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PARENTAL DEATH IN ADOLESCENCE: FACTORS AFFECTING THE COURSE OF MOURNING

A Thesis Presented

By

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To my mother

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CHAPTER I

CONCEPTS OF MOURNING

Because the experience of loss is an inevitable one in human life, theorists over the years have attempted to define and explain the profound changes that occur in an individual's internal and external worlds as a result of the loss of a significant person. Particularly since Freud's seminal paper, "Mourning and Melancholia" (1917), the process of mourning the death of a loved person or other types of losses has been seen as a slow, gradual, and intensely painful adaptation to life without the lost object. More specifically, since the bereaved person's internal and external worlds have been left with significant gaps after the death of a loved one, he or she is faced with the necessity of reorganizing these worlds to compensate for the changes that occur as a result of the loss.

In psychoanalytic theories of mourning, part of this reorganization consists of a gradual withdrawal of emotional investment in the lost person (Bowlby, 1980), and eventually, a transfer of the investment to another object. Further, the most important early papers on mourning (Freud, 1917; Deutsch, 1937; Klein, 1940; Lindemann, 1944) as well as more recent work (Bowlby, 1961; Pollock, 1961) all address the idea that the process of mourning is fraught with psychological danger -- that the inability to adapt to loss results in a pathological mourning process, and that in extreme cases, this pathological process has its end in psychiatric illness.

The following discussion will first address the process of mourning as it is described by major psychoanalytic theorists, and will then review how these theorists and others who followed them conceptualize pathological mourning. Subsequently, the symptoms and indicators of pathological mourning, as they have been repeatedly observed in empirical studies and clinical casework, will be reviewed. And finally, the period of adolescence will be explored as a context for the process of mourning.

Before beginning this review, it should be noted that many theorists use the terms "grief" and "mourning" interchangeably, most notably, Freud. In this paper, the term "grief" will refer to the painful feelings and overt expression of them which occur after a loss and during mourning, while the term "mourning" will refer to the gradual reorganization, withdrawal of emotional investment from the lost object, and ultimate adaptation that occurs over a longer period of time.

Normal Mourning

Freud (1917) saw the work of mourning basically as a process of reality testing. When the loved person dies, the bereaved is repeatedly forced to recognize that the object of his or her attachments no longer exists.

> "...Each single one of the memories and hopes which bound the libido to the object is brought up and hyper-cathected, and the detachment of the libido from it accomplished." (p. 126)

Freud notes that the attempt to detach the libido from the lost person constitutes an intense struggle, since "man never willingly abandons a libido-position" (p. 126). In fact, the accomplishment of this detachment can be so difficult that it may entail a temporary turning away from the reality of the world without the dead love object, and the bereaved may cling to the dead through hallucinations or fantasy processes. This mourning process normally is accompanied by intense pain; Freud, in fact, notes that it is remarkable that any process entailing such pain should be considered normal, and yet the pain of mourning "seems natural to us" (p. 126).

For Freud, then, the process of mourning is one of painful detachment from a lost loved object, characterized by extreme pain, loss of interest in any part of the outside world that does not contain memories of the dead person, inability to transfer attachment to new objects, and inhibition to all activities that are not somehow connected with the energies of the dead person. When the work of mourning is completed, however, the energies of the bereaved person are successfully detached from the lost object and are free to become attached to other objects.

Melanie Klein agrees with Freud's basic premise that the most important factor in the work of mourning is a process of reality testing. The pain experienced after a loss in adult life, she feels, is a revival of the early pain of mourning in infancy, and the child overcomes this early state of mourning partly through reality testing. Klein's theory is extremely complex and incorporates many aspects of experience in early infancy. It will be reviewed here in a very

simplified form, with attention reserved for those specific aspects of her theory that are directly relevant to the concept of mourning.

Klein's theory begins with the assumption that an infant internalizes the real objects and events of its external life and that thus, every external event or object has its "double" in the internal object world. This internalization makes the objects and events "inaccessible to the child's accurate observation and judgment" (p. 346), because once internalized they are altered by fantasy and other internal processes. As the child develops, it continually compares the objects and events of its external world to the fantasies and fears of its internal world and thus, external experiences and internal psychic reality are constantly influencing each other.

The child's first internalized object, and the center of its internal fantasies, is the mother. She is eventually joined by the father, siblings, and other important figures in the child's life. These are loved figures; however, many of the child's earliest internal fantasies about them are violent and destructive in nature. The child fears both its own hateful impulses that give rise to these fantasies, and persecution and retaliation from the objects of these fantasies. Thus, the child's internal objects are hated, destroyed in sadistic fantasies, and feared for their fantasied wish to retaliate; and at the same time are loved, needed for their protection against persecution and destruction, and restored and saved in constructive fantasies. Furthermore, the negative attributes of the objects are extremely exaggerated so that they are terrifying to the child; at the same time, the positive

attributes are also exaggerated through idealization and therefore the child desires and needs them desperately. But inside the child's psychic reality, these exaggerated images are not tolerable, as they are perceived as aspects of the same object. Therefore, the child "splits" the internal objects into bad (persecuting) and good (idealized) objects. This gives rise to extreme feelings about the mother, as the child is torn between its fear of the bad, persecuting mother, and its love and longing for the good, idealized mother. The child is thus absorbed in the struggle to overcome the former and to save and restore the latter. By the resolution of these conflicts, the child reaches what Klein calls the "depressive position."

The basic task of the infant's growth at this period is to work through the depressive position by reconciling the extremely negative and positive images of its mother and becoming able to tolerate both good and bad feelings for her at the same time. It is this difficult integration of negative and positive feelings for the same person, which involves a painful relinquishing of the idealized mother, that Klein sees as the original task of mourning, and it is this that she feels is reactivated in later life whenever a significant loss is suffered. The infant works through this period by reality testing -- continually comparing its exaggerated fantasies of the good and bad mother to the real mother, and in so doing, gradually establishing a belief in her basic goodness, and in its own goodness as well. The split between hate and love, which diminishes as a result of this working through, is itself a defense against the infant's feelings of hate and against

the persecution of the hated objects, for by projecting hate and rage onto fantasied "bad" objects, the infant is able to preserve its ideal of the good objects without marring them by admitting their failings and directing its anger against them.

Klein feels that when a loved object is lost in adulthood, the infantile depressive position is reactivated. When a "good" object in the external world is lost, the bereaved person feels that his or her internal good objects are lost as well, and thus, once again fears the power and domination of the internal "bad" objects. Not only the internalized "double" of the lost object is lost, but also the internalized good parents established in early childhood are threatened whenever an important loss is experienced. Specifically, the painful feeling of being robbed that is activated when a loved person dies reawakens fears of the persecuting bad parents who are retaliating against the child for its aggressive and destructive fantasies. Further, the mourner feels guilt and remorse for these fantasies, and feels that he or she has destroyed (killed) the lost object. Thus, the mourner must struggle to reinstate the good internal objects threatened by the loss:

> "...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 reintegrating it." (p. 354)

The mourner experiences hatred for the lost loved person and a fear that in dying the lost one was behaving in a retaliating and punishing

way. It is necessary, then, for the mourner, just as it is necessary for the young child, to live through a period of reality testing not only to re-establish links with the external world (and thus continually re-experience the loss, which in part accounts for the extreme pain of mourning), but also to gradually rebuild the inner world which is terrifyingly disorganized by the loss of the internal good objects.

> "...Only gradually, by regaining trust in external objects and values of various kinds, is the normal mourner able once more to strengthen his confidence in the lost loved person. Then he can again bear to realize that this object was not perfect, and yet not lose trust and love for him, nor fear his revenge. When this stage is reached, important steps in the work of mourning and towards overcoming it have been made." (p. 355)

In summary, for Klein the process of mourning consists of a gradual reconciliation of the extreme negative and positive images of the loved person, which arise as a result of the reactivation of the infantile depressive position. She attributes the pain of mourning to "pining" for the lost, idealized object.

Around the time Melanie Klein wrote about mourning, Erich Lindemann became the first theorist to carry out a systematic investigation of the behavioral and affective components of the process of mourning. He interviewed bereaved people to determine the symptoms and course of normal mourning (1944) and his observations provided the basis for much subsequent thought on this subject. He found five major points in common in almost all of his subjects: somatic distress (including fatigue, loss of appetite and the frequent need to sigh); hostile reactions in relations to other people, often accompanied by a general

loss of interpersonal warmth; guilt about failures to do right by the dead person or failure to save them from dying; preoccupation with the image of the dead person (sometimes to the point of becoming oblivious to present surroundings); and an inability to maintain organized patterns of behavior. A sixth point which he feels is less common is the adoption by the bereaved person of traits or patterns of behavior in the deceased, or a belief on the part of the bereaved person that this is so -- in other words, identification with the deceased.

Lindemann states that the duration of the "grief reaction" (his term for what this paper refers to as mourning) depends on the bereaved person's ability to do the "grief work" -- "namely, emancipation from the bondage to the deceased, readjustment to the environment in which the deceased is missing, and the formation of new relationships" (p. 64). This process is clearly analagous to the course of normal mourning as first advanced by Freud. Further, Lindemann feels that in order to work thorugh this process, the bereaved person must be able to tolerate the pain connected with it.

Although psychoanalytic theorists continued to advance their ideas about what internal processes are activated in response to loss, no theorist challenged the view that mourning is solely an internal process and that its investigation is properly directed to the intrapsychic realm until the 1960s. At this point, John Bowlby (1961) and George Pollock (1961) introduced the idea that mourning, while it does entail changes in intrapsychic structure, can be more clearly understood in the context of modern biological theory. Bowlby, in

particular, takes exception to certain facets of earlier theories. Specifically, he challenges Klein's idea that mourning is always characterized by guilt, remorse, and feelings of persecution, but believes rather that the yearning for the lost person occurs independently of these feelings. He also introduces the idea that anger and aggression are characteristic components of normal mourning.

Bowlby draws both on ethological studies and on observations of children and their responses to separation from their parents to clarify his view of what pattern the phases of mourning follow and what functions they serve. Specifically, he notes that many animals, and also children, separated from their parents, normally pass through three phases in response to the loss: protest, despair, and detachment. The process as a whole, Bowlby feels, is a prototype of adult mourning, which

> "...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 or more or less stable reorganization is beginning to develop." (p. 332)

The pattern of response following loss, then, is as follows: the bereaved first feels disbelief that the loved person is gone and continues to behave as if he or she were still present. Part of this behavior consists of crying and of anger -- both responses which would serve, in an infant whose mother has temporarily left, to bring her back. The angry component of the response, Bowlby feels, accounts for the very common observation that recently bereaved people display

anger at the lost loved person, at themselves, and at others in the environment. While this anger is in evidence, the bereaved person has not accepted the loss as permanent. This anger is often directed at people who would comfort the mourner, because "it is not comfort in loss that is wanted, but assistance toward reunion" (p. 334).

In the second phase of mourning, when it proceeds normally, the attempts to reunite with the lost person gradually fall away, since the bereaved in fact knows that reunion is impossible. The falling away is accompanied by growing despair as hope disappears. This phase of mourning is characterized by disorganization because a major figure around whom the bereaved has organized his or her responses is now absent. Further, Bowlby feels that this state of disorganization, while subjectively painful, is necessary before a reorganization and an attachment to new objects can take place. In this aspect, Bowlby agrees with both Freud and Klein that the inner world disintegrates during mourning, and that the ultimate task of the mourning process is reintegration. Particularly important for our eventual consideration of what constitutes pathological mourning, Bowlby feels that eventual reorganization is only possible if the bereaved is able to tolerate, and thus work through, pain and depression.

In the third phase of mourning, the bereaved ceases to perform behaviors that are only related to the dead person, but at the same time is able to maintain a relationship with the lost person by continuing to pursue values and goals linked in memory with him or her. Further, the "instinctual response systems" linking the bereaved with

the dead person are not cut off from the lost object itself. Bowlby does not describe this process in detail, but cites examples of women who believe their husbands to have died in the war, only to have them return from prison camps. The difficulty in re-establishing emotional contact upon reunion is an eloquent indication of the fact that, following loss, the bereaved person's emotional responses are eventually detached from the lost object in the course of normal mourning.

In summary, Bowlby believes that mourning progresses through a protest phase which is biologically predetermined, originating in the young animal's instinctive response to seek reunion with its care-givers, and that this phase is followed by a despairing disorganization which, if successfully weathered, leads eventually to detachment from the lost object and reorganization of the bereaved's internal and external worlds. Like Freud, he attributes the pain of mourning to the repeated disappointments that must be faced as the bereaved person is met again and again with proof that the loved object no longer exists. Although he agrees that fantasies of being responsible for the death and consequent guilt feelings may intensify the pain of loss, he disagrees with Klein that these feelings are inevitable parts of the mourning process or the central reasons for its characteristic pain.

Pollock (1961), like Bowlby, sees mourning as a gradual, sequential process geared toward adaptation to life without the lost love object. He looks at mourning, as does Bowlby, in the greater biological context of evolution. In evolutionary terms, Pollock considers intrapsychic processes to be the result of an increasing

internalization of vital functions, ultimately geared toward an organism's achievement of greater independence from its external environment. He feels that organisms strive to maintain internal constancy in their intrapsychic realm, just as they do in the physiological realm. Mourning, then, is the organism's attempt to reattain internal constancy after the intrapsychic structures have been seriously disorganized by a major loss in the external environment.

Pollock describes an "acute" and a "chronic" phase of mourning. The acute stage occurs immediately after the loss and is divided into three subphases. These begin with shock, which may be characterized by a panic reaction indicating "acute regression to a much earlier ego-organizational level" (p. 346). This reaction is due to the sudden disruption of psychological homeostasis when the bereaved person first becomes aware that the loved one no longer exists. The shock phase is followed by a grief reaction, marked by despair and sorrow, somatic symptoms, spasmodic crying, and intense psychic pain.

During this phase, the mourner's ego is still regressed to an earlier phase dominated by the pleasure-pain principle, in which the major goal of behavior is to reduce the intense subjective discomfort of grief. At this time, repression of the awareness of the loss, evident in daydreams and fantasies of the dead person, is common. The final subphase of acute mourning is the separation reaction, which is characterized by anxiety and anger. The anger signals the fact that the loss is becoming acknowledged as a reality and serves to master the intense panic and grief of the earlier phase. It is often

displaced onto objects other than the dead person, to protect the ego from realization of hostility toward the lost loved object. The source of the anger is narcissistic rage at abandonment.

The chronic phase of mourning gradually takes over as the acute phase progresses. During the chronic phase, the loss is gradually integrated and lasting adaptation begins. Pollock likens the chronic phase to what Freud calls the "work of mourning," in which a gradual withdrawal of attachment to the lost object takes place. This phase is punctuated by recurring episodes of grief or lapses of speech that indicate the loss has not been accepted, but acceptance does ultimately occur. This happens as the bereaved person identifies with facets of the lost object and no longer seeks the object in the external environment.

Vamik Volkan, a current object-relations theorist who has done extensive work on pathological mourning in its various forms (1981), also defines the normal mourning process as a sequential one of initial shock, pain and protest, and ultimately a reorganization of the ego and the internal object world. As in Pollock's formulation, this reorganization occurs as a result of the mourner's selective identification with valued aspects of the dead person. Instead of identifying wholly with the dead person and thus directing hostile and aggressive feelings for that person toward the self, as Freud described in melancholia, the normal mourner "...is able to discriminate realistically among the traits of the deceased and identify those he values positively in an assessment process that is uncon-

scious" (p. 113). Thus, in the ultimate resolution of the loss, the mourner's own ego is enriched, since it has now assimilated loved and valued aspects of the dead person; in the experience of the bereaved, these qualities will henceforth be perceived as part of the self.

Pathological Mourning

When the gradual process of detachment from the loved object that is necessary for the successful resolution of mourning does not take place, a process of pathological mourning is often activated instead (Freud, 1917; Deutsch, 1937; Klein, 1940; Bowlby, 1963; Volkan, 1981). This pathological process is the result of the bereaved person's inability to accept the loss and achieve reorganization of the internal object world, and it can result in overt and sometimes severe psychological problems (Parkes, 1965; Volkan, 1972; Birtchnell, 1975).

The definitions of pathological mourning, like those of normal mourning, vary from theorist to theorist in their formulations of the specific intrapsychic processes involved. Nevertheless, most descriptions of complicated mourning have a major basic factor in common: almost all attribute the pathology in the process to an obstruction or diversion of the mourning work. Thus, the work may be held up at a number of different phases, as evidenced by different pathological signs, or may never be initiated; or, the feelings that must be experienced in relation to the lost object and its role in the mourner's

life may be displaced onto other objects or onto the self. Engel (1961) likens grief to a disease process in which the mourner is initially ill, undergoes a phase of disruption and impaired functioning, and eventually engages in work of restitution that leads to recovery. He points out the frequency with which object loss is followed by physical disease, and sometimes even death, and suggests that the biochemical and physiological processes that take place during grief reactions may prove to be etiological factors in much somatic illness.

