation of the power of magical thinking.

⁶⁴Ibid., pp. 325-326.

Apart from the question of object relationships, the pain associated with the decathexis further requires increased ascendancy of the reality principle over the pleasure-pain axis. For mastery of this pain the ego would, in addition, need to identify and verbalize affects.⁶⁵

Furman's position, that the child from age three-and-a-half to four has the intrapsychic mechanisms to engage in mourning in a manner comparable to an adult, seems to reflect the mainstream of theoretical thinking in ego psychology. At the same time, however, this is a conceptualization which has not been satisfactorily settled, nor, for that matter, has it been a subject for much systematic investigation. Pollock refers to a 1966 study by Wolfenstein in which she held that adolescence constitutes the necessary developmental stage for the ability to mourn.⁶⁶ Wolfenstein compares adolescence to mourning and suggests that a trial period of adolescence is a critical precursor of the maturer mourning process.⁶⁷ Pollock notes, however, that the reactions she described in her study seemed to represent defensive attempts to deal with the overwhelming trauma of the loss rather than inability to mourn. The entire span of childhood, with the changing vistas accompanying the forward advance to adulthood, seems

⁶⁵ Ibid., p. 326.

⁶⁶ Pollock, "Process and Affect," p. 265.

⁶⁷ "How is Mourning Possible," The Psychoanalytic Study of the Child (1966), cited by George H. Pollock, "Process and Affect," p. 265.

to be a vulnerable time to take on the added burden of mourning. Although the internal mechanisms for grief resolution may be available, the fragile or beleaguered ego may find ways of bypassing the painful process. Helene Deutsch noted this in her early approach to the phenomenon of unresolved grief and emphasized that the ego had to be strong enough for mourning to take place. If this is not the case, two courses are possible; either there is regression to earlier stages or there is a mobilization of defensive forces which attempt to protect the ego from disintegration. In her view, the most extreme expression of this defensive operation is the omission of affect.⁶⁸

Although there has been limited systematic investigation of childhood potential to engage in an adult version of the mourning process, information is available about the outcome of lack of grief resolution from the psychotherapy of adults who experienced early parental loss. Pollock credits Wolfenstein for distinguishing between adaptive reactions to major object loss in childhood and the successful negotiation of mourning. Comparable to the "morbid grief reactions" in adults described by Lindemann,⁶⁹ Pollock characterizes the adaptive reactions of childhood as part of a mourning process that was either arrested, deviated from,

⁶⁸Deutsch, "Absence of Grief," pp. 12-22.

⁶⁹See Lindemann, p. 21 of this text.

or not fully developed.⁷⁰ As an example of an arrested reaction he describes the denial reflected in the substitution or replacement of the lost object with a new successor without a mourning process, leading to capacity to cathect a new relationship. (In this manner the painful work of accepting the changed reality is avoided.) He suggests that global identification with the lost object may represent a deviant adaptive response and refers to his own work on anniversary reactions in which pathological identifications with the lost object have led to the survivor's compulsion to follow in the deceased's footsteps, i.e., to commit suicide or to actually expire at the same age or point in life as the predecessor.⁷¹

Bowlby pointed out the similarities between pathological mourning reactions in children and adults. His method for making this comparison was to examine case studies reported in the literature by other psychoanalysts, including Deutsch, Freud, Anna Freud and Dorothy Burlingham, Jacobson, Joan Fleming, and Pollock, in which the pathogenesis had been attributed to a loss, temporary or permanent, that occurred in the patient's early years. Bowlby found what appeared to have happened in each case was the processes of mourning, having been evoked in early childhood,

⁷⁰Pollock, "Process and Affect," p. 265.

⁷¹Ibid.

took a pathological turn characteristic of the stage of development at which the loss occurred. Then, over the years, the pathological processes had either persisted substantially unchanged or, having temporarily modified, had been evoked afresh by a further loss.⁷²

His purpose for reexamining these histories was to confirm his basic formulation that the mourning process remains the same throughout life, and, as he states, "to clarify the dynamics of pathological mourning, especially the roles in it of unconscious yearning and unconscious reproach."⁷³ In the pursuit of that objective, he identifies some significant similarities between subsequent adaptive patterns of children and adults who have been unable to mourn. Within the framework of his theory he categorized these reactions into four phenomenological forms of pathological mourning which he described as not mutually exclusive but yet having distinctive features. These include:

- (1) Anxiety and depression, in which a persistent and unconscious yearning to recover the lost object is most evident.
- (2) Intense anger and reproach, frequently unconscious, expressed toward various objects, including the self.
- (3) Absorption in caring for others who have been bereaved.
- (4) Denial that the object is permanently lost, especially through the mechanism of splitting. [Bowlby

⁷²Bowlby, "Pathological Mourning," p. 539.

⁷³Ibid., p. 538.

believes that ordinarily there is a partial awareness of the object's loss.]⁷⁴

He summarizes that in his exploration of manifestations of pathological mourning it had been necessary repeatedly to refer to defense mechanisms, including repression of yearning for the lost object, displacement of reproaches against it, denial of the reality of loss, splits in the ego, the role of projective identification, and the use of both aggression and of the care of a vicarious figure as defenses. His elucidation of the primitive defense mechanisms employed by the ego to compensate for the loss are quite similar to the earlier findings of Lindemann pertaining to adults. In light of the hypotheses to be advanced in this study it seems appropriate at this point to underscore the finding that when the grief is not resolved by a normal mourning process, the lack of emotional integration is reflected in predominantly pre-oedipal coping measures of adapting to the changed reality. In addition, the fact that these adaptations may become permanent fixations, having a significant bearing on later personality functioning, is cause for therapeutic concern and reason for developing methods of early intervention. With these considerations in mind, the final segment of the literature review will pertain to more recent theoretical and treatment contributions, particularly as they apply to work with

⁷⁴Ibid., pp. 501-502.

adults who experience pathological mourning processes.

Recent Theoretical and Treatment Contributions

As indicated earlier in this chapter, the Four Phase construct of mourning based on the findings of Lindemann and the theoretical formulations of Bowlby and Parkes is familiar to clinicians and seems generally to be used as a guide in facilitating mourning. The basic tenet of this approach seems to be that mobilization and integration of the initial contradictory affects of yearning and anger, in most instances, will free up the ego to proceed with the remaining "work of mourning." Prior studies also suggest that if this approach is instituted within a reasonable period after the death, in uncomplicated situations the treatment objective can be accomplished in a relatively short time, usually within six to ten therapy sessions.

As has previously been alluded to, however, in the less than two decades since this approach to mourning was first advocated, additional refinements pertaining to theoretical conceptualizations and methods of therapeutic intervention have occurred. Recognition that mourning ordinarily requires approximately a year to run its full course, that the potential exists for shortcuts or derailments at any point along the way and that one approach does not necessarily provide a panacea for everyone who has experienced bereavement are examples of more recent modifications.

Traditionalists continue to express concern about the various forms of short term therapy in view of the intrapsychic implications of object loss and the lack of a common consensus about the internal processes involved. Vamik D. Volkan,⁷⁵ a psychoanalyst who has written extensively on the subject of early internalized object relations, presents an example of a conventionally trained practitioner who utilizes the pared down approach in his work with pathological mourning.

Volkan, writing in 1969, described "normal" grief work as "nature's exercise [sic]" in loss and restitution and observed that "people who suffer from pathological grief reactions are either caught in the struggle of loss and restitution without coming to a solution or have achieved restitution which is symptomatic."⁷⁶ At any given time in a thirty-eight bed in-patient unit, he points out, there were one or two patients whose "natural" process of mourning had been blocked and who were determined to be suitable for re-grief work techniques, developed by himself and his colleagues at the University of Virginia.

In 1970, Volkan reported on the treatment of twenty-three of these pathological mourners whose response to object loss he classified as occurring in the middle range,

⁷⁵Vamik D. Volkan, "Typical Findings in Pathological Grief," Psychiatric Quarterly 44 (1970):231-250.

⁷⁶Ibid., p. 231.

between normal grief reaction and a full-blown clinical state.⁷⁷ He noted in all the cases the patient had maintained a highly ambivalent (love/hate) relationship with the deceased but, after careful screening, those who seemed to have the capacity to utilize a very active form of therapeutic intervention had been treated in the manner mentioned above. Cathartic expression, among other benefits, served to defuse some of the rage, leading to a diminution of negative feelings, capacity to establish a positive introject and to progress through the latter phases of mourning.

Prior to treatment, he described this group as caught on the horns of a dilemma, i.e., a part of the ego accepted the reality of the loss but at a deeper emotional level relinquishment did not occur because of the highly ambivalent nature of the relationship. The love object had been both needed and deeply resented and death had intensified the preexistent dependent, angry and guilty affects. (Unless a positive internalized representation [an introject] of the lost relationship can be established, then decathexis cannot occur.)

Volkan has also written extensively about the use of linking objects by these pathological mourners. These are inanimate objects connected with the deceased and highly invested with symbolic meaning. He describes these linking

⁷⁷Ibid., p. 232.

objects as fitting into the following categories: (1) objects which had been worn by the deceased, e.g., a dress, a watch, a ring, eyeglasses; (2) objects which had not been worn by the dead one in the usual sense, but which could be viewed as an extension of their bodies, e.g., a camera or razor; (3) objects, usually photographs of the deceased, which had realistic and symbolic resemblances to the lost one; and (4) objects available at the time news of the death came, or at the funeral, which could be considered as "last minute objects," related to the last moment in which the dead were perceived as living.⁷⁸ These linking objects would be put to very special use by the survivors, jealously protected, kept at a physical distance but readily available should the unconscious need for closeness arise and regarded as "strangely fascinating."

Volkan is of the opinion that the linking object provides a means whereby object relations with the dead can be maintained externally and the relationship symbolized in a manner which the pathological mourner can control. This external referent eliminates the need to come to grips with the highly ambivalent nature of the last relationship because the symbiotic need and the death wish can be condensed within it and the painful work of mourning avoided.

⁷⁸Vamik D. Volkan, "The Linking Objects of Pathological Mourners," Archives of General Psychiatry 27 (1972):215-216.

After sufficient analysis of the symbolic meaning of the linking object, Volkan and his group encourage the pathological mourner to bring the linking object to the treatment sessions as part of the "psychoanalytic working through."⁷⁹

Volkan perceived these linking objects as in some respects resembling the fetish and the transitional object, but noted they were sufficiently specific in their adoption and function of maintaining a psychophysical balance in the face of loss that they could be differentiated as unique entities. He pointed out, however, that all these mechanisms do appear in relation to loss "understood in its broadest sense, to include physical separations. The transitional object which, unlike the others, is considered a normal and transitory manifestation, relates to loss of total oceanic symbiosis and identity formation—as a restitution. In the childhood fetish the separation anxiety due to loss of the pre-oedipally gratifying mother is of greater importance than castration anxiety."⁸⁰

The distancing which prevails with linking objects, Volkan pointed out, distinguished them from the transitional object and the fetish. The child holds, sees, smells the transitional object but in pathological mourning, although the knowledge of the whereabouts of the linking object is highly important, distancing from it is more customary.

⁷⁹Ibid., p. 221.

⁸⁰Ibid., pp. 219-220.

Volkan suggests the linking object might be considered as a higher-level symbol, since it does not have special qualities of texture, odor, shape; its symbolism is connected more with the ideational aspect of the person.⁸¹

The resemblance between the function of the linking object in pathological mourning and the transitional object in early separation is, nonetheless, striking and presents yet another example in which adult response to object loss seems to be a recapitulation of an early childhood prototype. The presence of common elements was also noted by Hans W. Loewald,⁸² writing in 1962, who described mourning as similar to the process of relinquishing the oedipal objects, leading to the internalization of the superego.

In his article, Loewald presents formulations which considerably enhance understanding of the internalizations which occur in mourning. In the early days, as reflected in this review of the literature, the terms which were predominantly used to connote these processes were "incorporation," "introjection," and "identification," and they were applied somewhat interchangeably. With growing observational data, however, arising particularly from studies in early identity formation, the terminology was becoming more

⁸¹Ibid., pp. 220-221.

⁸²Hans W. Loewald, "Internalizations, Separation, Mourning and the Superego," Psychoanalytic Quarterly 31 (1962):483-504.

refined and precise. Loewald, for instance, defined internalization as "a general term for certain processes of transformation by which relationships and interactions between the individual psychic apparatus and its environment are changed into inner relationships and interactions within the psychic apparatus."⁸³

In regard to mourning, Loewald hypothesizes that the internalization which develops initially as a means of defense against the pain of loss, changes its function and becomes a goal, namely achievement of individuality and emancipation. This comes about because the relationship between the mourner and the lost object are set up within the ego and become a part of the ego system. As stated, he perceives the subsequent process as similar to the relinquishment of the oedipal objects which mobilize superego formation, and, similarly, successful mourning can also result in further ego enrichment and differentiation.⁸⁴

Loewald suggests that the emancipation involved in the normal resolution of the oedipus complex, as well as in subsequent separations in which successful mourning takes place, can be understood in two ways: first, as an internal substitution for an externally severed object relationship (internal "restitution of the lost object") and second, as a resumption of early boundary-setting processes by which a

⁸³Ibid., p. 489.

⁸⁴Ibid., p. 502.

further differentiation and integration of the ego and of the object world on higher levels of development takes place.

In other words, so called superego identifications represent an undoing, so to speak, of separation in so far as object loss is concerned and they also represent the achievement of separation in so far as boundary-setting and further ego and object differentiation is concerned.⁸⁵

Other authors have commented on the individual growth, new creativity, and personality development which can result from successful completion of the mourning process. George Pollock believes resolution always results in a creative outcome and he has made a study of the lives of creators of great works of art and science and finds that frequently these accomplishments occurred in connection with mourning. In this vein, he observes, "in the less gifted, a creative outcome may be manifested in a new real relationship, the ability to feel joy, satisfaction, a sense of accomplishment or newer sublimations."⁸⁶

These findings would seem to validate Loewald's hypothesis about the eventual outcome of the process of internalization, including evidence of a real "undoing" of the separation through the ultimate creation of an external "restitution of the lost object" or of the lost relationship in personal expression and other forms of memorial.

⁸⁵Ibid., pp. 502-503.

⁸⁶Pollock, "Process and Affect," p. 267.

The summary of Loewald's article brings us to the end of the literature review on grief and the mourning process. Although his article was written prior to the publication of Mahler's findings relative to the developmental issues of the first three years of life, his recognition of the importance of early object relations and conceptualization of internalization processes still holds contemporary value. His interest in developing a connection between the adult mourning process and an early childhood prototype also corresponds with the purpose of this project. For this reason his contribution has been presented last and in preparation for the subsequent chapters in which the hypotheses of the study will be developed.

In this author's opinion, Loewald's contribution only becomes dated when (in his discussion of the internalization processes involved in mourning) he limits the implications of his rich material to a comparison with the processes involved in oedipal resolution and superego formation. Although he refers to the presence of more elementary internalization processes he does not similarly relate them to the process of reintegration. In addition, from the standpoint of this study, the prototype for the relinquishment of object relationship ties is established prior to the oedipal period. The model for adaptation to subsequent object loss, it is hypothesized, has its origins

in the acceptance of separateness from the mother for the purpose of individuation.

Separation-individuation, roughly designated as occurring between six and thirty-six months, is now recognized as a crucial phase for subsequent personality development. In the next chapter the spotlight will be placed on that period of psychological unfolding in preparation for comparing the process which is involved to what transpires during the course of mourning. It is anticipated that the preceding findings will then congeal and contribute to a comprehensive theory of the intrapsychic processes involved in grief resolution.

Chapter 3

MAHLER'S FORMULATIONS CONCERNING SEPARATION-INDIVIDUATION

Discussion of Her Observations and Conclusions

As was explained in the Introduction, the hypothesis of this study is that, in the ordinary course of mourning, a healing regression occurs which utilizes earliest methods of mastery in separation-individuation to accomplish reestablishment of psychic equilibrium. This postulation conforms with the various phenomenological observations and theoretical explanations previously summarized, a correlation which will be further developed throughout the remainder of the study.

The concept of separation-individuation evolved from Margaret Mahler's early studies (1949-1955) concerning infantile psychosis. In 1955 she introduced her hypothesis of the universality of the symbiotic origin of the human condition, as well as the hypothesis of an obligatory separation-individuation process.¹ Her 1961 contribution,

¹Margaret S. Mahler, "On Symbiotic Child Psychosis: Genetic, Dynamic and Restitutive Aspects," The Psychoanalytic Study of the Child 10 (1955):195-212.

"On Sadness and Grief in Infancy and Childhood," summarized in the preceding chapter, was an early effort at understanding the emergence of emotional reaction to object loss in young children.² The application of her theories to the study of normal children has yielded impressive results, stimulating interest in pre-oedipal developmental issues. Particularly noteworthy, in this respect, has been the application of her findings to understanding the nature of borderline conditions and relevant approaches to treatment.³

Her conclusions are based upon observations of young children and their mothers in a specially designed nursery school setting. Her systematic approach includes training her collaborators to observe the response of the toddlers and to obtain pertinent information from the mothers. Her methodology has been described as "meeting as closely as possible—in working with human beings—the insistence of experimental psychologists upon replicability."⁴

Before relating her observations to the intrapsychic processes which occur in mourning, however, a review of her findings concerning separation-individuation is indicated. Mahler conceives of "separation" and "individuation" as two complementary developments in the first three years of life:

²See pp. 48-54 in Chapter 2.

³Gertrude and Rubin Blanck, Ego Psychology (New York: Columbia University Press, 1974), p. 53.

⁴Ibid.

"'separation' consists of the child's emergence from a symbiotic fusion with the mother and 'individuation' consists of those achievements marking the child's assumption of his/her own individual characteristics."⁵ The intrapsychic developmental track of separation runs along differentiation, distancing, boundary formation and disengagement from mother lines; whereas the track of individuation involves evolution of intrapsychic autonomy, perception, memory, cognition, reality testing, etc. She points out these two developmental processes are intertwined, but not necessarily identical since there may be discrepancies resulting from uneven infant progression on the two tracks and/or lack of appropriate maternal response.⁶

In her 1975 volume, entitled The Psychological Birth of the Human Infant, Mahler⁷ presents four hypotheses relative to her findings concerning the separation-individuation process. They are:

1. The hypothesis of a normal separation-individuation phase.

There is an innate drive toward individuation which cannot be accomplished without a progressive disengagement (separation) from the

⁵Margaret S. Mahler, Fred Pine, and Anni Bergman, The Psychological Birth of the Human Infant (New York: Basic Books, Inc., 1975), p. 4.

⁶Ibid.

⁷Ibid., pp. 8-13.

mother-child symbiosis.

2. The hypothesis of anxiety attendant upon the awareness of separateness.

In addition to the strong impetus toward individuation, there is a fear of separation which is reflected in trials and difficulties and momentary regression, observable in the course of normal development. Inability to reconcile these two forces can lead to neurotic symptomatology in early childhood and, in rare cases, to symbiotic psychosis.

3. The hypothesis of a sense of identity.

Satisfactory resolution of separation-individuation crosscurrents is the first crucial prerequisite for the development of a "sense of identity." The achievement of a sense of wholeness, entity and completeness is a developmental step which, in ideal circumstances, occurs at about age three.

4. The hypothesis of the catalyzing function of normal mothering.

The specific role of the mother in facilitating not only the separateness of the child but also the specific patterning of the individuating personality by complementarity, contrast, identification and disidentification

significantly contributes to the resolution of separation-individuation discrepancies and the establishment of a beginning sense of identity.

Mahler arrived at these formulations primarily through the observations of motor phenomenon in the pre-verbal developmental period of early childhood. She explains that during the preverbal period there is a special opportunity to make inferences about inner states through observation of the body in motion. This is because the motor and kinesthetic pathways are the principal expressive defensive and discharge outlets available to the infant (long before verbal communication replaces them). With the ascendancy of speech, in approximately the third year of life, former outward expression of psychobiological states become increasingly internalized. With the younger child, however, rich and expressive affectomotor (gestural) behavior of the entire body, as well as the back-and-forth movement of approach and distancing between infant and mother, serve to convey inner experiential conditions.⁸

In the following paragraphs Mahler's formulations concerning developmental issues in the first three years of life will be presented in more detail. Particular emphasis will be given to a description of behavior at the time of the rapprochement subphase and thereafter (the period of

⁸Ibid., p. 15.

childhood from about fifteen to twenty-two months and thirty to thirty-six months). Mahler believes that during this time it is necessary for the young child to come to terms with the, at first painfully perceived, realization of separateness from the mother—a developmental "working through" which, according to the hypothesis of the present study, is reenacted, to an extent, with every subsequent experience of significant object loss.

