

Continuing BONDS



New
Understandings
of Grief

Edited by Dennis Klass,
Phyllis R. Silverman, and Steven L. Nickman

CONTINUING BONDS

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Dennis Klass, Phyllis R. Silverman,
and Steven L. Nickman

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Preface

This book examines the continuing bond with the deceased in the resolution of grief. The continuing bond has been overlooked or undervalued in most scholarly and clinical work. The idea for the book grew out of several discussions among the three of us. We were sharing what each of us was finding in our respective and somewhat different research with families who had experienced a significant death (that of a child, a spouse, or a parent) and with families into which a child had been adopted. Initially, we became aware that both bereaved children and bereaved adults were struggling to find a way of maintaining a connection to the deceased. We were surprised when we found parallels in the experience of adoptees who had a relationship with a “fantasy” birth parent, even when they were adopted at birth. We found that older adoptees who had known their birth families were also maintaining a continuing internal connection with them. Our respective findings are more fully reported in individual chapters in this book. The following are some examples that show the direction of those early conversations.

Research interviews with children whose parent had died revealed that in the first years after the death, they developed a set of memories, feelings, and actions that kept them connected to their deceased parent. Rather than letting go, they seemed to be continuing the relationship. We observed that they kept this relationship by dreaming, by talking to the parent, by believing that the parent was watching them, by keeping things that belonged to the parent, by visiting the grave, and by frequently thinking about the dead parent. It was also clear that these connections were not static, but developed over time so that the parent-child relationship was developmentally appropriate to the child and to the child's present circumstances. These findings supported Silverman's finding that college-age women whose parents died when they were young reported a desire to know more about their deceased parents from the perspective of a young adult, to connect to the deceased in a different manner.

In a study of a self-help group of bereaved parents, it was apparent that the processes by which they resolved their grief involved intense interaction with their dead children. The bereaved parents were sustaining these interactions using similar means to those of the bereaved children. The poetry these parents wrote to clarify their experience to themselves and to each other was about learning to go on without the living child while at the same time maintaining the child as a presence in their lives. They learned to live without social roles and interpersonal interactions centered around parenting while at the same time the child became part of their inner world, and to the extent possible, part of their social reality. In a poem one mother wrote:

Will you forgive me if I go on?
If you can't make this earthly journey through time with me,
Will you then come along in my heart and wish me well?

Indeed, the members regarded the very life of the group as an extension of their relationship with their children. The refrain of the song adopted by the national organization says, "Our children live on in the love that we share." Parents regularly reported sensing their child's presence, hearing their child's voice, or seeing the influence of their child on their thoughts or on events in their world. As they shared their experiences with others and defined their experiences as normal, they discovered that they were moving toward "resolution" of their grief. In the resolution, the experiences of their child became part of their everyday world.

In research and clinical interviews adoptees repeatedly expressed a sense of sadness or of an important absence from their lives. These feelings could not be attributed to psychopathology. It became increasingly clear that this experience could be attributed at least in part to two factors: the nonexistence of the birth parents in the adoptees' life and the lack of opportunity to remediate this absence by means of a culturally condoned and encouraged mechanism of "grieving." Once the adoptees learned of their adoptive status they began trying to construct a mental image of their absent birth parents. They reported that an internal dialogue sometimes took place with this inner representation. The relationship to the inner representation had many of the elements that we saw between the bereaved and their dead relatives. Even though the adoptees almost never knew their birth parents directly, they reported powerful emotions and detailed thoughts about their absent birth parents. This complex of thought and emotion operated on both a conscious and an unconscious level, influencing emotions, behaviors, and life choices. In essence and without giving it a name, the adoptees were grieving for birth parents who were a part of their lives even when they had never known them.

As each of us looked at the data from our respective research, we realized that we were observing phenomena that could not be accounted for within the models of grief that most of our colleagues were using. It appeared that what we were observing was not a stage of disengagement, which we were educated to expect, but rather, we were observing people altering and then continuing their relationship to the lost or dead person. Remaining connected seemed to facilitate both adults' and children's ability to cope with the loss and the accompanying changes in their lives. These "connections" provided solace, comfort and support, and eased the transition from the past to the future.

We also observed that there was little social validation for the relationship people reported with the deceased or absent person. In adoption practice, the adoptive family was counseled to believe that the child would not need to know anything about the birth parent and that he or she should be treated exactly as though born into the adoptive family. Bereaved parents and children were encouraged to put the past behind, to mourn the loss, and to make new connections in the present. Many parents whose children had died young were encouraged to have other children as if the death of one child could be compensated for by the birth of another.

As we brought together the various threads of our work, each of us felt an excitement about the new linkages we were making. Silverman recalled for us a frustrating exchange she had with a colleague, almost a decade earlier, at the First International Conference on Bereavement held in Israel in November 1985. In a small work group, Silverman was trying to open up a discussion about the need to recognize what she was hearing from the bereaved who talked about their continued bond with the dead. A colleague insisted that dealing with bereavement involved putting the past behind and this required letting go of the relationship with the deceased. The colleague had developed tie-breaking rituals to accomplish this with his clients. He was pleased with his ability to overcome his clients' resistance to his advice to let go of the past. When this colleague could not convince Silverman that he was correct in spite of her data to the contrary, he said it was like having a baby: the baby is pushed out by the mother, gets slapped on the behind, cries, and "That's it." At that moment Silverman understood the nature of their differences. Birth is not about letting go, but about change in the nature of the mother's connection to her infant. Silverman had recently witnessed her grandson's birth and watched as the midwife gently facilitated the birth and placed the newborn on his mother's abdomen, his umbilical cord still attached. The child was surrounded by loving parents, aunt and uncle, and grandparents. His father carefully cut the cord. This delivery did not break a relationship; rather it led to a new set of relationships, with new dimensions and possibilities. The child was no less attached to his mother, and now attachment within an extended network of bonds was possible. The bereaved, like the new mother, have to change their relationship to the deceased. It does not mean that the relationship ends, though it changes in a decisive way. These ongoing connections and changes are the focus of this book.