The following review of the major theories of pathological mourning explores the intra-psychic processes that may be at work in the obstruction or diversion of the mourning work.

Freud, in "Mourning and Melancholia," attempts to explain depression by likening it to a pathological mourning process, in which the bereaved person identifies with the lost object in order to avoid relinquishing it entirely. In melancholia, this process occurs in response to some disappointment in or ambivalence about the loved object. This disappointment itself constitutes a loss, the loss of the ideal of the loved object. It is this loss that sets in motion the pathological process of identification: the bereaved takes the libido, hitherto attached to the loved object, into his or her own ego; consequently, the anger and hatred felt for the disappointing love object are now directed at the self, and this accounts for the self-vilifying behavior often observed in depression. The actual loss of a loved object, as in the case of the death of a loved person, has a tendency to bring the ambivalence in the

relationship to the fore. This causes the bereaved to feel that he or she desired the death of the loved one and is, therefore, responsible for it. Freud believes that the conflict of ambivalence, magnified by the death of a loved person, leads to states of self-reproach and depression even in normal mourning. However, where there is a "regressive withdrawal of the libido" into the ego (p. 132) as well, as there is in melancholia, a pathological mourning process develops, in which identification takes place with the lost love object; the hate and love for this object are both directed at the self; the libido once attached to the lost object is now bound up in the ego and is not free to be reattached to a new love object; and the bereaved person is thus unable to achieve acceptance and resolution of the loss. The depressive illness, and by inference pathological mourning, develops so as to spare the bereaved the necessity of admitting and expressing hatred for the loved object and thus allowing him or her to preserve the love for it.

The ambivalence towards the loved object can arise from one or both of two sources: a constitutional tendency on the part of the bereaved to form ambivalent relationships; and real traumas involving the loved object, usually those involving a threat of its loss. Furthermore:

> "Constitutional ambivalence belongs by nature to what is repressed, while traumatic experiences with the object may have stirred to activity something else that has been repressed. Thus, everything to do with these conflicts of ambivalence remains excluded from consciousness, until the outcome characteristic of melancholia sets in. This, as we know, consists in the libidinal cathexis that is being menaced at last abandoning the object, only however, to resume its

> occupation of that place in the ego whence it came. So by taking flight into the ego, love escapes annihilation." (p. 138)

Thus, it is the fact that the hostile side of the ambivalence toward the loved object is repressed that results in the consequent withdrawal of the libido attached to that object into the ego, a withdrawal which Freud feels is the distinguishing factor between normal mourning and melancholia. Later theorists (Volkan, 1981) extend the view that identification with the lost object and the depression that ensues due to the hostility towards the object now being directed at the ego, constitutes one of the forms of pathological mourning.

In Klein's theory, the unsuccessful resolution of the infantile depressive position predisposes a person to pathological mourning. When a loved person is lost, the extremes of ambivalence experienced during the working through of the depressive position are reactivated and must again be gradually reconciled as they were during infancy. In cases in which this conflict was never successfully resolved in infancy, it is unlikely to be successfully resolved when reactivated later in life.

The danger for the mourner, as Klein sees it, is in the direction of the hatred and hostility present in the conflict of ambivalence toward the lost loved object. In infancy, the child's sadistic fantasies of triumph over its bad objects are balanced by the reassuring fact that the objects in the external world survive, unhurt by the child's aggressive wishes. The child can thus maintain faith in the presence of its good, protecting objects, as well as belief in

its own goodness and ability to protect its good objects. When a loved person dies, however, it is as if the bereaved person has truly destroyed the lost object, and the consequent feelings of triumph over this destruction are the occasion for painful feelings of guilt. While Freud asserts that normal mourning does not culminate in feelings of triumph, Klein disagrees with this view and says that triumph is a part of every normal mourning process. But, as in the infantile depressive position, this triumph must be balanced by belief in one's good objects and one's own goodness in order for the conflict of ambivalence to be successfully worked through. This, again, is unlikely in cases in which these beliefs were not successfully established in childhood.

Thus, in mourning, hatred of the lost loved object occasions feelings of triumph about the death, which cause painful guilt and shake the bereaved person's belief in his or her good objects. This shaken belief makes it difficult to idealize the good objects, which is a necessary intermediate step both in childhood development and in normal mourning, because the idealized objects protect the child, and the mourner, against persecuting bad objects. In the case of the death of a loved person, the dead person becomes a persecuting bad object, because the bereaved fears the loved person died in order to inflict punishment and deprivation on him or her. Thus, idealization of the dead person is necessary to balance the power of the feared persecuting object that the dead person has also become. And, as in the resolution of the depressive position in infancy, the process of reconciling the ideal with the negative image of the dead person is gradual and

painful. If the extremes of the ambivalence are not reconciled, and the lost person is maintained alternately as an internal persecuting object and as a glorified ideal, the mourner is unable to extricate him- or herself from the process of mourning.

Bowlby, as previously stated, considers the ability to tolerate the depression and disorganization attendant upon a loss a necessary prerequisite to the completion of the mourning process. When this is not the case, individuals can become fixated at various phases in the mourning process and continue to act as the particular phase demands without being able to progress to a resolution of the loss. He feels that three main factors are notable in various pathological mourning processes. These are an unconscious urge to recover the lost object; the advent of defensive processes which come into action in order to spare the bereaved person the necessity of tolerating painful disorganization and reorganization of the external and internal object worlds; and the fact that the individuals who mourn pathologically have often suffered a loss in childhood (Bowlby, 1963).

In order to work through this phase of mourning, Bowlby feels the bereaved person must be able to express both sides of the ambivalence toward the lost object: the yearning and weeping, and the anger and reproach felt for the object because of its desertion. "When they are not [both expressed] , it is suggested, reality testing is more likely to fail and the unrealistic demand for the object's return to live on at an unconscious level" (1963, p. 506).

The repression of the yearning for the lost object results in

absence of grief (although this is often accompanied by dreams in which grief is felt), and by anger when other people show grief. It can also result in the repression of all good memories of the dead person, and consequently only hostile and aggressive thoughts for him or her.

In cases where the anger cannot be expressed directly toward the lost object, which is the true target, it may be diverted toward the self, in which case the result is depression (this is consistent with Freud's theory). If, on the other hand, the anger is diverted toward third parties, the result is paranoid feelings in which negligence or malice on the part of others is responsible for the death. Bowlby is careful to point out that in both cases the direction the anger takes may have some basis in reality -- there may have been negligence on the part of caretakers or on the part of the bereaved. However, in pathological mourning, the salient feature of the anger is that it does <u>not</u> have its basis in reality, but is directed toward inappropriate targets. The ultimate result of the diversion of anger toward the self or toward third parties is that the anger toward the lost object becomes unconscious.

When the anger felt for the lost object is diverted toward the self, the results are guilt and self-reproach, which are integral features, as Freud pointed out, of depression. Bowlby feels that this guilt can take three forms: realistic guilt over an actual sin of commission or omission toward the lost object; guilt that derives from the bereaved person knowing, consciously or unconsciously, that he or she

often wished the lost object gone; and finally, the guilt felt when the full impact of the anger for the lost person is turned on the self, this latter being the case in pathological mourning. This is a very different view from that of Klein, who believes guilt to be inextricably a part of mourning, and to result from the bereaved person's feeling of having triumphed over the dead object.

The repression of either the yearning or the anger that follow loss accounts for the fact that pathological mourning persists far longer than normal mourning:

> "It is when yearning and reproach are not openly expressed toward their appropriate object that they persist. It is as though secretly and unconsciously hope remains that strenuous enough effort to recover the lost object may still succeed and bitter enough reproach against it for deserting may still prevent repetition. Until the effort is made and the reproach expressed, these possibilities remain; and so displaced and unconscious yearning and also angry reproach rumble on over the years causing misery to everyone in their orbit."(p. 512)

Furthermore, Bowlby points out that in the course of a person's lifetime, permanent loss is statistically rare. This is why any separation puts into motion the process of behavior directed toward reunion, and it is only by reality testing and realizing that the lost object will never return that the bereaved learns gradually to cease the efforts to reunite. In the case of a temporary separation, when the lost object does indeed return, the opportunity is present to express anger and reproach, and then for this anger to be modified by the positive feelings the loved object arouses. When a loved person dies, the affection inevitably fades and sometimes the anger and

reproach, which have never had a chance to be directly expressed, persist. This only happens in pathological mourning; therefore, some conditions must be present to account for its difference from a healthy and complete mourning process. One condition which is accepted by Bowlby and by other theorists (Klein, 1940; Volkan, 1972) is the presence of an intense ambivalence in the relationship with the dead person. Bowlby links this ambivalence with repeated experiences of loss and rejection in childhood.

There are other variants to pathological mourning processes which Bowlby addresses. In one, the bereaved person transfers all feelings of grief and concern to someone else, usually someone who has experienced a loss of someone who is helpless or ill. Thus, the person's own yearning and anger are denied and are projected onto another person in whose behalf the bereaved is able to experience these emotions. Another variant is a continuing denial that the loved person is really dead, which often coexists with a fully conscious knowledge that the person is indeed dead and will never return.

In Bowlby's theory, the forms of pathological mourning noted are similar to mourning that typically occurs in response to loss in early childhood. And, like Melanie Klein (although his formulations of the mourning processes themselves are very different from hers), he believes that mourning processes that are not successfully resolved in childhood predispose people to pathological mourning when they are faced with loss later in life.

In Pollock's view, the resolution of mourning occurs when the lost object is first introjected and then becomes a part of the mourner's ego in a process of identification. Pathological mourning may occur when this process is arrested at the phase of introjection. Here, introjection must be differentiated from identification: in Volkan's description (1981), identification consists of an assimilation of the qualities of the dead person into the bereaved person's own ego, so that these qualities are no longer distinguishable from the self in the bereaved person's experience. An introject, however, is maintained as a separate entity from the bereaved person's self-representation, and is experienced as such -- for instance, the bereaved person may converse with an internal image of the dead. Volkan describes such an introject as an "affective, cognitive phenomenon, an inner link to the representation of the dead" (p. 99).

When the lost object is maintained as a separate introject (e.g., as someone the mourner holds conversations with every night), the loss is not accepted and cannot be assimilated. In some cases, this lack of acceptance may go so far as to take the form of an actual conscious denial of the death. The fantasies and daydreams which are normal in the acute phase of mourning obstruct the work of mourning when they persist into later phases. Pollock feels this is especially likely to happen in cases where the mourner's internal object world is characterized by unresolved ambivalence, and particularly when the relationship with the lost person was markedly ambivalent.

Volkan (1981) speaks in more detail about specific processes of pathological mourning. He believes that pathological mourning usually takes one of two forms. One of these is reactive depression; the other he refers to as "established pathological mourning." In addition, he differentiates these chronic patterns from complications in the initial stage of mourning, such as denial of the death, delay of grief, and preoccupation with images of the dead. These initial complications may eventually be resolved after some triggering event, such as another death, or with professional help; occasionally, they carry on into chronic complications in the mourning process.

Reactive depression, in Volkan's theory, consists of a total identification on the part of the bereaved person with the ambivalently related representation of the dead person (p. 66). In uncomplicated mourning, identification with the dead also takes place, but in this case the bereaved selectively identifies with the positive aspects of the dead person and thus, the ego is enriched. In the case of a pathological reactive depression, the bereaved identifies with the hated aspects of the dead person as well, and thus, the anger and hostility directed at these characteristics is now, as Freud describes in melancholia, directed at the self. Thus, the bereaved person not only experiences guilt and self-reproach, but preserves internally the ambivalent relationship he or she had with the dead person; the hated and loved aspects of the dead person have become a part of the bereaved person's own ego and the struggle to resolve the polarities of the ambivalence continues there.

In established pathological mourning, on the other hand, the mourner "does not develop a disruptive identification with the representation of the dead, but maintains such a representation as an unassimilated introject" (p. 84). In established pathological mourning, then, the mourner maintains such an unassimilated internal representation of the dead, and also invests objects in the external world with "magical qualities" representing the lost person (p. 84). Volkan refers to these external, magically endowed objects as "linking objects" and says that, like the introjects of the dead person, they allow the mourner both to maintain a relationship with their images and representations of the dead person as if he or she were still alive, and at the same time to maintain complete control over these images and representations. The relationship between the bereaved and the introject reproduces the ambivalence of the original relationship when the person was alive. The mourner struggles between the wish to preserve the introject and thus keep the dead person alive, and the competing wish to "kill" the introject and be free of it.

The Symptoms of Pathological Mourning

In the following review of the symptoms of pathological mourning, it may be noted that many signs which have been found to indicate obstructed or distorted mourning processes are similar to those often observed in normal mourning. For instance, feelings of guilt, depression, somatic symptoms, anger, and disorganization of behavior all occur commonly in uncomplicated grief reactions. However, they

may occur with greater intensity than is commonly seen, and more frequently, they may be observed in the mourner far after one would normally expect these symptoms to have disappeared (Siggins, 1966; Parkes, 1972; Horowitz et al., 1981). Excessive intensity is a factor that can only be indicated by comparison with others, and in any case, involves subjective judgment. However, some established guidelines do exist for what constitutes normal duration of acute grief symptoms. Through observation of many subjects and their courses of mourning, investigators generally agree that the most acute symptoms disappear by six months to one year after the death (Parkes, 1972; DeVaul and Zisook, 1976; Lazare, 1979). Further, a grief reaction that is delayed for more than two weeks after the death is thought to be abnormal (Parkes, 1972; DeVaul and Zisook, 1976).

Most symptoms of pathological mourning can be classified into two major categories: those associated with delayed or absent grief reactions and those associated with prolonged or excessive reactions (DeVaul and Zisook, 1976). The following review will be divided into three categories: delayed or absent reactions; prolonged or excessive reactions; and a final category for those symptoms which may be present in either type of reaction, or which do not seem particularly associated with either.

Symptoms associated with delayed or absent reactions

Absence of grief. Since all descriptions of uncomplicated mourning include the acute initial grief reaction with its primitive wailing,

shrieking, somatic discomfort, panic, and other intensely distressing symptoms, absence of grief is perhaps the most striking indication of the obstruction of the mourning process. As Deutsch (1937) points out, severe reactions to object loss must be considered normal and their absence indicates that the work of mourning is not being done. Deutsch states that "unmanifested grief will be found expressed in the full in some way or other" (p. 13), which, in her experience, often consisted of general depression which is seemingly unrelated to the loss, inability to experience emotion in current relationships, and inability to experience happy feelings as well as sorrowful ones. Absence of grief is very frequently mentioned in descriptions of pathological mourning (Lindemann, 1944; Lehrman, 1956; Bowlby, 1963; Fleming and Altschul, 1963; Volkan, 1970; Lieberman, 1978; Worden, 1982).

Delayed grief. As mentioned above, the accepted criterion is grief delayed more than two weeks after the death. The grief expressed may be inadequate after an important death and be followed by an excessive reaction to a subsequent, and lesser, loss (Worden, 1982). Or, it may be delayed until the anniversary of the death or until another real or fantasied loss occurs (Volkan, 1970).

Random overactivity with no sense of loss. This may exist by itself (Lindemann, 1944) or may be accompanied by feelings of guilt and hostility projected onto others in the bereaved person's life (Wahl, 1970).

Use of vicarious objects. In some cases, rather than experiencing his or her own grief and mourning process, a bereaved person channels energy instead into concern for others, usually family members (Greene, 1956). This can be an adaptive process, allowing, for instance, a young married person whose spouse has died to show great strength and resourcefulness in caring for the children. However, this initial adaptation can be achieved at great future expense: often, when it is no longer possible to use the vicarious object (for instance, when a child grows up and moves away), physical or psychological breakdown can occur, as the blocked mourning process emerges.

Symptoms associated with excessive or prolonged reactions

These symptoms all are found in normal grief reactions and are assumed to last longer or be greater in intensity than normal symptoms in order to be classified as pathological.

Prolonged grief. This consists of any of the symptoms ordinarily appearing in an acute grief reaction, such as sobbing, inability to tolerate mention of the dead person's name, etc., more than six months after the death in complicated grief reactions (Wahl, 1970; Volkan, 1970; Worden, 1972; Parkes, 1972; Liebernam, 1978; Lazare, 1979).

Excessive or disproportionate grief. It is difficult for a clinician to decide what is excessive in the case of someone else's loss; however, there are many cases in which the bereaved person is aware that the reaction is disproportionate, and often, day-to-day functioning is

impaired (Wahl, 1970).