Mahler proposes three phases of development leading, at approximately the fourth year of life, to the establishment of a discrete sense of identity; they are the autistic, the symbiotic, and the separation-individuation phases. She writes that, from a developmental point of view, each phase is a time when a qualitatively different contribution is made to the individual's psychological growth.⁹ She develops this idea as follows:

The normal autistic phase serves postnatal consolidation of extrauterine physiological growth. It promotes postfetal homeostatis. The normal symbiotic phase marks the all-important phylogenetic capacity of the human being to invest the mother within a vague dual unity that forms the primal soil from which all subsequent human relationships form. The separation-individuation phase is characterized by a steady increase in awareness of the separateness of the self and the "other" which coincides with the origins of a sense of self, of true object relationship, and of awareness of a reality in the outside world.¹⁰

The autistic phase is associated with the earliest weeks of life in which need satisfaction is the most

⁹Ibid., p. 48.

¹⁰Ibid.

significant aspect of the infant's total experience. Physiological rather than psychological processes are dominant. The infant is protected against extremes of stimulation, in a situation approximating the prenatal state, in order to facilitate physiological growth. The reality of a need-satisfying object is not perceived. "In this stage the infant seems to be in a state of primitive hallucinatory disorientation in which need satisfaction seems to belong to his/her own 'unconditional,' omnipotent, autistic orbit."¹¹ Mahler cites Ribble,¹² who has pointed out, that it is by way of mothering the young infant is gradually brought out of an inborn tendency toward vegetative regression and into increased sensory awareness of, and contact with, the environment.

The sybiotic phase begins with the second month when dim awareness of a need-satisfying object occurs and the infant behaves and functions as though he/she and the mother are an omnipotent system—a dual unity within one common boundary. The autistic shell, which provided protection from external stimuli, begins to crack. There is a cathectic shift toward the sensori-perceptive periphery and a protective, positively cathected shield now forms,

¹¹Ibid., p. 42.

¹²M. A. Ribble, The Rights of Infants: Early Psychological Needs and Their Satisfaction cited by Mahler, Pine, and Bergman, The Psychological Birth, p. 42.

representing the symbiotic orbit of the mother-child dual unity. Any unpleasurable perception seem to be projected beyond the common boundary. The libidinal cathexis vested in the symbiotic orbit replaces the inborn stimulus barrier and protects the rudimentary ego from premature phase-unspecific strain. It is within the matrix of this primitive dependency on the mother that the structural differentiation takes place which leads to the individual's organization for adaptation: the functioning ego.¹³

As the symbiotic phase progresses, cathexis of the mother is the principal developmental achievement. The capacity to internalize pleasurable memory traces enables the child to build a secure foundation and maintain an internal relationship with the mother which promotes psychological growth and more autonomous functioning. Interest in the outside world increases but differentiation of inner and outer stimuli and self and other does not occur in the first five or six months. Mahler postulates that images of the love object, as well as images of the bodily and later the psychic self, emerge from the ever-increasing memory traces of pleasurable ("good") and unpleasurable ("bad") instinctual, emotional experiences, and the perceptions with which they become associated.¹⁴

¹³Mahler, Pine, and Bergman, The Psychological Birth, pp. 44-45.

¹⁴Ibid., p. 49.

Even the most primitive differentiation requires that a psychophysiological equilibrium be attained between the infant and the mother. This depends first on a certain matching of their discharge patterns. Later, their interactional patterns, behaviorally discernable in mutual cueing, are of primary significance. Primitive differentiation is also related to the infant's earliest adaptive patterning and receptive capacities and what Winnicott refers to as "good enough"¹⁵ holding behavior on the part of the symbiotic mother.

Following the symbiotic phase, the separation-individuation phase begins and continues until approximately age three with the emergence of oedipal issues. This phase leads to the establishment of identity and attainment of object constancy. Mahler writes that the establishment of affective (emotional) object constancy depends upon the continuing internalization of a constant, positively cathected, inner image of the mother.¹⁶ During the separation-individuation phase there are various maturational and developmental changes which contribute to bringing this about. Mahler has divided this phase into four subphases, which include:

¹⁵D. W. Winnicott, "Primary Maternal Preoccupation," Collected Papers (1958), quoted in Mahler, Pine, and Bergman, The Psychological Birth, p. 49.

¹⁶Mahler, Pine, and Bergman, The Psychological Birth, p. 109.

1. The Differentiation Subphase (5 to 10 months).

During this subphase the infant "hatches" from the symbiotic orbit and begins to have an awareness of separateness and to differentiate his/her own from the mother's body. Reasonable delay of gratification is tolerated as representations of the need-fulfilling aspects of the relationship with the mother are introjected. Developing attachment to a transitional object is common and has been described by Greenacre as "a monument to the need for this contact with the mother's body."¹⁷ The differentiating child usually reacts to mother's absence not with open distress or crying, but rather with what Mahler refers to as "low-keyedness." This response, she believes, reflects the child's inner pre-occupation with "imaging" the presence of the mother. This low-keyedness and inferred "imaging" she notes is reminiscent of a miniature anaclitic depression.¹⁸

2. The Practicing Subphase (10 to 15 months).

Separation proceeds as maturation of locomotion

¹⁷Phyllis Greenacre, Emotional Growth, Vol. 1 (1960), quoted in Mahler, Pine, and Bergman, The Psychological Birth, p. 54.

¹⁸Mahler, Pine, and Bergman, The Psychological Birth, p. 74.

increasingly propels the toddler away from the mother, making for greater physical separation and widening the range for independent exploration. New motor achievements contribute to massive shifts of cathexis from the symbiotic orbit to the apparatuses of autonomous functioning. The beginning birth of the child as an individual comes about when, in response to the mother's selective cueing, gradual alterations in behavior begin to transpire. "It is the specific unconscious need of the mother that activates, out of the infant's infinite potentialities, those in particular that create for each mother 'the child' who reflects her own unique and individual needs. This process takes place, of course, within the child's innate endowment."¹⁹

In the practicing subphase, the thrust in autonomous ego development, along with interest and pleasure in functioning and exploration, helps the child to overcome the lowering of mood, the low-keyedness, in the mother's

¹⁹Margaret S. Mahler, On Human Symbiosis and the Vicissitudes of Individuation, Vol. 1: Infantile Psychosis (New York: International Universities Press, 1968), p. 19.

absence. The delight in motility and in discovery makes the low-keyedness an episodic occurrence, counteracted by the joy of practicing, and it is easily overcome by short "refueling" experiences.²⁰

3. The Rapprochement Subphase (15 to 22 months).

The second eighteen months of life has been recognized as a period of great vulnerability. This is due to separation and individuation crosscurrents which arise at the time of the Rapprochement Crisis. With the acquisition of upright, free locomotion and with the closely following attainment of that stage of cognitive development which Piaget regards as the beginning of representational intelligence, the human being has emerged as a separate and autonomous person; however, this also implies separation from and loss of union with the omnipotent mother. Oral, anal, and early genital pressures also converge at this same pressure point.

During the practicing period, as Mahler described, mother was the "home base" to which the child returned in times of need—need for food, need for comforting, or need for

²⁰ Mahler, Pine, and Bergman, The Psychological Birth, p. 210.

"refueling" when tired or bored. But during that period the mother did not seem to be recognized as a person in her own right. Somewhere around fifteen months the toddler begins to turn to the mother in a new way, wishing to share ever-widening discoveries of the world with her. The most important behavioral sign of this new form of relating is the toddler's continually bringing things to mother, filling her lap with objects of interest, found in the expanding world.²¹ At about the same time, to the great disillusionment of the previous subjective sense of grandeur, the toddler begins to recognize that his/her wishes do not always coincide with mother's and that they are, indeed, in somewhat different orbits.

Tremendous ambivalence accrues from this maturational spurt which results in increased realization of separateness from mother. The ambivalence is reflected in a renewed preoccupation with her whereabouts, patterns of shadowing and clinging, alternating with aggressive self-assertion and pushing her away. (Not unlike the yearning and tendency toward aggression which

²¹Ibid., p. 90.

are present in the initial phases of mourning.)

Rene Spitz points out that development of object relations to this point, establishing the primacy of the mother as love object, paradoxically could be looked at as providing a defense against the painful awareness of separation from her.²² In addition, pleasure in autonomous functioning, replacement of sensorimotor intelligence with representative thought and beginning of semantic communication are counterbalancing forces which tend to compensate for the significant loss which has transpired. Spitz²³ observed that, at approximately eighteen months, a maturational and developmental accomplishment occurs which constitutes a basic organizer of the psyche. The first formed abstraction is ordinarily the semantic "no," accompanied by a head-shaking gesture, imitative of parental prohibitions. This impressive communication development also represents beginning capacity for a higher level of internalization through ego identification with the parents. In subsequent months self-regard will be restored, at

²²Rene Spitz, No and Yes (New York: International Universities Press, 1957), p. 122.

²³Ibid.

least in part, through successful emulation of aspects of adult functioning. A more advanced form of internalization has been added to the introjecting and mirroring characteristics of earlier periods.

During the early rapprochement subphase, Mahler reports a change in reaction to separation from the mother. "Low-keyedness" is replaced by hyperactivity and restlessness. She postulates that the equivalent of "low-keyedness" is the painful affect or emotion, grief, which, at this point in development, the child is unable to bear, and hyperactivity ensues instead. Then, during the rapprochement crisis, from eighteen to twenty-one months, there is a widening of the emotional range and reactions to the mother's absence become quite differentiated. Separation is responded to with open expression of grief, crying, anger, and other forms of reactive behavior.²⁴ (This finding is in accordance with the prior observations of Spitz that before the age of about eighteen months the child is not capable of having an affective response to separation resembling the

²⁴Mahler, Pine, and Bergman, The Psychological Birth, pp. 97-99.

adult grief reaction.)²⁵

With increased representative thought, fear of object loss and abandonment is partly relieved, but "it is also greatly complicated by the internalization of parental demands; this not only indicates the beginning of superego development, but also expresses itself in fear of losing the object's love."²⁶ Mahler reports that some toddlers of rapprochement age already seem to be rather sensitive to disapproval; still, autonomy is defended by the "no," as well as by increased aggression and negativism of the anal phase. Ambivalence toward the mother engendered by the many conflictual crosscurrents also begin to be reflected in behavior indicating splitting of the object world. Other adults often become the target of the child's impotent rage reaction, in order to protect the good mother image from the destructive anger.²⁷

By the age of twenty-one months, Mahler notes a general diminishing of the rapprochement

²⁵In contrast to Bowlby who hypothesized the grief reaction is the same from six months throughout life. Spitz, see pp. 45-48 in Chapter 2.

²⁶Mahler, Pine, and Bergman, The Psychological Birth, p. 107.

²⁷*Ibid.*, p. 97.

struggle. "The clamoring for omnipotent control, the extreme periods of separation anxiety, the alternation of demands for closeness and for autonomy—all these subsided, at least for a while, as each child once again seemed to find the optimal distance from mother, the distance at which he could function best."²⁸ She relates this integration to growing individuation including: (1) The development of language including the use of the personal pronouns, "I," "me" and "mine," naming objects and expressing desires with specific words; (2) Evolution of the capacity for internalization, reflected in identifications with the "good" parents and internalizations of rules and demands (beginnings of superego formation); and (3) Progress in ability to use play for mastery and symbolic expression of wishes and fantasies.

Attainment of an optimal physical distance from the mother, however, is not accompanied by an internal integration of libidinal and aggressive components of the relationship. Unification of the "good" and "bad" object into one whole representation, necessary for

²⁸Ibid., p. 101.

emotional object constancy, does not occur until the final subphase of separation-individuation.

4. The Separation-Individuation Subphase. The final subphase, occurring about the third year of life, is a period of continuing integration. Ideally not only satisfactory reconciliation of separation-individuation discrepancies occurs but also internal integration of libidinal and aggressive components of the relationship to the mother. These achievements are particularly impressive in view of the recognition by earlier investigators that the second eighteen months of life represent a highly sensitive period in which the anal issues must be satisfactorily resolved.

Mahler writes that from the point of view of the separation-individuation process, the main task of this subphase is twofold: (1) The achievement of a definite, in certain aspects lifelong, individuality and (2) the attainment of a certain degree of object constancy.²⁹ As far as the self is concerned, there is a far-reaching structuralization of parental demands indicating the formation of superego

²⁹Ibid., p. 109.

precursors.³⁰

As previously indicated, the major relationship task is the unifying of the "good" and "bad," gratifying and frustrating object into one whole representation. This fosters the fusion of the aggressive and libidinal drives and tempers the hatred for the object when aggression is intense.³¹ Once emotional object constancy is achieved, the love object will not be rejected or exchanged for another when need gratification is not forthcoming. In regard to this developmental achievement, Mahler writes:

The slow establishment of emotional object constancy is a complex and multi-determined process involving all aspects of psychic development. Essential prior determinants are 1) trust and confidence through the regularly occurring relief of need tension provided by the need-satisfying agency as early as in the symbiotic phase. In the course of the subphases of the separation-individuation process, this relief of need tension is gradually attributed to the need-satisfying whole object (the mother) and is then transferred by means of internalization to the intrapsychic representation of the mother, and 2) the cognitive acquisition of the symbolic inner representation of the permanent object (in Piaget's sense) in our instance to the unique love object: the mother.³²

³⁰Ibid.

³¹Ibid., p. 110.

³²Ibid.

Other aspects of drive and ego maturation and development take part in the slow transition from the more primitive ambivalent love relationship, which exists only as long as it is need-satisfying, to the more mature, ideal but rarely attained, "mutual give-and-take love-object relationship" of the schoolchild and the adult.³³ (In noting this ideal is rarely attained, Mahler seems to have reference to the finding that this phase is not open-ended like the others and can extend well into the fourth year. Her observation could also be applied to what is arousing increasing social concern, that lack of adult attainment of this level of maturity in human interaction is increasingly symptomatic of contemporary society.)³⁴

Mahler also points out that after about twenty-one months it is impossible to group the toddlers in accordance with general criteria which had been possible with the earlier phases. Each child's pattern of integration seems to be very different and distinctive. Individuation

³³Ibid., p. 111.

³⁴The prevalence of low self-esteem and impaired object relations is well documented in the writings of Heinz Kohut and Otto Kernberg.

proceeds at a rapid rate reflected in the unfolding of complex cognitive functions: verbal communication, fantasy, and reality-testing. During this period of rapid ego integration, from about twenty or twenty-two months to thirty or thirty-six months, Mahler finds that "establishment of mental representations of the self as distinctly separate from representations of the object paves the way to self-identity formation."³⁵

There is considerable resistance to adults at this time (the "terrible twos") with a great need and wish for autonomy. Recurrent mild or moderate negativism, which seems to be essential to development of a sense of identity, is characteristic of this subphase. (The child is still mainly in the anal and early phallic phases of zonal development.) Mahler notes that psychoanalysts are familiar with the great variety of negations, fantasies, accusations, and fears with which the child tries to cope with these problems. Her interest, however, had been in observing how the maturation of the drives seem to affect budding, libidinal object

³⁵Mahler, Pine, and Bergman, The Psychological Birth, p. 117.

constancy and libidinal investment of the individuating self.³⁶ Gradually during this sub-phase, as libidinal object constancy is established, the senior toddler again is able to accept separation from the mother, represented socioculturally in the choice of age three as a common point of readiness for entry into nursery school.³⁷ If the process has proceeded normally and within reasonable limits, reorganization and rudimentary self-sufficiency is accomplished following the child's first experience with object loss of the symbiotic mother. This end-result has derived from the gradual internalization of a constant, positively cathected, inner image of her.

Before proceeding to a more in-depth application of separation-individuation findings to the intrapsychic processes involved in mourning, a discussion of the significance of Mahler's contribution to the larger body of psychoanalytic theory seems indicated.

³⁶Ibid., p. 119.

³⁷Anna Freud, "The Concept of Developmental Lines," Psychoanalytic Study of the Child (1963), quoted in Mahler, Pine, and Bergman, The Psychological Birth, p. 112.

Relevance to Object Relations Theory

In 1963, Mahler wrote, "At an advanced stage in their lifework some psychoanalysts seek to come closer to the actual fountainhead of their reconstructive efforts. Some, like myself, seek verbal and preverbal observational data—in statu nascendi—such as will confirm, refute, modify or elaborate psychoanalytic hypotheses."³⁸

There is considerable evidence that Mahler's extensive investigation of early childhood behavior is relevant to recent elaborations of psychoanalytic theory. Following her early studies of the first months of infant life, Mahler's primary focus has been on what she calls the "separation-individuations phase." This mid-period, between about six to eight months and thirty to thirty-six months, occurs after the infant has "hatched" from the symbiotic membrane and prior to the evolvment of the oedipal issues.

While Mahler has been making cautious prognostications from her studies of early childhood behavior, other investigators, as a result of their psychoanalytic reconstructive work with adults, have also turned their attentions to pre-oedipal object relationship experiences. Most notable in this respect have been Otto Kernberg and Heinz Kohut. These two pioneers in their work with adult

³⁸ Mahler, Pine, and Bergman, The Psychological Birth, p. 197.

psychopathology have been "exploring the vast, heretofore relatively unknown territory that lies between the transference neuroses and the psychoses."³⁹

In the following paragraphs the relationship between Mahler's observations and the conceptualizations of these other two theoreticians will be discussed. It is believed that this approach will demonstrate the relationship between her findings and object relations theory as it is applied to understanding adult response patterns.

Before proceeding to integrate these two dimensions of understanding, however, a definition of object relations theory is in order. Kernberg explains that practically all psychoanalytic approaches are concerned with early object relationship experiences.⁴⁰ A more circumscribed definition, however, which applies to this study, describes object relations theory as a special approach within psychoanalytic metapsychology. This approach stresses the building up of dyadic intrapsychic representations—"self" and "object" images reflecting the original infant-mother relation and its subsequent development into other relationships. This focus stresses the simultaneous buildup of the "self" (a composite structure derived from the integration of multiple self-images) and of object representations (or "internal

³⁹Blanck and Blanck, Ego Psychology, p. 74.

⁴⁰Otto Kernberg, Object Relations Theory and Clinical Psychoanalysis (New York: Jason Aronson, 1976), p. 56.

objects" derived from the integration of multiple object-images into more comprehensive representations of others). The dyadic intrapsychic (infant-mother) representations establish self and object interactions within a particular affective context. In this conceptualization, the self-object-affect "units" are primary determinants of the overall structures of the mind (id, ego and superego).⁴¹

Authors who adopt this approach deal with the questions this structural model raises regarding the interrelationships of instincts, affects, and object relations in various ways. This group includes authors with very different viewpoints regarding instinct theory, structural models of the mind, and treatment approaches. It encompasses the ego psychological approaches of Erikson, Jacobson, Spitz, and Mahler and the British schools of Fairbairn, Winnicott, Bowlby and Melanie Klein.⁴²

Kernberg's esoteric definitions of object relations theory may be more easily understood if placed in historical perspective. It was relatively late in the psychoanalytic movement before the importance of early object relations was recognized. In 1923, in "The Ego and the Id," Freud⁴³ formulated that the origins of both the ego and superego are

⁴¹Ibid., p. 57.

⁴²Ibid.

⁴³Sigmund Freud, "The Ego and the Id," Standard Edition, cited by Kernberg, Object Relations Theory, p. 116.

linked with the precipitates of past object relations. In his last works, Freud showed a growing recognition of the importance of the early infant-mother bond for the development of ego structures and for optimal object relations. However, he did not explore the early phases of object relations in any manner comparable to his study of the oedipal configuration.⁴⁴

Following Freud, object relations theory proceeded along two somewhat different theoretical lines: ego psychology interest focused on the influence of object relation experiences on developmental progression and structuring of the ego; investigators from the British school, in the tradition of Melanie Klein, addressed their attentions to the internal organization of very early object relation experiences and their infiltration into adult patterns of adjustment. Klein emphasized that there are two realms of object relations: relations with real people in the external world and relations with internal objects. Internal objects, or images, result from the introjection or fantasied mental incorporations of the parents or part of them.⁴⁵

⁴⁴Leopold Bellak, Marvin Hurvich, and Helen K. Gediman, Ego Functions in Schizophrenics, Neurotics and Normals (New York: John Wiley & Sons, 1973), p. 145.

⁴⁵Ibid., p. 148.

If, due to unsatisfactory early object relations, there is an overabundance of inner hostility and rage directed either toward the self or object representations, this determines pathology and tends to color all social interactions. Because of the influence of the reality principle, these festering sores from the past may not be so readily discernible in casual social encounters. They inevitably invade long-term relationships, those involving intimacy, marriage, the intensive psychotherapeutic situation and are reactivated in bereavement.

Kernberg combines ideas from the British school about the subjective response to early object relation experiences with ego psychology formulations in his theoretical approach to middle range pathology.⁴⁶ As a result, he puts considerable emphasis on early rage and aggression and primitive mechanisms of defense, particularly splitting, but also projective identification, omnipotence fantasies, early forms of denial, primitive idealization and devaluation, etc.

Heinz Kohut, the other previously mentioned contemporary investigator, bases his formulations on the phenomena which have occurred in his psychoanalytic treatment of patients. His lifetime work has led him to the recognition of the self as an active participant in all object relation

⁴⁶Kernberg, Object Relations Theory.

experiences. This obvious truth tends to become obscured in theoretical formulations which confine themselves to descriptions of "simultaneous buildups of the self and object representations."