The implication of our new understanding of grief goes further than the fact that people maintain a relationship to the deceased or absent birth parent. It requires that we look at the way we see relationships in general in our society. We need to bring into our professional dialogue the reality of how people experience and live their lives, rather than finding ways of verifying preconceived theories of how people should live.

As we recognized this congruence in our thinking, Silverman proposed that we edit a book that would call attention to these issues and their impact on bereavement processes. As we decided to edit this book, we realized that we each knew other scholars and clinicians whose findings were similar to ours. It was natural that we turned to those writers whose work had so informed and influenced our own. The response we received was gratifying, though not everyone was able to fit the project into their schedule. Silverman was in Israel on a Fulbright Fellowship for the 1993–94 academic year, and Nickman was in Boston. Klass and the fax machine managed to keep it together despite the geographical distances.

One of the rewards of editorship has been extended conversations by phone, fax, and letter with the contributors. From conception to final product, this book

has been about dialogue. Now, we hope the readers will join us as the conversation continues. A new model of grief is embedded within the contributors' critiques of the current model of grief and within their descriptions of their subjects. We hope further conversation will clarify the new model, and we hope the readers will be part of that conversation.

Organization of the Book

The book's organization is quite simple: This Preface and the Introduction (Chapter 1) provide the framework for the book. Chapter 1 constitutes Part One, Examining the Dominant Model (of grief). In it, the editors trace the development of the 20th century model, showing how at critical points the data demonstrated that mourners maintained, rather than severed, their bonds with the deceased; however, the data were not integrated into the theory. The chapter describes the positive value placed on autonomy in our culture and the negative value placed on dependence, and how these values work to maintain the prevailing model of grief. The editors also begin to spell out what an alternative paradigm might look like. The core of the book, in which the paradigm is explored and further expanded, is divided into Parts Two through Eight, followed by Part Nine, the Conclusion. Short introductory comments for each of the seven main parts provide continuity from one part to another.

In Part Two (Chapters 2, 3, and 4), Setting the Stage, problems with the dominant model are examined. In Chapter 2, Margaret Stroebe, Mary Gergen, Kenneth Gergen, and Wolfgang Stroebe point to the cultural/historical relativism of the idea of grief work. In Chapter 3, Paul Rosenblatt summarizes several of his studies to show that the idea that people "get over" grief is false, for surges of feelings and thoughts that are very much like those experienced right after a death continue over a lifetime. In Chapter 4, Dennis Klass shows how the rituals of ancestor worship in Japan function to maintain the bond with the dead.

In Part Three (Chapters 5, 6, 7, and 8), The Inner Representation of the Deceased, the chapters are arranged according to the population studied. First the focus is on bereaved children, one of whose parents died. Chapter 5, by Phyllis Silverman and Steven Nickman, and Chapter 6 by Claude Normand with Silverman and Nickman, use data from the longitudinal MGH/Harvard Medical School Child Bereavement Study. In Chapter 7, Betty Buchsbaum relates children's memories of the deceased to the children's developmental stage. Chapter 8 by Kirsten Tyson-Rawson reports on her study of college women whose fathers had died. She discusses both positive interactions and those that are frightening and intrusive.

Widows and widowers are then discussed in Part Four (Chapters 9, 10, and 11), Spousal Bereavement. Chapter 9 by Helena Znaniecka Lopata reviews her concept of the widow's sanctification of her dead husband. Lopata first published this idea over two decades ago and it has been virtually ignored by subsequent scholars. In Chapter 10, on remarriage among the elderly, Sidney and Miriam

Moss show how the inner representation of the deceased spouses are part of the subsequent marriage, not left outside the marriage. Chapter 11 by Roberta Conant looks at the comforting sense of presence.

Part Five (Chapters 12 and 13) is about Parental Bereavement. In Chapter 12, Dennis Klass traces the interchange between the inner representation of the dead child as an inner reality and as a social reality in The Compassionate Friends, a self-help group. Simon Shimson Rubin's Chapter 13, based on his studies in Israel, gives a detailed account of his two-track model of bereavement. He documents how it is insufficient to evaluate resolution of grief on the basis of present functioning without also including how the bereaved relate to the deceased.

Part Six, Bereaved Siblings, contains only Chapter 14, a fact that reflects the paucity of good studies on the subject. Nancy S. Hogan and Lydia DeSantis report their study of siblings in which they triangulate the constructs of grief, personal growth, and attachment.

Early on there was some discussion among the editors over whether the dynamics of loss for adoptees is similar to those bereaved by death. Nickman argued the case strongly in the face of Klass's skepticism. Nickman's ideas were convincing. Thus, Part Seven (Chapters 15 and 16), Adoptee Losses, presents data that have not been examined in the context of bereavement research. In Chapter 15, Nickman synthesizes his many years of clinical practice with adoptees and their families. Fantasies that adoptees have about their birth parents are examined by Susan Miller-Havens in Chapter 16.

Part Eight (Chapters 17, 18, and 19), Meanings and Implications, deals with various clinical and research findings. In Chapter 17, Samuel Marwit and Dennis Klass asked a general population to recall a significant person who had died and to describe the role that person plays in present life. David Balk in Chapter 18 studied the intensity of attachment to the dead and the degree of distress in college students. He finds that strong attachment is associated with higher distress. Balk's findings are in some ways a counterpoint to the majority of the contributions to the book and so call for careful thinking. In Chapter 19, Laura Tessman gives us a detailed report of psychotherapy with the adult child of a Nazi war criminal. We can see the complexity of retaining the bond with the father while rejecting so much of the father.