Extreme anxiety reactions. These might be subjective feelings of panic or nonspecific anxiety (Anderson, 1949; Lehrman, 1956; Parkes, 1972; Lieberman, 1978; Lazare, 1979; Horowitz, Wilner, Marmas, and Krupnick, 1980; Worden, 1982) or specific phobias (Lieberman, 1978), especially thanatophobia (Wahl, 1970; Worden, 1982).

Irrational feelings of despair or hopelessness. Worden (1982) says that this symptom occurs with a resort to maladaptive behavior. Wahl (1970) observed the same symptom accompanied by feelings of complete annihilation.

Excessive anger and aggression. This rage and hostility may be directed at others (Lindemann, 1944; Anderson, 1949; Bowlby, 1963; Volkan, 1970; Lieberman, 1978; Horowitz et al., 1980) and most particularly at the doctors and nurses who cared for the deceased, with fantasies of foul play or neglect (Lindemann, 1944). It may also be directed at the self (Bowlby, 1963; Volkan, 1970; Horowitz et al., 1980).

Excessive guilt and self-reproach. This symptom can occur simultaneously with rage at others. The bereaved person may feel responsible for the loss, be consumed with self-reproach, and be preoccupied with constantly reviewing his or her lapses in behavior toward the dead person (Wahl, 1970; Parkes, 1972; Lieberman, 1978).

Suicidal feelings. These are often accompanied by an agitated depression and sometimes by feelings of guilt or unworthiness to live

(Lindemann, 1944; Anderson, 1949; Parkes, 1965).

Juvenile delinquency. There is evidence that a high proportion of juveniles confined to corrective facilities experienced the loss of a significant other person prior to the onset of delinquent behavior (Shoor and Speed, 1963).

Other symptoms

Inability to accept or acknowledge ambivalence toward the deceased. This is usually accompanied by extreme idealization of the dead person (Wahl, 1970; Lieberman, 1978; Volkan, 1981) and in the case of parental death, sometimes by a marked increases in ambivalence toward the surviving parent (Jacobson, 1971).

Negative changes in relationships with others. Negative changes might take the form of inability to experience emotion about others, which Deutsch (1937) says often occurs along with absence of grief; inability to sustain intimacy with others (Wahl, 1970), or anger and hostility toward others, as mentioned above (Lindemann, 1944).

Physical symptoms. Physical manifestations of pathological mourning might take any one of a number of forms: the development of symptoms similar to those experienced by the deceased during the final illness (Krupp, 1965; Parkes, 1965; Wahl, 1970; DeVaul and Zisook, 1976; Lieberman, 1978; Lazare, 1979); hypochondriasis (Parkes, 1972; DeVaul and Zisook, 1976); psychosomatic illness (Lindemann, 1944; Worden, 1972; Lieberman, 1978); and even hysterical conversion symptoms (Anderson, 1949). Lazare (1979) describes patients who experienced a sensation

that something was stuck in the upper part of the sternum.

Symptoms relating to denial of the death. A number of symptoms revolve around inability or unwillingness to admit that the death has occurred and to relinquish the lost person. These include: psychotic denial of the death (DeVaul and Zisook, 1976); recurring dreams that the dead person is alive (Volkan, 1970); denial that the loss is permanent (Bowlby, 1963); behavior that indicates a belief that reunion is possible (Bowlby, 1963) -- for instance, a wife going to the door every day at the time her dead husband would have returned from work; symbolic references to the return of the dead, accompanied by anxiety (Volkan, 1970); selective amnesia for the death or conscious disbelief (Volkan, 1970); slips of the tongue in which the dead person is alive (Volkan, 1970); fantasies of reunion (Krupp, 1965); fantasies of the continuation of the relationship (Fleming and Altschul, 1963); and refusal to move the material possessions of the deceased (Lazare, 1979).

Anniversary reactions. Unresolved mourning may become manifest in depressive or physical symptoms that appear on an anniversary of the death (Volkan, 1970; Lieberman, 1978; Lazare, 1979).

Identification with personality traits or mannerisms of the deceased, often with feelings of discomfort. While a selective identification with loved aspects of the dead person is considered part of the resolution of uncomplicated mourning, bereaved people sometimes find themselves emulating behaviors or mannerisms which they particularly disliked, with no apparent control over these behaviors (Krupp, 1966;

Lieberman, 1978).

Presence of introjects. This symptom might also be classified under those that indicate denial of or inability to accept the death. It is listed separately because it is treated in fascinating detail in several works (Krupp, 1965; Volkan, 1970; Volkan, 1981). The presence of introjects indicates to many theorists that the ultimate resolution of mourning, which ends with selective identification with loved aspects of the dead person, has not been achieved, since introjection is most commonly considered a stop on the way to identification (Volkan, 1981). For those who disagree with this theory, the presence of introjects still indicates internal processes which are unusual at best and sometimes extremely bizarre. It may range from an internal conversation held with the dead person every night, to a sense, described by one of Volkan's patients (1981) that his dead brother's head was lodged inside his chest.

Adolescence as a Context for Mourning

The process of living through the developmental stage of adolescence consists of a series of phases that are "the milestones of progressive development, each marked by a phase-specific conflict, a maturational task, and a resolution that is preconditional for the advance to higher levels of differentiation" (Blos, 1979, p. 141). Thus, the major task, or series of tasks, of adolescence is adaptation and reorganization, structured around a gradual progression toward

the "shedding of family dependencies, the loosening of infantile object ties" (p. 142). This process has been likened to mourning (Lampl-de Groot, 1960; Wolfenstein, 1966; Sugar, 1968), in that it constitutes an adaptation to loss of a major love object (the parents), and is characterized by struggle and pain.

Considerable controversy exists around the definition of the age at which mourning becomes possible. Bowlby (1961) holds that children do mourn and, as we have seen, states that adult mourning follows the same sequential course as childhood mourning. Later (1963) he asserts that childhood mourning is typically marked by behaviors that are seen in pathological mourning in adulthood (repressed yearning for the loved object, repressed reproaches against it, caring for a vicarious object, and to some extent, denial that the object is permanently lost). The difference between the process in children and in adults, he believes, is that in childhood the pathological processes are relatively easily reversed with proper attention by the child's caretakers, while in adulthood, the pathological course of mourning is difficult to overcome.

Klein, like Bowlby, sees a capacity to mourn in childhood; she places the development of the capacity to mourn at the successful resolution of the depressive position during the first year of life (1940).

Other theorists, however, feel that mourning is not possible in childhood, that a child's ego is not sufficiently developed to achieve reorganization after a major loss, and not sufficiently strong

to bear the pain of grief and adaptation (Deutsch, 1937; A. Freud, 1960; Wolfenstein, 1966). Wolfenstein (1966) states that the capacity to mourn is only achieved through the successful negotiation of adolescence: "...not only does adolescence resemble mourning, it constitutes the necessary precondition for being able to mourn. The painful and gradual decathexis of the beloved parents which the adolescent is forced to perform serves as an initiation into how to mourn" (p. 113). Once the mourning of adolescence has been completed, the individual is able to bear the pain of an external object loss, since he or she knows through experience that the pain can be borne and the process survived. Before this time, Wolfenstein asserts, a child faced with loss also faces overwhelming panic and thus, engages in defensive denial to avoid the pain. She states that children can make successful adaptations to loss if external conditions are favorable, most particularly, if there is a substitute for the lost object to which the child can transfer affection (this does not preclude the pain of the loss, but does make a healthy adaptation possible).

Whether or not an adolescent is able to mourn as an adult does, however, the existing conditions of adolescence must of necessity create potential complications in the mourning process. In adolescence, ambivalence toward the parents is heightened (Laufer, 1966). We have seen that a highly ambivalent relationship can obstruct the process of mourning, as the bereaved person engages in denial to

avoid the guilt that arises as a result of the hateful feelings directed at the dead person (Lampl-de Groot, 1960; Siggins, 1966).

Another complication of adolescence is the revival of the Oedipal conflict. The child struggles to resolve sexualized feelings toward the opposite-sex parent, and consequent guilt over these feelings. The conflict is temporarily put aside during latency, but is revived in adolescence as the child seeks to find appropriate sexual attachments and detach sexual feelings from the parent. The guilt attendant on these feelings is thus also revived, and has been noted as a complicating factor in the response to parental loss during adolescence (Laufer, 1966).

Finally, Deutsch (1937) states that pathological mourning may ensue after object loss if the ego is involved in other difficult tasks which use up all its available energy. Consider, then, the range of tasks demanded of the adolescent (Sugar, 1968):

> "...separation from the infantile objects; sexual pattern reorganization; dealing with problems related to finding out one's basic identity; fears and feelings about relating intimately to people of the opposite sex; establishing values and concepts related to moral principles, vocational pursuits, social demands, self-responsibilities, and self-concept and personal ideals." (p. 269)

Faced with this range of tasks, and the consequent confusion and disorganization, along with the heightened ambivalence toward and devaluing of the parents at this stage (Laufer, 1966), it seems reasonable to conclude that great potential for complications exists in mourning the death of a parent when the bereaved is an adolescent.

The endless complexities in any individual case of loss make it difficult to categorize types of mourning experiences with total confidence. However, the work reviewed above allows us to list certain necessary components of the mourning process and to make some distinctions between complicated or pathological mourning and an uncomplicated, or normal, mourning experience. The importance of the identification of a pathological mourning process is more than apparent from the wealth of data, both from detailed case studies and from longitudinal, quantitative studies demonstrating that complicated mourning can bear serious implications for the future health of the bereaved person. Further, it is apparent from a consideration of the developmental problems of normal adolescence that this particular time of life is fraught with potential for obstruction or distortion of the mourning process.

To successfully intervene in cases where object loss threatens healthy development, we must develop ways of identifying those who are prone to pathological mourning. Thus, the most important question still largely unanswered is why some people are able to mourn successfully and others are not. It is only by continued observation of people's responses to object loss that we can hope to further identify factors, both intrapsychic and external, that work for or against the successful resolution of the mourning process.

In an area in which experience is influenced by so many variables (individual personality factors, family, the larger sociological

context, and the specific nature of the relationship to the dead person), oversimplification can be seriously misleading. For most areas of investigation, detailed observation and description are necessary antecedents to the generation of hypotheses for further study. It is the intent of this study to provide such observation, since problems in adolescence, if unsuccessfully negotiated, can result in tragic inabilities to cope with problems in adult life.

The subjects in this study are college undergraduates who have lost a parent between one and five years ago. They can be expected to have left the most acute phases of grief behind them (Parkes, 1972; DeVaul and Zisook, 1976; Lazare, 1979), thus allowing the study to focus on the longer-term adjustment to the loss. The success or the obstruction of this adjustment, as indicated by the presence or absence of symptoms suggested by previous research studies and case history data, will be examined closely to determine its connection with the personality, family, and relationship variables surrounding the loss. The crucial area of the relationship with the dead parent will be examined in particular detail for signs of unusual strife or unresolved ambivalence. Any existing trends or patterns by which we can link certain pre-existing factors with certain types of responses will then be examined, with the hope that further research may be generated that will help us to identify those adolescents likely to suffer long-term adverse affects of parental loss.

Because the term "pathological mourning" has previously been used in the literature to refer to psychiatric patients exhibiting reactions to loss, this term will not be used throughout the remainder of this discussion. The subjects who participated in this study are student volunteers, all of whom are relatively well-functioning people. Therefore, those who show symptoms of obstruction or distortions in the mourning process will be said to exhibit "complicated mourning"; those who are judged to be adapting well will be said to exhibit "uncomplicated mourning."

C H A P T E R I I

CONDUCT OF THE STUDY

Selection of the subjects

Subjects were recruited from the student body of the University of Massachusetts at Amherst and from Hampshire College. Twenty-two subjects participated in the study, twenty-one from the University of Massachusetts and one from Hampshire College. Subjects ranged in age from eighteen to twenty-six. Twenty-one had experienced the death of a parent between one and five years previous to their participation in the study, and one had lost her father nine years previously.

Thirteen women participated in the study and nine men. Of the women, five had lost their mothers and eight had lost their fathers. Of the men, three had lost their mothers and six had lost their fathers. In no case had a subject lost both parents, although four, all women, came from homes in which the parents had been divorced or separated. Table 1 presents some subject characteristics and circumstances of parental death.

Three recruitment procedures were used: a speech was delivered to several undergraduate psychology classes; an advertisement was placed on a bulletin board accessible to students whose psychology course requirements included participation in research; and an advertisement was placed in the University of Massachusetts student newspaper. Seventeen subjects received experimental credits

Table 1. Subject characteristics and circumstances of parental death.

Subject identification								
No.	Sex	Name	Current age	Deceased parent	Age at time of parent's death	Cause of death	Length of illness	Separation or divorce of parents
1	F	Laura	21	Mother	16	Cancer	5 months	no
2	M	Philip	22	Mother	18	Cancer	10 years	no
3	F	Donna	18	Father	17	Cancer	15 months	no
4	F	Leslie	19	Father	16	Heart attack	---	no
5	F	Diane	19	Father	15	Heart attack	---	no
6	M	William	24	Mother	20	Cancer	16 months	no
7	M	Greg	21	Father	17	Heart attack	---	no
8	F	Michelle	20	Mother	17	Cancer	10 years	yes
9	M	Joseph	20	Father	18	Heart disease	10 years	no
10	M	Stan	21	Father	15	Cancer	2 years	no
11	F	Carol	21	Mother	18	Cancer	unknown	yes
12[a]	F	Heather	20	Father	11	Refused to reveal	---	no
13	F	Melissa	21	Father	17	Cancer	6 months	no
14	M	Jack	18	Mother	14	Cancer	12 months	no
15	F	Arlene	23	Father	17	Cancer	2 months	no

Table 1. (Continued)

Subject identification								
No.	Sex	Name	Current age	Deceased parent	Age at time of parent's death	Cause of death	Length of illness	Separation or divorce of parents
16[b]	M	Edward	23	Father	19	Cancer	unknown	no
17	F	Shelley	21	Mother	18	Pneumonia	3 days	no
18	M	Bob	20	Father	17	Cancer	12 months	no
19	F	Janet	25	Father	23	Cancer	unknown	yes
20	F	Jennifer	18	Mother	15	Cancer	unknown	yes
21	F	Anne	19	Father	14	Cancer	1 month	no
22	M	James	20	Father	17	Cancer	18 months	no

[a]Data for this subject are not reported because her father's death occurred 9 years ago.

[b]Data for this subject are not reported because his father's death occurred in China, and cross-cultural factors were judged to be confounding.

required for psychology courses for their participation in the study. Five subjects did not request or receive credits.

Data collected from two of the twenty-two subjects interviewed were discarded. One had lost her father nine years before her participation, and a loss of one to five years earlier had been judged to be the optimum time period for the study. The other had lost his father while growing up in China, and the extreme difference in cultural factors surrounding the death was judged to be a confounding factor in considering his response to the loss.

The investigator responded personally to each subject's expression of interest in participation, usually by phone. A judgment was made as to whether the subject met the age and death-of-parent requirements for participation. Each subject who met the requirements was told that he or she would be asked to fill out a brief questionnaire and to participate in an in-depth tape-recorded interview that would last between one and two hours. Each subject was warned that the subject matter of the interview might be difficult to think about and would contain detailed questions about their parent's illness and death, the funeral, and their own feelings during these events. Several prospective subjects decided not to participate on the basis of these warnings. The complete instructions given to participants appear in Appendix A.

Those who participated did so individually. Each subject made an appointment with the investigator for a period of at least two hours. The subject first read and signed an informed consent form (Appendix

B) that reiterated the fact that the interview would focus on material that might be difficult to think about. The informed consent form also stated that the subject could refuse to answer any question and could leave at any time without forfeiting experimental credits. It also stated that all questionnaires would be identified by number and not by name, that the tapes would be transcribed and then erased, and that the information they provided would be kept confidential.

Each subject then filled out the Mooney Problem Checklist (Mooney and Gordon, 1950), which is a list of problems often facing college-age students. In addition to indicating which of the problems on the checklist applied to them, and indicating which were the most troublesome, subjects were asked to indicate when each of the problems they deemed most troublesome in their current lives had begun. At the end of the checklist they wrote a brief paragraph summarizing their major current problems.