This shift in emphasis is not the only departure from traditional theory on the part of Kohut. He disagrees with classical drive theory and Hartmann's drive-defense model in particular. His view of aggression is that destructiveness is secondary and assertion is primary. Destructive rage is always a response to lack of empathic parenting.⁴⁷ The theoretical conceptualizations of both Kernberg and Kohut will be reviewed in more detail in the subsequent pages.

In the ego psychology tradition, Mahler's early childhood studies present many pictures of the developing relationship between the self and the object during the separation-individuation phase. Her acuity in using motor activity as an indicator of the subjective status of the child has provided a basis for understanding subsequent object relation phenomena. For example her description of the "push-pull" behavior patterns of the rapprochement sub-phase have led to appreciation of the high degree of ambivalence which accompanies recognition of separateness.

⁴⁷ Elizabeth Eisenhuth, Review of The Restoration of the Self by Heinz Kohut in Clinical Social Work Journal 7 (1979):162.

Both Kernberg and Kohut relate middle-range pathology to unsatisfactory object relation development in the separation-individuation phase. During this period, establishment of a cohesive self and object constancy are accomplished hand-in-hand with basic structuralization of the ego. Because of the early coalescence of the psychic apparatus, psychoanalysts have long questioned whether serious structural defects could be ameliorated by the psychoanalytic method. Most analysts believed that a modification of existing psychic structures, as in the neuroses and neurotic characters, was the domain of psychoanalysis, whereas the building up of new structures was not.⁴⁸ In recent years this limitation has been keenly felt because of a growing patient population presenting with significant structural deficiencies. Both Kernberg and Kohut are regarded as pioneers in their efforts to extend psychoanalytic methodology to include patients previously believed unsuitable for analysis. In the process a great deal has been learned about the influence of early object relations on adult adaptation, a subject which is highly relevant to the hypotheses of this study.

⁴⁸P. H. Ornstein, "On Narcissism: Beyond the Introduction, Highlights of Heinz Kohut's Contributions to the Psychoanalytic Treatment of Narcissitic Personality Disorders," The Annual of Psychoanalysis (New York: International Universities Press, 1974), p. 145.

Before proceeding to relate the theoretical formulations of Kernberg and Kohut to Mahler's contribution, some additional differences in their conceptualizations need to be identified. A major discrepancy has to do with their different views as to whether disruption of the separation-individuation phase results in pathological development or developmental arrest. Kernberg takes the position that pathological development is the consequence. He believes that unsatisfactory resolution of the rapprochement crisis culminates in a developmental fixation at the point where the psychological lesion occurred. Ego development then comes to a halt which is subsequently reflected in adult character pathology. He refers to this level of ego structuralization as borderline personality organization. His approach to treatment consists of working through the pre-oedipal traumata which enables the analysis to proceed as usual in attending to the issues of the previously contaminated oedipal period.⁴⁹

Although Kohut agrees that middle range pathology results from pre-oedipal object relationship damage to the self, he does not believe that its existence can be determined by level of structural organization or character pathology alone. This condition also exists in patients

⁴⁹ Otto Kernberg, Borderline Conditions and Pathological Narcissism (New York: Jason Aaronson, Inc., 1975), p. 270.

with neurotic and psychotic symptoms.⁵⁰ In his opinion the most reliable sign which differentiates these patients from others is their spontaneous establishment of one of the stable narcissistic transferences. In his vernacular these patients have narcissistic personality disorders.

Differential diagnosis is difficult because Kohut believes that early damage to the self leads to developmental arrest instead of pathological development. He postulates that there are horizontal or vertical splits in the egos of these patients and, therefore, it is only the infantile, narcissistic, split-off parts of the personality which call for clinical procedures different from traditional psychoanalytic methods.⁵¹ This is because the remainder of the personality has continued to develop separately from the split-off part. The treatment objective is to consolidate these narcissistic components, as they are reactivated in the transference, into the total personality structure. When this has been accomplished, treatment can be terminated as there is no need to work through oedipal issues.

Thus, it becomes quite clear that both theoreticians are agreed that early object relations have a profound influence on the subsequent development of the self-ego.

⁵⁰ Ornstein, "On Narcissism," p. 132.

⁵¹ Blanck and Blanck, Ego Psychology, pp. 78-80.

However, they present very different views of just what that influence is, in what manner it shows up later, and how to go about repairing any earlier damage. Because of their differences, it would seem that the most fruitful approach in relating their formulations to Mahler's observations would be to consider their theories separately. Although it is not the purpose of this project to make a comparative study of the theoretical views of these two men, I believe that in the course of interrelating their contributions with Mahler's, the entire subject of object relations will be illuminated.

Some of their differences, of course, cannot be reconciled. Paramount, in this regard, is Kohut's elaboration of the self which extends far beyond standard ego psychology definitions. As stated in the beginning, the theoretical framework upon which this study is based is ego psychology. However, Heinz Kohut's ideas concerning the self are superimposed upon that theory. The rationale for this will be explained when his formulations are presented in more detail.

In this connection, however, it is relevant that Kohut does not attempt to understand pre-oedipal pathology from an ego psychology point of view. He quite openly states that he could not find answers in modern theories to

questions raised in clinical observation.⁵² He therefore returned to the fountainhead (classical psychoanalysis) to develop his hypotheses. In so doing he has provided a rich, new dimension to object relations theory. However, this has also resulted in certain difficulties. Unfortunately his use of terminology from an earlier era tends to obscure the meaning of his contribution.

For example, his use of the term "narcissism" varies from standard ego psychological application and leads to confusion. Edith Jacobson defines narcissism as normal libidinal cathexis of the "self-representations."⁵³ Pathological narcissism is generally regarded as having reference to the persistent existence of early forms of self-aggrandizement accompanied by devaluation of the object. It is within this frame that Kernberg refers to pathological narcissism as the "other side of the coin" from borderline conditions in which there is inadequate cathexis of the self representations.⁵⁴ Kohut makes a somewhat similar distinction; however, he uses the term narcissistic to apply to both autoplasmic and alloplastic manifestations of the

⁵²Heinz Kohut, The Restoration of the Self (New York: International Universities Press, 1977).

⁵³Edith Jacobson, The Self and the Object World (New York: International Universities Press, Inc., 1964), pp. 3-23.

⁵⁴Kernberg, Borderline Conditions and Pathological Narcissism.

disorder. He refers to these two sides of the pathology respectively as narcissistic personality disorders and narcissistic behavior disorders.⁵⁵

His choice of terminology is an accurate reflection of his conceptual viewpoint. It would be most unfortunate if the significance of his contribution were discounted on the basis of the lack of conformity to standard usage.

In proceeding to a further exploration of the theories of these two investigators, Kernberg's formulations, evolving from an ego psychological framework, will be considered first. Kernberg's particular interests have been in understanding the mechanics of internalized object relationship formation and the influence they exert on building the overall structure of the mind. Thus, his theory encompasses the following four points:

1. the origin of the basic "units" (self image, object image, affect disposition) of internalized object relations.
2. the development of four basic stages in their differentiation.
3. the relationship between failure in these developments and the crystallization of various types of psychopathology.
4. the implications of this sequence of phases for

⁵⁵Kohut, The Restoration of the Self, p. 193.

general structural developments of the psychic apparatus.⁵⁶

As to the origins of the basic units, he formulates the interrelationship between instincts, affects and object relations in the following manner. Affects represent inborn dispositions to a subjective experience in the pleasure and unpleasure series. They are activated simultaneously with inborn behavior patterns, which elicit reciprocal mothering response. The interactions between infant and mother lead to the fixation of memory traces (internalizations) in a unit incorporating self and object components and the affective state.⁵⁷

Pleasurable and painful affects are the major organizers of the series of "good" and "bad" internalized object relations and trigger the major motivational or drive systems which organize intrapsychic experience. Affective states first determine the integration of both internalized object relations and the overall drive systems. Later affective states signal the activation of the drive and represent it in the context of internalized object relations. In Kernberg's formulation, libido and aggression represent the two overall psychic drives which integrate instinctual components and the other building blocks first

⁵⁶Kernberg, Object Relations Theory, p. 59.

⁵⁷Ibid., p. 104.

consolidated in units of internalized object relations.⁵⁸

As indicated, Kernberg believes there are four basic stages in the building up and differentiation of these basic units into internalized object relations. He acknowledges the contribution of Erik Erikson, Edith Jacobson and Margaret Mahler's earlier writings⁵⁹ in arriving at his developmental schema. His first three stages generally correspond with Mahler's delineation of the first three phases in the child's life. His Fourth Stage applies to object relations development during the oedipal phase. Finally, he adds a fifth "icing on the cake" stage which is contingent upon the attainment of "ego identity" as defined by Erik Erikson. At this point, a mature consolidation of the self-concept and world of object relations is the end result.

In the following paragraphs Kernberg's four basic stages of object relations development will be summarized. Particular attention will be given to the Third Stage because of its relevance to object relations theory generally and more specifically because of its bearing on the subject matter of this study.

Kernberg's First Stage also applies to the first weeks of postnatal life, which precede the establishment of

⁵⁸Ibid.

⁵⁹Mahler's The Psychological Birth of the Human Infant had not been published at the time of Kernberg's writing.

what he refers to as "the primary undifferentiated self-object constellation" ("symbiosis"). Under the influence of pleasurable, gratifying experience in interaction with the mother, the Second Stage comes into existence. Pathological arrest at the First Stage interferes with capacity to establish a normal "symbiotic" relationship with the mother, as defined by Mahler.⁶⁰

The Second Stage encompasses Mahler's symbiotic phase and the differentiation subphase of the separation-individuation process. Kernberg includes the latter subphase because of what he believes is the relative incompleteness of the differentiation of self and object at that time. There is at this stage a persisting tendency toward regressive refusion in response to severe trauma or frustration. This is in contrast to later defensive organization in which splitting mechanisms operate while boundaries between self—and object—images remain stable (borderline personality organization). Pathological fixation at or regression to this stage of development of internalized object relations is characterized by the breakdown of ego boundaries, which can be observed in symbiotic psychosis of childhood (Mahler, 1968), and most types of adult

⁶⁰Margaret S. Mahler, On Human Symbiosis and the Vicissitudes of Individuation, as cited by Kernberg, Object Relations Theory, p. 60.

schizophrenia and depressive psychosis (Jacobson, 1966).⁶¹

Normally, as a result of the organizing influence of the mother, a positive (good) self-object representation results from libidinally gratifying experiences. Concomitantly, a separate primitive intrapsychic structure comprising an undifferentiated "bad" self-object representation is built up under the influence of frustrating and painful psychophysiological states. These two primary structures are organized separately, determining two separate constellations of affective memory. The developmental series of good self-object representations become the intrapsychic structures originally invested with libido, while the series of "bad" self-object representations become those invested with aggression.⁶²

Affects gradually differentiate in the context of the development of the self and object representations. The earliest undifferentiated pleasurable affects will evolve into more specific pleasure with oral satiation, excitement of various erotogenic zones, gratification of exploratory behavior and with evolving interpersonal experiences. The same is true with the primitive painful affects, which gradually evolve into anxiety, fear and rage, as well as the

⁶¹Edith Jacobson, "On the Psychoanalytic Theory of Affects," Depression, as cited by Kernberg, Object Relations Theory, p. 60.

⁶²Kernberg, Object Relations Theory, pp. 60-64.

more elaborate and toned-down derived affects of the "unpleasure" series.⁶³

Experiences which activate the gratifying self-object representation also activate attention and motivate learning. Both gratification and limited frustration (which also activates attention and learning) contribute to gradual differentiation of the self components from the object components in the infant's perception of interactions with the mother. (This gradual differentiation is supported by maturation of the primary autonomous ego functions such as perception, memory and cognitive development.) On the other hand, experiences which activate the "bad" self-object representation bring on generalized anxiety and have a disorganizing effect which interferes with the early differentiation of self and object components, a progression which occurs in the Third Stage.⁶⁴

The Third Stage begins between the sixth and the eighth month of life and reaches completion between the eighteenth and the thirty-sixth month. With the exclusion of the differentiation subphase, it corresponds roughly to the separation-individuation phase, described by Mahler. A striking difference, however, is the apparent lesser significance Kernberg gives to object relations development

⁶³Ibid.

⁶⁴Ibid., p. 63.

following the rapprochement crisis than is emphasized by Mahler.

During the Third Stage there are three major developments: (1) Between six and eight months, differentiation of the self-representations from the object representations within the core "good" self-object representations; (2) Between sixteen and nineteen months, the differentiation of the self representations and the object representations within the core "bad" self-object representations; and (3) Between eighteen and thirty-six months the coalescence of "good" and "bad" self and object images into an integrated self-concept and into the establishment of object constancy.⁶⁵

The first development coincides with Mahler's practicing subphase. "Bad" experiences are externalized—attributed to the world "out there" and the differentiated self and object representation are perceived as omniscient and in perfect harmony.

The second development results in the admittance of "bad" affective experiences into the core self-object representation. Cognitive realization of object permanency leads to a more total view of the interactions with the mother and to the recognition of separateness. Mahler has provided a vivid description of the anxiety and resentment

⁶⁵Ibid., pp. 64-67.

which occur at the height of the rapprochement period.⁶⁶

The resulting ambivalence toward "the wrong-doer"—the mother—who is responsible for this "disillusionment" reaches its peak during the rapprochement crisis, from about eighteen to twenty-one months and generally subsides before age two.

Kernberg concurs with Mahler's view that cognitive realization of separateness does not guarantee emotional acceptance of this reality. In fact, he believes it is this incomplete integration which accounts for borderline personality organization. Lack of consistency between what is intellectually and what is emotionally accepted, as explained earlier in this study, is also a frequent reason for inability to proceed with mourning. In the same manner in which internalized aggression toward the lost object is believed to interfere with grief resolution, Kernberg hypothesizes that negative introjections from earlier stages of object relations development preclude admittance of "bad" affective experiences into the core self-object representation. To do so could disturb the young child's precarious hold on reality based on the limited image of the good mother, "the good introject." In Kernberg's opinion this problem may stem both from a constitutionally determined

⁶⁶See pp. 82-88.

intensity of aggressive drive derivatives and/or from severe early frustration.⁶⁷

Patients, whose object relations development comes to a standstill at this point, continue to split all affect-laden experiences into "good" and "bad." Ego and superego development, deriving from self representations and object representations, fail to differentiate which is necessary for subsequent neutralization and structural organization. Adults, with this level of character organization, respond to close interpersonal relationships as if they still were in the rapprochement phase—attempting to coerce the other into functioning as their omnipotent extension and fluctuating between periods of pushing away and desperately clinging.⁶⁸

Mahler's findings on the other hand indicate emotional acceptance of separateness normally occurs in a matter of months with the resolution of the rapprochement crisis. Total intrapsychic integration of the changed status ordinarily requires at least a year, however, during which time the issues of the anal phase and those involving sexual identity also play a significant part. (The process itself closely parallels the phases which are involved in mourning which will be discussed in the following chapter.)

⁶⁷Kernberg, Object Relations Theory, p. 48.

⁶⁸Ibid., pp. 145-148.

Recognition of the many vicissitudes which do arise during the final subphase of separation-individuation has led other theorists, including Mahler, to focus on the young child's subsequent interactions with the mother in determining borderline conditions.⁶⁹ Mahler even suggests that the final outcome of the rapprochement crisis is contingent upon subsequent developments in the oedipal phase and may not be finally settled until adolescence.⁷⁰

After the reality of separation has been emotionally accepted and the aggressively determined affects have been introduced into the infant-mother relationship, the normal developmental progression proceeds in a manner which leads to the coalescence of "good" and "bad" self and object images. The object relations' hazzard during this period seems to be that the "bad" components may be inequitably attributed to the self or object, leading to low self-esteem or pathological narcissism. In respect to this potentially unfavorable outcome, Mahler has written:

The less gradually, the more abruptly, intrapsychic awareness of separateness occurs . . . the less does the modulating, negotiating function of the ego gain ascendancy. That is to say, the less predictably reliable or the more intrusive the love object's emotional attitude in the outside world has been, the greater the extent to

⁶⁹ Mahler, Pine and Bergman, The Psychological Birth; Blanck and Blanck, Ego Psychology; and James Masterson, Psychotherapy of the Borderline Adult (New York: Brunner/Mazel, 1976).

⁷⁰ Mahler, Pine and Bergman, The Psychological Birth, p. 108.

which the object remains or becomes an unassimilated foreign body—a "bad introject," in the intrapsychic emotional economy. In the effort to eject this "bad introject," derivatives of the aggressive drive come into play; and there seems to develop an increased proclivity to identify the self-representative with the "bad" introject or at least to confuse the two. . . . In short great ambivalence may ensue which continues to mar smooth development toward emotional object constancy and sound secondary narcissism. These are the consequences for those children in whom the too sudden and too painful realization of their helplessness has resulted in a too sudden deflation of their previous sense of omnipotence, as well as of the shared magical omnipotence of the parents.⁷¹

Thus, there seem to be two distinct phases in object relations development related to the admittance of "bad" affective experiences into the core self-object representation. Initially there is the question of whether they will be accepted at all, and, afterwards, the issue is whether they will be consolidated in a manner which leads to an integrated self-concept and to the establishment of object constancy. Kernberg does not really make this distinction which is curious as he describes an intermediate level of character pathology which seems directly connected to pathological development during the latter phase of integration.

Perhaps this omission is related to the major importance Kernberg gives to the mechanism of splitting in his theoretical formulations. He defines splitting as a defensive maneuver employed by the ego to separate

⁷¹Ibid., p. 117.

unintegrated, contradictory psychological states without requiring access to consciousness or control.⁷² He points to the predominance of splitting mechanisms and related defensive operations in all patients with borderline personality organization.⁷³

Initially, as negative affects are introduced into the infant-mother constellation, they are primitive and intense—in Hartmann's terms unneutralized. At first ego boundaries are fluctuating and fragile, and refusion of self—and object—representations of a good (and gradually, idealized) type can easily occur as an early defense against bad, frustrating or anxiety-producing situations. As self—and object—representations become further differentiated, ego boundaries expand and consolidate. Normally, splitting mechanisms gradually decrease; however, under pathological circumstances, splitting may actually increase, representing regressive refusion with the object.⁷⁴

Normally, the integration of opposite self-representations brings about a general deepening and broadening of affective potentials, a modulation of affects and, particularly, an increased capacity for guilt feelings. This capacity is utilized by the developing superego and ushers in the developmental phase which Melanie

⁷²Kernberg, Object Relations Theory, p. 48.

⁷³Ibid., p. 48.

⁷⁴Ibid., p. 67.

Klein⁷⁵ referred to as the "depressive position."

Winnicott⁷⁶ modified her time frame, hypothesizing that this position arises at the developmental point at which guilt feelings and social concern appear.

As indicated, Kernberg identifies an intermediate level of character pathology which seems to evolve from this developmental period. (This patient group also appears to correspond more closely to the narcissistic disorders identified by Kohut.) Kernberg describes these patients as having excessively punitive and poorly integrated superegos. They tolerate the contradictory demands of prohibitive superego nuclei and magical, overidealized forms of the ego ideal. They may demonstrate limited capacity for experiencing guilt and/or a propensity for severe mood swings. These patients have fewer inhibitory character defenses and reaction formation and allied defenses are more in evidence, although repression is predominant. At this level there is a capacity for lasting, deep interpersonal involvements.⁷⁷

At the close of this Third Stage in Kernberg's schema of internalized object relations development the self

⁷⁵Melanie Klein, "Mourning and Its Relation to Manic-Depressive States," cited by Kernberg, Object Relations Theory, p. 68.

⁷⁶D. W. Winnicott, "The Depressive Position in Normal Emotional Development," British Journal of Medical Psychology, cited by Kernberg, Object Relations Theory, p. 68.

⁷⁷Kernberg, Object Relations Theory, pp. 144-145.

images establish coherence and continuity under the impact of polar opposite affective states. Affects become integrated, toned down, and then undergo further differentiation. "The child's self concept and his actual presentation or behavior in the social field become closer. At the same time, 'good' and 'bad' object images of the mother become integrated into a whole-object conception of her, which closely approaches the actuality or the reality of mother in the child's interpersonal-perceptual field."⁷⁸

The Fourth Stage begins late in the third year and pertains to the triadic constellation of the oedipal phase. Further ego integration and superego consolidation lead to a more realistic sense of self and others. Additional integration of libidinal and aggressive representations of object relationship experiences derived from emotionally-cathected interactions with both parents leads to a higher level of structuring. Excessive defensive operations against unconscious conflicts center on repression. Adult pathology arising from this phase constitutes the highest level of organization of character pathology (the neuroses).⁷⁹

The building blocks in Kernberg's overall schema of object relations development are the units of affective

⁷⁸Masterson, Psychotherapy of the Borderline Adult, p. 21.