The book ends with Part Nine (Chapter 20, Concluding Thoughts). Like most conversations, the one in this book develops themes and points of agreement/disagreement in ways that made sense to us but were not not always systematic. The chapter begins to give systematic form to the conversation. If in sharing this conversation we help others to join in, the book's purpose will have been fulfilled.

*Dennis Klass
Phyllis R. Silverman
Steven L. Nickman*

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Part One

Examining the Dominant Model

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Introduction: What's the Problem?

Phyllis R. Silverman and Dennis Klass

This book was conceived to give voice to an expanded view of the bereavement process. Specifically, this book reexamines the idea that the purpose of grief is to sever the bonds with the deceased in order to free the survivor to make new attachments. We offer an alternative model based on the mourner's continuing bonds with the deceased.

A model is an ideal set of interactions or processes that make sense of multifarious data. As such, a model is a conceptual archetype. "By archetype I mean a systematic repertoire of ideas by means of which a given thinker describes by analogical extension, some domain to which those ideas do not immediately and literally apply" (Black, 1962, p. 241). Models are intellectual schemata, but as we will note, they are part of the *Zeitgeist*, the spirit of a particular age. Very often the assumptions in the model we use are unexamined. Batson (1980) wrote,

Now, an explanation is a mapping of the pieces of a description onto a tautology, and an explanation becomes acceptable to the degree that you are willing and able to accept the links of the tautology. If the links are "self-evident" (i.e., if they seem undoubtable to the self that is you), then the explanation built on that tautology is satisfactory to you. That is all. It is always a matter of natural history, a matter of faith, imagination, trust, rigidity, and so on of the organism, that is of you or me. (p. 93)

This means that people persistently hold on to models, even in the face of contrary evidence. Bowlby (1961) linked the difficulty of abandoning old intellectual models to the pain of grief.

The painfulness of new ideas, and our habitual resistance to them, can also be seen in this context. The more far-reaching a new idea, the more disorganization of existing theoretical systems has to be tolerated before a new and better synthesis of old and new can be achieved. (p. 335)

The authors in this book present data from populations who differ in the origins of their grief. We think that the net effect of all these contributions is to show that the resolution of grief involves a continuing bond that the survivor maintains with the deceased. We hope that this book demonstrates the rich possibilities of what we see as healthy, enduring bonds with the dead.

This chapter will

- 1 outline the model of grief in general use, and show how this model of grief was developed in the face of data that suggested its inadequacy;
- 2 discuss the assumptions of this dominant model of grief, which are part of the passing world view of modernity;
- 3 explore the way inadequate assumptions about the nature of the self as well as assumptions about what is good social scientific methodology contributed to the remarkable resiliency of this model in the face of contrary data;
- 4 begin to sketch out another model of grief, leaving the other chapters in the book to provide a fuller, more complex understanding of this model.

We realized in reviewing the contributions to this volume that the majority of the authors did qualitative, not quantitative, research. This realization about method brought us full circle, for it seems to us that the quantitative method, with its roots so deep in the logical positivism of modernity, is based on the same inadequate assumptions underlying the model of grief that this book sets out to correct. At the end of the chapter, we comment on an alternate methodological paradigm.

DISENGAGING AS A GOAL OF GRIEF

The view of grief most accepted in this century holds that for successful mourning to take place the mourner must disengage from the deceased, and let go of the past (Abraham, 1927; Clayton, Desmarais, & Winokur, 1968; Edelstein, 1984; Furman, 1984; Hofer, 1984; Peppers & Knapp, 1980; Pollock, 1975; Rando, 1986; Raphael, 1983; Sanders, 1989; Volkan, 1981; Weizman & Kamm, 1985). To experience a continuing bond with the deceased in the present has been thought of as symptomatic of psychological problems (Dietrich & Shabad, 1989; Horowitz, Wilner, Marmor, & Krupnick, 1980; Jackson, 1957; Miller, 1971). A continued attachment to the deceased was called unresolved grief. Some practitioners likened unresolved grief to other forms of phobic avoidance, which have been treated successfully by exposure to the avoided situation, such as the treatment of obsessive-compulsive and phobic patients (Mawson, Marks, Ramm, & Stern, 1981). Temporarily "hypercathecting" to the dead person was normal because "in the normal process of mourning . . . the person reacts to a real object loss by effecting a temporary introjection of the loved person. The main purpose of this hypercathecting is to preserve the person's relationship to the lost object" (Volkan & Showalter, 1968, p. 359).

In this model the bond with the deceased is not a part of the resolution of grief, but is an attempt to preserve the relationship by fighting against the reality that the person is dead. In this formulation such resistance to reality is doomed to failure, for eventually the person must accept the fact that death is real and permanent, and in the end the bond must be relinquished.

In this view, maintaining an ongoing attachment to the deceased was considered symptomatic of pathology. Indeed, pathology was defined in terms of sustaining a relationship to the dead. Jackson (1957), in a book that was popular with clinicians for many years, said that attempts to maintain ties with the deceased is "a form of regression and psychological incorporation that should be discounted and discouraged. Regression is not cured by accepting it. It must be actively opposed, for it becomes worse if it is encouraged" (p. 65).