Each subject then responded to a six-part structured interview, which I administered personally. The six parts of the interview were as follows: 1) current functioning, 2) information about the family, 3) information about the parent who died, 4) the subject's experience of the death, 5) family relationships, and 6) more information about current functioning. This sequence was designed to lead the participants as gently as possible to speak openly of material that might be very painful for them to think about and to avoid being intrusive or insensitive. Thus, the first section included general questions

about current school life (e.g., What is your major? How is your social life?), and the next consisted of questions about the family, excluding the parent who died. By the time these initial sections were completed, most participants had relaxed considerably, were speaking more spontaneously, and were offering information more openly. At this point, the content of the questions shifted to the parent who died, including information about the illness and death (e.g., What was the cause of death? Was it a long illness?) and those about the parent him- or herself (e.g., What was your mother/father like as a person?). The fourth section directly addressed the experience of the death itself and the reactions of the family (e.g., What was the funeral like for you? Who seemed most upset when your mother/father died?). This was followed by questions about the participant's relationship with the parent who died (e.g., Did you ever get angry with him/her?), and other relationships in the family (e.g., What were your mother/father's relationships with your siblings like?). Finally, to avoid sending the participants away upset or preoccupied with thoughts of the illness and death, the interview ended with more detailed questions about current functioning, including how life may have changed since the death (e.g., What is your social life like now? Is this different from what it was like before your mother/father died?). The complete structured interview appears in Appendix C.

During the interview it was necessary to maintain a delicate balance between encouraging participants to offer as much information as possible and ensuring that the experience was not becoming too

upsetting for them. When subjects cried or seemed to be fighting tears, I assured them that I understood the memories they were speaking of were painful and it was natural and acceptable for them to cry; I then reminded them that they were free to stop for a while or to leave. (No subject asked to be excused from completing the interview.) Along with the constant monitoring of subjects' affective states during the interview, I had to monitor my own responses carefully. Since many of the stories subjects told were at best highly evocative of pain and sorrow, and at worst shocking and bizarre, it was sometimes difficult to respond calmly and with sympathy. I tried to maintain an objective friendliness throughout the interview, to avoid asking questions that the participant had answered in the context of an earlier question, and above all, to respect participants' needs for privacy around certain issues: if I sensed that a subject was becoming particularly uncomfortable about a certain line of questioning, I dropped the question rather than pressing for answers. In all cases I avoided highly personal responses and reserved any information about myself until the formal interview was over.

After the interview, each subject was given written feedback about the purpose of the study (Appendix D) and was told that if he or she wished to discuss the issues covered in the interview further, I would provide a referral to the Student Mental Health Service or to the Psychological Services Center, both located on the University of Massachusetts campus. Because I also wanted to offer an immediate opportunity to discuss upsetting issues, I asked every subject

if he or she had any feedback about the experience of the interview or any questions to ask me. At this point I freely answered questions about myself, shared experiences that were similar to theirs, and offered reassurance when I felt it was needed. I avoided scheduling interviews in close succession so that I would be available to help any subject who seemed upset or anxious.

After each subject left, I made notes about the interview, including how I felt in the room with the subject and any striking aspects of their behavior or of their particular experiences. I also noted whether they arrived on time, whether they asked for experimental credits, whether they spoke to me after the interview, and my general clinical impressions of their adjustment.

Analysis of Cases

The interview tapes were transcribed and the transcripts were examined closely for the existence of symptoms of complicated mourning. In order to organize the large number of symptoms into groups that would make the examination of transcripts more efficient, I developed seven categories, which were as follows: 1) symptoms related to the subject's affective state, 2) the subject's feelings about him- or herself, 3) the subject's feelings about the parent who died, 4) feelings about others in the subject's life, 5) behavioral symptoms following the loss, 6) physical symptoms following the loss, and 7) symptoms indicating nonacceptance of the loss. Each transcript was searched for evidence of symptoms in all seven categories. A complete list of the categories and the symptoms contained

in them appears in Table 2.

Based on the interviews themselves, I had formed impressions of the subjects and had tentative opinions about which ones were involved in complicated mourning processes. I wanted to ensure that my final evaluation of subjects was not solely the result of my personal reactions to the people I interviewed, although I knew it would inevitably be affected by these reactions. The transcribing process provided an opportunity to reevaluate my preliminary impressions away from the immediacy of the interview experience. While listening to the tapes, I found evidence to support my impressions about some subjects and to change those about others.

When the transcripts were completed, I read each carefully several times, making a list for each subject of the symptoms of complicated mourning indicated in the interview. I also read each Mooney Problem Checklist for evidence of problems not stated during the interview. Based on the lists of symptoms I had compiled, I selected those subjects who showed the least and the most symptoms and reconsidered their cases. When my clinical impressions of the subject unequivocally agreed with the evidence present in the symptoms, I placed the subject either in the complicated or uncomplicated group as appropriate. When my clinical impressions did not agree with the symptoms, I again read the transcript of the case involved, along with the notes I had made shortly after the interview, to determine whether any countertransference reactions I may have had influenced my clinical judgment of the subject. If I thought that this might be the case, I discarded the data (this was true in two cases). If

Table 2. Symptoms of Complicated Mourning

Category 1:	Symptoms related to the bereaved person's affective state
	depression that seems unrelated to the loss
	prolonged or excessive grief
	anxiety and panic
	despair and hopelessness
	absence of grief
	delay of grief
	inability to experience emotion
	suicidal feelings
	anniversary reaction
Category 2:	Feelings about the self
	anger, guilt, and self-reproach
	loss of identity
Category 3:	Feelings about the dead person
	inability to acknowledge or accept ambivalence
	idealization
	fears of the dead returning
Category 4:	Feelings about others
	hostility and aggression
	feelings that others are responsible for the death
	inability to tolerate intimacy
	inability to experience emotion in relationships
	negative changes in former relationships
	transfer of concern to vicarious objects
	increase in ambivalence toward surviving parent
Category 5:	Behavioral symptoms
	impaired functioning
	loss of organized patterns of activity
	random overactivity with no sense of loss
	juvenile delinquency

Table 2. (Continued)

Category 6: Physical symptoms	
	psychosomatic illness
	hypochondriasis
	appearance of symptoms such as those the deceased experienced
	hysterical conversion reactions
Category 7: Symptoms indicating nonacceptance of the loss	
	identification with traits of the deceased, with discomfort
	denial that the loss is permanent
	dreams in which the deceased is alive
	behavior as if the deceased might return
	selective amnesia about the death, or conscious disbelief
	slips of the tongue in which the deceased is alive
	fantasies of reunion or continuation of the relationship
	unwillingness to move material possessions of the deceased
	presence of problematic, unassimilated introjects

I could not account for the discrepancy in this way, and still felt strongly that a certain case was particularly striking, I included that subject in the group whose data suggested complications.

Finally, several subjects indicated some symptoms of complicated mourning, but not in striking ways. These were subjects about whom I had formed no very clear impression during the interview, while transcribing, or while reading the transcripts. These were cases in which the subjects were not particularly communicative, or in which I simply was unable to make a confident determination of the nature of the mourning process. I discarded the data for these cases, of which there were four.

C H A P T E R I I I

CASE STUDIES

The following case histories are divided into three groups: those judged to be involved in complicated mourning processes, those judged to be mourning without complications, and those whose data suggest complications, but for whom the evidence of complicated mourning was not as clear as in the first group.

The first group consists of two men and two women who showed many symptoms of complicated mourning as identified in previous investigations. In addition, my clinical impressions of each subject's current adjustment, apparent changes in adjustment since the death, and affective state during the interview, fully matched the evidence given by the presence of the symptoms. The second group (three women and one man) showed few or no symptoms of complicated mourning; again, in these cases my clinical impressions also suggested that these four subjects were adapting to the loss in productive and creative ways. The third group consists of six subjects (five women and one man) whose cases I considered striking in various ways, but about whom I was unable to make unqualified judgments. For instance, one subject (Carol) showed no current symptoms of complicated mourning in response to her mother's death, but is included because she seems not to have adapted adequately to her parent's divorce and is currently faced with the terminal illness of a close

family member. Another subject (William) exhibited almost as many symptoms of complicated mourning as those included in the complicated group, but is older than most of the other subjects and is currently functioning in independent and adult ways that make his adjustment difficult to compare to those of the undergraduates in the study, most of whom are still dependent on the surviving parent.

One point which is important to emphasize here is that in a clinical interview such as the one used here, countertransference reactions on the part of the interviewer are inevitable. In certain cases, I had particularly strong positive or negative feelings for the subject, based partly on his or her responses to me and partly on the nature of the information offered. As stated earlier, in any case in which a personal feeling I noticed was not strongly corroborated by the objective evidence obtained in the interview, I omitted the subject in question from the complicated or uncomplicated group. If the subject did display a number of symptoms of complicated mourning, or displayed one or two in striking ways, I included him or her in the third group, whose data suggested complications. If he or she did not show any striking symptoms, or if my clinical impressions were too confused or unclear to offer any further suggestion about what category would be appropriate, I did not report the data. For instance, one subject made me unaccountably uneasy; I found it extremely difficult to sit in the room with him and was upset by the story he told me of his father's death. On examination of his transcript, however, I found no symptoms at all of complicated mourning.

I therefore judged that if my reactions were indeed indicative of any pathology in him, that pathology could not be linked with confidence to difficulties in mourning, nor could I state with confidence that his mourning process was proceeding well. Therefore, his case is not included.

Additionally, the use of the Mooney Problem Checklist in reporting these data should be clarified. The checklist was not intended to provide standardized adjustment scores, but rather to corroborate information given in the interview about each subject's current adjustment and also to provide subjects with an opportunity to indicate problems (sexual problems, suicidal thoughts) which they might not feel comfortable in stating directly to a stranger. Each subject's checklist was examined carefully, and in almost all cases the problems marked reiterated information given in the interview. Therefore, to avoid repitition in the reporting of the data, responses on the checklist are only noted when they augment information gathered in the interview. For instance, one subject (Diane, included in the group whose data suggest complications) indicated that she had suicidal feelings on the checklist, but did not mention this in the interview. Another (Philip) summarized his problems in such a revealing way that his summary is quoted in his case history.

In the following case histories, all names, physical descriptions, and other identifying information have been disguised to preserve the confidentiality of the data. In all cases every attempt was made to protect the identities of the participants.

The data for the first two groups are reported as follows: each case history begins with a general description of the subject and his or her behavior during the interview. This description is followed by a summary of: the subject's family background; circumstances of the parent's death; the subject's relationship with the parent who died, the surviving parent, and the siblings; changes that have occurred in the subject's life since the death; and current adjustment. Each case history is concluded by a list of the symptoms of complicated mourning evident from the interview data. In the final group of subjects whose cases suggested complicated mourning, only those data directly relevant to the particular symptoms they displayed are included; for instance, I did not include information about the dead parent's relationships with siblings of the participant unless those relationships were particularly problematic for the participant.

Group One -- Complicated Mourning

Subject #2: Philip

Philip is a tall, slender, dark-haired young man who was cheerful and obliging both during the phone contact to set up the interview and during the interview itself. When warned that the interview would focus on subjects that might be difficult to think about, he assured me he was "an optimistic kind of guy" and that it did not bother him at all to speak of his mother's death. He showed up twenty minutes late for his interview, saying he had decided to take

a nap and had overslept; he then remarked that he was really looking forward to the interview.

Throughout the interview, Philip remained cheerful even when speaking of very painful experiences; he frequently distanced himself from his words by referring to himself in the second person ("They never wanted to keep things from you, they just never bothered to tell you"). He made repeated comments about how strange his statements must sound and seemed overly concerned about the impression he was creating. He frequently referred to his own strength and good adjustment and laughed at inappropriate times, as if defying his underlying sadness and fear to emerge. These underlying affects were very evident throughout the interview, in his statements about how hard he works to maintain positive attitudes, in his copious outpouring of words in response to almost every question, and especially in his summary of problems on the Mooney Problem Checklist..."My problems are solvable through diligence and application...They can destroy you if you let them. If you don't you can overcome them -- or at least they won't destroy you."

Family background. Philip comes from a family of six, of which he is the fourth child. His three older siblings are all in their late twenties and early thirties, and his younger two siblings are in their late teens. He grew up in a large Midwestern city, in wealthy circumstances. His father holds a managerial position in a large company. He describes his parents' relationship as one in which the mother and father loved each other, but were more like a mother and

son than a wife and husband. He describes his father as a man with serious mental problems, and says that these problems were always kept under control by his mother; since she died, however, the father has lost control of his behavior, calling his children's friends on the phone and embarrassing them with accusations of wrongdoing.

Circumstances of parent's death. Philip's mother had cancer for ten years before she died. She had recurrences, with periods of remission in between, until the last two years, when she deteriorated progressively and finally died at home. A nurse was hired to care for her during the last phase of her illness. Philip's memories of his mother are confused; it is evident that the slowly disintegrating woman he knew intrudes on his wishful image of her as strong and indomitable. He states that she "was always sick -- you couldn't rough-house with her; but she was tough as nails"; at one point, he said that he was similar to her in that "neither of them was ever sick a day in their lives"; at another, that "Mother was always the one who was dying."

Philip was never told about his mother's illness. He overheard his father say the word "malignant," and looked it up in a dictionary. He remembers the older members of the family being tense and quiet during her first illness, but was not included in any discussions that may have taken place about what was happening to her or what the family might expect in the future.

It is difficult to tell from Philip's words what the family's experience was really like during the long ordeal of his mother's

illness. What is evident is his difficulty in describing the painful experiences he had without immediately contradicting himself, as if trying to undo any negative feelings: "She had mood changes, from laughing to crying...it was a delicate situation, and you just tried to help out as much as you could...but she was pretty tough, she carried most of the burden herself, so it was really easy. It was real easy."

Philip sees himself as the most attentive to his dying mother out of all her children. He brought her tea and sat with her when she was bedridden, and prompted her friends to visit her in the hospital.

Philip was bowling with friends when his mother died. He returned to the house and was met at the door by his older sister, who was crying. When she told him that their mother was dead, his first response was to comfort her. He then ate lunch. He initially felt bad that no one was in the house except for the nurse when his mother died, but says he now feels she wanted it that way and waited purposely until she knew everyone was gone. He looked at his mother's body, and felt "like a stoic" -- he did not cry, but rather felt relieved that the long illness was over. He never cried, and describes a total lack of grief feelings occurring over the years since her death, although he says that he regrets not having known his mother during his adulthood.

Relationships. Philip has a rather grandiose view of himself as the strongest and best-adjusted child in the family. He has a subtle scorn for almost all of his siblings, except for one younger brother

toward whom he has adopted a parental attitude. He is particularly bitter toward one sister who, he feels, has everything good in life, but has never earned her happiness. He feels that his older siblings are selfish and unprincipled, and thinks that the grief they showed at their mother's death was inauthentic; it irritated him.

He apparently had a special relationship with his mother, but it is not clear whether his mother chose him for this role or whether it was self-appointed, since he remarks at one point that his younger brother was her favorite child. At any rate, it was he who visited her most and cared for her most during her illness. However, when asked what was best about his relationship with her, he has no direct answer. Instead, he praises her for her strength and optimism, without giving any indication of how these qualities affected him as her son. He speaks derisively about how his siblings idealize her now that she is dead, but he himself refers to her as a saint. When Philip speaks of his mother, it is difficult for the listener to glean from his words any real sense of what she must have been like as a person. Instead, his view of her seems to be a carefully constructed fantasy, a woman dying for ten years, who nevertheless became stronger as she neared death, who was "strong and big and tough," but "fragile and delicate" at the same time. It is clear that Philip's mother is, in his memory, what he needs her to be.

Philip describes his father as a man with "mental problems." His stories of his father's current behavior patterns corroborate this view. Philip is also "special" to his father, who singles him out

from the other children and says Philip has strengths and abilities they don't have. Philip's siblings do not get along with the father at all, and Philip often acts as the family go-between.

Philip clearly wishes to be like his idealized image of his mother, but is terribly afraid he is like his troubled father. This conflict is evident in his answer to a question about whether he is like his mother, or unlike her. He says he has been told he is exactly like his father, but that through his determination he has not let himself develop as his father did. He then says he is exactly like his mother. He resolves the contradiction by saying that when his mother was alive, she kept his father under control; similarly, he is like both his mother and his father, and his mother's traits in him keep his father's traits in him under control.

Changes since the death. Since his mother's death, Philip says, he feels that he has no home. Characteristically, he turns this feeling into an advantage by calling himself an adventurer and identifying with literary heroes who scorn the idea of settling down. His financial situation has changed for the worse, and he lists this on his Mooney Problem Checklist as a current major problem. He is clearly intelligent, but flunked out of college when he first enrolled (shortly after his mother's death). He is now doing well. He says there is more strife in his family since his mother died, but that he, himself, is "always happy." When asked if he ever feels anxious about nothing he can identify, he states: "No, I used to. But I told myself not to. I've spoken to myself not to. Because I firmly believe there's

nothing to get anxious about." This statement is characteristic of the determination to push distress away that was evident throughout his interview. He fears illness and death, and feels lonely and isolated, but meets these problems, too, with determination to push them away.

Philip's father has remarried, a move Philip supports. The marriage, however, is not successful, because his father "has spent years indulging his bad side," and his new wife "doesn't have the dedication my mother had."