⁷⁹Kernberg, Object Relations Theory, pp. 67-72.

state, object representation and self-representation. These units are established in the infants memory through processes of internalization. Kernberg applies Erikson's definitions of the different subclasses of internalization; thus he considers introjection, identification, and ego identity as a progressive sequence. In the case of introjection, self—and object—representations are not yet fully differentiated from each other, their affect is primitive, intense, and diffuse. In the case of identification, which occurs after the rapprochement crisis, there is a more differentiated separation between the self—and object—representations and internalization of a role aspect of the relationship. The affective state is less intense, less diffuse, and, as libidinal and aggressive investments are integrated, the spectrum of affect dispositions is broadened and deepened. In the case of ego identity, a more definitive structuring of the internal world of objects takes place, as occurs during Stages Four and Five, referred to above.⁸⁰

Within this framework, Kernberg believes that identification is the major process, involving the modeling of the self after an object. He postulates that the final outcome of pathological identification is character pathology. "The more rigid and neurotic the character traits are,

⁸⁰Ibid., p. 75.

the more they reveal that a past pathogenic internalized object relation (representing a particular conflict) has become 'frozen' into a character pattern. Psychoanalytic exploration and resolution of character traits, as they become transformed into active transference dispositions, consistently reveal the activation of units of self—and object—representations linked by a particular affect disposition."⁸¹

Thus, as summarized above, Kernberg integrates concepts from the British school with ego psychology theory in providing an explanation for the origins of character pathology. There seems little question that Mahler's observations concerning early childhood progression are not only relevant but add an important dimension to understanding the influence of internalized object relations. For example, her recent work, which clearly demonstrates that early precursors of the superego are in evidence following the rapprochement crisis, provides an added dimension of understanding which this author has attempted to relate to Kernberg's work.

Kernberg's psychoanalytic approach to treatment derives from his theoretical formulations. First, he believes that borderline personality organization is characterized by "a rather specific and remarkably stable form of

⁸¹ Ibid., pp. 75-76.

pathological ego structure."⁸² He advocates simultaneous attention to the defensive maneuvers, particularly splitting, which are activated in the transference, along with intuitive response to the underlying primitive internalized object relations which are being reexperienced. In this manner, what is more superficial and what is deepest are integrated into human experiences of ever-growing complexity. He finds that this approach to pathological splitting brings it under the control of the autonomous ego. Eventually the inner world of self and object representations become integrated with the appropriate associated affects. This, in Kernberg's opinion, results in structural integrity enabling the analysis to proceed, as usual, to the oedipal issues.⁸³ His approach to treatment, with inclusion of special parameters, is based on the classical model of psychoanalysis.

Heinz Kohut introduces an approach to treating middle range pathology which is not a parameter but the main therapeutic thrust of the analysis. As previously indicated he believes the pathology reflects a developmental arrest and does not call for further work with oedipal issues.

Kohut observes that patients with narcissistic disorders have failed to integrate segments of the self into the adult ego structure. The resulting symptoms include,

⁸²Ibid., p. 20.

⁸³Ibid., p. 178.

for example, low self-esteem, lack of direction, alienation and loneliness, hypochondriasis, limited work capacity and/or coldness, arrogance, rage and narcissistic withdrawal. This lack of integration causes the underlibidinization of the self and accompanying aggression which is reflected in the splitting mechanisms which have caught the attention of Kernberg.

In Kohut's opinion, it is not structural organization or even the character of internalized object relations which are at the forefront in treating these disorders. It is the undeveloped sectors of the self—the center of the psychological universe—to which he directs attention. Just as in the case of normal development the unfolding of the self is accomplished in an object relationship, an attempt is made to restore its growth in the therapeutic relationship with the analyst or therapist. With the narcissistic disorders, the main thrust of treatment is the establishment of an integrated self and from this emphasis, internalized object relationship change and structural repair follow secondarily.

There is considerably more at stake here than a mere shift of emphasis, as Kohut is proposing a new look at narcissism which conflicts with some of the basic tenets of ego psychology. The standard ego psychological position concerning narcissism (libidinal investment of the self) arises from Freud's 1914 postulate describing the evolution

narcissism. Freud suggested that the child proceeds from autoeroticism (a state of being) to a narcissistic stage, in which he/she is concerned only with self, to an anaclitic stage, in which he/she is dependent upon someone else, and eventually to a state of object love. Inherent in this formulation is the view that at some point during the latter part of the narcissistic (symbiotic) phase, primary narcissism declines and gradually gives way to secondary narcissism. The infant takes his/her own body, as well as the mother, as the object of "secondary narcissism."⁸⁴ This conceptualization is also reflected in Hartmann's⁸⁵ position that narcissism exists first in the instinctual and later in the neutralized mode (secondary narcissism derived from the love object's libidinal investment in the self).

Kohut proposes that this phenomenon be looked at in a different way. He suggests that there are other developmental lines in addition to the one concerned with the evolution of object love. These lines also proceed from autoeroticism and narcissism to higher forms and transformations of narcissism. In Kohut's view "there is no room in the single axis theory for 'narcissism as a driving force' of its own with archaic and mature forms throughout the entire

⁸⁴Mahler, The Psychological Birth, p. 47.

⁸⁵Heinz Hartmann, Essay on Ego Psychology (New York: International Universities Press, 1964), p. 192.

life cycle."⁸⁶ Such a constricting viewpoint conflicts with Kohut's clinical observations, particularly those of patients with narcissistic disorders.

Kernberg disagrees with Kohut's formulation since he bases his theory on the standard interpretation that secondary narcissism is an outgrowth of object love. He expresses his opinion as follows:

I disagree with Kohut who thinks that narcissism is defined "not by the target of the instinctual investment (i.e., whether it is the subject himself or other people) but by the nature or quality of the instinctual charge."⁸⁷ I do not think there exists such a thing as the nature or quality of instinctual . . . charges unrelated to the respective development of affects and internalized object relations. The normal or pathological nature of narcissism depends upon the normal or pathological nature of the self and its components, which, in turn, are intimately related to the normal or pathological nature of internalized objects and their component object-representations.⁸⁸

In rebuttal Kohut could well ask Kernberg to explain from whence cometh the affective response to object relations experiences. Kohut's own findings could provide an answer to that question. He recognizes that it is the self which is the center of impressions and the generator of affects. In his view, the self is the center of its own

⁸⁶ Morton Levitt, "The ABC's of Narcissism," paper presented at the 5th Annual Mid-winter Program in Continuing Education for Psychiatrists, University of California, Davis, February, 1979.

⁸⁷ Heinz Kohut, The Analysis of the Self, cited by Otto Kernberg, Object Relations Theory, p. 115.

⁸⁸ Kernberg, Object Relations Theory, p. 115.

psychological universe from the beginning. At the point of differentiation (following the narcissistic phase), there already is an existent self, a "cohesive self" in Kohut's terms.⁸⁹ This self is cathected with instinctual energy and is a center of initiative.

The unfolding of the innate potentials of this core self will be either reinforced or damaged in the context of the significant object relations. The object relations per se, however, represent only one side (developmental line) of the spiralling interplay between two forces, both infused with instinctual charge. This conceptualization of early interactions between the self and object is born out by Kohut's empirical findings.⁹⁰

It is this disagreement which seems to be at the heart of the subsequent differences in conceptualization and analytical approach of these two contemporary thinkers. This is not a new controversy. The place of the self in the psychoanalytic spectrum was a point of controversy between Sigmund Freud and Carl Jung. The issue remains a divisive factor between the ego psychology and English schools of psychoanalysis. The differences between Otto Kernberg and Heinz Kohut represent a present-day enactment of a long-

⁸⁹Kohut, The Analysis of the Self and The Restoration of the Self (New York: International Universities Press, 1977).

⁹⁰Ibid.

standing quarrel. Mahler does not seem to commit herself in this regard, although she, of course, represents the ego psychology point of view. On the other hand, her careful observation of the unique qualities which emerge in individual children seems to provide evidence on the side of the self.

As explained earlier, Kohut's theoretical formulations have derived from his and his colleagues clinical experience in analyzing patients with narcissistic disorders. They had noted that these patients developed two characteristic types of transference: (1) The mirror transference reflecting a frustrated early childhood need for acceptance and "mirroring," and (2) The idealizing transference also reflecting an unmet need for merger with a source of "idealized" strength and calmness.⁹¹

It was out of an effort to comprehend these transference reactions that Kohut's understanding of the self and its relationship with the object evolved in depth psychological terms.⁹² On the basis of the interaction which was reinstated with the analyst, the early self seemed to have regarded the object as a part of the self, as a "self object" in Kohut's terms. The expected control over these self objects is comparable to the kind of control an adult

⁹¹Morton Levitt, "The ABC's of Narcissism."

⁹²Ibid.

expects to have over his/her own body and mind.⁹³ Thus, the high level of cathexis for the object seemed to originate from self cathexis, rather than the reverse formulation hypothesized by other theorists.

As indicated there are two kinds of self-object transferences which are reactivated in the psychoanalytic milieu. The first type is referred to as the mirroring self object, the second as the idealized parental imago. The core self, Kohut believes, is made up of three major constituents: (1) a pole from which emanate the basic strivings for self-esteem and success; (2) another pole which harbors the basic idealized goals; and (3) an intermediate area of executive functions, talents, and skills which are activated by the tension-arc established between ambitions and ideals.⁹⁴

Kohut believes there are three stages in the progressive development of the self.⁹⁵ In the first weeks of life, during the period of "autoeroticism," a term which he prefers, the self is fragmented or consists of "self nuclei." The first stage has reference to the period of "primary narcissism" (symbiosis), at which time the "self

⁹³Ibid.

⁹⁴This graphic depiction of Kohut's constructs appears in Levitt's "The ABC's of Narcissism." It is derived from Kohut's The Analysis of the Self and The Restoration of the Self.

⁹⁵Ornstein, "On Narcissism," p. 134.

nuclei" coalesce into a "cohesive self." Narcissistic injuries during the stage of "primary narcissism" lead to the most severe psychopathology because they interfere with the establishment of the "cohesive self."

Kohut hypothesizes that "primary narcissism" is inevitably disturbed by "perceived shortcomings" in maternal care which lead to the recognition of separateness. (From Kernberg's perspective, this is separateness within the positive self-object representation.) At this point the child attempts to preserve the originally experienced perfection by establishing a grandiose, exhibitionistic imago of the self and by turning over the wish for perfection to an admired, omnipotent self-object.⁹⁶

In this second stage of self development, the mother is the significant self-object. Her mirroring, echoing, admiring and approving bring about the integration of various body and mental functions necessary for structural formation. Under optimal circumstances, the grandiose self in its further development becomes tamed and integrated within the adult personality. The grandiose-exhibitionistic libido will be available for ego-syntonic ambitions and purposes, for enjoyment of activities, and for important aspects of self-esteem.

⁹⁶Ibid., p. 135.

Narcissistic injuries during this period do not forestall the attainment of a "cohesive self" but, according to Kohut, the grandiose self does not merge into the relevant ego content but is retained in its unaltered form and strives for the fulfillment of its archaic aims. Narcissistic homeostatis cannot be maintained and a propensity for temporary fragmentation remains.⁹⁷

At some point during the second phase (according to Mahler's observations, following the rapprochement crisis) and extending into the third phase, the idealizing component requires empathic response from the self-object, particularly the father but also the mother. If the child is provided the opportunity to idealize the parents sufficiently, the idealizing libido will be available to supply the super-ego with cathexis, thus making it into a highly valued internal structure, the ego ideal. In addition, transformations of idealizing libido will lead to the further enrichment of the adult personality with such desirable qualities as empathy, creativeness, humor, and wisdom.⁹⁸

In the third stage the self becomes a mature and securely cohesive structure-flexible, expanding and changing, but always retaining its cohesiveness and its stable demarcation from objects. Narcissistic injuries during this

⁹⁷ Ibid., p. 136.

⁹⁸ Eisenhuth, Review of The Restoration of the Self, p. 162.

stage may still affect the self-system by lowering self-esteem and mobilizing a variety of defensive reactions. However, the self will not crumble under the impact of these traumata and will not suffer a regressive fusion into self-objects. The consequences of this phase are seen in the psychoneuroses.⁹⁹

Kohut, like Kernberg, gives particular emphasis to the processes of internalization in building psychic structure. In fact, Kohut's psychoanalytic approach to filling in missing structure involves a technique which he refers to as "transmuting internalizations." Originally structure-building occurred in relationship to the narcissistically cathected self-objects. The functions which the object used to perform for the child are gradually internalized and taken over by the ego.

In a 1971 article, Marian Tolpin relates the concept of "transmuting internalizations" to Mahler's observations concerning the separation-individuation process. In two aptly chosen examples, the infant's use of the transitional object and stranger anxiety, she demonstrates that the mother's soothing and anxiety-relieving functions belong to the infant's archaic self experience. She then describes the steps by which the "leap" to inner capacity to manage tension and anxiety is accomplished by gradual

⁹⁹Ornstein, "On Narcissism," p. 136.

internalization of these functions—when the infant experiences the loss in phase-appropriate ("just right") doses.¹⁰⁰

It is when the transmuting of internalizations does not take place in "right doses" and crucial empathic response is not forthcoming that the process of structuralization breaks down. In Mahler's terms separation and individuation issues are not satisfactorily negotiated and the tension gradient between the grandiose self and the idealized object fluctuate back and forth instead of becoming integrated. This state of affairs is anxiety provoking, results in aggression and is reflected in pathological splitting. As previously indicated, Kernberg's approach to the problem of splitting is a therapeutic effort to bring it under the conscious control of the autonomous ego. This approach has been questioned in some quarters on the basis of whether intellectual mastery actually brings satisfactory resolution of relationship issues pertaining to affects.

Kohut, on the other hand, does not base his approach to treatment on a direct confrontation of the symptomatology. He has noted that, as the resistance to the regression is overcome, the patient spontaneously returns to the point of development which preceded the occurrence of the

¹⁰⁰Marian Tolpin, "On the Beginnings of a Cohesive Self," Psychoanalytic Study of the Child 26 (1971):316-352.

psychological lesion or lesions. The patient then attempts to rework the past in the therapeutic relationship with the analyst. The two archaic configurations, the grandiose self and the idealized parent imago, are mobilized and give rise to specific narcissistic transferences.

There are three stages in the progressive development of each of these transferences. In fact, in broad outline they tend to replicate the way the human infant orders his/her separation and individuation from the mother.¹⁰¹ In the following paragraphs the successive steps in these transference manifestations will be briefly outlined:

1. The mirror transference

- a. The "merger transference" is the most archaic form. There is a merger through the extension of the grandiose self. A "primary identity" is established in which the analyst becomes the carrier of the patient's grandiosity and exhibitionism as the mother once was.
- b. In the "alter-ego or twinship transference," a less archaic form, the patient assumes that the analyst is like him/her: the need is for the analyst to be a faithful replica, a twin.

¹⁰¹ Levitt, "The ABC's of Narcissism."

- c. In the "mirror transference," the least archaic form, the patient experiences the analyst as more or less separate, but his/her significance is perceived only insofar as it is needed by the reactivated grandiose self for its own purposes.

2. The idealized transference

- a. With the recognition of separateness, it would seem, the early and necessary idealization of parental objects becomes the more predominant mode. In the most archaic form, disturbances in the relationship with the idealized self-object leads to a diffuse narcissistic vulnerability and to an inability to achieve narcissistic equilibrium.
- b. In the somewhat less archaic form of idealization which originates from a later period of childhood, the traumatic effect interferes with the drive control, channeling and neutralizing function of the psychic apparatus. In other words, the tension arc is established at this point.
- c. In the most advanced form of idealization, associated with the late pre-oedipal or oedipal period, the remaining narcissistic

cathexes can still be traumatically damaged. As a consequence, the idealization of the superego remains incomplete. The patient thus continues to search for support, approval, and leadership from external idealized figures.¹⁰²

Kohut responds to the establishment of one of the narcissistic transferences by providing a therapeutic climate in which the missing psychic structure can develop. The archaic demands and fantasies, including the severe rage over their frustration, are responded to with empathy and verbal acknowledgment that they were once phase appropriate. This brings the narcissistic needs to the level of awareness, leading to understanding what is demanded and why it is demanded. A major part of the therapist's work is devoted to the patient's reaction to the loss, when crucially needed, of the narcissistically experienced self-object. Again sensitive response combined with knowledgeable understanding of the significance of the loss at the time it occurred, result in transmuting of internalizations and the ultimate integration of the missing structure into the adult personality. Parameters (i.e., active interventions) are not required because the usual verbal interventions, interpretation, and reconstruction accomplish the

¹⁰²Ibid.

desired results.¹⁰³ Kohut has discovered a method whereby the patient's own strivings for self-repair can be utilized to bring about the change in an emotionally-cathected relationship.

Thus, the theoretical formulations and treatment interventions of Kernberg and Kohut differ markedly. This has led some observers to question whether they are talking about the same level of abstractions or even about the same patient population.¹⁰⁴ Kohut quite openly states that the treatment method he has outlined is not applicable to borderline patients because these individuals do not have the necessary "cohesive self." (Yet the differences between these two investigators even extend to what patient group they refer to as "borderline.") Roughly translated Kohut seems to have reference to those patients Kernberg describes as having the lowest level of character pathology. Kernberg's own methods seem to work remarkably well with this patient population, although it is incongruent that these probably more traumatized patients respond more favorably to an approach of direct confrontation.

Kohut's believe that middle range pathology can be distinguished on the basis of the existence of a "cohesive self" and capacity to enter into a narcissistic transference

¹⁰³Kohut, The Restoration of the Self.

¹⁰⁴Levitt, "The ABC's of Narcissism."

also raises questions. How does this level of integration come about? If the potential for borderline pathology does indeed originate at the time of rapprochement, constituting, as it were, lack of emotional acceptance of intellectually perceived separateness, how is it that Kohut's patients deal with developmental issues originating from an earlier time? Besides confirming Kernberg's postulate that borderline pathology may be determined by prior-to-rapprochement vicissitudes in the infant-mother relationship, what does this say about the establishment of the "cohesive self"? Does this suggest that the existence of a "cohesive self" is more an indicator of level of integration attained during the separation-individuation process than evidence of a phase-specific developmental accomplishment? If so, this further complicates efforts to integrate Kernberg and Kohut's formulations.

These are only a few of the many questions which arise when attempts are made to relate the evolving theories of these two investigators. Yet most observers are agreed that both are making a significant contribution to understanding the influence of early object relations upon adult psychological functioning. Both are contributing to piecing together the parts of an only recently extrapolated puzzle. Their differences seem to highlight how much remains to be understood in order to completely comprehend the total configuration. Both the *a priori* and the *a posteriori* approach,

so to speak, add an important dimension.

Mahler's observations—in *statu nascendi*—provide another crucial part to the whole. Her studies serve to illuminate the important issues of early childhood which, if unsatisfactorily resolved, tend to be played out over and over again throughout the entire life cycle. The relevance of her findings to the theoretical formulations of both Kernberg and Kohut also has been demonstrated.

The same organizational plan which was followed in completing this chapter will be utilized in proceeding to the hypotheses of the study, i.e., the phases which occur in mourning will be related to Mahler's formulations concerning the separation-individuation process. Her view that an integrated sense of self results from successful reconciliation of the conflicting pulls of separation-individuation lends itself to the inclusion of Kohut's definition of the self in formulating the hypotheses. The point has now been reached to return to a reconsideration of mourning in the light of the new insights which have arisen concerning the ego's first experience in integrating a meaningful object loss.

Chapter 4

SEPARATION-INDIVIDUATION AS THE PROTOTYPE FOR MOURNING

Development of the Hypotheses

The purpose of this project is to relate recent developments in the field of object relations theory to what has been determined to be the natural course of mourning. The hypothesis is that, ordinarily, a healing regression occurs which utilizes earliest methods of mastery in separation-individuation to accomplish reestablishment of psychic equilibrium. A relevant second hypothesis postulates that variation in response to bereavement is related to the degree of autonomy previously achieved in internalized object relations. It is proposed that a regressive reaction which results in pathology will be a reflection of past relationship difficulties which interfered with the attainment of an integrated self. In extreme cases, lack of resolution of the original separation-individuation issues will, in response to bereavement, result in a pathological rather than a healing regression.

Before demonstrating that the same psychological processes which enabled separation-individuation to proceed

seem to be set in motion by subsequent experiences of significant object loss, a review of what has been determined to be the natural course of mourning is indicated. It may be recalled that mourning is described as a four phase process which, if it proceeds normally, leads to the eventual integration of the loss. These four phases are identified as follows:

First Phase—Phase of Numbness—during which the fact of the loss is partially disregarded.

Second Phase—Phase of Yearning—during which the urge to recover the lost object predominates and active and aggressive "searching" takes place. In this phase it is the permanence rather than the fact of the loss which is disregarded. Separation anxiety seems to prevail.

Third Phase—Phase of Despair and Disorganization—during which both the permanence and the fact of loss are accepted and attempts to recover the lost object are given up. Despair, depression and disorganization of behavior ensue.

Fourth Phase—Phase of Reorganization of Behavior—during which the loss is gradually accommodated to and a new psychosocial adaptation attained.

