Mourning

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Introduction

When Henry Maudsley was elected a Fellow of the Royal College of Physicians and delivered his Lectures in 1870 on Body and Mind, he said,

"the sorrow that has no vent in tears makes other organs weep"

This poetic description of the fate of mourning was taken up by Freud and the psychoanalysts who followed him.

Freud (1926) asked "when does a separation from an object produce anxiety, when does it produce mourning, and when does it produce, maybe, only pain?" He described how physical pain was equivalent to the mental pain that follows the loss of an object, saying that the transition from physical to mental pain corresponds to a change from "narcissistic cathexis to object cathexis." That is from relating to the object as a part of one's self to relating to a separate other. The important difference is in the appreciation of a separate good object on whom one depends and whose creativity supports growth and on the other hand the denial of this relationship.

Freud' s paper Mourning and Melancholia (1915) captured universal aspects of human experience and formed the basis for a way of understanding the formation of an inner world through the repeated experience of mourning. The internal situation following on from serious loss he described as extremely complex. It involved different introjections and identifications with the lost object which becomes part of the ego through the mourning process.

Where the feelings towards the lost object are predominantly hateful, she is not missed, but unconsciously attacked and then set up in the inner world as a bad object. The self-torment so characteristic of melancholia is a continuing hate for the now internalised disappointing object who is hated and at the same time revered.

Freud describes in Mourning and Melancholia 1915, how in the face of loss

" the free libido was not displaced on to another object; it was withdrawn into the ego... there... it... served to establish an identification of the ego with the abandoned object. Thus the shadow of the object fell upon the ego"

His discovery of the mechanism of introjection leading to the establishment of an internal object as a separate entity in the inner world, which can then be related to in different ways was one that changed the whole understanding of the mind. The beginnings of object relations theory.

Freud considered melancholia as a negation of the awareness of the loss of a good object as opposed to the sadness of a mourner.

Klein stressed that the recovery of the lost good object relationship through mourning enabled that relationship to be installed and live in the internal world and support growth. The child who was originally inside the mother now feels he has the mother within him.

Klein developed this theory of mourning further in her 1935-40 papers on depression and mourning with her emphasis on the importance of reparation for damage done that reinstated the good elements.

A contribution to the psychogenesis of manic depressive states" (1935)
Klein began her investigation of depressive states by contrasting them with paranoid and manic states of mind in " A contribution to the psychogenesis of manic depressive states" (1935)
She said,
" in paranoia the characteristic defences are chiefly aimed at annihilating the persecutors,"
But,
"As the ego becomes more fully organised the internalised imagos will approximate more closely to reality and the ego will identify itself more fully with 'good' objects."
So,
"The dread of persecution which was at first felt on the ego's account now relates to the good object as well, and from now on preservation of the good object is regarded as synonymous with the survival of the ego."

In other words there is concern not only for survival of the self but also survival of the object and this object must then be preserved from loss and protected from attack in a process of restoration and reparation. This allows for the

good object and the self to be safer from destructive impulses and satisfy the need for ongoing support from the internalised good object.

Klein notes the overwhelming nature of this reparative task
" The ego comes to a realisation of its love for a good object, a whole object, and in addition a real object, together with an overwhelming feeling of guilt towards it. Full identification with the object based on the libidinal attachment, first to the breast, then to the whole person, goes hand in hand with anxiety for it, of its disintegration, with guilt and remorse, with a sense of responsibility for preserving it intact against persecutors, with sadness relating to expectations of the impending loss of it. These emotions, whether conscious or unconscious, are in my view among the Essential and fundamental elements of the feelings we call love."

The recognition of separateness and dependency with vulnerability to loss involves negotiating the relationship to siblings and parents and especially the parents relationship to each other. Klein maintained that the working through of the depressive position and of the Oedipus Complex were facets of the same process.

Clinical Illustration
Identification with a dying object

Fatima aged 40 years came into psychotherapy very anxious that an important physical condition was being missed. She complained of severe chest pains that she associated with heart disease and she was constantly monitoring her heartbeats which she feared were excessively strong and irregular.

In these early weeks she described how she tended her mother in the last weeks of her life. The death of her mother had followed a long illness with cardiac disease and then a stroke which had left her in a coma. Fatima had been concerned that her mother required vigilant watching such that she could not leave her bedside for fear that her mother would stop breathing or choke. The sense was one of overwhelming fear of loss and anxious filled attention to the mother's body.

Fatima movingly described how the sense of meaning in life had died with her mother. Despite keeping vigil at her side it was while she had gone home to

sleep that her mother had died. She felt enormous grief at the time and guilt that she had let her mother die by not keeping a close enough watch on her. Six months after her mother's death when her father decided to sell the family home, and move into sheltered accommodation, Fatima moved many of her mother's belongings into her own flat . These belongings, mainly books, lined her bedroom walls four items thick, and she placed her bed in the centre of the room.
Here Fatima became very ill, feverish and sick with what was later diagnosed as a chest infection with an exacerbation of her asthma. Like a foetus in a womb she had attempted a concrete retreat into a cavity within the mother's body from which she felt expelled. In Identification with her mother she believed that she was dying.