Current adjustment. Philip's current life is clearly dominated by loneliness and anxiety, which he deals with by denying them. He says he is starting to meet people and to date, but is "not trying to force a social life." He has little contact with his family, seeing them only once or twice a year. He has one older female cousin he is close to and he exchanges letters with her. His health is good, except for some stomach problems similar to problems which his father has, which he is trying to overcome. The overall picture is one of a young man who is lost and anxious, has very few social supports, and is attempting to face his problems with an assumed cheerfulness and a determination not to be defeated or to admit distress.

Symptoms of complicated mourning: Affective state.

1) Absence of grief: Philip has never cried or felt grief over either his mother's illness or her death. This is not surprising, given his overall tendency to avoid pain.

Symptoms of complicated mourning: Feelings about the dead person.

1) Inability to acknowledge or accept ambivalence. Philip expresses no negative feelings about his mother at all, although her illness dominated his life in extremely negative ways. He says it was hard to get angry with her, and it is apparently still hard. He states that his younger brother was her favorite child, but that "no one was jealous."

2) Idealization. As stated earlier, his view of his mother is extremely idealized. He states that his father is crazy, but does not speculate about why his mother may have married a crazy man, or why she stayed with him. Nowhere in his description of her is there any indication that he remembers her as a real person with both good and bad qualities.

Symptoms of complicated mourning: Feelings about others.

1) Increased ambivalence toward surviving parent. As nearly as can be determined, Philip's derision toward his "crazy" father began after his mother's death. It is not clear whether or not the father's inappropriate behaviors began before her death. Nevertheless, since the death, Philip's father has become an ominous presence in his life, denying him money he needs for school; internally, the father is a presence who threatens to take control. Philip's attitude toward his father seems to be a combination of realistic anger because of his actions and of Philip's lifelong pattern of attributing all good traits to his mother, and all bad ones to his father.

2) Hostility and aggression. Philip is bitter and derisive about almost all his siblings. He sees himself as the sole possessor of moral rectitude in his family. There are thinly veiled feelings that the siblings get the rewards in life that only Philip has earned.

3) Vicarious objects. Philip shows no concern for himself and admits no need of the attentive parenting which he doesn't seem to have had. He does, however, express concern for his younger brother and tries to be "both mother and father" to him.

Symptoms of complicated mourning: Behavioral symptoms.

1) Impaired functioning. Although Philip's initial failure in college cannot be attributed with total confidence to his mother's death, there is no indication that he was a poor student in high school.

Symptoms of complicated mourning: Symptoms indicating nonacceptance of the loss.

1) Presence of introjects. There were no questions in the structured interview geared to detect the presence of introjects, which, in any case, would be difficult to identify in a one-interview format. Philip was the only subject who very clearly indicated that his parents both exist inside him as unassimilated presences -- presences, in fact, engaged in a battle for control. His mother, with her idealized strength and goodness, controls the father, the personification of craziness, in Philip's internal world.

Subject #7: Greg

Greg is a tall, blond, tense young man whose face is oddly blank as he speaks, and who tapped his feet constantly during the interview. He took close to an hour to fill out the Mooney Problem Checklist, which most subjects finished in about twenty minutes, and wrote a long summary of his problems on the questionnaire. Greg answered the interview questions with rambling and sometimes irrelevant outpourings of words, often losing sight of the question in the process of answering it. His high level of tension and his general bitterness were difficult to tolerate.

Family background. Greg has four older brothers and one older sister. When he was small, his family lived in a "rough" neighborhood just outside a large Southern city; during his adolescence, his family moved to a much nicer suburb of the same city. He does not have a large extended family. He describes his parents' marriage with bitterness as a good one; he feels that they were so close to each other that he was excluded.

Circumstances of parent's death. Greg's father died of a heart attack. He was known to have a heart condition, but was exercising and eating properly and was not expected to die.

When the heart attack occurred, Greg was in the living room watching television and his father was nearby doing exercises. Greg was the only family member present. He attempted to massage his father's heart, but could not revive him; while he was attempting this a brother came home, saw what was happening, and called an ambulance.

An uncle returned later from the hospital and told Greg and his brother (the only two children living at home at the time) that their father had died.

Shortly before the death, Greg had had a bad argument with his father. His allusions to the argument are confused, and it is impossible to tell from his words what really occurred. He says he originally felt guilty about the argument, until he spoke to a psychologist he was seeing at the time. It is clear at this point that the power of his feelings of guilt is greater than Greg can acknowledge; his words are all but incoherent: "...I, at one time in my head, because we had gotten into an argument, but we got into arguments all the time and actually I had just reasoned it out...I mean we always got into arguments, we were always arguing about something. You know it was just normal anyways and I hardly think it brought him anymore to the point of, to death, or anything." Greg felt some initial shock after the death, but otherwise has experienced no emotion about it at all.

Relationships. Greg feels alienated from both parents. When asked what the best thing about his relationship with his father was, he answers "I didn't have one (laughs) . So there's nothing best about it. There's nothing best about my relationship with either of my parents, they're just there." And when prompted to name some quality he liked in his father, he states, "I don't know, there was really nothing, I never really admired either one of them." Interestingly, he responds to most questions about one parent with statements about

both of them, as if they are inseparable in his mind. And in fact, he states rather bitterly that his parents did love each other, and that "I think the only way I'd get closer to my father is if he was less dependent on my mother"; he later says, "Those two were a unit, and I was a separate unit." At any given time in Greg's life, one or the other of his parents seems to have been the target of his blame for his unhappiness, and the other is characterized as well-meaning, but impotent. And the assignment of this blame has changed radically since his father's death, a fact of which he is well aware.

In contrast to his feelings about his parents' closeness to each other, Greg says that his mother always blamed his father for everything that went wrong, and Greg believed her. But since his father's death he has realized that his father was a "fabulous guy" when he was away from the mother. His current feelings about his mother are exaggeratedly negative. He attributes to her all the blame for his poor relationship with his father, and for all the problems that currently exist in the family. He claims that she ruined family vacations by complaining constantly, and that she turns family members against each other in manipulative ways.

Greg is not close to any member of his family, except occasionally to his sister closest to him in age. However, this is an unstable relationship, because, he says, this sister is his mother's favorite child and his mother frequently turns her against Greg. His maternal grandmother is "a bitch, just like my mother." He feels sorry for the man his mother is about to marry.

Changes since the death. The major switch is the reassignment of Greg's hostility from his father to his mother. He says that his family has drifted father apart since the death, although they were never close. There have been a number of physical illnesses in the family since the death, including one sibling having cancer that resulted in an amputation. Greg himself has suffered severe stomach problems and high blood pressure since the death.

Greg has had two major romantic relationships since his father died, both of which were with women who were already involved with other men. Both ended badly, and not by his choice. After the first ended, he attempted suicide (which he had also attempted once before his father's death), and drank heavily. After the second, he suffered extreme anxiety and "became violent" (he does not describe this in detail), to the concern of his friends. He has done poorly in school, although he is improving now.

Current adjustment. When asked about his social life, Greg describes himself with some grandiosity as a person who can talk to anyone about anything and meets people easily. However, it is clear that he feels very alienated and alone: "There's a part of me that no one gets to know. Only very few people get to know the other part of me...that's the part that suffers the most, it's the loneliest part. I find it hard to let people too close into my life." My strong impression is that Greg is currently fighting off depression and disorganization by maintaining a busy schedule that allows him little free time.

Symptoms of complicated mourning: Affective state.

1) Absence of grief: Greg describes no emotion whatsoever in reaction to his father's death, but he has reacted excessively to subsequent losses when his girl friends have ended relationships with him. His grief is thus finding expression, but is diverted from the death itself, and is distorted and exaggerated in the process.

2) Suicidal feelings: Again, these occurred in response to subsequent losses; they also occurred once before the father's death. In fact, throughout his life, Greg engaged in self-mutilating behavior. The fact that, when allowed to emerge, Greg's guilt, anger and fear find such violent means of expression, explains to some extent why he avoids feeling strong emotions in relationships.

Symptoms of complicated mourning: Feelings about the self.

1) Guilt and self-reproach: Greg's guilty feelings about the role his argument with his father may have played in the death are only thinly disguised. In addition, his bitter feelings about being left out of his parents' relationship and his evident jealousy of their love for each other indicate some Oedipal issues as well: Greg may also feel intense guilt over his unconscious wishes that his father die so that he might be alone with his mother, and over his unconscious triumph that this, in fact, happened -- particularly since he has even consciously felt responsible for the death.

Symptoms of complicated mourning: Feelings about the dead person.

1) Inability to acknowledge or accept ambivalence: Greg's feelings for his father have switched from negative to positive since

the death, but at no time does he give evidence that he can integrate the two when he thinks of his father. Throughout the interview, even, his feelings seem to switch frequently: his father is sometimes "a bigot" and sometimes a "fabulous guy" -- but never a person with both strengths and failings. Further, the father's flaws are not allowed to exist as integrated parts of the father; instead, they are attributed to the mother's influence.

Symptoms of complicated mourning: Feelings about others.

1) Hostility and aggression: This is directed at all Greg's siblings, at his grandmother, and at virtually everyone else he mentions.

2) Inability to tolerate intimacy: Greg states this himself when he remarks that he can't let people "too close into his life."

3) Negative changes in former relationships: This is evident with his one sister to whom he once felt close, and with his mother.

4) Increase in ambivalence toward the surviving parent: This is a very striking aspect of Greg's case, and the most obvious example of this symptom among all the subjects interviewed. More than an "increase in ambivalence," Greg's feelings represent a radical change that seemed to have occurred almost abruptly after the death.

Symptoms of complicated mourning: Behavioral symptoms.

1) Impaired functioning: It is difficult to attribute all instances of Greg's impaired functioning to his father's death, since he seems to have been significantly maladjusted long before it. However, his drinking, at least, seems to have started afterwards, along

with his poor school performance.

Symptoms of complicated mourning: Physical symptoms.

1) Psychosomatic illness: Greg's stomach problems and his high blood pressure started after the death.

2) Appearance of symptoms such as those of the deceased experienced: High blood pressure was a symptom of his father's condition. Further, Greg states that he is physically very like his father, although he gives a physical description that does not sound at all like Greg's actual appearance.

Subject #8: Michelle

Michelle is a pretty, fair-haired, soft-spoken young woman. She began to tell the story of her mother's death even during the phone contact to set up an appointment; she again began to speak of the death as she entered the interview room and had to be interrupted and asked to fill out her questionnaire first. She answered almost every question with an astonishing volume of words, including a great deal of information with every answer, almost as if she was afraid the relevant questions would not be asked and she would not get a chance to say what she wanted to say. She is serious, articulate, and obviously highly intelligent. The stories she relates are full of detailed descriptions of horrible experiences, yet she shows no emotion when she speaks. Over the two hours I spent with Michelle, I felt that she had related this story many times, to herself if not to others, and that there was something oddly pre-programmed about her

speech, something designed for dramatic effect. The very lack of emotion in her speech was in itself dramatic, since it accompanied words that few people would expect to hear stated so calmly. Ultimately, my feeling was that Michelle's outpouring could not be turned off. In fact, she continued to relate more information for some time after the tape recorder was turned off and the interview formally ended.

Family background. Michelle is the youngest of seven children, five of whom are much older than she and are the products of the mother's first marriage. Her mother was, in fact, married five times, twice before she married Michelle's father and twice after. She was divorced all five times.

Michelle and her slightly older brother were born in a small town in a Midwestern state. Their older siblings were grown and had moved out of the house by the time Michelle and her brother were adolescents. Michelle remembers the periods when her mother was married as full of family strife and the periods when there was no stepfather as happy, without exception.

Michelle's mother always worked and Michelle recalls growing up with an unusual amount of independence, supervising herself rather than being supervised. By her own description she seems to have been a competent, self-reliant, and very bright child.

Her father and mother were divorced when she was very small (about four), and at that point her mother took the two reamining children and moved to New York, where Michelle remembers living a rather uncon-

ventional life style, surrounded by her mother's artistic, and sometimes famous, friends. They moved back to the Midwest, however, when Michelle was ten to settle some legal problems with her father, who harrassed and "threatened" both mother and children. The mother's last two marriages were also bad: one was to an alcoholic and one to a man who seemed sexually interested in Michelle, then still pre-adolescent. Michelle does not specifically describe the behavior of her father or her stepfathers, which is striking, since she goes into great detail about her mother.

During Michelle's high school years, the family again moved, this time to a large Western city where more advanced health technology was available for Michelle's mother, who had cancer. Michelle lived in that city until two years after her mother died.

Circumstances of the parent's death. Michelle's mother's cancer was diagnosed when Michelle was ten, at which point she says she felt curious and interested (she wanted to be a microbiologist at the time), but not frightened. From this point until her death, Michelle says, "...my role was pretty much to keep things going, keep it together, and protect her." Michelle does not discuss the early years of her mother's illness in detail, or of her early life in general. What is clearly the most vivid portion of her life is the period of several years during which her mother was obviously dying and Michelle was her self-appointed caretaker. In fact, throughout the interview, it was unclear whether or not Michelle's mother ever invited or encouraged the extensive self-sacrifice Michelle made during these

last years. She left school to nurse her mother during the final months, against her mother's wishes, and spent the final weeks staying with her day and night in the hospital.

The story of the final weeks of the illness is a chilling one. Incredibly, when asked if the death was expected, Michelle's immediate answer is "No," although all evidence points to the contrary. In response to this same question, Michelle then launches into a detailed account of her mother's final disintegration and her own desperate attempts to keep her alive. The mother slipped in and out of a coma repeatedly, and, in Michelle's words, "died" many times but kept coming back to life. During the account, delivered in a soft, matter-of-fact monotone, the extent of Michelle's ambivalence toward her mother becomes apparent; it is not possible to make a judgment about which Michelle wanted most, that her mother die, or that she live. She held her mother and called her back to life, wrote poster-sized notes as a way of communicating with the immobilized woman, moved her into positions in which she seemed more alert, and, when she made an amazing temporary recovery during which she could sit up and talk, called in friends to see her. She also, however, begged her mother's doctor to administer a sedative in the hope that "her body wouldn't bring her back" after one of her repeated "deaths"; and decided that her mother should not be placed on life-support machines. Then again, she says that her mother, during her brief recovery, told her brother that she had died and wouldn't have come back if Michelle hadn't been there; ultimately, the mother died during a period when Michelle had been

"forced out of the hospital" by the doctors and her siblings, in order that she get some sleep. This very clear conflict between her need to keep her mother alive and her wish for her to die, and her unspoken but obvious feeling that the mother would not have died had Michelle not left the hospital, speaks eloquently of the painful turmoil in Michelle's internal world.

After the death, Michelle agonized over whether to allow an autopsy (which she ultimately did), saying that "you don't really know what happens after death." Having seen her mother die so many times, she ultimately had trouble believing that her mother was really dead when she finally saw the body. Her mother was cremated, and Michelle lived for a week with the box of ashes while waiting for a brother to come in for a memorial service; she states that she was very anxious while the ashes were in the house. The family drew together for the memorial service and Michelle describes the experience as "very sad, we cried." She still describes grief and loneliness when she thinks of her mother, and feels very unhappy on the anniversary of the death.

Relationships. As stated earlier, it is unclear how much of Michelle's devotion to her mother was desired or invited. In some ways, it seems that it was Michelle herself who wished to be indispensable to her mother. This makes sense in view of the mother's evident lack of stability; the repeated marriages, divorces, and moves must have been very anxiety-provoking to a small child, and the repeated sharing of her mother with various stepfathers might reasonably be expected to

make her fear loss. This fear, then, would certainly be exacerbated when the mother was found to have a life-threatening disease. Furthermore, there is some evidence in Michelle's account that her mother showed some favoritism for an older brother (the only sibling Michelle particularly dislikes): "...she kind of spoiled him a little bit...she would do a lot for him, and what she did never seemed to be enough for him." Similarly, Michelle much admired her mother's adventurousness -- she sailed and travelled -- but the mother seems to have shared these activities with older siblings, and not with Michelle. Michelle's assumption of the caretaker role with her mother may have served the function of giving her a special role that no one else in her family was willing or able to play.

Michelle idealizes her mother markedly. She attributes periods of family strife to her stepfathers, but assigns no blame to her mother for marrying five reprehensible men. She excuses her mother, saying that "her reasons for marrying them were to provide us with a father," and also saying that her mother was "naive...all her achievements were spectacular, but I don't think she did them for herself, I think she did them for these other people...". She says that her mother "thought all men were as good as her (the mother's) father," and is bitter against her mother's family for failing to support and approve of their daughter during her unconventional life. She attributes all of her mother's mistakes -- of which she admits few -- to attempts to please the men in her life.

In contrast, Michelle states that her father is "the worst person I know...he's not crazy, he's very disturbed, by design." She says she went through a period of being very angry with him, but stopped letting him bother her, and now has no contact with him at all. She is angry with an older sibling who contacted her father when her mother died.