It was also pointed out that knowledge of the intrapsychic processes which enable mourning to proceed in this manner had not kept pace with observations of the phenomena which occur. Particularly unexplainable is the

primitiveness of the initial response to bereavement, the extent of the regression and the severity of the symptomatology, the presence of seemingly inappropriate anger, and the emergence of more dependency on the lost relationship than had ever been apparent in real life. Although numerous studies have confirmed that this acute phase normally subsides in a matter of weeks, it is being increasingly appreciated that the extensive psychic disequilibrium which is precipitated by the loss requires at least a year to restore. The propensity of the grief reaction to take a pathological turn during that period is also increasingly recognized.

It is this author's view that new insights which are arising from object relations theory provide answers to some of the perplexing questions which have remained unresolved in respect to the grief reaction and the way healing is accomplished. Central to this formulation is Melanie Klein's postulate that response to the loss of a loved object in later life is patterned on response to a similar loss in early childhood.¹ Other theorists have stressed the importance of early separation experiences for subsequent personality development including capacity to relinquish libidinal aims toward the object. For example, various

¹Melanie Klein, "Mourning and Its Relation to Manic-Depressive States," Love, Guilt and Reparation and Other Works 1921-45 (London: Hogarth Press, 1975).

theories have been advanced attaching primary significance to the birth trauma, the vicissitudes of the weaning process, the need to abandon instinctual aims toward the oedipal objects, and/or the experience of emancipation at adolescence.

There is little doubt that all these milestones in human development have an important influence on subsequent capacity to accept the loss of a loved one and to mourn. The question remains, however: during which, if any, of these early maturational/developmental stages is a pattern established and does a prototype come into existence, which can be utilized to integrate subsequent object loss. The position taken in this study is that such a pattern or prototype evolves from object relations experiences in the first three years of life.

At the hub of this process is the "rapprochement crisis" which ordinarily occurs at approximately eighteen to twenty-one months. It is at this time, according to Mahler, that the young child comes to terms with the cognitive recognition that the loving mother is also a source of frustrations and disappointments. This crisis follows what Kernberg refers to as "the differentiation of the self and object representations within the core 'bad' self-object representations." The initial reaction to this shocking discovery is one of anxiety, longing for and assertive efforts to restore the former idyllic union. In part,

however, this loss is compensated for by the narcissistic pleasures which are gained from the exercise of newly acquired skills in individuation. Normally, in the next twelve to fifteen months, the pain of loss is integrated and self-integrity and object constancy are established. In essence this seems to be the early experience which is reactivated and the process which is reinstated with subsequent experiences in object loss.

In the following paragraphs, a review of the present status of theoretical understanding of the mourning process will be discussed. These formulations will be related to the intrapsychic processes which enable separation and individuation to be accomplished in the first three years of life. It is hoped that as the similarities between these two processes are pointed out the validity of the first hypothesis will be established.

The First Hypothesis is that, ordinarily, a healing regression occurs which utilizes earliest methods of mastery in separation-individuation to accomplish reestablishment of psychic equilibrium. In the following paragraphs the phases of mourning will be related to comparable developments which occur during the separation-individuation process.

First Phase—Phase of Numbness and Disbelief

At first the loss is responded to with shock and disbelief. Through the establishment of a stimulus barrier,

so to speak, the self is protected from too rapid assimilation of the loss and total ego disintegration. This is reminiscent of the internal mechanisms which protect the young child from too early recognition that the loving, protective mother is also the source of frustrations and disappointments.

Recognition that unpleasant experiences which provoke aggression or, if you will, assertion, are also a part of the infant-mother interaction occurs at the beginning of the rapprochement subphase. Previously, during the symbiotic phase and the differentiation and practicing subphases, negative experiences were attributed to "the stranger," to the world outside. Loss of a blissful, perfectly harmonious union with another, expulsion from the "Garden of Eden" so to speak, is a universally recognized tragic occurrence in the course of human development. In the light of present-day understanding, the importance of the prior illusory shield for subsequent psychological growth is recognized. Its function relates to what both Spitz and Kernberg have said about the earliest interactions between the infant and the mother: Her earliest ministrations provide a security base which enables the young child to accept separation from her. In like manner the initial desensitization which occurs with mourning is the first of several intrapsychic mechanisms which protect against too rapid confrontation by the loss.

Second Phase—Phase of Yearning and Active Searching

During this phase the urge to recover the lost object predominates and active and aggressive searching takes place. Even the two most frequent descriptions which are used to characterize the emotional reactions of the bereaved at this point—yearning (longing) and aggressive—are the same ones which are ascribed to the young child's behavior in the early stages of rapprochement. The conflict over whether to hold on to the lost valued relationship or to capitulate to the demands of reality exists in both instances and is reflected in intense ambivalence.

The fact that many adults who experience significant object loss never move beyond this phase (that is emotionally integrate the loss) has been cause for professional concern. The second hypothesis of this study relates to this specific issue. An attempt is made to understand the reason some adult mourners are unable to proceed with the grief resolution work. The causes seem to be many and varied and relate to external as well as internal factors. In many instances, however, the determinants are exactly the same as those which prevented the borderline patient from accepting separation from the mother.

Third Phase—Phase of Despair and Disorganization

Normally a brief phase of acute anguish and total despair signals the loss has registered within the

intrapsychic system. Somatic distress, disorganization of behavior, preoccupation with the image of the deceased and personal shortcomings in respect to the relationship, restless hyperactivity, social withdrawal, irritability and open hostility are typical reactions in the first weeks following the internal acknowledgment of the loss. (This is the response that both Lindemann and Volkan have attempted to elicit in their active approaches to unresolved grief reactions.) In most instances, however, the pain and disorganization of the acute phase subsides in a matter of weeks.

This is accomplished partially through the spontaneous establishment of a temporary, but yet total, introjection of the lost object. This internalization (introject) provides a holding environment in which the painful intrapsychic work of decathexis can proceed. It also enables the survivor to return to somewhat normal functioning, which, at least in the beginning, could be described as "going through the motions" of living. This return to automatic involvement in former activities is somewhat deceptive and tends to obscure the fact that internal integration is a long, slow process. The possibility remains that difficulties may emerge at any point along the way to final resolution.

This phase of mourning could be likened to the rapprochement crisis which emerges at the center of the ego's first experience in integrating object loss. The

heightened sensitivity which occurs at this point in development has previously been described. In addition, Mahler has observed that there is a widening of the emotional range at this juncture and reactions to the mother's absence become quite differentiated. Separation from the mother is responded to with open expression of grief, crying, and anger. By the age of twenty-one months, however, Mahler notes a general diminishing of the rapprochement struggle. "The clamoring for omnipotent control, the extreme periods of separation anxiety, the alterations of demands for closeness and autonomy—all these subsided." Yet, on this earlier occasion, complete integration of the loss is not expected to occur, even under the most favorable of circumstances, until about twelve to fifteen months later.

Mahler believes that final resolution of the rapprochement crisis is significantly influenced by the pleasure which is taken in autonomous functioning and the exercise of new skills which facilitate individuation. In other words, narcissistically experienced satisfactions contribute to the young child's ability to accept the painful awareness of separateness. In "Mourning and Melancholia," Freud makes a strikingly similar comment about what enables the adult mourner to pick up the strands of his/her life. He writes that "the ego, confronted as it were with the question whether it shall share this fate, is persuaded by the sum of the narcissistic satisfactions it derives from

being alive to sever its attachment to the object that has been abolished."²

The capacity to mourn, perhaps more than any other psychological phenomenon, provides substantial evidence for Kohut's postulate that narcissism has a driving force of its own throughout the entire life cycle. Further explanation of the intrapsychic processes which enable the loss to be integrated will be discussed in conjunction with the final phase of mourning.

Fourth Phase—Phase of Reorganization of Behavior

As indicated, reparative work begins with the full expression of the grief reaction and the establishment of an introject. The nature and function of the introject has been the focus of theoretical speculation since Freud first recognized its importance to the successful completion of mourning. It is an intrapsychic process which enables the presence of the loved object to be internally retained while the painful work of decathexis is carried out. In this respect it serves much the same function as does the introject of the "good" mother in establishing a security base from which separation-individuation can proceed.

²Sigmund Freud, "Mourning and Melancholia," Standard Edition (London: Hogarth Press, 1957), 14:255.

With adults this global introjection of the lost relationship includes not only familiar patterns of past interactions in the external world but also, from an object relations viewpoint, emotional investments stemming from the earliest periods of life. In other words, from this theoretical perspective, all significant interpersonal relationships contain, to a greater or lesser extent, the sum total of life's experiences in object relations and consist of several levels of predetermined cathexis.

In addition, the introject provides a representation of the lost object from which internalizations can be withdrawn and transmitted to the self and the self's activities. In this respect also it fulfills a similar purpose as does the relationship with the external object during the first three years of life. At that time, through processes of internalization, that is, through introjections and identifications, functions formerly performed by the object are gradually taken over by the self.

In 1962, Hans Loewald³ made an early contribution to understanding this function of the introject. He hypothesized that the internalization which serves in the beginning as a defense against the pain of loss, changes its function and becomes a goal, namely achievement of emancipation and individuality. As previously indicated, his article was

³Hans W. Loewald, "Internalizations, Separation, Mourning and the Superego," Psychoanalytic Quarterly 31 (1962).

written prior to recent developments pertaining to object relations theory. Perhaps for this reason his emphasis was on comparing mourning to the relinquishment of oedipal objects and the final formation of the superego.

He postulated that what is internalized may shift within the ego/superego system, the character of the introjects may be modified according to respective depth and degree of internalization, and internalizations may continue to develop. For example, the outcome of mourning may be something like a new intake of objects into the superego structure (identifications) insofar as elements of the lost object are internalized in the form of ego-ideals or inner demands and punishments.⁴

Thus, Loewald proposed that aspects of the introject are gradually integrated into the survivor's structure resulting not only in the restoration of psychic equilibrium but also in the inclusion of new elements within the adult personality. The transformation of previous aspects of the relationship into more permanent structure is a familiar process from the standpoint of object relations theory. In fact, Loewald's formulations take on new significance when considered from that point of view. As previously suggested, it could be extrapolated that the introject serves

⁴Ibid., as cited by Lorraine D. Siggins, "Mourning: A Critical Survey of the Literature," International Journal of Psycho-Analysis 47 (1966):18.

much the same function as was performed by the external object throughout the first three years of life. That is, internalizations can be withdrawn from it and established within the internal structure of the self, influencing ego as well as superego development.

In fact, the phenomena which have been observed in regard to mourning would seem to support this thesis. The progressive integration of internalizations proceeds in the same chronological order as occurred originally; that is, from primitive introjections to highly sophisticated identifications.⁵ For example, Pollock⁶ has noted that libido detachment or object decathexis occurs topographically in the system unconscious. The process then proceeds through the preconscious into the conscious. It is here that reality perception can occur. When the path is blocked due to excessive ambivalence, as Freud pointed out in "Mourning and Melancholia," repression continues to operate and pathological mourning results.⁷ The bereaved is unable to proceed with separating from the lost object.

⁵The internalizations reflect object relationship developments throughout the life time; this study has reference to the intrapsychic process which enables integration of the loss to occur. This, it is believed, is a recapitulation of the separation-individuation process.

⁶George H. Pollock, "Mourning and Adaptation," International Journal of Psycho-Analysis 42 (1961):352.

⁷Sigmund Freud, "Mourning and Melancholia," Standard Edition, cited by Pollock, "Mourning and Adaptation," p. 352.

However, just as the individuation of the young child was reinforced by recognition that there were both "good" and "bad" experiences in interaction with the love object, this awareness normally leads to a more realistic view of the former relationship. Following the establishment of the introject, an internal process which facilitates the reduction of the lost relationship into its "good" and "bad" components ensues. This process also begins at the unconscious level and proceeds to higher levels of conscious recognition. The recall and integration of both positive and negative experiences in interaction with the lost love object serves much the same purpose as was accomplished by the similar process in the second eighteen months of life. Positively cathected interactions, necessary for restoration of homeostasis, tend to be internalized; negative interactions or differences contribute to the recognition of separateness and to a redefinition of the self.

Thus, in this instance, splitting under the conscious control of the ego, contributes not only to a more realistic view of the object but to new insights concerning the self. The introject is replaced by a more authentic internalization representing, so to speak, the establishment of "object constancy" in respect to the lost love object. In addition, this process results not only in the restoration of psychic equilibrium but also in the enrichment of the self from the past experience in object relationship.

Finally, reinvestment in former and new activities, interests, and relationships serves to counteract the regressive pull for reunion with the deceased and/or any inclination to give up active involvement in the world of the living. As was the case when separation was first cognitively recognized, the painful realization that the object no longer exists in its previous form is partially overcome by the satisfaction which derives from individuation. With the adult who can engage, or be helped to engage, in a normal mourning process, restoration of former functioning, in many instances to an increased degree of personal satisfaction, can be accomplished. In this manner the memory of the deceased is retained and can never be replaced by another. At the same time, the process of deatthesis results in a deepened capacity to reinvest in new object relationship experiences. It must be recognized by clinicians, however, that this is a slow, step-by-step process and ordinarily requires approximately a year, as it did originally, to run its full course.

Thus, the hypothesis that the resolution of grief is accomplished through a process which constitutes a recapitulation of the experience in separation-individuation seems to be borne out not only by similarities in the observed phenomena but also by what is believed to be taking place internally. This formulation attempts to provide an additional dimension to traditional theoretical explanations

which centered around the establishment of the introject and the withdrawal of cathexis from it. This hypothesis is also found to be in conformity with the findings from various studies reported in Chapter 2 and, in fact, provides a theoretical framework to which they can be related.

For example, the involuntary efforts to restore the lost love object which occurs in the second phase of mourning resembles in many respects the manifestations of separation anxiety which occur in the early stages of rapprochement. Also at that earlier time, after a brief period of acute grief (the rapprochement crisis), the loss is slowly integrated. These findings are relevant to Bibring's postulate that both anxiety and depression are basic ego reactions.⁸ The findings also pertain to related formulations which define anxiety as the reaction specific to the danger which threatened object loss entails and grief as the reaction specific to object loss. The degree of disorganization and the symptomatology which occurs in response to internal recognition of "helplessness" to change the situation is also reminiscent of the young child's response to growing awareness of the reality of separateness.

This hypothesis is also in accord with the findings, particularly those of Anna Freud and Erna and Robert Furman, which pertain to the stage of development at which the young

⁸See p. 52 in Chapter 2.

child is capable of engaging in a mourning process comparable to what is experienced by the adult. Robert Furman⁹ hypothesized that after the young child has successfully negotiated the separation-individuation issues and has become safely anchored in the oedipal phase, the potential for successful mourning exists. As previously indicated, however, grief-resolution work at any point in childhood is a delicate process, requiring skillful handling, because of the extent of vulnerability throughout all the developmental years. Nevertheless, it is a very necessary procedure because, as with the adult, development comes to a standstill unless the loss is intrapsychically integrated.

The profound effect upon subsequent personality formation which occurs as a result of unsatisfactory resolution of childhood loss is well-recognized by clinicians. As previously indicated, John Bowlby made a review of such cases which had been reported in the literature by other analysts. He then proceeded to identify symptom patterns which seemed to be present in those adults who had unresolved grief reactions stemming from childhood. In addition to finding that these adults remained fixated at the developmental stage at which the loss had occurred, he also identified four characteristic patterns of adaptation, occurring either singly or in combination, which seemed to

⁹See p. 55 in Chapter 2.

be superimposed upon their adult adjustment. Interestingly, as he pointed out, Lindemann had observed these same reactions in situations involving unresolved grief reactions to loss experienced in adulthood. In brief review, Bowlby described these four characteristic patterns as follows: (1) A propensity to anxiety and depression; (2) Unneutralized expression of aggression toward the self or others; (3) Absorption in the care of others; and (4) Denial of the loss through splitting mechanisms (the familiar pattern of lack of congruence between what is realistically perceived and what is emotionally integrated).¹⁰

In other words, these symptoms which are also associated with unsatisfactory resolution of original separation-individuation issues were found by Bowlby to be superimposed upon the former level of adaptation in cases involving unresolved grief. This finding not only seems to provide further evidence of the relationship between separation-individuation and mourning but also suggests that unresolved grief can result in regression to that earlier period of object relations development, thus significantly influencing other aspects of personality functioning.

Vamik Volkan's recognition of and work with the linking object provides another example, in this instance of an external mechanism which is maintained to deny what is

¹⁰See pp. 60-61 in Chapter 2.

realistically perceived.¹¹ He believes that the assertiveness necessary for extrication of the self from the bondage to the lost ambivalently loved object is thus avoided. This intrapsychic employment of the linking object not only protects against recognition of the permanence of the loss but also provides an external referent for the split off libidinal and aggressive ties to the deceased (the primitive dependency needs and the death wishes), thus avoiding the need to work them through. Volkan's treatment approach is to encourage cathartic expression of the rage, which leads to a diminution of negative feelings, capacity to establish a positive introject and to proceed to the latter phases of mourning.

Volkan believes that pathological mourners who can be engaged in this process fit within the middle range of psychological reactions to object loss; that is, between normal reactions and severe pathology, which he believes requires different forms of intervention. The first case study which will be presented in the following chapter fits into this intermediate group. Once the client was able to establish an introject of the lost love object, she was able to move through the early phases of mourning fairly quickly. The progression of her grief resolution work will be compared to the phases involved in separation-individuation.

¹¹See p. 63 in Chapter 2.

The second hypothesis of this study emerges from the accumulated data related to the first hypothesis. It pertains to the variation in response to bereavement, ranging from normal grief reactions to depression of psychotic proportions. As previously indicated, to the confusion of clinicians, there does not always seem to be a correlation between apparent level of premorbid adjustment and the severity of the symptomatology.

The Second Hypothesis is that variation in response to bereavement is related to the degree of autonomy previously achieved in internalized object relations. The severity of the regressive reaction and resulting pathology is frequently an indication of past relationship difficulties which have interfered with the attainment of a separate sense of self. In extreme cases, lack of resolution of original separation-individuation issues will preclude the necessary healing regression.

Of concern in proceeding to develop this hypothesis is the present status of classification systems which attempt to categorize different types of response to bereavement. As previously indicated, these groupings include: (1) Normal grief resolution; (2) Pathological mourning reactions connoting arrest at one or the other phase of mourning; and (3) Severe pathological reactions, e.g., psychotic depression, representing definite psychiatric or somatic disease entities. These reactions are

usually treated on the basis of the disease model and the response to object loss relegated to secondary significance.

In light of the previous discussion this author does not find the emphasis on symptomatology particularly meaningful or helpful in understanding mourning or developing approaches to treatment. It would seem that a more useful schema would be based on the differences between (1) normal grief reaction and resolution, (2) pathological grief reactions which can be transformed into normal grief resolution, and (3) pathological grief reactions which cannot be transformed into normal grief resolution and require additional treatment interventions. The following discussion derives from this latter approach to understanding the continuum of reactions to bereavement.

The normal grief resolution process has been described in some detail previously as the model for comparison with separation-individuation. The second classification of reactions has the most significance for clinicians and covers a wide range of pathological response. Mourners in this group also have severely incapacitating symptomatology which is confirmed by Volkan's studies. All of the patients in his research had been referred during the course of psychiatric hospitalization. Much could also be written about the various resistances and psychosocial factors which prevent mourning from proceeding normally in relatively healthy personalities.

This second group includes those survivors who can be enabled to establish a positive introject and/or helped along if the mourning process breaks down. It also includes those obsessive personalities whose reactions to bereavement first captured Freud's attention as they too can be enabled to eventually integrate the loss.¹² In respect to capacity to mourn Edith Jacobson writes that the most significant determinant is whether the bereaved can develop identifications with the ambivalently loved lost object.

These identification processes may have many different vicissitudes; they may have constructive results or, under the influence of neurotic ambivalence conflicts, secondarily provoke depressive conditions and other pathological manifestations. But they bring about structural changes in the ego and develop gradually as an outcome of the grieving process, whereas in psychotic conditions narcissistic identifications introduce and mark the onset of a depressive period. Since these latter processes are founded on archaic incorporation fantasies, they cannot succeed in exerting a constructive influence on the ego but may lead to the development of delusional ideas.¹³

Jacobson's findings lead to the discussion of the third category of reactions to object loss. Proceeding from her definitions, the second category of grief reactions constitute a neurotic response whereas the third category is indicative of a psychotic process. The bereaved in this third group are unable to establish a positive introject

¹²Edith Jacobson, "On Normal and Pathological Moods: Their Nature and Function," Depression (New York: International Universities Press, 1971), p. 101.

¹³Ibid.

from which internalizations can be withdrawn. It is generally hypothesized that this is due to the extent of the internalized aggression. This situation calls to mind Kernberg's hypothesis pertaining to the borderline's inability to allow "bad" affective experiences to be introduced into the core self-object representation. The relationship cannot sustain that much aggression. The child needs to hold on to the precarious image of the good mother in order to avoid fragmentation of the self.

As has been emphasized in this study, mourning in many respects parallels the separation-individuation process and, in like manner, a significant amount of self-assertion and aggression is required to overcome the loss. The mourners in the third group seem to have lived their lives inordinately dependent upon significant love objects, unable to express themselves autonomously and never advancing through the necessary developmental phases to attain an integrated sense of self. For all these reasons they have to hold on to an unintegrated, overidealized introject of the lost love object as part of their own sense of selfhood and in order to avoid fragmentation. Even so, these efforts are not always successful, and depressive psychosis can result in the dissolution of ego boundaries.