This theory led to some rather brutal clinical techniques. Though he later abandoned it in favor of more traditional psychoanalytic reliance on the productions of the unconscious and on managing the transference, Volkan's (1985) "re-griefing" psychotherapy received wide attention. Part of his report on the case of a 16-year-old girl whose mother committed suicide is as follows:

Instead of talking with her about her mother as a dead person, her mother was referred to as an inanimate object consisting of degenerating anatomic structures such as skin, muscle, and bone. Such an attempt, after the phase of abreaction, serves to hasten the actual return to normal reality testing while paradoxically giving impetus to repression of some conflictual ideas expressed. As can be readily seen, this somewhat harsh technique does not provide for full emotional insight but rather serves to repress some instinctual demands, especially the patient's "death wishes" toward the lost object. . . . The therapist must be authoritative but at the same time he must be understanding. In this way the "strong" therapist can take over most of the guilt that the patient had been experiencing. (Volkan & Showalter, 1968, p. 370)

HISTORICAL PERSPECTIVE

This model of grief is a 20th-century phenomenon. Only in the past 100 years have continuing bonds been denied as a normal part of bereavement behavior. In this section we will trace some of the development of the modern understanding of grief. We will show how, as the theory grew, observations of the continuing bond with the dead were made, but the data were not integrated into the conceptual framework that guided most practice.

The modern idea of bereavement began with Freud's (1917/1961a) definition of mourning as the sad process by which "Each single one of the memories and situations of expectancy which demonstrate the libido's attachment to the lost object is met by the verdict of reality that the object no longer exists" (p. 255).

Freud was not talking about grief after a death in this definition. The loss Freud described was the child giving up the direct attachment (Oedipal love) to the parent. He theorized that grief is different from depression in that he thought depression is caused by internalizing the parent, who then remains as a critical voice in the ego ideal. Grief, as Freud saw it, frees the ego from the attachment to the deceased: "When the work of mourning is completed the ego becomes free and uninhibited again" (1917/1961a, p. 245). Freud never applied this theory to cases of grief after a significant death.

Freud's life has particular significance to us, because he generated a world view for those who followed him. We will examine Freud's personal difficulties in mourning rather closely, because his life clearly shows the dilemmas created by a modern world view (Homans, 1989). We know that his personal experience with grief did not support his theoretic model of grief. After important deaths, Freud seemed unable to find new attachments and unable to find a sense of transcendent connection that he seemed to think necessary if his bond with the deceased were to be continued. As Freud framed it for himself, the problem was that he could not allow himself to acknowledge any experience of a transcendent connection. When a friend said religion was based in an "oceanic feeling," Freud said he could find no such experience in himself except in regressive infantile narcissism (1961b). The idea that transcendent feelings are regressive led him to some interesting ideas about the nature of civilization, but did not serve him well when he became a mourner. When his daughter Sophie died, he wrote:

Since I am profoundly irreligious there is no one I can accuse, and I know there is nowhere to which any complaint could be addressed. "The unvarying circle of a soldier's duties" and the "sweet habit of existence" will see to it that things go on as before. Quite deep down I can trace the feeling of a deep narcissistic hurt that is not to be healed. My wife and Annerl are terribly shaken in a more human way. (Jones, 1957, p. 20)

We later see that Freud was equally shaken, but could not allow himself the luxury of expressing his distress directly. In another letter written immediately after Sophie's death, he discussed the kind of control he tried to exercise: "It is such a paralyzing event, which can stir no afterthoughts when one is not a believer and so is spared all the conflicts that go with that. Blunt necessity, mute submission" (Jones, 1957, p. 19).

Nine years later, on what would have been his daughter's 36th birthday (April 11, 1929), Freud wrote to his friend Ludwig Binswanger after he learned that Binswanger's son had died. Freud acknowledged that after such a death he could not go on as before:

Although we know that after such a loss the acute state of mourning will subside, we also know we shall remain inconsolable and will never find a substitute. No matter what may fill the gap, even if it be filled completely, it nevertheless remains something else. And actually this is how it should be. It is the only way of perpetuating that love which we do not want to relinquish. (Freud, 1961a, p. 239)

When Sophie's son died at age 4:

It was the only occasion in his life when Freud was known to shed tears. He told me afterward that this loss had affected him in a different way from any of the others he had suffered. They had brought about sheer pain, but this one had killed something in him for good. . . . A couple of years later he told Marie Bonaparte that he had never been able to get fond of anyone since that misfortune, merely retaining his old attach-

ments; he had found the blow quite unbearable, much more so than his own cancer. (Jones, 1957, p. 92)

The connection Freud had drawn between grief and depression played out in a more complex way in his own life than in his theory. After his grandson died, Freud said that the boy had represented for him all children and grandchildren. After that death, he was unable to enjoy life. "It is the secret to my indifference [toward his cancer]—people call it courage—toward the danger to my own life" (Jones, 1957, p. 92).

From his own experience Freud understood that grief work did not turn out to be a process that could ever be completed, nor did it turn out to be a process that resulted in cutting old attachments and forming new attachments, but he did not give theoretical form to these feelings. Instead he responded to these important deaths in his life with deep depression, against which his only defense was a determined stoicism.

We can hear echoes of Freud's experience in his later metapsychology that saw human suffering as an expression of the tension between Eros, the drive for union, and Thanatos, the tendency to separate and dissolve. He saw that a harmony between Eros and Thanatos could be a solution to the pain of existence, but the method he had chosen, the analysis of the psyche of autonomous individuals, only led to further isolation, not to the sense of bonding with others or to membership in a community. Thus, while he describes the misery of the human condition brilliantly, in the end we can only understand, but there is nothing we can do about it (see Wilber, 1995, p. 331). This late metapsychology was never translated into clinical practice and never applied to the theory on grief.