Changes since the death. Michelle says that after her mother's death she was extremely depressed and even had some thoughts of suicide. She says that she had to structure her present life carefully because "I discovered when my mother died that a lot of my motivation had been for her." In fact, it is unclear whether Michelle's identity ever extended further than the need to be her mother's protector. Interestingly, since she attributes most of her mother's problems to men, she is now becoming involved in feminist political issues and wants to go into a career in politics with an emphasis on feminism. She sees her involvement in these issues as a hopeful sign for the future, but does not necessarily seem to be deriving much comfort from it now: "I feel like when it comes around to setting up my courses and getting involved...then I won't have many problems."

Michelle lives with a man she was involved with before her mother's death. This relationship has changed since the death; during the mother's final illness, the man was supportive and sustaining to Michelle, but she now feels that the relationship is unfulfilling. She attributes this partly to their current lack of time for each other, but also speaks bitterly of his failure to remember the anni-

versary of her mother's death. It was her choice after the death to withdraw from him, living alone for a year before ultimately joining him at school.

Current adjustment. Her current experience is one of alienation from most people. She states on her Mooney Problem Checklist that she "seems distanced from those she is close to." She keeps extremely busy, and the overall picture now is one of a woman who is attempting to fill the huge gap left in her life by her mother's death, but who still feels lonely and lost.

Symptoms of complicated mourning: Affective state.

1) Excessive grief. Michelle's immediate reactions to her mother's death were not unusual or excessive, nor is her description of how she felt lonely and alienated for a year after the death unusual. Her excessive reaction occurred prior to the death, during her remarkable sojourn in her mother's hospital room, when she frantically attempted to keep her mother alive. Her actions suggest far more than devoted nursing; rather, they are indications of desperation and attempts to preserve (complicated by wishes to kill) the motivating and organizing force in her existence.

2) Suicidal feelings: These were only briefly mentioned, but seem important given the extent to which Michelle's life revolved around her mother and the extent of emptiness she felt afterwards. It is not clear whether she still has suicidal feelings.

Symptoms of complicated mourning: Feelings about the self.

1) Loss of identity: Michelle clearly states that her motivation in life was formerly to care for her mother, and that she had to work hard to construct a new life for herself after the death. Her current frantic pace of activities (she states that she has no spare time and does not have enough hours every night to get adequate sleep) at this point seems an attempt to fill the emptiness inside of her. Her interest in feminist issues, while not in itself unusual or inappropriate, also seems to be an attempt to give herself an identity -- one, in fact, that she might use to redress the wrongs she feels her mother suffered at the hands of men.

Symptoms of complicated mourning: Feelings about the dead person.

1) Inability to acknowledge or accept ambivalence. Michelle expresses no anger towards a mother whose many marriages, frequent moves, unorthodox life style, and debilitating illness kept her from ever being a real caretaker for her daughter. Anger is entirely absent, also, when Michelle speaks of her reactions after the death, although she admits that she had constructed her entire life around her mother's needs and felt lost and empty after her death.

2) Idealization: Her mother's flaws are all attributed to her naivete or to her altruistic motives. Michelle's description is highly romanticized, emphasizing her mother's charm and adventurousness, her artistic talents, and her unconventional ways. Ignoring the mistakes that made life so difficult for the family, Michelle states that her mother was a perfect role model for her.

3) Fears of the dead person returning. Michelle made three comments that were suggestive of this fear, which is probably entirely unconscious. First, she was afraid to approve the autopsy because she doesn't know what happens after death; second, when she saw her dead mother she had trouble believing she was really dead; and third, she felt anxious in the house with the box containing her dead mother's ashes. It may seem that to attribute these statements to a fear of the mother's return is an exaggeration, but when viewed in the context of her story of the final illness, they seem quite significant. She believes that her mother did, in fact, die and come back to life repeatedly, and also believes that she, herself, was responsible for bringing the dead woman back (and that the mother died only when Michelle wasn't there). This belief in her own omnipotence might well be terrifying, given her intense conflict about whether she wanted her mother to live or die.

Symptoms of complicated mourning: Feelings about others.

1) Hostility and aggression. Michelle's hostility is directed toward her father, with whom she will have no contact; toward her brother, who was never satisfied with their mother's special treatment of him, and who never expresses emotion (even at his mother's funeral); toward her mother's family, who did not support her or appreciate her mother enough; and toward all her siblings, who allowed her to assume sole responsibility for caring for her mother. Although this last point is not clearly stated, it is nevertheless obvious in the following statement: "I would not say that I had responsibility for her. I

had responsibility probably just for myself, also seeing that somebody needed to do it and that the others didn't seem suited to doing it. So that I was the one...'cause I was there."

2) Inability to experience emotion in relationships: This is evident in her statement that she feels "distanced from those she is close to."

3) Negative changes in former relationships. Her relationship with the man she lives with has undergone a decrease in closeness and satisfaction. She attributes this partly to the fact that the two of them have so little time for each other; however, the relationship did not seem to have suffered during the time when she, herself, was wholly occupied with nursing her mother. Additionally, her relationship with her favorite sister seems to have deteriorated since her sister's marriage; although she hastens to state that she likes her sister's husband very much, she also says that she can never be alone with her sister anymore since the marriage (which occurred during the mother's final illness).

Subject #20: Jennifer

Jennifer is a slight, blonde woman, fashionably dressed, with a cynical, world-weary air. When speaking of her eccentric and troubled family background and of her mother's death, she strives for a casual and amused attitude, frequently laughing while speaking of particularly painful experiences. She maintains this demeanor very well for the most part. Only once during the interview did she suddenly

cry; she seemed quite surprised that she was crying, and quickly brought her tears under control.

Jennifer's answers were sometimes difficult to follow, and contained some obvious contradictions. She had trouble keeping to the point, and occasionally became quite inarticulate. This contrasted oddly with her general air of self-possession.

Family background. Jennifer is the youngest of four daughters. She grew up in financially easy circumstances in a large city in California. Her father is a successful lawyer, and her mother eventually became the owner of a flourishing business. The parents divorced when Jennifer was eight, and the father moved to Chicago. Thereafter, she saw him very infrequently until her mid-teens when her mother sent her to stay with him for a year . Jennifer is very close to her mother's parents, with whom she has lived at various times.

Shortly after the parents' initial separation, an event occurred which Jennifer describes as the most frightening experience she has ever had. Her mother threw a party, at which she threatened to kill both herself and her children. The guests had to subdue her physically and take a gun away from her. Shortly thereafter, Jennifer returned from school one day to find her mother asleep, and was unable to wake her. A neighbor took the mother to a hospital; she had taken an overdose of sleeping pills.

By the time Jennifer was in her early teens, her older sisters had all moved out. Jennifer continued to live with her mother, who had a succession of lovers (Jennifer describes her mother, with assumed amusement, as "a tramp"). She remembers fixing coffee for her mother in the mornings, and for two if her mother's door was closed, the signal that she was with a man. The last of the mother's lovers wanted to marry her, and at this point Jennifer became jealous and protested. Shortly afterwards, she was sent to live with her father, ostensibly because her mother had an attractive business opportunity in another state. At the end of this time, Jennifer returned to California to stay with her grandparents, and while she was there, they received word of her mother's illness.

Circumstances of the death. Jennifer's mother died of cancer about a month after the family first learned of the illness. Knowing that she had a terminal disease, the mother had again tried to kill herself, and was in a coma. Jennifer does not know how long her mother knew of the illness, or if it had anything to do with her being sent to live with her father.

Jennifer saw her mother in the hospital once, and was appalled that her mother did not recognize her: "She thought I was a nurse, and that really tore me up (laughs). And I couldn't believe it was her...she looked...yellow, she looked skinny, and my mother was very vibrant, you know, so, I just left. I never saw her again." Jennifer's grandparents had bought her a new bicycle. She left the hospital and rode the bike up and down the street in front of her mother's hospital

window. It was at this point that Jennifer began to cry; she said that she talks about her mother in therapy every week, but has never cried before.

One unresolved contradiction in Jennifer's story revolves around how much contact she had with her mother during the illness. She first states, as quoted above, that she never saw her mother after that one hospital visit, when her mother didn't know her. Later, she says that her mother enjoyed watching her ride the bike; and then, that her mother threw a party shortly before she died during which she gave her daughter some ribald last advice about how to live her life. It was my subjective impression that these latter two statements were wishful fantasies, and never really happened.

Jennifer was in school in the city where her grandparents lived when the news came that her mother had died. Jennifer went to the funeral, but would not look at the open casket. She says that she wanted to be with her father, who was there, and that she and all the rest of the family were very upset and openly expressed grief.

Relationships. Jennifer expresses no anger towards her mother, even when speaking of her attempts to kill herself. Nor does she display any bitterness about her succession of lovers, or her being sent away to live, variously, with her grandparents or her father. She does not deny her mother's failings. Rather, she denies any negative affect that may be connected with them. The two seem to have had more of a peer relationship than a mother-daughter one:

"we just had a friendship relationship." Jennifer, as stated earlier, made coffee for her mother and her lovers; mother and daughter often indulged in junk food binges while watching television at night. Jennifer openly admits wanting her mother to herself, and being jealous when the one lover wanted to marry her. She makes no mention, however, of what the emotional experience was like for her when her mother sent her to her grandparents during junior high school, or to her father during high school.

Jennifer's memories of her mother as a person are idealized and romanticized. She speaks of her mother's beauty (Jennifer is not satisfied with her own appearance), her business talents, her ability to handle money, her many friends and lovers. Even when telling of her bad habits and her suicide attempts, she speaks with a sort of pride in her mother's uniqueness, masking any pain her mother may have caused her. She says that a friend of her mother's recently told her that her mother sent her to her father in high school because she felt Jennifer was "too crazy" -- when she tells this story, she laughs.

Jennifer's relationship with her father has been extremely dependent since her mother's death. She speaks to him on the phone very frequently, and says it is difficult to make herself wait a week to call him. She dislikes his new wife, but says nothing negative about her father himself. She speaks of him in the same way that she does her mother: with tolerance, amusement, and admiration, masking any pain over his leaving the family or his tendency to give

her material possessions when what she needs from him is time and attention.

Jennifer is similarly dependent on one sister and on her grandparents. She sees them and speaks to them very frequently, sometimes every day. Her sister is "exactly like her mother," and Jennifer is very close to her. She is somewhat detached from her other sisters.

Changes since the death. After her mother's death, Jennifer "was really out in the ozone for a long time." She had been using drugs for several years, but now began to use them more "to escape." She lost a great deal of weight, stopped doing her schoolwork, and spent time with friends whom she never told about her mother's death. She felt that she did not want to live without her mother. She began to write her mother's signature on all her papers. Her mother had smoked heavily, which Jennifer had hated; one month after her mother's death, Jennifer began to smoke a pack of cigarettes a day, which she still does. Her father helped her during this time and she became much closer to him that she had been before her mother's death.

Current adjustment. Jennifer has suffered a great many physical problems since the death, although she reports having gone to the health service many times and been told nothing is wrong with her. She is currently attempting to improve her schoolwork, which is not as good as she would like it to be; she is satisfied with her social life. She has recently begun therapy and is trying to help herself cope with her problems in more adaptive ways. She says, "I'm working

very hard on myself. I spend a lot of time, even if I'm doing other things, thinking about if it's good for me, what I'm doing. I'm trying to improve myself a lot."

Symptoms of complicated mourning: Affective state.

1) Excessive grief: Jennifer's complete withdrawal, combined with drug use and academic problems after her mother's death, are not unique, but are excessive. They resulted in actions that were dangerous to her health and well-being. She is aware of her tendency to respond maladaptively to different situations and is attempting to change these responses now.

2) Suicidal feelings: As stated earlier, Jennifer felt that she did not want to live after her mother died. Her intensified drug use was an attempt to hurt herself physically.

3) Jennifer is the only subject who describes more than passing sadness on the anniversary of her mother's death. When asked how she feels every year on that date, she says, "Terrible. I get sick...Until a few months ago, I got sick every fifth of the month. Whether I knew it was the fifth or not, I would just get sick and then realize why...On the day, I always get sick, and remember, okay, now it's a solid year (laughs)."

Symptoms of complicated mourning: Feelings about the dead person.

1) Inability to acknowledge or accept ambivalence: Jennifer seemingly cannot allow herself to feel anger over her mother's poor parenting; she finds other causes for her failures: "...a lot of the time I think, oh, she brought me up terribly, but then I think, no,

it's not that, it's the combination of her and my grandparents, 'cause they're so different."

2) Idealization: When describing her mother, Jennifer emphasizes her attractiveness and vibrance and her business acumen. She acknowledges flaws, but speaks of these, too, as if they were virtues. She does not acknowledge the emotional instability of a woman who tried to commit suicide twice and threatened to kill herself and her children.

Symptoms of complicated mourning: Behavioral symptoms.

1) Impairment of functioning: Jennifer did no school work and engaged in self-destructive behavior for more than a year after her mother's death.

Symptoms of complicated mourning: Physical symptoms.

1) Psychosomatic illness: These have inspired her to go to the hospital frequently, where she is always told that she is healthy.

Symptoms of complicated mourning: Symptoms indicating nonacceptance of the loss.

1) Identification with traits of the deceased, with discomfort: As stated earlier, Jennifer now smokes heavily, a habit she despised when her mother was alive. She says she knows she eventually has to stop, but must accept it as "a part of herself" now.

Group Two -- Uncomplicated Mourning

Subject #3: Donna

Donna is a small, carefully groomed woman with a general air of self-possession. She answered questions briefly and to the point, and cried without self-consciousness when describing her father's funeral. After she completed the interview, she remarked that she was glad she had participated in the study. She said she likes to think about her father and to remember him. She did not give many details about her family relationships, but this seemed to reflect her own appropriate sense of privacy rather than any reluctance or denial. She responded to questions about her father's illness and death openly and in detail.

Family background. Donna grew up in Washington, DC. She has one younger brother and one older sister. Her father was an architect and the family was well-off. The family is close-knit and maintains frequent contact with the father's mother, who also lives in Washington, and cousins who live in the same area. They are also in frequent phone contact with the mother's parents, who live in the Midwest. Donna's older sister is in medical school and her younger brother is still in high school. Her mother is a high school counselor. She describes her parent's marriage briefly, as very loving.

Circumstances of the death. Donna's father was ill with cancer for fifteen months before he died. Her mother informed the children when the cancer was diagnosed, and discussed the treatments and the progress

of the illness with them throughout the fifteen months. The whole family, including the father, knew from the first diagnosis that the disease was terminal.

Donna spoke to her father about his impending death. She describes him as accepting of the situation, and says that in his talks with her he emphasized the happiness of the time the family had had together: "...he would always say like how I've done so much and I've seen you grow up this much, so he had a really good attitude about it."

The family sought social services counseling during the illness, in which they learned about the stages of reaction to a death. Donna feels that she passed through these stages during the year of illness rather than after the death. She cried when her father died and cried at the funeral; sometimes, she says, she still cries when she thinks about her father. However, she did not "spend a lot of time crying" after the death. She remembers with pleasure that her father's funeral was attended by many loving friends who were attentive and supportive to the bereaved family. This memory moved her to tears during the interview.

Relationships. Donna's description of her relationship with her father is indicative of her ability to tolerate and integrate both the qualities she loved and admired him for, and those that irritated her and made her angry. She sees in herself evidence of his good qualities. She emphasizes these good qualities, yet in her description he sounds ideal rather than idealized. There is nothing in her relating of her family life that would contradict her memory of her

father as a loving and attentive parent who sometimes annoyed his children by being stubborn and close-minded. She remembers arguing with him openly about his stubbornness. She recalls with pride that her father always wanted the best for his family, cared about his children's progress in school, and liked to do things with them ("It wasn't like a lot of parents who went to Barbados and left the kids at home").

Donna is close to her mother, and says they have grown closer since her father's death. She admits feeling annoyed during the months after the death when her mother cried alone in her room at night, but is compassionate even as she is annoyed. The two are able to discuss anything and Donna feels she can take any problems to her mother; at the same time, she feels that their relationship is becoming more like a friendship, and they now discuss their social lives. Donna approves of her mother's recently active social life, and says she is sometimes jealous of it. She and her mother have frequently discussed the possibility of remarriage.

The older sister and Donna are good friends and speak to each other on the phone frequently. Donna does not get along with her younger brother, however, becoming impatient and irritated with the anger and bitterness he has shown since their father's death. She feels compassion for him, stating that he knew the father for the shortest time of all the children and, therefore, missed out on advantages the other two had; nevertheless, she still does not like to be around him. She feels that the younger brother used to be

her mother's favorite. If she is disturbed by jealousy at this point, she gives no open indication of it, and does not seem to be denying it.