Although these survivors dare not direct any of their anger at the image of the deceased, the extent of their rage far exceeds the normal amount. Consequently,

this unneutralized aggression is unleashed on themselves or other convenient targets in the environment, such as the attending physician of the deceased. As indicated, in most circumstances, the rage is turned against the self and is reflected in severe depression.

As has undoubtedly been recognized, the premorbid structural organization of individuals with this reaction was probably borderline. In respect to the borderline adult's reaction to the experience of object loss, Masterson has written,

When borderline patients go through the experience of separation which they have been defending against all their lives they seem to react just as Bowlby's infants in the second stage of despair. The patient feels the separation as an abandonment, a loss of a part of the self which brings with it unique and intense fears of death. . . . Although the rage is precipitated by the separation experience, the content of the rage is also related to the many prior deprivations experienced in the clinging relationship. The clinical picture portrays the repetition in the borderline adult of an infantile drama—the abandonment depression engrafted to the separation-individuation process with a resultant halting of further ego development.¹⁴

There seems to be little in the literature which directly applies to treatment work with this group of patients. In fact they have often been written off as untreatable and relegated to medication clinics and/or custodial care. Frequently they have committed aggressive acts of homicide or suicide. In more fortuitous

¹⁴James G. Masterson, Psychotherapy of the Borderline Adult (New York: Brunner/Mazel, 1976), p. 53.

circumstances they attach themselves to another dependent relationship. It is seldom considered that they might be motivated for or would make suitable candidates for intensive treatment.

In the opinion of this author recent developments in the field of object relations theory are also applicable to work with this particular patient population. If they can be enabled to develop an integrated sense of self through the treatment relationship, they are able to establish the necessary introject of the lost object and proceed with the decathexis in the ordinary manner. This formulation has evolved from the progression of the therapy in the second case which will be used to demonstrate the validity of the hypotheses of this study.

As indicated initially, it is not always immediately discernible which patients are able to establish an introject of the lost object and which ones are not. The presenting symptoms may be quite similar. As undoubtedly will be demonstrated by the treatment of the two clients, in many instances this determination cannot be made without a trial period of therapy. It is important, however, that the clinician be aware that a question of diagnosis does exist so that inappropriate treatment interventions are not introduced.

Neither does the level of premorbid adjustment consistently serve as a reliable indicator of the bereaved's

capacity to integrate object loss. In the second example, the client had functioned successfully as a professional and as the mainstay of the family. No one who knew her recognized how dependent she had been on the dictates of her aging grandmother. Her reactions are not too dissimilar from the familiar clinical picture of the bereaved mate who becomes severely incapacitated following the death of a spouse. Her case has been selected not only because she was in treatment at the time of the study but also because she is an articulate, expressive woman whose input significantly contributed to the development of the formulations.

In the following chapter the hypotheses will be tested through the analyses of the two aforementioned cases. The first case study provides an example of a pathological grief reaction which could be transformed into a normal mourning process. The second case study is an example of a pathological grief reaction which could not; a different approach was required before mourning could proceed.

Chapter 5

APPLICATION OF THE THEORY TO TWO CASE EXAMPLES

Case Example Demonstrating Satisfactory Resolution of Separation-Individuation Issues

This case study was originally presented at the 9th Annual Scientific Conference of the California Society for Clinical Social Work, October, 1978. It concerns a twenty-six year old young woman who had experienced a significant object loss six years before. Her first meaningful heterosexual relationship had been interrupted when the young man was killed in a car accident. She had never been able to mourn the loss and was experiencing the characteristic symptoms of unresolved grief; i.e., somatic symptoms, hyperactivity, purposelessness, outbursts of rage, and depressive symptoms including suicidal ideation.

In addition to representing a typical case of unresolved grief, she also demonstrated the high vulnerability to object loss of one who has not completed the developmental process. She was in late adolescence and just beginning to establish an adult identity at the time the accident occurred. As the mourning process was activated in

treatment, she moved through the phases in a manner which clearly demonstrates a relationship between mourning and separation-individuation. In using this case example to test the reliability of the primary hypothesis, the presentation will be made in much the same style as it was originally.

When the star-crossed heroine from literature, Ophelia, was faced with the dissolution of young love's dream, she mourned:

And will he not come again?
And will he not come again?
No, no, he is dead;
Go to thy death-bed;
He never will come again.

It seems fitting in approaching the awesome subject of young love and death, grief and mourning to turn to a quotation from Shakespeare. This quotation is not randomly selected, however. There came a time when the young heroine of this paper saw a performance of Hamlet, strongly identified with Ophelia and remembered for how long she too had felt as if she were dead.

Our present day Ophelia was twenty-six when she sought psychiatric help for a deep depression and thoughts of suicide. During the initial evaluation, it was learned that at age twenty, when she was beginning her junior year of college, the young man she had dated for two years and expected to marry was killed in an automobile accident. She had avoided dealing with the reality of that loss and had

never mourned. She returned to her home city to complete college, but was never able to make a stable life adjustment, which was a source of considerable guilt and additional depression. She herself made no connection between the tragic loss and her subsequent maturational problems but in treatment she relatively quickly engaged herself in the mourning process.

Probably the most poignant aspect of this case was the degree of sadness, malaise, disconnectedness and self-recrimination this gifted young woman had endured for six years. She later described herself as going through life like a sleepwalker, moving from one job to another, one relationship to another but never finding peace of mind. She had come to this community to be near an older sister and was quite dependent on her for guidance and direction. Finally when her despair was beyond endurance, she made application for psychiatric help.

Although at the time of application she did not make a connection between the loss and her subsequent depression, she would mention both in the same breath and relatively quickly the suppressed recognition became conscious. This brought some awareness of the source of her difficulties and alleviation of the shame she felt at not having made a more satisfactory adult adaptation. However, any relief she experienced was immediately replaced by guilt as she discussed the circumstances of her boyfriend's death. He had

been killed in one of those tragic accidents involving a carload of young people in this instance returning from a rugby game. She had declined his invitation to attend the game and in fact had been setting many limits with him in search of a more independent identity. His death under these circumstances and at such a vulnerable time left her consumed with guilt and in a state of suspended psychological animation. It was only after she had discussed feelings about having escaped the accident and what she perceived as her imperfections in the relationship that she could begin to give a very clear picture of what they had meant to each other and the circumstances surrounding the death.

This Ophelia is the middle child in a family of three daughters. She grew up in a midwestern city. Her family was middle-class and her father a professional man. She attended parochial school and graduated from a Catholic high school for girls. Simply speaking, her relationship with her mother seemed to have been too close, the one with her father distant. She had not dated very much when she left home for college and met her young Hamlet in their freshman year. In the beginning, he reminded her a lot of what her father must have been like as a young man. He was well accepted by her family and had even gone on vacation trips with them.

In her junior year, however, she had rather broken out of the mold. She transferred to a secular college, involved herself in student activist affairs and was interested in the counterculture movements in California. Her boyfriend half-heartedly followed her lead and dropped out of school altogether his junior year, leaving her to feel she had been a bad influence. She also presumed, probably unrealistically, that his mother blamed her for the accident. In contrast to her rather liberal social views at that time, she was very up-tight about sexuality, a frequent source of conflict between the young couple. Though they had engaged in serious love making, she resisted going "all the way" but later generally regretted having been what she regarded as so concerned about old-fashioned values and so unresponsive to his wishes. Excerpts from her diary before and after the accident provide a touching insight into the change which took place in her general outlook. In the earlier entry she expressed her enthusiasm for life, her love of nature, and her desire to settle someday in a rural commune in California. In the latter notation she laments, "what to do now—I guess the only thing left is to make the world a better place. I should try to do something useful—like maybe become a social worker."

In the original paper, I expressed concern about the selection of an adolescent to demonstrate the relationship between mourning and the separation-individuation process.

It was felt that the connection could be more straightforwardly established through the choice of an adult with pre-formed structural integrity and consistent patterns of relationship. However, it was from the treatment of this young woman that my recognition of the similarities between the two processes had arisen. This led me to believe that she probably provided a particularly illuminating example and that it would be more meaningful to share the experience of the work with her. Suffice it to say, however, that the formulation has continued to hold validity and I have used it in my subsequent work with adults with unresolved grief reactions.

At the same time I also felt that it might be of value to have a record of a young adult's response to significant object loss. Little seems to have been written about childhood or adolescent grief reactions, and information obtained from this case study suggests that this is cause for concern. In this example, inability to mourn brought to a halt the processes involved in normal developmental progression and left her perpetually stuck in a phase of late adolescence. In addition, as has been previously described, her subsequent adaptation was characterized by depression and lack of commitment, cause for concern at any stage of personality development.¹

¹These response patterns are in keeping with Bowlby's findings concerning the effect of unresolved grief reactions upon subsequent life adjustment. See pp. 59-61.

In respect to adolescence Edith Jacobson has written:

This last phase in the resolution of the Oedipal conflict must . . . bring about a final liberation from the symbiotic bonds to the family. This liberation is necessary for the ultimate establishment of the autonomy and independence of the ego and superego, and is characteristic of this most significant period of identity formation.²

She goes on to stress, however, that ultimate resolution of this last stage of childhood must emerge from a foundation based on a progression of internalizations of past relationships with parental figures or pathology is encountered.³

Returning to the client, however, as she provided the above historical information it became clear that at the time of the accident she was becoming less enamoured with her "young prince" and had been moving to a different psychological place in their two year relationship. In this connection Jacobson's view that this last phase in the resolution of the oedipal conflict should bring about final liberation from the symbiotic bounds to the family holds particular significance. Jacobson proceeds to liken this late stage of adolescence to the childhood period of the passing of the oedipal phase. As she explains, the oedipal child must repress sexual and hostile impulses in favor of

²Edith Jacobson, The Self and the Object World (New York: International Universities Press, 1964), p. 171.

³Ibid., pp. 172-174.

affectionate attachments to the parents. The task of the superego in working out the revived oedipal issues of late adolescence is significantly different, however, in that the incest taboo must be reinforced. At the same time the barriers of repression and the burden of counter cathexes must be lifted sufficiently to guide the adolescent on the road to the sexual freedom of the adult and to mature personal and love relationships.⁴

It seemed to me that this young woman had been in the process of resolving these developmental issues at the time the accident occurred. Unfortunately the death had not only prevented their final resolution but also left her overwhelmed with guilt about moves she had made, including reassessment of her romantic attachment, toward "final liberation from the symbiotic ties to the family." It was only after I had pointed out there seemed to have been two phases in her relationship, a romantic, idyllic time and a time when she was less sure of the extent of her affectionate feelings that she was able to begin to examine the relationship in depth and move to a normal mourning experience. It is through recounting the phases she went through in resolving the grief that I expect to demonstrate a correlation between mourning and the separation-individuation process.

⁴Ibid., p. 173.

First Phase of Mourning, during which the fact of the loss is partially disregarded.

In the early stages of treatment the client began to talk about her first important romantic involvement and her college dating experiences. Since she did not have a brother and had attended an all-girl high school, this had been her first close relationship with a young man her own age. They were an attractive, popular couple and she recalled with pleasure the first two years of college social activities. In addition they shared the type of personal intimacy which is so supportive in that transitional period between childhood and adult status.

She seemed perplexed over her recognition that somewhere between her sophomore and junior years she began longing for more personal freedom. She had been quite protected most of her life and, being a bright, inquisitive young woman, was interested in making some independent moves for herself. She did not want to spend as much time with her boyfriend and was particularly conflicted about the point they had reached in their adolescent love-making. She had been a counselor at a church camp the summer before, and the young people had been strongly advised to wait until marriage for sexual intimacy.

It was at this highly vulnerable point in her own life that the accident occurred. A friend came to tell her what had happened and she recalled how mechanically she

responded. The following days were hazy, but she remembered packing up his things, meeting his parents at the airport and turning over responsibility to them. She then flew home, where she was joined by her mother, to travel to his home community for the funeral.

She remembered that her undemonstrative mother cried frequently in the following days, but she herself could not express any emotion. At the mortuary his parents tried to talk to her; but, completely out of character, she became very upset and angry. She could not bring herself to go into the chapel where his coffin was placed. One of their friends burst out in hysterical laughter, and she remembered feeling quite identified with the inappropriateness of his reaction. She knew she could not bear to stay for the funeral and talked her mother into leaving.

In a matter of days she returned to college and finished the first semester of her junior year. After that, she returned home and completed college in her home community. She changed her major to physical education, which she did not enjoy, but this had been her boyfriend's specialty. Following college graduation, she had spent a year in the Job Corps and after that had obtained various employment in different parts of the country. The same pattern would always ensue: At first she would be hopeful about any new undertaking but, in a short while, she would grow dissatisfied and move on. The same restlessness and

dissatisfaction occurred in respect to any romantic interests which evolved. She had more difficulty breaking off these alliances, however, and by and large, was fairly masochistic in these interactions. She held on to the fantasy that marriage might provide the answer to all her problems, but she neither could seek out a suitable partner nor become deeply emotionally invested in any relationships.

Thus, she showed all the characteristic pathology of an unresolved grief reaction. The mixed pattern of searching and rejecting, pulling and pushing, characterized every aspect of her life adjustment. She never really had gotten over the initial shock of the loss, nor had she experienced a normal mourning process. As she willingly, in fact eagerly, shared this historical information she too began to wonder why she had not been able to talk about the loss before. Her parents had followed her lead in never mentioning the subject. She decided she had avoided any discussion because she wanted to pretend it was not true. Although she knew realistically that he was dead, she recognized there was a part of her which refused to accept this fact. For a long time she tried to convince herself that it had all been a horrible nightmare and that she could hope someday suddenly he would walk back into her life.

After returning from the funeral, she had carefully packed away pictures, letters, dance programs and phonograph records, souvenirs of their happier days. She knew exactly

where these items were stored in the family home, but she did not go near them. Volkan is the investigator who has written about the significance of linking objects, which are frequently used in cases of unresolved grief. He believes that these objects provide a symbolic means for maintaining an external relationship with the dead person. In his opinion the ambivalent wish to have the deceased return and disappear is condensed in it. Thus, the painful work of mourning has an external referent and escapes resolution.

As indicated in Chapter 4, the first phase of mourning seems to be a recapitulation of the prerapprochement period in early childhood development. Total awareness of separateness is defended against by the ego's establishment of a stimulus barrier, so to speak, which protects against too rapid assimilation of the loss and complete ego disintegration. When this denial extends beyond the initial reaction to the shock, however, it can be assumed that pathology is involved.

As this modern-day Ophelia talked about the past and recognized how little she could remember about the circumstances surrounding the death, she began seeking out clarifying information from her sister, her parents and old friends back in the midwest. At this point she also became involved in the mourning process.

Second Phase of Mourning, during which yearning for the past and assertive efforts to recover the lost

relationship prevail. Manifestations of separation anxiety are predominant.

It was in this phase of mourning which so closely resembles the ambivalent behavior of the "rapprochement" age child, that the client had been stuck for six years. However, with the reactivation of the mourning process, these responses began to be more actively expressed in day to day living.

She had been supporting herself working as a cashier at a natural foods restaurant. Suddenly she began having trouble making the correct change and was reprimanded for being querulous. Whereas previously she had expressed concern that men were not more interested in her, suddenly they seemed to be materializing out of the woodwork. These relationships always turned out to be poor substitutes for first love, however, and again, contrary to her nature, she found herself openly berating them over trifles. She became particularly phobic about a married man who lived across the hall who had been paying her some attention while his wife was at work. She feared he might harm her in some way.

Somehow I missed this important clue into the significant psychodynamics of the case, supposing her fear was a projection of her own anger. In view of the anger which was being expressed everywhere, however, it seemed appropriate to respond with appreciation that this is a feeling one generally experiences in response to the loss of a loved

person. This enabled her to express some of the resentments she apparently had been harboring for a long time. She felt that it was unfair this had happened at such a vulnerable time in her life. She also resented that family and friends had not been more understanding of what she was going through. She had attempted to discuss the tragedy with her best friend, Debby, who felt it was best for them not to talk about such matters. They should recognize it was God's will. She had found herself very angry with God!

It was hard for her to think of being angry with her "Hamlet" for abandoning her, because it seemed so illogical. Nevertheless it was at this point that we began to talk about the two phases of their relationship. She indicated that their closeness in the first two years of college had been the happiest time in her life. She could also express some resentment that he did not understand her need for more autonomy and, particularly, since he knew how she felt, his persistent pressure about sex. This issue was discussed ambivalently, however, in view of changed social mores, and for the most part she blamed herself for being too conventional. In a very poignant session she expressed what she would say to her lost love if she could talk to him at that point in time. These themes were developed further during the reintegration phase. For the most part, in a matter of weeks, the yearning and anger were abating and the grief was becoming more predominant.

The second phase of mourning seems to be a recapitulation of early developments in the rapprochement subphase. At that time there is a high level of separation anxiety and rapid swings between attempts to restore the former relationship status and assertive efforts toward more independent functioning. The ambivalence which results from this conflict was particularly apparent in this case because, at the time of the death, the client had been striving for more independence in the relationship. In all cases of bereavement, however, there is a conflict between holding on to or letting go of the lost attachment.

Third Phase of Mourning, during which despair and disorganization become predominant.

In that remarkable manner whereby there is unconscious recognition of what is needed for self repair, it seemed this young woman intuitively understood what was in store for her. In between the initial psychiatric intake and the beginning of treatment, she had moved to a little apartment across the street from the clinic. Some initial resistance was reflected in an early dream in which her old friend, Debby, cautioned her against reviving the past. For the most part, however, the prior content had come rushing forth. When she got to this phase of mourning, however, the anguish was so extreme, she considered returning to the family home. When she told her parents she was working on her feelings about the death, her father wondered whether

that was a very good idea. From their response, she recognized this was not a problem with which her parents could help.

In spite of feeling very frightened and alone in a crisis, this young client was also quite resourceful. Some weeks before she had asked to be seen twice a week in therapy. As she had been opening up in treatment, she began to share her feelings with her sister and with a friend who was in a counseling program at a local college. To her amazement they understood much better than she expected, and they were her mainstay in the following weeks, as she experienced the full force of the despair which signals that the loss has registered internally. The tears, the lamentations, the conviction that life will never be the same again is a natural response to the loss of a love object.

This young client responded typically, particularly mourning the passing of the early period in their relationship, despairing that she would never again experience the same kind of closeness. In fact she probably would not because among other things she was mourning the passage of a certain phase of adolescence, a reality she was later able to accept. The memorabilia from home had arrived, and she would go to sleep surrounded by pictures from the past and listening to their favorite records. For these few weeks she thought of little else and had to force herself to go to work during the day. Although she would frequently express

severe despondency and hopelessness, there were other signs she was beginning to reintegrate. Through the use of the souvenirs from the past she seemed to be establishing an introject from which she could internalize aspects of the relationship which held value for her.

The third phase of mourning seems to be a recapitulation of the "rapprochement crisis." Anyone who has worked with a client in this phase of mourning would probably agree that the profound anguish closely resembles the young child's reaction to being deprived of the mother. Particular vulnerability to separations occurs at the time of the "rapprochement crisis" at which time the changed status of the relationship with the mother is tentatively accepted.

Throughout the literature there is reference to the initial regression which occurs in mourning, oftentimes not at all commensurate with the level of maturity previously reflected in the relationship. This reaction is undoubtedly in part related to the fact that all close personal ties contain object relation components stemming from the earliest phases of life. Without an external referent for these relationship investments not only does behavior become disorganized but also as Klein pointed out the inner world of the bereaved is in danger of collapsing. This outcome normally is circumvented by the establishment of an introject from which aspects of the former relationship can be gradually withdrawn and integrated as a part of the self.

As demonstrated by the case example, this development is comparable to the process whereby internalization of aspects of the relationship with the mother promote the child's capacity for autonomous functioning.

Fourth Phase of Mourning, during which reorganization of behavior occurs.

As she talked at length about their relationship, she began to look at it in more realistic terms. At first her descriptions were quite idyllic as she recalled the precious moments they had shared, the talks which went on for hours and the intimacies they discussed relative to their goals for the future. She talked about the joys and excitement of first romance and the pleasures she took in their adolescent love making. Together we looked at old photo albums and scrapbooks as she recalled the memories which were coming back to her.

After a while she returned to being self-critical and condemnatory for what she perceived as her shortcomings in the relationship. We proceeded to explore in more depth the reasons she had had for asserting more independence. It became clear that in many respects she had simply outgrown the relationship. This discussion led to her unleashing a great deal of anger toward her father for not having been more available and a stronger male image in the household. At a deeper unconscious level she seemed to perceive the death as another male rejection or as evidence that she

could not obtain male affirmation for her independent strivings and blossoming femininity. That she in part viewed her college beau as an extension of her father soon became clear when I often had difficulty distinguishing which one she was talking about.