I now present Clinical material from a session one year into therapy when Fatima had begun to notice a world outside of her preoccupation with her own bodily symptoms which it seemed represented her damaged and dying internal mother.

"Fatima described a meal out with her father and brother. She had looked around the restaurant, that was full of couples at tables talking with each other, and she had had a realisation that she would never be part of a couple. This did not worry her it was just a fact. She had no curiosity in someone else and no wish to care for them. She did want to be cared for herself and comforted but knew she could never return those feelings. This was her lack of feeling and she did not know if she would ever get it back.

At this point of movingly opening up to me, she started to cough and struggle to breath. She asked with some insistence for a glass of water and said she thought she was choking. It was "all this talking". "She was not used to it."

Fatima started to choke just at the point where she left her bodily preoccupations and began to expose herself to thoughts and feelings about the painful reality of her internal and external world. This exposed her to feelings of separateness and difference from others and a wish for love and concern from another while recognising that she could not return this love. This was felt very deeply in the transference relationship with her therapist. Fatima went on to talk of how she had never let herself see her parents as a couple but only allowed her mother to be a parent to her alone in her mind.

In this session her psychosomatic symptom arrived as a shield when knowledge of the true nature of her internal world became overwhelming and she feared choking to death, thus joining her mother again in endless fusion. However this also marked a moment when greater psychic pain could be tolerated in the presence of a containing other and something of her psychic reality could be suffered. A process of mourning was beginning as opposed to an experience of the mother concretely in her body, still dying and still requiring her vigilant attention.

Steiner (1993) described this concept saying "in the early stages of mourning the patient attempts to deny the loss by trying to possess and preserve the object... Because of identification with the object the mourner believes that if the object dies then he must die with it, then reality of loss of the object has to be denied".

Weaning (1936)

The first major loss Klein describes as linked to the infants experience of weaning (Weaning, 1936)

" The child feels any frustration very acutely. We find that the child feels, when the breast is wanted but is not there, as if it were lost for ever; since the conception of the breast extends to that of the mother, the feelings of having lost the breast lead to the fear of having lost the loved mother entirely, and this means not only the real mother, but also the good mother within.."

Mourning and its relation to manic- depressive states " (1940).

Klein expanded her account of mourning in "Mourning and its relation to manic- depressive states " (1940). In this paper Klein describes how early experiences of mourning are revived whenever grief is experienced in later life. "Normal" morning depends on the individual having successfully resolved the infantile depressive position. Klein gives a rich description of the interplay between the external "real" object and the internal object.

"All the enjoyment which the baby lives through in relation to his mother are so many proofs to him that the loved object inside as well as outside is not injured, is not turned into a vengeful person. The increase of love and trust, and the diminishing of fears through happy experiences, help the baby step-by-step to overcome his depression and feeling of loss (mourning)."

Klein emphasises the importance of the 'real' mother and her relationship with the infant.

"Through being loved and through the enjoyment and comfort he has in relation to people his confidence in his own as well as in other people's goodness become strengthened, his hope that his good objects and his own ego can be saved and preserved increases, at the same time as his ambivalence and acute fears of internal destruction diminish."

She describes the impact of adverse early experiences.

" Unpleasant experiences and the lack of enjoyable ones in the young child especially lack of happy and close contact with loved people, increase ambivalence, diminish trust and hope and confirm anxieties about inner annihilation and external persecution. Moreover they slow down and perhaps permanently check the beneficial processes through which in the long run inner security is achieved."

The feeling of 'Pining' in the work of Mourning

Klein vividly describes the very painful emotions associated with mourning.

"I now propose to use for these feelings of sorrow and concern for the love objects, the fears of losing them, and the longing to regain them, a simple word derived from everyday language, namely the "pining" for the loved object.
In short persecution by bad objects and the characteristic defences against it, on the one hand, and pining for the loved good objects on the other constitute the depressive position."

Klein then describes the work of mourning and links the experience in adulthood with that of early infancy.

" 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 to re-experience the loss, but at the same time and by means of this, to rebuild with anguish the inner world, which is felt to be in danger of deteriorating and collapsing. Just as the young child passing through the depressive position is struggling, in his unconscious

mind, with the task of establishing and integrating his inner world, so the mourner goes through the pain of re-establishing and re-integrating it."

Klein, like Freud before her, distinguishes between a capacity to mourn and an inability to mourn which leads to melancholia and the defences against this.

"The fundamental difference between normal mourning on the one hand and abnormal mourning and manic depressive states on the other, is this: the manic-depressive and the person who fails in the work of mourning, though their defences may differ widely from each other have this in common that they have been unable in early childhood to establish the internal good objects and to feel secure in their inner world. They have never really overcome the infantile depressive position.
In normal mourning however the early depressive position, which had become revived through the loss of a loved object, becomes modified again and is overcome by methods similar to those used by the ego in childhood."