Changes since the death. Donna does not describe very many changes in her life since her father's death. She enjoyed her senior year of high school even though it was the year he died. Most of the changes that occurred subsequent to that year she attributes to growing up and going away to school. She says the family's financial situation must be less secure, but does not feel affected by it and says she has what she needs and wants. She has become closer to her mother since her father's death, but does not feel any other relationships in the family have changed over the time since the death.

Current adjustment. Donna is not satisfied with her life at this point. She has a number of problems that are of immediate concern to her: she is worried about her inability to make a career choice, is not happy with her social life at college (although she has good friends at home), does not date as much as she would like to, and is concerned about her appearance. She says she is moody and depressed sometimes. The overall picture is of a student in late adolescence, struggling with the need for social approval and the mounting pressure of selecting a career. She seems well able to cope with these problems and seem burdened, but not overwhelmed, by them.

Indications of uncomplicated mourning. Donna feels that she is like her father in her determination that the people she loves get the best of everything, and in her high standards for herself and unwillingness

to give up when she wants something. These good feelings about herself seem to adequately counteract the problems in self-esteem she has because of her uncertainty about her future and her dissatisfaction with her social life. She seems to have identified selectively with those aspects of her father that she loved most.

Donna shows signs of three symptoms of pathological mourning, but in each case the symptoms seem attributable to normal processes:

1) Depression that seems unrelated to the loss. Her moodiness and depression have started since her father's death, but seem clearly related to developmental issues and very age-appropriate, in contrast to the excessive nonspecific depression often seen in complicated mourning.

2) Idealization of the dead person. She does offer a very positive description of her father, but also accepts traits in him that angered her. From her description of her family life, her father does seem to have been a loving parent who cared for his children well.

3) Hostility and aggression toward younger brother. There is some indication of sibling rivalvy in her statement that her brother was her mother's favorite; however, she seems quite satisfied with her own relationship with her mother now. As with her description of her father, what she says about her interaction with her mother does realistically indicate a good, supportive relationship. "Not getting along" with her brother has been a lifelong pattern, and has not changed since the father's death.

Subject #4: Leslie

Leslie is tall, quiet and somewhat self-deprecating, and seems a little younger than her nineteen years. She was dressed casually and without attention to style, used no cosmetics, and seemed a little overwhelmed by her recent introduction to university life. She has the air of a seeker of advice, and is actively searching for better ways of coping with her problems. After the interview, she spent quite some time asking me about my background, college experience, and career plans. She also asked a number of questions about mourning and wanted to know whether I thought she was mourning successfully. While she initially seemed reserved, she answered all questions openly and thoughtfully; while quiet, she is not at all passive and she seemed to be attending to the interview experience with care, in case it might offer her anything of value in her current development.

Family background. Leslie grew up in a suburb of a large Midwestern city. She has two older brothers who are in their early twenties and a younger brother in his mid-teens. The father managed a local clothing store and the mother is a clerk in a boutique. The family is close to the mother's mother, who lives in the same town, and to several uncles, cousins, and godparents who also live close by. Leslie is the only one of the children to go to college so far. Her parents were not college-educated; she is not sure if her mother finished high school.

Circumstances of the parent's death. Leslie's father had a heart condition for nine or ten years. He did not stop smoking or take care

of himself as his doctors ordered. He died of his third heart attack. The father and the family all knew that he would die relatively young, but of course did not know when his death would be: "He always said that he wasn't gonna reach fifty...we just didn't know when it would happen again. But we knew that it eventually probably would...".

Leslie's father did not discuss his illness with his family. Her mother, however, did speak about it to Leslie -- more than Leslie wanted to, perhaps ("She talked to me about it more than I ever asked her about it"). Leslie says that her father tried to ignore his illness and lived as if his health were normal; however, she feels that his poor health may have affected his disposition.

The father died at home in his sleep. Leslie remembers feeling initially shocked and scared ("I guess it either hit me so much that I didn't really feel anything, or it didn't even sink in"); at the funeral, she was initially unable to accept her father's death ("I saw him lying there...I lost myself and kind of screamed...something like, 'that's not my father'"). Immediately thereafter, she became calmer and was grateful for the presence and support of her immediately family and her uncle and cousins. During the weeks after the death she drew closer to her family and wanted to be with them. She cried on and off, but not too much. She effectively and simply describes her own gradual acceptance of the loss: "You get used to the fact that they're not there anymore and your whole life is changed... Sometimes it used to bother me that it was like , all over, forget it, you know, he's gone, but...I guess we reacted in the only way we knew how to react."

Relationships. Leslie describes her father as a man who was reserved, "didn't open up to too many people," and "kept a lot of things inside." She wishes he had been more accepting of affection. She attributes some of his reserve to his feelings about being ill. When asked what she likes best about her father, she has no trouble thinking of his good qualities: generosity, intelligence, and straightforwardness. While she regrets his inability to express or receive affection, she does not seem to have felt unloved. She felt special to her father because he singled her out as the one child he had faith in to go to college ("I kind of pursued it for him"). She says she can be quiet and reserved like her father, and thinks it is good to be able to be that way; she also feels that she can be affectionate and outgoing like her mother when she wants to be.

Leslie feels that she has a good relationship with her mother, and can go to her with any problem. She admires the competent way her mother adapted after the father died, taking over all of the family responsibilities.

The sibling relationships have varied with time. Leslie now feels close to one of her older brothers, and admires his independence and the way he has worked to earn his car and his apartment. She has adopted a parental concern for her younger brother and is helping him prepare to apply to college. This is something her mother is not competent to do, and she wants to make sure her brother doesn't have to figure out applications and procedures by himself the way she did. She seems anxious to smooth his way and encourage him: "I always

had that in me to try college...and he has it in him, he really does. So, my father did it to me and I'm kind of doing it to him." Thus, she has adopted what she sees as her father's positive role in her own life toward her younger brother.

Changes since the death. Leslie attributes most of the changes in her life to growing up and going away to school. She says that one older brother has calmed down since the death; he was wild in his teens and did not get along with their father. Her mother has become more independent. A vacation cottage was sold, and Leslie feels that keenly as the loss of something that was important to her in her childhood. Leslie has become closer to her mother and more concerned about her younger brother. She says the whole subject of death and dying "gets her down."

Current adjustment. Leslie shows current signs of being in the process of adapting to her father's death; she sometimes engages in long periods of organizing her work schedule, but never gets down to work; her concern for her younger brother is probably an attempt to remain close to her father. But she also displays very good adaptive skills. She started college very recently, and has been lonely and homesick, and overwhelmed by the workload. She has shown good coping skills in meeting both of these problems: she has joined several clubs to meet people and make friends, and she has changed her major to one in which she is more interested and which required courses she feels she can handle successfully. She is capable of finding help when she needs it, going to professors to ask for advice and benefitting by their suggestions.

Indications of uncomplicated mourning. The signs of reaction to her father's loss are apparent in Leslie, but do not seem to be complicating or obstructing her gradual adaptation. Although her relationship with her father was less than satisfying, she has found enough good in it to sustain her and allow her to retain loving memories of him. She has selectively identified with his intelligence and straightforwardness. She has not totally accepted his loss yet: she remains close to her father both by pursuing her college education "for him," and by encouraging her younger brother the way her father encouraged her. But these are productive and adaptive ways of keeping his memory close to her and do not seem to conflict with what she wants for herself. She shows an ability to make changes in her life when her current circumstances are not good for her, and this capacity will probably grow as she gets older, since independence and self-sufficiency are qualities she admires and strives to attain. She shows two symptoms of incomplete mourning, but neither in itself seems serious:

1) Concern for a vicarious object. Her parental attitude toward her younger brother began after her father's death. However, while she attends to his needs, she still shows concern and attention to her own needs -- she does not use her brother to mask and deny her own difficulties of adjustment.

2) Random overactivity. The periods she describes of rearranging and organizing things, but never getting down to her work, are of some concern to her and are indicative of underlying anxiety. Her anxiety

is understandable and appropriate, since she faces adaptation not only to the loss of her father, but to a totally new and different life style.

Subject #15: Arlene

Arlene is a serious, conscientious young woman who leaned forward eagerly while listening to the interview questions and took great care with her answers. She asked several times for clarification of the questions, and attempted to make her answers straightforward, although she occasionally qualified her statements to such an extent that she forgot the question and had to have it repeated. She is about to graduate from college and is feeling melancholy about leaving and concerned about her future. She spent quite a while after the interview had formally ended asking about my past career decisions. She is self-contained, but not particularly guarded or reserved, and overall was courteous, friendly, and engaging.

Family background. Arlene comes from a small town in Maine and has one brother who is in his thirties. Her brother was married when she was in her early teens, and although she was not aware of it at the time, she now describes his leaving the immediate family as a loss that affected their once-close relationship for the worse. She is uncertain about exactly what her father's work entailed, but characterizes it as a managerial position in a small local company. Her mother also worked, although Arlene does not say what type of work she did. The family had trouble making ends meet. None of her

grandparents is living, and she was apparently never close to any of them. She has a good relationship with her sister-in-law.

Circumstances of the death. Shortly after she went away to college, Arlene received a phone call from her mother telling her that her father had cancer. He died two months later. Arlene went home twice during the time he was ill, and both times saw her father in the hospital. During her visits, she never spoke to her father about his illness. However, on her last visit, she says, she now realizes that he knew he was going to die: "He didn't come out and say I'm going to die. Just the way he looked at me, and the way he touched me, and the way he spoke, it was very serious, and it was very final." He died, in fact, that night. Arlene and her mother were the only people at home when the phone call came; they were both very shocked; and they held each other for what felt like a long time. The older brother was notified and came over and the three went to the hospital together. She wanted to be with her mother, but was annoyed by her brother's excessive display of emotion. She was also distressed during her father's funeral because she wanted to talk about his death, but her friends persisted in speaking to her as if nothing had happened. A few days after the funeral, Arlene returned to school.

Relationships. Arlene and her father had a close relationship and delighted in having long conversations about everything from politics to family members. Because he retired during Arlene's teen years, he was home quite a bit and they had a lot of contact. She thinks that her father often worried too much and was too tense, and remembers

that he used to feel hurt when she would not tell him about her school life and her own feelings. She now wishes she had been more communicative with him about these things. She did not like her father's worried moods, but speaks with pleasure of how he would sometimes throw off his worries and become "free-spirited," doing impulsive things like suddenly beginning to sing. She "finds herself doing the crazy things he would do at times," and feels she is like him in that she has her free-spirited moments, can speak to people easily, and is down-to-earth. She is glad, however, that she does not worry about things as much as he did.

She enjoys her relationship with her mother, saying it is more like a friendship now and that she can talk to her about anything. Her mother now runs a small boutique that is quite successful, and Arlene is proud and admiring of her.

Arlene's brother also has a good relationship with his mother, and Arlene does not seem envious of him. She does, however, find it difficult to be around him, although she describes their relationship as close and she sees him whenever she goes home. She feels that their conversations are "strained," although she cannot describe the experience in any greater detail than this.

Changes since the death. After her father died, Arlene had a very difficult year in school and felt very depressed and alone. She says she thinks the adjustment was more difficult for her than for the rest of the family, because, since she was away at school and not with the family during the two months of the illness, the experience of

the death was more sudden for her than it was for them. She also feels that it was difficult to have to adjust to her father's loss and to being at college at the same time. She eventually did adjust, however. She changed schools and changed majors, switching from education to public health because she "wanted to find out more about her father's illness." (Her mother had also had cancer long ago, but recovered from it.) She says that in many ways she feels she used her hard work at school as a crutch after her father died, and is now glad to be leaving the crutch behind even as she is saddened by the changes ahead of her.

Arlene says that the family's finances are better since the death because her mother's boutique is so successful. She has gotten closer to her mother since the death and feels that the family is closer in general, and moreover, that when they are together they are more relaxed than they used to be because her father used to worry so much that his presence often introduced strain into family gatherings.

Current adjustment. Arlene is aware that she is facing a time that will be very difficult for her. The losses of her friends and her life style as she leaves college are making her feel sad and anxious, and she states directly that what she is feeling now recalls for her some of the feelings she had after her father's death. She seems to have traits that allow her to turn her energies to productive coping, as she did when she found a major that allowed her to develop some sense of mastery over the disease that killed her father, and when

she eventually channeled her sadness at his loss into hard work and good results in college. She enjoys her social life as well, and seems to have good friends. She has sought counseling at facilities on campus and says it was very helpful to her and she would not hesitate to seek counseling again if she felt she needed it. She is clearly capable of finding help when she needs it and of adapting to difficult circumstances.

Indications of uncomplicated mourning. Arlene shows an excellent capacity to integrate her good and bad feelings about her father, and to maintain a memory of him that is both realistic and loving. She even has the rare capacity to admit that her family's life is somewhat better without him, without feeling undue guilt or disloyalty. His death was very difficult for her to adapt to at first, since she was coping at the same time with her first experience away from home. Yet, during this time she managed to transfer to a school that was better for her, and choose a major that made her feel that she was doing something productive to help others who might suffer frcm the same disease. She basically found a way of making restitution for her father's death -- a way that satisfied her internal needs without obstructing her external adjustment.

Arlene displayed no symptoms of complicated mourning.

Subject #18: Bob

Bob is a friendly, handsome, but somewhat shy and awkward young man. He says that he has trouble expressing his feelings and does

tend to answer questions about his feelings with statements about his thoughts. He seemed concerned that he understand exactly what was meant by each question so that he could answer accurately, asking several times for clarification. After the interview had formally ended, he relaxed somewhat, and spoke for some time about death, life, and love. He remarked that when someone dies people tend to remember their good points rather than their bad ones. He seems concerned about finding a girl friend and wants to be married; he asked me whether I ever worried about these things when I was his age. These thoughts weigh heavily on him right now, because he met a young woman in Europe over the summer and had to leave her to return to school.

Family background. Bob grew up in a wealthy suburb of New York. He has two older sisters and a younger brother. The family was quite well-off; Bob describes the neighborhood he grew up in as snobbish and is glad to have left it, although he appreciates the advantages he had as a child. His maternal grandparents are living in a city on the West Coast, and he speaks to them once in a while; he is fond of them. He was close to several cousins while he was growing up, and still maintains contact with them. His childhood was uneventful, and he describes his father's death as his "first major problem."

Circumstances of the death. Bob's father suffered from intestinal cancer for a year before he died. The death occurred when it was expected to and the whole family was at the hospital at the time. Bob did not discuss the illness very much with his father. His father was

more comfortable discussing it with his mother, who would then speak to the children about it. Bob's father did speak to him shortly before his death. During this discussion, he told his son how he felt about dying and charged him with certain responsibilities as the oldest son in the family. He tried, also, to prepare Bob for what life without him would be like.

When the father died, Bob says, the whole family began to cry. He wanted to be with his family during this time. He describes a mixture of emotions during the funeral: "We would be crying and laughing, just...remembering some things he said...it was strange...I'd never been to a funeral before...".

Bob says that he thought of his father very frequently during the first six months after the death, and that he dreamed of him often and still does occasionally. The dreams were at first sad ones in which his father was dying; now they depict his father as alive, healthy, and there to help him. Before the death, Bob's father had made him promise not to cancel a long-planned summer at a university in Europe. Bob's mother, too, encouraged him to go. He did, and enjoyed the summer, although he found it difficult to talk to people there about his father's death.

Relationships. Bob felt he could always depend on his father and that his father could always depend on him. He remembers his father as very loving and generous: "I'd ask him for money; he'd open up his wallet; he'd only have a buck left; he'd give me his last buck." He idealizes his father, saying he was the best role model a son could

have. Yet he realizes that his father was a poor businessman who was easily duped. Interestingly, he says he would like to be like his father, and is studying business management. Perhaps in this way he hopes to be like his father without replicating his father's mistakes.

Bob says he would like to be closer to his mother, but he has found it hard to discuss his feelings with her. She has remarried and her children unanimously dislike her new husband, which has created strife in the family. He says that recently he feels more able to talk to her, however, and has told her of his concerns about finding a girl friend. At the point the interview took place, he was looking forward with some amusement to a date his mother had arranged for him.

Bob is very close to all his siblings and speaks to them openly about his personal problems. He sees them frequently and shares religious holidays with one of them.

Changes since the death. The mother's remarriage seems to have been a major negative change since the death and all of her children feel varying levels of anger and bitterness about it. The relationships among the siblings, however, have become closer. Bob still describes his relationship to his mother as basically good, and says he can joke with her, and feels that he is now seeing her more as an adult would; he also says that his sisters are still close to his mother, even though they do not like their stepfather. Bob says he wanted his mother to remarry, because he felt the additional responsibilities he took on after his father's death as burdens (he is not

specific about what these responsibilities were). He attributes the problems to his stepfather's personality, and not to the fact of the remarriage.