Freud's early theory, not his experience or his later metapsychology, dominated subsequent formulations of appropriate grieving behavior. The theory took on a life of its own, and Freud's writing about his own experience with grief was not integrated into psychoanalytic thought. The post-Freud paradigm for understanding grief has maintained the idea that the primary goal of grieving is to cut the bond with the deceased so that new attachments can be formed. As we examine the history, we find that phenomena indicating that survivors do maintain bonds with the deceased have been rediscovered many times, but each time the insight fails to be passed on and incorporated into the next generation of research and theory.

Psychoanalysis has continued to study internalized object relations, including the relationship between an individual and a person who has died. What is imperfectly explained by psychoanalytic theory is the nature and extent of changes that occur in the relationship between the living individual and a dead person, who is absent from the external world and represented only, or largely, by mental constructs (inner representations).

Because the Oedipal conflict ended with the loss of direct cathexis with the parents and with the internalization of the parent in the form of the ego ideal (superego as the theory developed later), the psychoanalytic group soon devel-

oped the concept of internalization as part of grief work. Internalization is precisely the kind of psychological transformation of the bond with the dead that seems to be useful with our own data, and with the data we will see in many of the chapters of this book. Unfortunately, this idea of internalization soon got caught up in questions of pathology. Rather than simply examining data, the psychoanalytic scholars developed the idea that internalizing the dead is merely a preliminary stage to letting them go. They also severely limited the kinds of internalization they considered healthy. Only recently has psychoanalytic theory become more flexible with regard to interactions with the dead.

Abraham (1927) is credited with the basic idea that built on Freud's earlier work. He said that the mourner introjected the lost object in order to retain it. Schafer (1968, 1976) would later elaborate this idea of internalization in a way that formed the basis for most current discussion in psychoanalytic theory. Schafer distinguished between two kinds of internalization: identification and introjection. Volkan (1981) applied Schafer's idea directly to grief. His definition of identification would support the idea of a continuing attachment to the deceased. In identification, he says,

The mourner no longer has a compulsive need to cling to the representation of the dead person. Meanwhile, however, paradoxically, the mourner identifies with certain aspects of the dead and comes to resemble him in these particulars. Thus, when such mourning is concluded, the ego will often have been enriched. (p. 67)

Introjection, on the other hand, is regarded as an unhealthy result of mourning, for in introjection the ego is split in a harmful way as the "object representation is felt as existing within the patient himself, and is perceived by some patients as an ongoing and persistent phenomenon" (Volkan, 1981, p. 70). Volkan thought of the introject as a frozen entity remaining in the psyche, not available to change nor enabling the survivor to establish healthy interactions in the present. These internalized representations are described as *unchanging*. Dietrich and Shabad (1989) emphasize the paradoxical character of the inner representation of the deceased: one that is both frozen in time and timeless, immortalized and lost simultaneously. Schafer (1968) regards the bereaved's inner representation of the deceased as persisting unmodified and, therefore, as inaccessible to secondary process—that is, to rational, reflective thinking.

Fenichel (1945) thought of mourning in terms of an introjection to be made before the object could be given up. A first step in grief was that the mourner hypercathected the lost object; the survivor was preoccupied with thoughts about the dead person. Hypercathexis was understood to be a prelude to decathexis, in which the dead person was held closer early in grief so he or she could be given up at the end of grief (Dietrich & Shabad, 1989; Furman, 1984; Jacobson, 1965; Rochlin, 1959; Schafer, 1968; Wolfenstein, 1973).

There have been minority voices within the psychoanalytic dialogue. In 1974 Pincus wrote that successful resolution of bereavement involved the

mourner's identifying with aspects of the deceased and incorporating these aspects into a new sense of self that develops in the process of adapting to the loss. This brings about the diminution of the dependence on the external presence of the deceased: "The bereaved can draw on memories, happy or unhappy, and share these with others, making it possible to talk, think or feel about the dead person" (p. 127). Once this dialogue can take place, the internalization is not a static phenomenon.

Takha (1984) has expanded psychoanalytic theory in the direction of the theory supported by this book. The limited circulation of the *Scandinavian Psychoanalytic Review*, however, seems to have prevented widespread use of his work by other scholars. Takha provides for an ongoing element of the lost object after the process is complete in the form of a "remembrance formation," which is neither identification nor introjection. The remembrance formation is a third form the inner representation of the dead can take. The question is whether the object is internalized prestructurally (preverbally) or poststructurally (verbally). The difference between the two is that in the prestructural level, there is no distinction between inner and outer, self and other. At the prestructural level, as in the borderline personality, internalizations are experienced as empty anxiety or hypochondriacal symptoms. "Since the self and the object presuppose each other . . . even a temporary loss of the object becomes a threat to the existence of the self" (p. 26). At the poststructural level Takha thinks it is possible to work through identification so that "once these feelings and experiences have become conscious, endured and worked through, they will become part of the remembrance object with corresponding reductions in the introject" (p. 24). The remembrance formation, he says,

represents an entirely different form of internalization: building and integrating the representation of the lost object into a remembrance of him as he was really experienced during a common period of life. Once it has been established, its later calling back to mind, reminiscing about it and dismissing it again from the mind, are invariably experienced as activities of the self taking place exclusively on the subject's own conditions. Although it is experienced as a fully differentiated object representation, no illusions of its separate and autonomous existence are involved. In contrast to fantasy objects possessing various wish-fulfilling functions, it includes the awareness that nothing more can be expected from it and therefore, in its fully established forms it has chances for becoming the most realistic of all existing object representations. (p. 18)

Pincus and Takha, as well as a few others, have suggested that psychoanalytic theory be revised in a way that allows more forms of healthy ongoing bonds with the dead. At this time, however, their critiques do not seem to have been incorporated into the mainstream of psychoanalytic thinking on grief.