Klein emphasises the role of restitution and reparation in the work of mourning.

"The individual is reinstating his actually lost loved object; but he is also at the same time re-establishing inside himself his first loved objects, ultimately the good parents, whom when the actual loss occurred he felt in danger of losing as well. It is by reinstating inside himself the good parents as well as the recently lost person, and by rebuilding his inner world, which was disintegrated and in danger, that he overcomes his grief, re-gains security, And achieves true harmony and peace."

Clinical case: " I can bury her in my body and ignore her there"
This thirty-seven year old female patient, Maria was being treated for breast cancer.
She had told her Consultant Oncologist that she wished that the immunotherapy treatment had not been successful as she had wanted to die from her cancer. Her mother had died from breast cancer when Maria was 20 years old. She told me on meeting me for her first psychotherapy consultation, that she had a strong wish to join her mother in some form of union after death where she could be together with her again. I acknowledged her suicidal pull and we agreed to her starting psychotherapy.

She had 'always been anxious and depressed' and beset by physical problems related to stress such as severe tension headaches, body aches and generalised chronic pain.
She was diagnosed with malignant breast cancer after discovering a lump and having it biopsied. Her initial reaction she told me was a strange relief. 'I had never felt so close to her' ('her' being her mother) she explained.
When she lost her mother to breast cancer she was a student at university and with her first serious boyfriend at the time. She had no time to really be with her mother and was unaware of just how serious the prognosis was for her mother. Her mother's death came as a terrible shock to her and she regretted that she had not been there at the time holding her hand.

She told me in very concrete terms how she now imagined her mother as being in 'an adjoining room'. She did not want to acknowledge her as dead. She did not want the psychotherapy to remove her 'living presence' although she did suggest that her mother's presence was preventing her from being closer with her partner. As the psychotherapy progressed Maria spoke of her mother initially 'moving down the corridor' from the adjacent room. Towards the end of two years weekly psychotherapy she described her mother as having moved to the 'other side of London'.

Clinical material: following a consultation with her oncologist in which she requested a change of medication to one which gave a less good prognosis

"They (the oncologists) were very patronising to me - 'Well if this is what you want - I suppose you can - but not such good survival'.

A - when we first met she was disappointed that she had survived the cancer, again she feels drawn to reducing her chances of survival to be with her mother.

M- Yes, I still feel something of that but in more conflict now.

(Pain suddenly returns in her neck and arm)

A- It is painful to be in conflict. (or more accurately -<u>she feels the pain instead of being aware of the conflict)</u>

M- I am in conflict and I run from that - I am on the run all the time - I cannot stop I am running in fear - I am frightened of everything- I need to learn to not be afraid of the little things"

She then told me about a film she had seen called 'Life As It Is' in which a mother is dying of cancer and a child is forced to witness the trauma of a mother's death and in their distress loses their father as well. This closely mirrors her own history and she is able to then cry for her own loss. This is a moment of mourning in the session.

M- I realise that moving on with my life means letting go of my mum.
She is so in my body - I can bury her in my body and ignore her there - but now I feel I am letting her into my mind – even though that means losing her.

Conclusion

Mourning is an ongoing process throughout life that in "normal" development allows for the introjection and integration of the lost objects into the inner world.
In the failure to mourn the individual has been unable in early childhood to establish the internal good objects and to feel secure in their inner world. They have never really overcome the infantile depressive position.

In Melancholia two scenarios with very different emotional tones constantly interweave. (Sodre, 2005) The ego darkened by the shadow of the object and the ego cannibalistically devouring the object; grief and guilt in constant oscillation with hatred and grievance. Depression can only be understood if one keeps in mind the dynamics of these two mutually influencing and omnipotent states of mind.

For Klein the working through of the depressive position and the establishment of a good internal object is crucial for mental health. The frustrations and losses of life and the constant threat from destructive sources within the personality make the depressive position an achievement that is repeatedly lost and in need of re-establishing. She described the work of mourning which is required with every major loss and disappointment as "rebuilding with anguish the inner world". This is particularly difficult when the depressive position has been precariously established in the first place. This leaves the personality in danger of regression to the defences of the paranoid schizoid position or to undue mobilisation of a defence more specific to the depressive position, that is mania.

Klein described how the process of mourning whether for an actual death or for other losses and disappointments, involves the loss of the sense of having an internal good object. The mourner may for a time feel triumphantly oblivious towards an internal Object whose importance is denied as in mania or is at the mercy of vengeful or dead and dying objects within him. Gradually he may recover his good objects and this process of repeatedly renegotiating the depressive position can lead to a strengthening and deepening of it that is recognisable in the emotional maturity and depth achieved by some older people. Elliot Jacque in 1965 traced this reworking of the depressive position in the lives and works of great creative artists In "Death and the midlife crisis" he suggests that in midlife illusions of immortality need to be relinquished and a painful journey of self-exploration undertaken which can produce a more profound creativity.

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