She fumed for several weeks about these resentments, and it was some time before she could consider positive aspects of either relationship. Slowly, however, more positive memory traces were added to her complaint that they were both just a pair of male chauvinists, and she began to talk about personality qualities she admired in each. As she integrated negative and positive internalizations, she seemed better able to perceive them as separate and complete identities. They both had qualities she hoped to find in a future mate. At about this time, she had a dream in which she was conversing with an older man whom she had previously regarded as distant and unfriendly. He explained he did not like being this way, but it was the result of his having had an unhappy childhood. She kissed him and told him that she loved him anyhow. He told her that was nice, but it was now time for her to go out and find a love of her own. It was not difficult for her to make the appropriate connections.

As she became increasingly less guilty and angry, she moved ahead with thoughts of a career and by and large her relationships with beaus were more appropriate and gratifying. There had been a significant shift in her

affective stage, and she reported not having so many somatic symptoms. She felt the circulation was returning to her fingers which used to feel "numb." She was not as tight around her neck and shoulders and friends noted that even her posture and movements seemed more relaxed. Her sister told her she seemed like her "old self," and other friends said she seemed more alive.

For a while she did exactly what she had always dreamed about. She found a little place of her own, near friends, in the mountains. It was quite a rustic existence; and she took great pleasure doing things for herself, carrying her own water and cooking on a wood stove. The joys of individuation! In addition as she stated she needed a place to "think things out," and the temporary living arrangement afforded an opportunity to review the past, to complete the process of internalizing what held value and to let go of what she no longer needed.

When she came into town, she would stop by the clinic. Throughout her treatment, which had consisted of regular appointments for only about six months, she seemed to have regarded me as the good mother, her comforter and friend. Her capacity to use a helping relationship had been an indicator of the underlying personality strengths.

On last contact she planned to return home with her parents at Christmas. There were some "loose ends" she hoped to tie up there, including getting better acquainted

with her father "on an adult level." She talked about enrolling in graduate school but was still uncertain about a major. She vacillated between social work and putting her artistic talents, which were considerable, to some productive use. It had really been less than a year since she had begun mourning. Once activated, the process seemed to progress normally; and we discussed the advisability of her seeking further help should there be any future difficulty.

The final phase of mourning seems to be a recapitulation of the separation-individuation phase in Mahler's developmental schema. During this subphase, which comprises approximately the third year of life, the gradual assumption of functions formerly performed by the mother and the success which is achieved in individuation lead to the integration of the loss. Central to the successful resolution of both reality confrontations is the concept of transmuted internalizations; although, of course, in mourning these internalizations consist of object relationship experiences stemming from all stages of life's experiences. The process of realistically sorting out positive and negative aspects of the former relationship in order to separate and to internalize what is of value for the continuity of the self also parallels the process by which identity is achieved in early childhood.

Case Discussion

In the above presentation, I have related this young woman's mourning experience to the separation-individuation process, as described by Margaret Mahler. The primary hypothesis has been that, ordinarily, a healing regression occurs which utilizes earliest methods of mastery in separation-individuation to accomplish reestablishment of psychic equilibrium.

As previously indicated, this formulation arose from my work with this particular client so this case really provides prima facie evidence, so to speak, in support of the hypothesis. There were times in her treatment, however, when knowledge of the connection between the two processes could have enabled me to have been more perceptive and empathic. The formulation that mourning is a recapitulation of the separation-individuation process has been helpful in my subsequent work with clients who have experienced not only object loss but also other shifts and changes in their life circumstances.

As this modern day Ophelia's treatment progressed, it became evident that she had successfully mastered the earlier separation-individuation experience. She basically had a sufficiently cohesive self to integrate the introject. In other words she could be categorized as having a middle-range or neurotic reaction to object loss. Her case study demonstrates how potentially disruptive and yet how

eminently treatable this type of pathological reaction can be. This case also provides an example of the interplay between external and internal factors in producing pathological grief reactions.

Finally, this case example soundly confirms the theoretical postulate that each reaction to bereavement is unique and represents the sum total of life's experiences in object relations. The success of treatment, to a significant extent, is influenced by a correct assessment of the individual dynamics. In this instance, the untimely death had resulted in unsatisfactory resolution of late adolescent issues and significantly contributed to the ambivalence which precluded a normal grief reaction. When the treatment is individualized, frequently prior problems with separation and/or loss resurface and paradoxically this type of severe disruption can lead to conflict resolution and growth.

The second hypothesis of this study pertains to the inability of other mourners to integrate internalizations of the lost relationship in a manner which permits restoration of the self. In this author's opinion the problem is related to unsatisfactory resolution of original separation-individuation issues. The following case study will provide an example of this third category of reactions to object loss, which present a different type of treatment challenge.

Case Example Demonstrating Unsatisfactory
Resolution of Separation-Individuation
Issues

This case study was originally presented at the 10th Annual Scientific Conference of the California Society for Clinical Social Work, October, 1979. It concerns a woman who was forty-four years old when her eighty year old grandmother died of a cerebral carcinoma. Grandmother had been the primary caretaker throughout Maria's childhood because her own seventeen year old mother had died of a cerebral embolism at the time of her birth. Maria had been a very intelligent and gifted child who, against overwhelming odds, had managed to obtain a college degree. She had been employed successfully as a professional and had been the mainstay of her foreign-born grandparents in their advancing years. In spite of numerous opportunities to leave home because of her exceptional artistic talents, she had never done so. She was regarded as highly efficient and competent and no one who knew her would have guessed how dependent she was on her aging grandmother.

Following the old woman's death, however, a different side of Maria came into prominence. She regressed to a very primitive level, threatening suicide and/or to kill her grandmother's attending physician. She spoke of seeking reunion with her grandmother, demonstrating inability to go on functioning, and made demands for total care. She was diagnosed as psychotically depressed.

In contrast to the preceding case example in which the major portion of the grief resolution work had been completed within a period of six months, as of this writing the present client has been seen twice a week for over three years. She is just beginning to be able to discuss her grandmother as a total person and to reveal cautiously and slowly the unhappiness she experienced in the relationship. It seems of particular significance that this development occurred only after she experienced and expressed anger toward me. In using this case example to provide further evidence for the validity of the hypotheses of this study, the case will be presented in much the same style as it was at the State Conference.

Whereas the young woman in the first case study had likened her loss to the tragedy of Ophelia, at an advanced point in her treatment the second survivor provided the following insight into her feelings about the lost object relationship:

Sometimes I felt like a motherless child,
 Sometimes I felt like I had no friend,
 Sometimes I felt like I'd never been borned,
 Sometimes I felt like a feather in the air,
 Sometimes I felt like I was almost gone,
 And a long ways from home, oh, Lord;
 A long ways from home.⁵

The previous case study was used to demonstrate that mourning seems to be a recapitulation of the separation-

⁵Alan Lomax, ed., Folk Song U.S.A. (New York: New American Library, Signet Books, 1966), pp. 460-461.

individuation process. In that situation, as treatment progressed, it became apparent that the young woman had satisfactorily resolved the necessary separation-individuation issues, and other factors had prevented her from engaging in a normal mourning process. It was then formulated that unresolved grief reactions which occur in individuals who have never attained a satisfactory inner sense of separateness would undoubtedly provide a basis for comparison and an opportunity to test the correlation between the two processes; that is, mourning and separation-individuation. The present case provides such an example when what has been proposed as a necessary prerequisite for resolution of the grief has not been previously achieved. In this case lack of satisfactory resolution of original separation-individuation issues did indeed preclude capacity to engage in a normal mourning process. This finding suggests that a different treatment approach, at least initially, may be required to restore the psychic equilibrium of those individually bereaved who would be classified as having a severely pathological reaction to the loss.⁶

When I first met Maria, it had been some twenty months since the death of her grandmother. I was not her first therapist. A few months after the loss, the neighbors had become concerned about her changed behavior, the extent

⁶See pp. 159-163 in Chapter 4.

childhood from about fifteen to twenty-two months and thirty to thirty-six months). Mahler believes that during this time it is necessary for the young child to come to terms with the, at first painfully perceived, realization of separateness from the mother—a developmental "working through" which, according to the hypothesis of the present study, is reenacted, to an extent, with every subsequent experience of significant object loss.

Mahler proposes three phases of development leading, at approximately the fourth year of life, to the establishment of a discrete sense of identity; they are the autistic, the symbiotic, and the separation-individuation phases. She writes that, from a developmental point of view, each phase is a time when a qualitatively different contribution is made to the individual's psychological growth.⁹ She develops this idea as follows:

The normal autistic phase serves postnatal consolidation of extrauterine physiological growth. It promotes postfetal homeostatis. The normal symbiotic phase marks the all-important phylogenetic capacity of the human being to invest the mother within a vague dual unity that forms the primal soil from which all subsequent human relationships form. The separation-individuation phase is characterized by a steady increase in awareness of the separateness of the self and the "other" which coincides with the origins of a sense of self, of true object relationship, and of awareness of a reality in the outside world.¹⁰

The autistic phase is associated with the earliest weeks of life in which need satisfaction is the most

⁹Ibid., p. 48.

¹⁰Ibid.

significant aspect of the infant's total experience. Physiological rather than psychological processes are dominant. The infant is protected against extremes of stimulation, in a situation approximating the prenatal state, in order to facilitate physiological growth. The reality of a need-satisfying object is not perceived. "In this stage the infant seems to be in a state of primitive hallucinatory disorientation in which need satisfaction seems to belong to his/her own 'unconditional,' omnipotent, autistic orbit."¹¹ Mahler cites Ribble,¹² who has pointed out, that it is by way of mothering the young infant is gradually brought out of an inborn tendency toward vegetative regression and into increased sensory awareness of, and contact with, the environment.

The sybiotic phase begins with the second month when dim awareness of a need-satisfying object occurs and the infant behaves and functions as though he/she and the mother are an omnipotent system—a dual unity within one common boundary. The autistic shell, which provided protection from external stimuli, begins to crack. There is a cathectic shift toward the sensori-perceptive periphery and a protective, positively cathected shield now forms,

¹¹ Ibid., p. 42.

¹² M. A. Ribble, The Rights of Infants: Early Psychological Needs and Their Satisfaction cited by Mahler, Pine, and Bergman, The Psychological Birth, p. 42.

of her rage and her refusal to take care of herself. Against her protests, she was virtually dragged to our Crisis Room facilities. In spite of her initial resistance, she latched onto the intake therapist and strongly objected to ultimate referral to the outpatient clinic. When that time came, she consumed her entire bottle of antipsychotic medication including whatever prescription drugs she could find around the house. This led to a brief psychiatric hospitalization at which time she was seen daily by the new therapist.

The two of them began a treatment relationship which lasted for approximately sixteen months. The course of this interaction was extremely chaotic. Maria alternated between desperately clinging and flouncing out of the office in reaction to some perceived slight. She was most irregular in coming for appointments and, at the time the case was transferred to me, had not been seen for approximately five months. I was assigned to treat her because her second therapist was leaving the clinic, and Maria was demanding to be reinstated in therapy.

In a relatively short time she attached herself to me in much the same fashion she had to the other therapist, imperiously demanding that I function as her omnipotent extension and angrily berating anything I attempted to do in her behalf. She adamantly insisted that she had a brain tumor and was dying but refused to seek medical attention,

maintaining that she wanted to die anyway. The presence of so much deneutralized aggression is the hallmark of psychotic depression. However, in this instance, the symptomatology seemed to serve an additional function. This was exactly the way she had been treated by her grandmother, probably throughout her lifetime, but to an exaggerated extent in the last six months of the elderly woman's declining health. Maria also exhibited symptoms symbolically associated not only with the grandmother's last illness but also with what she fantasied had been her natural mother's condition at the time of her death.

This tendency to take on the traits of the deceased, especially symptoms shown during the last illness, is not necessarily pathognomonic, particularly when these reactions occur immediately following the death. However, when the identification is so all-pervasive and has persisted over such an extended period of time, the question arises as to whether the bereaved is capable of engaging in a normal mourning process. Certainly there is a significant difference between denying the loss and primitive incorporation of personality characteristics of the deceased and the previously discussed normal response of accepting the death and establishing an introject of the lost relationship. The former is a very primitive response and suggests that separateness in internalized object relations may never have existed previously.

From the beginning of our contact, Maria was able to talk about the circumstances which surrounded her grandmother's last illness. In fact, she described in considerable detail the devoted care she had provided in those final days without much support from family members. She was extremely resentful that others had been what she perceived as unforgivably negligent, and her fury was particularly directed toward the attending physician. Not long after the death, she had purchased a gun and, at that time, vacillated between threats to kill the doctor or herself.

As she recalled these events, there was a striking absence of memory concerning the details of the funeral. By a strange quirk of fate, the death had occurred at a rare moment when Maria was away from the hospital. Overcome by guilt over failing her grandmother in this manner, "I've never done anything right," she was left alone to clear away her grandmother's things from the hospital room. She also was expected to make the necessary funeral arrangements and subsequently acted as the executrix of her grandparents' estate. In spite of her statements to the contrary, her past history was one of competence and efficiency. She had been the mainstay of her foreign-born grandparents and actually, on previous occasions, had rejected help which had been offered by others. Preoccupation with the business affairs related to the death had provided a protective shield against the inevitable recognition that her

grandmother was gone. It was after all the practical matters were settled that Maria began to decompensate. At the time we started our sessions, she not only was unable to remember anything about the funeral but also she could not discuss her grandmother in any other context except in relation to the long, wearisome days of commitment at the hospital.

Maria had been equally involved in the care of her grandfather who had died approximately two years before, but her references to his loss were not so circumscribed. Although she had emptied the grandparents' room of its furnishings, nothing else in the house had been changed from the day of her grandmother's death. This was particularly significant since the house belonged to Maria, as she had provided the living arrangement for her grandparents. She kept the shades drawn, the house darkened and observed absolute silence, refusing to turn on the radio or the television. These customs previously had been observed whenever there was a death in the family. On those prior occasions, grandmother had always been the one to indicate when the time for mourning was over. Symbolically, Maria could not make this decision in her grandmother's absence.

Actually, by the time this case was referred to me, it had become fairly clear that Maria could not be therapeutically involved in a normal mourning process. My predecessors were also relatively certain that, in spite of her

impressive array of achievements, Maria's premorbid personality functioning had probably been at the lower end of the borderline scale. Throughout Maria's lifetime it seemed she had functioned fairly consistently as her grandmother's extension. As it developed, the old lady had actually used the threat of abandonment, which was a powerful reality to a child whose own mother had died at her birth, as a hold over her. Maria's natural father, who had been a prominent but inconsistent figure throughout her childhood, was the grandmother's arch rival. Unconsciously, Maria seemed to have yearned for him to rescue her from the relentless grip of the grandmother. However, he was never successful in the unfortunate power struggle which ensued between these two psychologically impoverished adults and always resulted in the scapegoating of Maria.

As previously noted, James Masterson⁷ has cogently described the internal crisis which occurs when a borderline adult experiences the death of a person to whom he/she has been dependently attached. In his words,

When borderline patients go through the experience of separation which they have been defending against all their lives they seem to react just as Bowlby's infants in the third stage of despair. . . . The clinical picture portrays the repetition in the borderline adult of an infantile drama—the abandonment depression engrafted to the separation-individuation process with a resultant halting of further ego development.

⁷See p. 161 in Chapter 4.

Although the borderline's reaction to bereavement certainly seems to resemble the young child's reaction, or the adult's for that matter, in Bowlby's third phase of mourning, the intrapsychic implications are quite different. In normal circumstances, the despair associated with emotional acceptance of the loss results in the establishment of an introject and resolution of the grief. In the case of the borderline client, the despair does not result in healing but represents the loss of an external referent for the internalized object relationship need for dyadic union in order to have a sense of completeness. Lack of prior experience in establishing separateness precludes the capacity to set up an introject and causes the survivor to cling to the image of the deceased. Consequently, the relationship with the lost love object is incorporated but not integrated, as is necessary for satisfactory resolution of the grief.

It must be emphasized that this formulation does not necessarily apply to higher functioning borderline clients who have accepted separateness and demonstrate pathology stemming from developmental lesions later on in the separation-individuation process. Often these clients have established a sufficiently differentiated sense of self so that they are able to establish an introject and engage in a normal, if highly prolonged and conflictual, mourning process. In this therapist's experience, the distinction

between clients who are able to establish an internalization of the lost relationship and those who are not can only be determined by a trial period of therapy. The severity of the pathology is not an absolute indicator as even psychotic depressions can be transformed into normal processes. In respect to capacity to mourn, Edith Jacobson has also written that the most significant determinant is whether the bereaved can develop identifications with the ambivalently loved lost object.⁸

The capacity to develop such an introject is, of course, contingent upon an internalized acceptance of separateness. Individuation, both at the time of rapprochement and at the time of bereavement, requires a significant amount of aggression, or, if you will, assertion, to extricate the self from the dependency tie to the lost love object. Inability to accept separateness calls to mind Kernberg's belief that borderline patients are unable to allow "bad" affective experiences to be introduced into the core self-object representation. In his opinion the representation could not sustain that much aggression. The child, and in this instance the adult mourner, needs to hold onto the precarious image of the "good mother" in order to avoid fragmentation of the self. Thus, the inordinate

⁸Edith Jacobson, "On Normal and Pathological Moods: Their Nature and Function," Depression (New York: International Universities Press, 1971), pp. 99-101.

amount of rage which previously existed in the relationship, along with the anger over abandonment, has no outlet except to be turned against the self and/or other convenient targets in the environment.

There seems, then, to be evidence from several different sources which pertains to the original postulate that failure to negotiate necessary separation-individuation issues precludes adult capacity to be involved in a normal mourning process. This finding raises the clinical question of what can be done therapeutically to relieve the suffering of these severely incapacitated survivors of bereavement. As previously indicated, there seems to have been little written in the professional literature which directly applies to this specific clinical problem. It is seldom considered that these survivors with severe pathological reactions might be motivated for or would make suitable candidates for intensive treatment.

In this author's opinion recent developments in the field of object relations theory are also applicable to work with this particular patient group. If these clients can be enabled to develop an integrated sense of self through the treatment relationship, they are able to establish the necessary introject of the lost object and proceed with the decathexis in the ordinary manner. This conviction has evolved from my work with Maria over the past three years, and the progression of her treatment demonstrates the manner

in which she defined her own separation-individuation process.

Maria's symptomatic response to the death of her grandmother has previously been described. In our initial sessions, although she appeared severely depressed and angry, her decorum was nonetheless within appropriate limits. In a relatively short time, however, her behavior changed markedly. Instead of sitting down, she roamed about the office, alternating between cowering in the corner furthest away from me and suddenly thrusting herself a few inches away from my face. When I would automatically recoil at the suddenness of this close encounter, she would interpret this as evidence I believed she was potentially dangerous and violent. I found myself carefully explaining to her the reason for my reaction and suggesting that she was perhaps concerned about the intensity of her own feelings, that the loss of a person close to us can result in overpowering emotions and it is frightening to be left all alone. It is natural to respond with aggressive feelings when placed in such a precarious position.

As she felt somewhat understood, the intensity of the initial rage reaction diminished. The content of those early hours seemed to center around two major themes. The first related to the anguish she had experienced in trying to make her grandmother comfortable in the miserable last days of her life. The second consisted of disconnected and

symbolic references which seemed to represent a conflict between seeking reunion with her grandmother in death and a longing, but guilt-provoking desire to undertake this conflict as something like a chess game between black and white queens. She wanted the white queens to win, but she was not sure which side of the dilemma the white queens represented. This theme, in various forms, persisted throughout approximately the first eighteen months of treatment. A later variation, which pertained more to her anxieties about independent functioning, had to do with a bird which had remained caged for a significant portion of its life. When finally released, it was too late for the bird to learn how to fly. In another description, she likened herself to Humpty Dumpty. She was the egg which had fallen off the wall and had broken into a million pieces. All the king's horses and all the king's men could never put her back together again.

In this same symbolic manner she told me about her former life and her expectations of the future. Early in treatment she brought to the session a set of pictures depicting various stages in the life of Ferdinand the bull. In this series Ferdinand was portrayed as lying under a tree on a hillside, watching his fellow species involved in life and death combat. Rather than joining them, Ferdinand chose to remain isolated on his hilltop. In another metaphor she was a quarter horse whose main function in life had been to

serve the thoroughbreds. Later on she likened herself to Dumbo who had agreed to sit on Mrs. Cluck's eggs for a while. The negligent mother hen failed to return and when it came time for the infant to hatch, who should appear but a miniature Dumbo. Gradually, in the first year of treatment she began to talk about the Crucifixion and resurrection and the legend of the Phoenix bird. My response to these vivid descriptions of her subjective states was to attempt to relate her symbolism to what she was experiencing at any given time. This was extremely difficult because she would maintain that she was not a feeling human being but rather like a computer machine. This was in keeping with the lack of empathic response she had known throughout her lifetime.