Bowlby's attachment theory of grief (1969–1980) was a central part of his attempt to totally revise psychoanalytic theory. Bowlby continued the model that

the purpose of grief is to sever the bond with the dead. Late in his life, Bowlby recognized the fullness of the grieving process, but that recognition was not used by Bowlby's followers (Klass, 1987). Bowlby grounded psychological theory in the actual events of childhood, not in the psychic trauma (largely the Oedipal conflict), which was at the center of psychoanalytic theory. Bowlby thought progress in psychology "would be possible only if we have far more systematic knowledge about the effects on a child of the experience he has within his family" (1981, p. 244).

As a postwar consultant to the World Health Organization on the needs of homeless children, Bowlby discovered the ill effects of maternal deprivation. His initial theories of grief derived not from the experiences of people after a death, but from children deprived of their mothers under traumatic conditions. Bowlby adopted the idea of attachment behavior as a way of understanding these children. Attachment is "regarded as a class of social behavior of an importance equivalent to that of mating behavior and parental behavior. It is held to have a biological function specific to itself" (1969, p. 179). Its purpose is to keep the mother in close proximity.

In his early papers on this process, the final stage that Bowlby described was labeled adaptation, a conceptualization that could be consistent with the thesis of this book. But soon adaptation was defined as detachment. He identified a distinct and unvarying sequence of behaviors that can be identified in children separated from their mothers: protest, despair and yearning, and detachment.

Each of the phases is related to one or another of the central issues of psychoanalytic theory. Thus the phase of protest is found to raise the problem of separation anxiety; despair that of grief and mourning; detachment that of defense. (1973, p. 27)

Bowlby excluded identification, or internalization, from the themes he would investigate in his 1961 paper, "Processes of Mourning." Perhaps this was due to the youthfulness of his first subjects, but he was quite conscious of his decision to exclude identification. "To some a discussion of mourning that omits identification will seem like Hamlet without the Prince," Bowlby wrote (1961, p. 319). It was the nature of his data that they "do not seem to lend themselves readily to the study of identificatory processes and their deviations," though he was "inclined toward the view that the role of identification amongst processes of mourning may become easier to discern after some of the problems to be tackled here have been clarified" (1961, p. 319). Rewriting that paper in the third volume of *Attachment and Loss*, he added identification to the list of themes, but "in the upshot, the role given to identificatory processes in the theory advanced here is a subordinate one: they are regarded as occurring only sporadically and, when prominent, to be indicative of pathology" (1980, p. 30).

Bowlby's attachment theory proved very popular among child development scholars and led to many important studies on parent-child bonding. Bowlby's ideas on grief were carried forward by his compatriot Parkes, who in the early

1970s, along with his colleagues, solidified the dominant model of grief in their analysis of their findings from studies of widows (Glick, Weiss, & Parkes, 1974; Parkes, 1972, 1975a, 1975b; Parkes & Brown, 1972; Parkes & Weiss, 1983). Bowlby followed Parkes and his colleagues' work closely using their theory and data in the final volume of his three-volume study on attachment and loss (1969–1980).

Parkes' theory of grief was ethological—that is, grief was understood as a preprogrammed series of behaviors cued by a specific environmental stimulus. In this respect, grief was like nest-building behavior in birds. Parkes seems to have been influenced in his interpretation of his data by the attachment theory with which he began. In his study of London widows, Parkes found that experiences of the presence, or visual and auditory hallucinations, are a function of the searching behavior, which is one of the early behaviors activated by separation from the attached object. "It is postulated that maintaining a clear visual memory of the lost person facilitates the search by making it more likely that the missing person will be located, in fact, to be found somewhere within the field of search" (1972, p. 49). Thus,

Searching fills the gap between aim and object. . . . The goal-situation to which these behavior patterns normally give rise is the optimum proximity of the loved person. When this is achieved the appetitive behavior ceases. But if the loved person is permanently lost, appetitive behavior will tend to persist and with it the subject discomfort that accompanies untermiated striving. This is what is experienced as frustration. (p. 54)

Parkes understands the interaction with the inner representation of the dead to be an important element of the early stage of grief, for it functions to repeatedly frustrate the survivor and opens the way for the survivor to relinquish the attachment to the deceased. He sees no useful place for interaction with the dead after grief is resolved. He sees the necessity of widows taking on the practical roles of their husbands, such as monitoring the automobile repairs. Parkes finds no resolution in widows taking more symbolic aspects of their husbands into themselves. "Getting through" the grief means breaking the attachment. He finds that only a minority of the widows

. . . were conscious of coming to resemble or contain the dead spouse. . . . There was nothing to suggest that identification is a necessary part of the process of recovery. It seems, rather, that identification with the lost person is one of the methods that bereaved people adopt to avoid the painful reality of loss; as such it may delay acceptance of the true situation, but, like most other coping mechanisms, it is only intermittently effective. The sense of the husband 'inside' is a transient phenomenon. . . . Episodes of comfortable 'closeness' are followed by periods of grieving and loneliness, and it is only intermittently that identification occurs. The London widows seemed, rather, to find their new identity emerging from the altered life situations which they had to face. (1972, p. 105)

As the studies progressed Parkes and his colleagues' data began to show that the widows were maintaining a continuing bond with their husbands. Glick, Weiss, and Parkes (1974) write in a footnote, "We are unable to give reliable figures regarding the incidence of the sense of the husband's presence. Direct questions were not at first asked on this subject, since we had not anticipated the phenomenon" (p. 146).