As is characteristic of those clients who have never developed a satisfactory sense of separateness, she formed a very intense but nonetheless precarious relationship with me relatively quickly. After about four months, I was scheduled to go on vacation, and, although I had attempted to prepare her for this development, her reaction was to become thoroughly traumatized and outraged. The evening before I was to leave she threatened to jump off a building into a stream of traffic. She had selected the building because it was associated with her father. In a disjointed telephone conversation, she demanded to know why I and he had left her to fend alone in the oppressive environment dominated by the

maternal grandmother. Obviously she had placed me in the role of the original abandoning mother. Although, at that time, she gave a very clear description of the nature of her interactions with her grandmother and the accompanying rage, she subsequently could not recall the conversation. It was much later in treatment before she could again reveal any dissatisfactions about the relationship with her grandmother. The suicide threat and disorientation led to a brief psychiatric hospitalization. Following my return there was considerable acting out in the treatment relationship, including numerous threats to terminate, followed by requests to be reinstated in therapy.

The primary accomplishment in the first year of treatment, which consisted of appointments twice a week and many more phone calls, was that her violent ups and downs gradually began to even out; she seemed less anxious and surprisingly had been able to continue in her part-time employment. At some point, near the beginning of the second year of therapy, Maria began to express her admiration of me in various ways. She liked the way I dressed, the way I talked, the way I thought and the ease she had noted I seemed to have in my interactions with others. On the other hand she felt inept in all these areas. At approximately this same time she began bringing in samples of her writings, her poetry and drawings which were exceptionally artistic. It was obvious that she was very concerned about

how I would react to her creations, and it was quite apparent that she was making a most unrealistic comparison between the two of us. Obviously not having thoroughly integrated the new understanding which Heinz Kohut is providing us, I tentatively suggested that it must be very disconcerting always to view me as so good and herself as so inadequate. To which she imperiously replied, "Don't you know that it is important to me for you to be perfect? How else am I ever going to be able to become myself?" This first-hand confrontation with what Kohut has been talking about led me to depend very heavily on his formulations in my subsequent treatment work with this client.

One day, about eighteen months into treatment, Maria brought some fresh flowers to the interview. She said they had grown near the cactus plant in her garden. This seemed particularly significant as she had often identified herself with the cactus. She then proceeded to tell me that there had been artificial flowers in the window of her grandmother's room at the hospital. She herself hated artificial flowers. She recalled returning to the hospital after her grandmother's death and observing that grandmother's flowers were no longer there. She began pounding on the glass windows of cars in the parking lot and required physical restraint. This explained a previously noted pattern: Whenever she began to fragment, she would pound on glass. We talked about this representing her wish to be reunited

with her grandmother. How frightening it had been to have been left all alone. I pointed out that sometimes she had described herself as a cactus, but it seemed that the cactus was blooming.

Until that time, Maria had continued to be quite demanding, expecting me to serve as her omnipotent extension when the anxiety became too great. Gradually over the months, however, the extra-hour telephone contacts became less frequent. She spoke of having a chair at home which was the place where I sat. When she became upset she would talk to me. Following the incident with the flowers, she rarely needed to talk with me between appointment hours. Interactions between us which made her angry would continue to be split off, however, and she would not let them impinge on her need to idealize me.

Only in recent months has Maria been able to permit negative feelings toward the therapist to enter into our core relationship. Using Mahler's frame of reference, she seems to have moved into an adult version of the rapprochement subphase. At first, of course, she was very concerned that her anger might lead to my destruction and/or abandonment. It was also very distressing to her that one could feel so much disappointment and resentment toward someone who is loved. However, she seems to have developed a sufficiently coherent self and personal esteem to experience this emotion in a close interpersonal relationship. She has

become significantly more articulate in expressing her needs and her frustrations. She also is now beginning to make connections between disappointments she experiences in our relationship and traumatic events from the past. As recommended by Kohut, I attempt to respond to her with empathic understanding based on sound theoretical knowledge of what she had yearned for on those earlier occasions. Gradually Maria is able to look at her grandmother in a more realistic light, as evidenced by the description of her childhood feelings which was used to introduce this study. In her case, establishment of a positive introject of the ambivalently loved lost object is requiring the gradual working through of original separation-individuation issues in the treatment relationship.

That meaningful progress is being made in this direction seems to be reflected by the message on a card Maria gave me on the recent occasion of her three hundredth visit. The words, which were written by Kahlil Gibran, read as follows:

No human relation gives one possession in another—every two souls are absolutely different. In friendship or in love, the two side by side raise hands together to find what one cannot reach alone.

Case Discussion

The above case example has been used to demonstrate the validity of the second hypothesis of this study—that variation in response to bereavement is related to the

degree of autonomy previously achieved in internalized object relations. It was postulated that in extreme cases, lack of satisfactory resolution of original separation-individuation issues would preclude the necessary healing regression and the establishment of an introject of the lost object. Intensive work with this client not only corroborated the original premise but also suggested a method of treating these severe pathological reactions.

In working with this client, my prior knowledge of Margaret Mahler's delineation of the phases of development in the first three years of life was of immeasurable value. However, it must be emphasized that, for the most part, the therapist followed the patient's lead in trying to understand what was transpiring in treatment. Many times when the process seemed to have bogged down, it would later develop that internally she had been actively making her own way along the developmental path which ordinarily occurs in the first three years of life.

As previously indicated, again at the client's instigation, the therapist was mainly guided by Heinz Kohut's theoretical formulations in determining the therapeutic response. A positive mirroring response to the, at first cautiously disclosed, glimpses into her secret world led little by little to an expanded revelation of herself. The flowers and fruits, the notes and stories which she created revealed considerable sensitivity and artistry. The

choice of gifts provide a meaningful insight into the unfolding of a human personality which can only be touched upon in the context of the present study.

At the same time Otto Kernberg's contribution concerning the existence of primitive splitting in borderline patients has also been an important concept in work with this client. Her prior tendency in a matter of moments to swing between carefree, lighthearted discussion and murderous rage is only beginning to modify. Even at the times she was most lavish in her praise, there was also subtle undercutting of the therapist. Attempts to bring this to her attention, however, were met by protestations and seemed to jeopardize the therapeutic relationship. She did acknowledge her tendency to divide all of life's experiences into "black" and "white" value judgments and even arrived at a point where she would joke about her refusal to tolerate grays. My persistence in calling this to her attention may have contributed to her finally being able to recognize that she had both "good" and "bad" feelings toward the therapist.

The immediate precursor to this development had been her designing a small booklet which contained photographs of herself with important others (sans grandmother and father) in the first three years of her life. Underneath the pictures she had written captions in the words of a three year old which demonstrated an early pattern of denying unpleasant affects; for example, "I want to cry—I loved her"; "I

am not happy—Look at our orange trees"; "I am not very big or strong—Look at the funny car." In a final inspection of her about-to-be-delivered gift she recognized what she had done. She arrived at the interview almost as excited as Helen Keller must have been at the time she made the connection between water and the sign language for it. The heroine of this study proudly announced her discovery—that she had always changed the subject whenever "bad" feelings started to come to mind. This insight not only led to her recognition of angry feelings toward the therapist but also to a sensitive observation that her elimination of the grays had tended to obscure the multicolors of the rainbow. In this instance, Maria's recognition of her pattern of splitting worked out more satisfactorily when it emanated from herself.

Nonetheless Kernberg's formulations concerning the presence of splitting mechanisms in patients who have never satisfactorily accepted separateness were highly relevant to the progression of this case. Actually the presence of a high degree of ambivalence at the time of rapprochement not only has been observed by Mahler but also is essential to the basic premises of this study. Although Kohut has not concerned himself so much with developmental precursors he too has noted the narcissistic vulnerability at the time of the shift from the predominance of the mirroring to the

idealizing transference response.⁹

At the time of this writing, the case is still in progress. Therefore it is impossible to predict with absolute certainty that the client will be able to use the separation-individuation experience in therapy to eventually integrate the loss of her grandmother. There are definite indications, however, that she is moving in that direction. She is beginning to talk about the circumstances which followed the death, including the funeral, to broach the subject of her grandmother and to discuss their relationship in more realistic terms, as evidenced by the description of her childhood feelings which were used to introduce this case study.

Finally, this case example also provides substantiation of the original hypothesis—that mourning constitutes a recapitulation of the object relationship experiences in the approximate first three years of life. Individuals who have never previously internally integrated the reality of separateness seem unable to engage in a normal mourning process until that developmental step has been accomplished in therapy. This is to be expected when, other considerations notwithstanding, attention is given to the fact that, without the prior developmental referent, the ego has no means at its disposal for integrating the loss. The

⁹See p. 134 in Chapter 3.

authenticity of this line of reasoning seems to have been demonstrated by work with an extraordinarily gifted client who, at first most ambivalently, was determined to become herself. The theories of Margaret Mahler, Heinz Kohut, and Otto Kernberg have all contributed to helping her reach toward this objective, along with providing the basic understanding which was used in arriving at the hypotheses of this study.

Chapter 6

SUMMARY AND CONCLUSION

The profession of clinical social work is committed to the development of theoretical knowledge and treatment skill. As relative neophytes, however, we tend to turn to more established disciplines, such as psychoanalysis and social science, in arriving at our theoretical formulations. This, in part, is inconsistent because, as a separate clinical entity, we probably provide more direct therapy to children and adults than any other comparable profession, and our experience has enabled us to arrive at conclusions of our own. We have been less reluctant to take the initiative in translating psychoanalytic understanding into more universally applicable therapeutic methods.¹ In the process, we have held fast to our philosophical convictions about the dignity and rights of the individual, and our treatment methods have been greatly enriched by adherence to these values.

¹Florence Hollis, Casework: A Psychosocial Therapy (New York: Random House, 1964); Howard J. Parad, ed., Ego Psychology and Dynamic Casework (New York: Family Service Association of America, 1958); and Francis J. Turner, ed., Social Work Treatment (New York: The Free Press, 1974), to name a few.

When it comes to making an original contribution to the ongoing process of theory building, however, we have been less willing to place ourselves on the front line. In some respects we face the same challenge as the rapprochement age child—we must accept separation in order to establish an identity of our own. It is out of a natural inclination toward theoretical speculation and a conviction about the more autonomous functioning of clinical social workers in this area that the project has evolved.

The purpose of this particular theoretical study has been to relate insights recently derived from object relations theory to understanding the intrapsychic processes involved in mourning. It has long been hypothesized that the capacity to mourn and integrate object loss develops fairly early in the human life cycle.² The questions have remained, however, as to when and in what manner the prototype for integrating loss is established. In the present search for answers, the position taken is that it is to the rapprochement subphase, as identified by Margaret Mahler, that investigators should direct their attention. This crucial point in the early stages of the human life cycle is increasingly recognized as significantly important to all subsequent personality formation. It is also at the time of rapprochement that the ego is first called upon to

²See p. 40 in Chapter 2.

integrate a perceived object relationship loss. In this study, it is formulated that capacity to relinquish internalized object relationship aims toward another is significantly influenced by the quality of the initial experience in separating from the mother.

Based on this assumption, two hypotheses have been formulated: (1) That mourning is a recapitulation of the original separation-individuation process and utilizes the same psychological mechanisms to integrate the loss and (2) That variation in response to bereavement is related to how successfully internal resolution of original separation-individuation counterclaims has occurred previously. In extreme cases, failure to attain even a minimally differentiated sense of self will preclude capacity to engage in a normal mourning process.

In developing a rationale for these hypotheses, the similarities between the two processes, i.e., mourning and separation-individuation, have been pointed out in respect to both the external manifestations and the intrapsychic occurrence. The parallels have been specifically demonstrated through the analysis of a case study in which the long overdue mourning process was activated. In the second case example, it was shown that the client's inability to engage in a normal mourning process seemed related to lack of a sense of separateness from the lost object. Work with her involved appropriate response to her own inner strivings

to become herself, a process which proceeded very much along original separation-individuation lines. The findings from the case studies, therefore, not only confirmed but also, inversely, led to the formulation of the hypotheses. In fact, the hypotheses arose from efforts to understand and empathize with what the clients were experiencing, a therapeutic stance which traditionally has been promulgated by clinical social work—that is, "accepting the client where he or she is."

Since the end result has been the completion of a theoretical project, there are certain limitations to the findings which necessarily must be addressed. As Masterson writes, "Theory represents an organic living body of knowledge, a residue of hypothesis formulation, clinical testing, and then hypothesis revision. It is open-ended and subject to constant revision based on further clinical tests."³ Both hypothesis formulation and clinical testing are necessary for theory building. Since this project falls into the former category, the hypotheses would need to be tested in many other clinical situations before their validity could be firmly established.

In addition, since the primary objective of this study has been hypothesis formulation, little attention has been given to the many external factors which can influence

³James F. Masterson, Psychotherapy of the Borderline Adult (New York: Brunner, Mazel, 1976), p. 349.

the course of mourning. Such considerations as familial, religious, and cultural attitudes toward emotional expression, particularly at the time of a death, of course have a significant bearing on patterns of grief resolution. Conversely, in these days of the mobile society, the absence of previously available extended family in the community frequently leaves the individual with no support system at the time of bereavement. The nature of the lost relationship—that is, whether the deceased was a parent, sibling, child, mate, and/or friend—also has special implications. The circumstances of the death—whether it was anticipated or sudden, peaceful or violent, an act of suicide or remains an uncertainty—have also received attention in the current literature. From the viewpoint of this study these are all factors which contribute to making each experience of bereavement unique. However, it is postulated that the underlying process which enables resolution to occur remains the same and is significantly influenced by past experience in integrating loss.

A recent contribution to understanding the effect of environmental factors on the mourning process is Bertha Simos' book A Time to Grieve.⁴ Simos, who is also a

⁴Bertha Simos, A Time to Grieve (New York: Family Service Association of America, 1979). It was as I was completing the project I learned of Dr. Simos' book. I regret that it was not available earlier. Her discussion of the phases of mourning is most complete and informative.

clinical social worker, points out that all experiences of loss, object relations and other personal privations, are experienced as a narcissistic injury. "The bereaved need to be given an opportunity to play an active role in moves toward the recovery from the loss."⁵ When environmental factors are not conducive to the natural expression of grief, as occurred in the first case example, these obstacles can frequently be overcome by traditional forms of treatment intervention. In the case of that modern-day Ophelia, once the external and internal resistances had been worked through, she was able to mourn in a normal fashion.

Throughout this project it has been frequently emphasized that clients who experience unresolved grief reactions present with rather seriously incapacitating symptoms, pathology frequently associated with pre-oedipal developmental fixations. In addition to the theoretical implications of this finding, it is also relevant to diagnostic considerations. The presenting symptomatology need always be viewed in the light of premorbid personality functioning with attention to the precipitating events which preceded the development of the symptoms. If this cardinal diagnostic principle is overlooked, the danger arises that inappropriate, if not counterproductive, treatment measures may be introduced. This should not be new information for

⁵Ibid., p. 248.

clinical social workers, as our profession has long recognized the relationship between external events and retrogressive psychological functioning.

Although the primary objective of this project has been hypothesis formulation, there are many implications which pertain to treatment. A more indepth understanding of the phenomena which occur in mourning should result in improved therapeutic skill and more sensitive appreciation of what the client is experiencing. Understanding the intrapsychic implications should enable the therapist to be a more valuable ally in promoting the natural processes which impel toward reintegration and growth. The relationship between theoretical understanding and treatment method has been demonstrated through the presentation of the two case studies.

Development of the theory led to the realization that very different therapeutic methods were required in each of the case examples. The client who had satisfactorily resolved original separation-individuation issues responded to a more conventional approach, although work with her, too, was considerably enhanced by the recognition that mourning seems to be a recapitulation of the separation-individuation process. The client who had not previously worked through original separation-individuation issues obviously required a different approach as she did not have the necessary psychological tools to integrate the

loss. In the first case, efforts to understand and work with the resistances which had previously prevented mourning from proceeding produced positive results; whereas, in the second case, original separation-individuation issues needed to be addressed before the client could mourn.

Contributions from object relations theory have enabled traditional therapeutic methods to be extended to a patient group, those with borderline personality organization, who were previously regarded as incapable of structural change. This study has demonstrated that these new insights may also be applicable to the treatment of those individuals with severely incapacitating reactions to bereavement who were previously regarded as incapable of integrating the loss. This finding is germane to the basic social work tenet that each individual has the capacity for growth and a higher level of functioning and that professional efforts should be directed toward finding ways to evoke this potential.

Initially, it is sometimes difficult to distinguish between those clients who are able to respond to a more conventional approach and those who require the second type of treatment intervention. A trial period of therapy, which helps to clarify the nature of the lost relationship and provides an opportunity to observe the quality of interaction with the therapist, enables this determination to be made.

Of course, present-day knowledge was not available at the time of Lindemann's early studies when he proposed innovative treatment approaches to pathological grief reactions.⁶ It is not surprising that subsequent investigations have demonstrated that mourning takes longer to run its full course than originally thought and that, to be maximally effective, treatment may extend beyond five to ten appointments.⁷ Unfortunately in some quarters that pioneering research is still regarded as the "last word" on the treatment of all pathological grief reactions. These simplistic interpretations not only tend to misrepresent the investigator's original intent but also interfere with efforts to educate the public about the implications of psychiatric disability. Such influences are undoubtedly in back of the present-day unrealistic expectation from short-term therapy, which amounts to a discounting of all the hard-won knowledge about the nature of psychological functioning. It is indeed a paradox that at a time when psychotherapeutic methods are being extended to a wider range of the psychologically-impaired population, brief therapy is being touted as the panacea for all, including individual reactions to the experience of bereavement. This observation is in no way meant to discount those carefully screened

⁶See p. 17 in Chapter 2.

⁷Ibid.

cases in which short-term therapy has proved to be highly successful.⁸

A final reference to the implications for treatment has to do with the relevance of the findings to the termination phase of therapy. As stated in the introductory chapter, Hans Loewald has characterized termination as a "replica of the process of mourning."⁹ The relationship with the therapist, as other situations requiring relinquishment of object relationship ties, needs to become partially internalized so that individuation can proceed. Termination in many respects is comparable to those situations in which bereavement involves the anticipatory loss of the loved object. Although there is preparatory grieving and regression, a certain amount of the grief work occurs after the loss has actually transpired. The eventual outcome of the entire termination process is significantly influenced by the therapist's understanding of the meaning of separation in the human experience. Although the end-phase of therapy has received considerable attention in the literature, it is hoped this project contributes to even fuller appreciation of all that is involved and more empathic facilitation of the process. It goes without saying that these implications, albeit to a lesser extent

⁸See pp. 63-67 in Chapter 2.

⁹See p. 8 in Chapter 1.

because of the difference in cathexis, also pertain to the reactions of the therapist.

In conclusion, this project evolved from an interest in exploring object relations theory in more depth and a desire to apply the acquired knowledge to a clinical issue. I was particularly interested in the relationship between object relations and ego psychology theories in respect to developmental issues in the third year of life. It seemed that a significant number of clients I had worked with over the years presented with problems stemming from that period. However, I decided that contribution of an innovative perspective to traditional theory would at best be difficult and open to question. - Clearly, a less ambitious application of my interests was in keeping with the purposes of the project.

Meanwhile, at about that same time, I had been treating two exceptionally enlightening clients who were significantly involved in grief resolution work. The difference in their capacity to proceed with mourning was quite pronounced. In fact, their responses complemented each other in such a manner as to highlight the similarities between mourning and the separation-individuation process. These observations led to the formulations of the hypotheses of the study, and, of course, as it developed, provided the opportunity to study object relations theory in more depth.

In the course of my research, the many similarities between mourning and object relation developments in the first three years of life became increasingly apparent. My second choice of topic also became intellectually rewarding and professionally enriching. It was understandable that Freud had looked to mourning to explain the origins of depression and that later theoreticians had used the process as a starting point in discussing other psychological phenomena. Object attachment and anxiety related to fear of loss as well as actual loss and depression seem to be recurrent themes throughout the entire life cycle, and the manner in which these experiences are integrated has an inestimable influence on subsequent psychological functioning.

Although the learning experience which resulted was deeply enriching, I never lost sight of my original objective. In accordance with the hypotheses of this study, it is, after all, primarily in the third year of life that the first experience with object loss is either satisfactorily or unsatisfactorily resolved. Mahler points out that the third year is a period of rapid individuation with the unfolding of complex cognitive functions: verbal communication, fantasy, and reality testing. It is also during that period that the child is mainly in the anal and early phallic phases of zonal development. There is much yet to be learned about the significance of the interactions

between the child and mother in respect to these issues. It may be in the very act of willingly relinquishing to the mother the precious products of the self that the first memorial to a relationship occurs. As farfetched as this may sound, it must be remembered that many authors have written about the individual growth, new creativity, and the personality development which occur following successful resolution of grief. George Pollock finds that the successful completion of mourning always results in a creative outcome, and he has written extensively about this.¹⁰ As previously indicated, he has noted that the creations of great works of art and science frequently occur in connection with mourning. For the less-gifted, according to Pollock, successful resolution of the grief "may be manifested in a new real relationship, the ability to feel joy, satisfaction, a sense of accomplishment or newer sublimations"¹¹—the adult equivalent of successful mastery of the conflicting pulls inherent in separation-individuation.

¹⁰George H. Pollock, "Process and Affect: Mourning and Grief," International Journal of Psycho-Analysis 59 (1978).

¹¹Ibid., p. 267.

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Matha M. Milione

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