They did not change their theory to fit their unanticipated data. In their descriptions they did not distinguish between the widow forgetting that the husband is dead (i.e., when the widow feels that the husband is about to arrive home at dinner time), and an ongoing sense that the husband is present and available for consultation on important matters in their lives. Nor did they change their definition of the resolution of grief in a way that would make the experiences a part of the resolution instead of just being a part of the experience of loss. They report that

In contrast to most other aspects of the reaction to bereavement, the sense of the persisting presence of the husband did not diminish with time. It seemed to take a few weeks to become established, but thereafter seemed as likely to be reported late in the bereavement as early. (p. 147)

They explain that such attachment is not incompatible with the withdrawal of attachment from the lost object and reinvestment in new objects that their theory defines as healthy resolution of grief. They say that the widows were comforted by talking to the dead spouse and the "feeling" that they were being listened to (p. 154). They found that, for many widows, the sense of presence was comforting, and the widows invoked the presence when they were unsure or depressed. However, Parkes and his colleagues do not follow up the issue of the continuing role of such comforting solace in the widows' lives. They also found that a year after the death, 69% of the widows agreed with the statement "I try to behave in ways he would have wanted me to," or "I think as he would have wanted me to." After 2 to 4 years, 83% of those whose spouse died suddenly still agreed with the statement, as did nearly half of those who had forewarning of the death. Because they do not shift their theoretical framework, Parkes and his colleagues are not able to distinguish the functions of the inner representations of the dead husbands in the processes of the widows' grief, nor in the ongoing lives of the widows after the resolution of grief. They cannot explain the role of the comforting sense of presence and the moral function of using the husband as a standard of self-judgment in the widows' ongoing lives.

In the final volume of his work on attachment and loss, Bowlby (1980) recognizes the data gathered by Parkes and his colleagues as he tries to understand why observations about a continuing bond with the deceased is largely ignored or overlooked. He uses the data to point out that Freud was wrong. He does not use the data to amend his own earlier theory about the resolution of grief.

Failure to recognize that a continuing sense of the dead person's presence, either as a constant companion or in some specific and appropriate location, is a common fea-

ture of healthy mourning has led to some confused theorizing. . . . Indeed, findings in regard both to the high prevalence of a continuing sense of the presence of the dead person and to its compatibility with a favorable outcome gives no support to Freud's well-known and already quoted passage: "Mourning has a quite precise psychical task to perform: its function is to detach the survivor's memories and hopes from the dead." (p. 100; see Peskin, 1993, and Stroebe, Gergen, Gergen & Stroebe, 1993, for a recent controversy on the correct interpretation of Bowlby on this point.)

Those who follow the Bowlby/Parkes theory continue to define the resolution of grief as severing bonds rather than as establishing a changed bond with the dead person. Raphael (1983) retains Freud's earlier idea of hypercathexis to the dead in the early part of grief. Any interaction with the deceased is, for her, a hallucination.

Thus the bereaved may believe he hears the return at a familiar time, sees the face in a familiar place, feels the touch of a body, smells a familiar perfume, or hears a familiar sound. These perceptual misinterpretations reflect the intense longing and, like dreams are a source of a wish fulfillment. (1983, p. 40)

Raphael says that eventually the behaviors directed toward the deceased "become extinguished, and new attachment bonds are formed, or it may be that in some instances the relationship persists in altered form in fantasy" (1983, p. 69). For her the fantasy serves no useful purpose except to shield the person from reality, and she believes the fantasy serves to prevent the survivor from making meaningful attachments in the present.

Family systems theorists have adopted this model of grief from the psychoanalytic school that they rejected. Walsh and McGoldrick (1991) define therapeutic goals with a family after a death as shared acknowledgment of the reality of the death, shared experience of the loss and revising the family narrative to include the death, reorganizing the family system, and reinvesting in other relationships (p. 54). At one point they write that part of revising the narrative means that family members "reclaim and incorporate aspects of the lost person's part in the family narrative" (p. 62). Such reclaiming seems to be a reassignment of roles, rather than the inclusion of the inner representation as a continuing family member. They see a danger in one member holding on to the bond with a dead child by keeping the child's clothes and regularly visiting the grave because it is "compulsive repetitions, tying up family energy, so that family members are never free to make new commitments" (p. 64). Some of their case material notes "linking objects" that may be kept (p. 13), but such activities are neither examined in the text nor incorporated into the theory.

Some brutal techniques, similar to Volkan's regriefing, grow out of family systems theory. Rosen (1988) defines the problem of grief in a family where a child has died as the withdrawal of the "identified mourner" (p. 193) from the family system. Hence, the goal of treatment was the "reentry of the mourner" (p. 195) into the family system. We can ask what the actual intervention with the

family would be in this theory of families after a death. Although the authors do not say it clearly, the answer would appear to be that instead of sharing the inner representation of the dead within the family system, the therapeutic task is to force the identified mourner to give up the dead in exchange for acceptance within the living family.

Gradually, in the last few years, the weight of evidence began to infiltrate the dominant model of grief, so we have seen some attempts to modify the theory to accommodate the data. In the revision of his book on grief therapy, Worden (1991) rephrases the final task of grief. In the first version he stated the last task is to reinvest in new relationships. In his revision, he writes that the last task is "to emotionally relocate the deceased and move on with life" (p. 16). Nonetheless, he phrases this task in such a way that it seems by continuing to care for the deceased, the mourner cannot develop other relationships.

Sanders (1989) notes that sensing the presence or actually seeing the dead person "brought a sense of comfort," but she understands the experience to be the "cognitive counterpart of yearning" (p. 70). She is saying interaction with the inner representation of the dead is wish fulfillment rather than a positive element in resolution.

In Rando's 1991 presidential address to the Association for Death Education and Counseling (1992), we see the cognitive difficulty of attempts to expand the dominant model of grief to accommodate to the idea of an ongoing bond. She said that "developing a new relationship with the deceased" was part of moving "adaptively into the new world without forgetting the old" (p. 45). Yet three lines later, she defined pathology as the attempt to maintain relationships to the deceased:

In all forms of complicated mourning, there are attempts to do two things: (1) to deny, repress, or avoid aspects of the loss, its pain and the full realization of its implications for the mourner; and (2) to hold onto, and avoid relinquishing, the lost loved one. (p. 45)

AUTONOMY OR INTERDEPENDENCE

The model of grief that began with Freud is based on a view of the world that stresses how separate people are from each other. As Chapter 2 of this volume shows, there is a consistent basic understanding of the nature of the self and the nature of the self's bonds to others at the heart of the common 20th-century model of grief. This model is an artifact of Western modernity (also see Hepburn, 1994), and is not the operant model in human societies in other times and places (Doi, 1973; Sullivan, 1987). A central feature in the modern Western world view is the value placed on autonomy and individuation. Autonomy is the stated goal of human development (Erikson, 1963; Miller, 1986). Independence, rather than interdependence, is prized. Being dependent is judged as "bad." Relationships with others are viewed instrumentally; an individual enters into relations with

others to have "needs," such as security or intimacy, met. When a relationship no longer provides instrumental satisfaction to the individual, as in the case of an unsatisfactory marriage or a death, the relationship is severed. There is little place in this model for any idea of individuals as interdependent and living in a web of relationships. In this modern view humans are understood to have a limited amount of energy for any one type of relationship. To have a new relationship we need to give up the old one (Silverman, Campbell, & Patti, 1994).

The idea that people can have only one relationship at a time—that is, one love, one mother, and so forth—is exemplified most vividly in the practice of adoption in this century. Birth parents were instructed to surrender their child and to carry on with their lives as if they had not had this baby (Silverman, 1981; Winkler & Van Keppel, 1984). Adoptive parents were told to act as though this baby had been born to them. The baby's birth certificate was changed to conform to the new "fact" (Kirk, 1985; Sorosky, Baran, & Pannor, 1978). Birth parents who found that they could not meet these expectations were told that continuing interest was a sign of psychological disturbance (Deykin, Campbell, & Patti, 1984; Silverman, 1981). Adoptees who asked about their birth origins were similarly dismissed (Fisher, 1973; Lifton, 1981). Treatment in both instances was to close off these questions so that the patients could get on with their lives. This model is still vigorously defended. The Uniform Adoption Act proposed by the National Conference of Commissioners on Uniform State Laws in 1994 recommends that all contact between adoptees and birth parents be banned even in cases of older children who have existing relationships with their birth parents. Adoptees' and birth parents' testimony about their ties to each other were ignored.

Relationships are so stylized that we have no model for considering that a child could love two mothers, albeit each in a different way. Yet, it is clear in practical experience that to care, to be involved in more than one relationship at a time, is part of the human condition whether the other people in the relationship are present, absent, or dead. To insist on a separateness that keeps very clear boundaries between people requires a mechanistic view of human functioning that fails to appreciate the importance of connection and relationship. Separateness predominates in modern Western cultures. The myth of rugged individualism associated with the United States and the concept of individuality that played itself out in the development of the western frontier springs from the same modern understanding of self—in spite of the actual historical situation on the frontier, which was one of cooperation and communal ties (see Coontz, 1992). This understanding of the self and the self's relationship to others is all-pervasive today, and without philosophical examination has made its way into clinical psychological practice (Bellah, Madsen, Sullivan, & Tipton, 1985). People are instructed to stand on their own feet, to pick themselves up by their bootstraps. Individuals find they can clarify their world when they can say, "That's your problem." Feeling good about the self is an antidote to internalized voices that make demands for more social responsiveness. In this world view, it is legitimate

to ask for help if one has a diagnosed illness, for the concept of illness carries with it the possibility of cure; an illness is a short-term interruption in normal healthy functioning. From this point of view, bereavement was easily made into an illness, for then it is possible for the bereaved to ask for and receive help, which in most other societies would be automatically forthcoming.

We can see the consequences of valuing autonomy in the criteria for what has been called pathological grief. In the dominant model of grief, dependence has often been seen as a condition for "pathological" grief. While admitting her lack of data, Raphael (1983) assumes that dependent personalities are more prone to pathological grief:

Although no specific risk factors have been demonstrated, it may be suggested that people with personal characteristics that lead them to form dependent, clinging, ambivalent relationships with their spouses are at greater risk of having a poor outcome. (p. 225)

Parkes and Weiss (1983) are more certain.

Some people may feel compelled to engage in perpetual mourning as tribute to the dead or to make restitution for some failure or sense of guilt. . . . There is some confirming evidence from systematic studies that both ambivalence and over-dependence predispose individuals to chronic grief. (p. 19)

The difficulty has been confounded because in the modern West, when autonomy for men was asserted, all dependent behavior was ascribed to women and other lower status groups (Coontz, 1992). The pathology of grief was associated with the stereotype of feminine behavior.

ANOTHER PARADIGM

It is clear by now that the model of grief put forward in this book is quite different. In this book, rather than judging dependence as undesirable, we accept the way people feel themselves to be involved in each other's lives. In the model of grief we propose, interdependence is sustained even in the absence of one of the parties. The data presented by the contributors to this book suggest that the bereaved remain involved and connected to the deceased, and that the bereaved actively construct an inner representation of the deceased that is part of the normal grieving process.

"Internalization" as used by the psychoanalytic school of thought does not accurately describe the process occurring in the experiences reported on in this book. What we observe is more colorful, dynamic and interactive than the word "internalization" suggests. For example, among bereaved children the inner representation of the parent was neither buried in the unconscious nor stable over time. The child was aware of the inner representation and that representation seemed to change with time as the child developed.