Bob's social life has "opened up" since he entered college, and as he stated earlier, he had a serious relationship with a girl he met in Europe, whom he misses. He does not seem to be overreacting to this loss, however, and is interested in meeting new people and dating other women.

Current adjustment. Bob is currently lonely and somewhat depressed. This is due mainly to the recent summer in Europe and the loss of his girl friend; he feels somewhat strange and alienated now that he is back at college. He seems to be functioning well, however, and attempting to meet new people, and his school work is good. He seems somewhat more dependent on his family than some men of the same age, but is also able to travel and experience adventures without them.

Indications of uncomplicated mourning. Like Leslie, Bob seems to still be adapting to his father's loss, but his adaptations appear to be productive. He idealizes his father and still dreams that he is alive, but at the same time he has chosen a course of study that allows him to identify with his father while avoiding making his business errors. He maintains good, close relationships with family and with childhood friends, seeks out and meets new people, and is capable of forming new attachments. The symptoms of incomplete mourning that he does show can probably be attributed to the fact that he is, in fact, still in the process of making a complete adpatation to

the loss:

1) Idealization of the dead person. Although Bob's description of his father is highly idealized, he does not give any indications of denial of negative traits -- what he describes is a good and generous father who was universally liked by all his associates. Further, Bob's statement after the interview that people tend to remember the good things about someone who has died indicates that he is aware he is remembering selectively. He is able to talk about his father's poor business sense. He is currently seeking to identify with those aspects of his father he loved and admired, and is aware of this: "I want to be more like my father, because I know how good my father was and I've sort of created an ideal from him that I'm trying to reach. And some things that I know my father had, I don't want." Those things he "doesn't want" are "internal problems," such as emotional difficulties which he feels contributed to his father's illness. He is unable to describe these problems, but is aware that they were there. In summary, Bob seems to be in the process now of integrating his positive and negative memories of his father, and of selecting the good ones as standards by which to measure his own behavior.

2) Dreams in which the deceased is alive. Bob's dreams now depict his father as healthy and there if Bob needs him. Bob has not totally accepted the death yet, but there are no other indications that his nonacceptance is maladaptive. He currently finds comfort in these dreams, and they are proceeding in a healthy direc-

tion from the earlier dreams of the father's death and disintegration. The dreams will probably disappear if Bob's mourning process continues unobstructed.

Group Three -- Suggested Complications in Mourning

Subject #1: Laura

Laura is a bitter and rather cynical young woman, tall, dark-haired, and casually dressed. She seems to expect the worst out of life and states during the interview that she always has bad luck. Her mother died of cancer after an illness of six months. There are several striking features in her case: 1) She feels that her mother was never able to give her love except by giving her material gifts. She is bitter and confused about this, saying "I couldn't understand what was the matter with me; I was a good person." 2) She had a terrible argument with her mother during which she said some cruel things, shortly before her mother's death. Her mother responded by saying she was going to haunt her daughter and, Laura says, "I always felt like I was haunted afterward." 3) Laura refused to visit her mother in the hospital, as did her three brothers, but it is Laura whom the father has never forgiven for not going. She refused to go, in fact, because he wanted her to go so badly, and she disliked him, having always heard bad things about him from her mother. Now, he refuses to pay her college costs because he is angry with her for not going to the hospital. 4) While Laura feels guilty

about her volatile and difficult relationship with her mother, she also shows a striking capacity to feel compassion, along with a tendency to assign blame to herself. She attempts to understand her mother's unhappiness and says that the problems in the relationship were the fault of both mother and daughter. 5) When she was a small child, Laura would cry every time her mother and father left the house because she was afraid her mother would never come back.

Laura shows several symptoms of incomplete mourning: 1) feelings of self-reproach; 2) fears of the dead returning (feeling "haunted"); 3) increase in ambivalence toward the surviving parent; 4) psychosomatic illness, ranging from a spastic colon to headaches; and 5) hypochondria, evident in the many times she has had x-rays for suspected problems, and in the fact that she believes she will die of cancer ("but it doesn't bother me").

In Laura's case, my clinical impressions did not fully support the evidence suggested by her symptoms. Although she has obvious problems, the self-deception present in all of the complicated mourning cases was not apparent in hers. Laura seems aware of her conflicts, and angry where anger is appropriate. The depression and confusion she is fighting now are clearly visible to her and, therefore, seem less ominous in her case than in some.

Subject #5: Diane

Diane is a small, red-haired young woman who has a diffident manner. Her father died of a heart attack and the family knew that

it was likely he would die soon, since he had had other attacks before and was in generally poor health. She describes her father as an uneducated man whom everyone considered a bigot, but also has loving memories of going places with him when she was small, and of the conscientious way he cared for his family. She cries when she describes unexpectedly seeing his body before the ambulance had taken him away and when she describes the childish ways she behaved toward him during her adolescence, which she now regrets. The most striking aspects of Diane's case have to do with her family: 1) her mother is a diagnosed depressive and Diane fears she might be prone to this disorder; 2) her brother has suffered a "breakdown"; 3) her mother and a sister reacted so radically to the death that they were unable to function at all for days; 4) a cousin committed suicide shortly after her father's death.

Diane shows several symptoms of incomplete mourning, mostly having to do with her affective state: 1) depression seemingly unrelated to the loss (she gets depressed and lonely even when she is with friends); 2) suicidal feelings, which she mentions on the Mooney Problem Checklist, but not in the interview; 3) nonspecific anxiety; and 4) feelings of guilt and self-reproach.

In this case, I did not feel that I had enough information about Diane to include her in the complicated mourning group. Although she was tearful at points during the interview, her emotions did not seem excessive to me, and I did not guess that she had any thoughts of suicide. My impression of her was that she is frightened of her

mother's illness and is suffering some normal adolescent adjustment problems as she begins college. The symptoms suggest that there might be more problems than I perceived in the interview; but again, my impressions and the objective evidence did not match.

Subject #6: William

William is a blond, heavy, solemn man who seemed unenthusiastic about participating in the study, although he had responsed to the newspaper ad and did not need experimental credits. He said he would do it "to help you out." Throughout the interview he seemed tense and unhappy. His mother died of cancer after an illness of more than a year. William reports that his mother was the only member of his large family to whom he ever felt attached. Throughout most of the illness he was working in Europe; he was there when she died, and did not come home for the funeral because it was too far and he couldn't afford to. The most striking aspects of William's case revolve around unacknowledged feelings of guilt: 1) he had an unhappy love affair in his late teens and was terribly depressed when it broke up. He says his mother was worried about him, so much so that she developed physical problems. It was when she was hospitalized for these that her cancer was discovered; 2) he has difficulty describing how he returned to Europe after a visit when he knew his mother was dying, and clearly is attempting to rationalize his behavior: "So then I did...and...how can I explain this...there was really, nothing was threatened, because everyone said she was going to get

better, and she was in the hospital, it was like visiting someone in a hotel, and nothing was threatening anybody...". He says this immediately after having said that at this point there was no doubt that his mother was going to die; 3) he attributes his difficulty to visiting his mother to the "tremendous amount" of drinking he did while he was in Europe, and spent a long time after the interview ended telling me about the drinking and how wrong it was. I left the experience with the strong impression that William had come to the interview in hope of obtaining some kind of absolution.

William shows a few important signs of complicated mourning: 1) delayed grief (he did not cry until several years after the death when he saw someone that reminded him of his mother); 2) guilt and self-reproach; 3) inability to acknowledge ambivalence about the dead parent (she had pushed him into a career he did not want, but he acknowledges no anger); 4) idealization of the dead parent; and 5) impaired functioning (he says, without being very specific, he "went downhill" for some time after her death).

I found it uncomfortable to sit with William during the interview, and disliked his attitude toward me, which I felt to be condescending and somewhat belligerent. Therefore, although he displayed a number of symptoms, I was wary of including him in the complicated mourning group, fearing that my feelings about him might have influenced by judgments. I did not discard his data because repeated examinations of the transcript suggested that the symptoms listed really exist; nevertheless, I may have been prone to exaggerate

their severity. I compromised by including him in this group.

Subject #11: Carol

Carol is tall, slim, pale and quiet. She speaks in a voice so soft that at times it is barely audible. Carol's mother died of cancer after an illness of several years. Carol's parents divorced when she was fourteen; when she is asked how old she was at the time of her mother's death, she slips and says fourteen. When her error is pointed out to her, she laughs and says with embarrassment, "Oh... sorry...I was thinking of another...". At the point when the parents divorced, the children learned of the cancer. The most striking aspects of Carol's case have to do with her parents' divorce and the choices she made after it: 1) the divorce coincided with the revelation of the mother's cancer; 2) after the divorce, Carol chose to live with her grandmother rather than choose between her parents; she now feels guilty that she didn't choose to live with her mother, who wanted her; 3) the grandmother she lives with has just been diagnosed to have a terminal disease.

Carol, at this point, shows very few symptoms of incomplete mourning. Although she feels both strong negative and positive feelings for her mother, she is aware of her ambivalence; it is unintegrated but it is acknowledged. The only identifiable symptom she shows is guilt and self-reproach, because she chose not to live with her mother. The reason she is included in this group is that her case shows ominous implications for the future. While she seems to be adapting now, she shows no signs of ever having worked through her feelings about

her parent's divorce -- when she is asked about her mother's death, memories of the divorce intrude unconsciously. Now she is faced with another eventual loss, of the grandmother she chose as a parent substitute. She expresses extreme concern about her and she feels alienated from her father, who does not give her enough attention and has a new woman friend of whom Carol is jealous.

I did not include Carol in the complicated mourning group because she does not currently show any symptoms of complicated mounring as designated in the literature. I include her here based on my strong impressions of her difficulties in adjusting to the approaching loss of her grandmother, and also because her evident confusion between her parent's divorce and her mother's death illustrate clearly how an early loss that is inadequately mourned can intrude into experiences later in life.

Subject #17: Shelley

Shelley is thin, blonde, and has a calm demeanor. She is about to graduate from college and is planning to enter graduate school in public health. Her mother died suddenly of pneumonia before Shelley graduated from high school. Throughout the interview she was self-contained, answering questions in a matter-of-fact way. There are no unusual aspects of Shelley's story, except that she firmly states that she knew her mother was going to die before she became acutely ill and went to the hospital, and that she suffered odd somatic symptoms at the exact moment she later learned her mother died.

She is functioning well now, and seems satisfied with her life in general, and thus she is not included in the complicated mourning group. She is included in this group because she exhibits two symptoms of incomplete mourning in quite striking ways: 1) feelings of guilt, to the extent that she wished for a long time that she had died instead of her mother, and still occasionally does; and 2) concern for vicarious objects. She speaks of the excessive reactions of her father and her brother and how she totally took over her mother's role in the family to care for them; after the interview she spent quite some time telling me about a friend who is not handling her father's death well, and asking for advice about how to help her. She describes her own grief as "very controlled" and apparently never required any help in adapting to the loss herself.

Subject #19: Janet

Janet is tall, slender, fashionably dressed and strikingly pretty. Her father died of cancer after an illness whose length is undetermined; the father had left the family years before and Janet and her relatives only learned of the illness two months before he died. After the father's desertion, Janet's mother married a man of whom Janet cannot speak without crying. She says that he "loves her dearly," but was constantly and cruelly critical of her throughout her teens.

The extent of Janet's pain over her father's desertion is quite apparent as she speaks of her family. The most interesting aspect of

her case is his leaving and her reaction to it: 1) she idealizes him, although he deserted the family repeatedly before finally disappearing for good when she was thirteen. Nevertheless, she sees him as adventurous and fascinating and remembers him as her most approving supporter; she is aware that she is angry at his desertion, of which she speaks bitterly, but still sees him as a romantic figure; 2) Janet has low self-esteem, totally out of proportion to her attributes. She considers herself ugly and unintelligent, although she is undeniably pretty and quite articulate. She attributes her low self-confidence to her stepfather and his incessant criticism; 3) she idealizes her mother, not acknowledging any anger she may have over the mother's failure to protect her against the stepfather's verbal abuse.

Janet shows certain features of incomplete mourning: 1) prolonged grief. Janet cries when speaking of her father, of his behavior, and of his death; she cries when speaking of her low self-esteem and how it began when he left; 2) idealization of the dead parent. In addition, she reacted to her father's illness in a way that, while it does not accord with the symptoms of nonacceptance of the death as listed in earlier studies, is in itself interesting enough to mention. When she saw her dying father, whose appearance was drastically changed by his illness, she screamed that it was not her father and ran outside to tell a nurse. This reaction is understandable, given that it had been several years since she last saw her father (at which point she had met him by accident on the street -- in fact, she

states that she often feared seeing a strange man on the street and suddenly realizing that it was her father). However, it is eloquent testimony of the shock she experienced at seeing her idealized hero entirely diminished and impotent. Accepting him as he was, near death, meant relinquishing her fantasied protector and ally.

Whether or not to include Janet in the complicated mourning group was a difficult decision. I ultimately did not include her because, as in William's case, I feared that my countertransference reactions may have influenced my judgments. Janet, in her presentation, cried out for compassion in a way I found difficult to resist. Her lack of confidence and her excessive tearfulness had the effect of making me want to reassure her, and I was wary of colluding with her in defining her as a victim of her father's unreliability and her stepfather's cruelty. Nevertheless, her symptoms clearly existed, and the facts of her case were interesting enough to include her in this group.

In summary, the most important factors in differentiating these six cases from those in the complicated mourning group were my clinical impressions, which were sometimes strong enough to contradict the more objective evidence I had gathered. In general, I chose to err on the side of conservatism when any contradiction appeared, and to include the subject in question in the suggested complications group instead of designating him or her as someone unequivocally involved in complicated mourning.

CHAPTER IV

DISCUSSION

Before beginning a final analysis of these case studies, it is necessary to acknowledge some of the limitations inherent in this type of interview procedure.

The data reported here consist of self-report information, recalled by the subjects from up to five years before the interview took place. Thus, the memories are inevitably distorted by the passage of time and by the fact that each subject reported a viewpoint unique to him or her, colored by his or her personal experience. The stories reported here might be quite different if related by other members of each subject's family. However, the uniqueness of these memories to each subject's experience, while possibly not providing strictly accurate portrayals of the circumstances surrounding each death, may be all the more valuable in indicating the presence or absence of incomplete or complicated mourning in each subject. The ability or inability to mourn is, after all, unique to each individual and determined by a complex combination of personality, family, and sociological variables that will inevitably affect each person involved quite differently. We cannot determine from these data how accurately each subject's memories reflect what happened at the time of death; we can, however, determine whether the memories

indicate that the subject's mourning process is progressing adequately.

A more serious limitation of this procedure lies in the fact that one interview cannot provide enough information to determine the extent to which individual personality factors affected each subject's loss. Many of the most compelling case report data (Deutsch, 1937; Pincus, 1974; Volkan, 1981) were gathered over the course of long-term therapy with patients whose problems were related to loss. Some of the subjects interviewed for this study displayed individual problems that seemed obvious and by their own reports predated the death of the parent, but even in these cases it is necessary to qualify observations with the understanding that our clinical inferences might change if we had more information or the type of information that only becomes accessible after longer-term contact.

One omission in the interview itself should also be noted: there was no question in the interview about each subject's dreams about the dead person. Dreams can provide valuable indicators of acceptance or nonacceptance of the death, and of the presence or absence of introjects, which is otherwise very difficult to determine. Only one subject (Philip) gave clear indication of the presence of introjects, and only one (Bob) spontaneously offered information about his dreams.

The type of data gathered were also undoubtedly affected by the fact that these subjects were self-selected. This is unavoidable

since the interview was, of course, voluntary. However, it is necessary to keep in mind that the subjects who responded in this study were those who, for whatever reason, wanted to talk about their experiences. Several subjects, in fact, indicated this when they initially set up their interview appointments. One remarked: "This seemed more relevant to my life than memorizing lists of words"; several indicated that discussing the parent's death would be valuable in giving them new perspectives on the experience; and five subjects participated in the study because they were interested, and not because they wanted experimental credits for psychology courses. Of these five, two are reported in the complicated mourning group (Michelle and Jennifer), and one in the uncomplicated mourning group (Arlene). The other two are reported as undetermined, but suggesting complications (Laura and William). It seems probable that inability to discuss the loss might be indicative of complicated responses as well, but obviously those people were not available for participation. One potential subject cancelled her interview at the last moment, simply stating that she did not want to participate anymore. Another seemed quite uncertain during the phone contact of whether or not she wanted to participate. She untimately cancelled her appointment by a note, which stated that the death of her parent was something she never discussed even with her closest friends, and she felt unable to discuss it with a stranger. Finally, one subject who did participate refused to state how her father died (data collected from this subject were discarded, because her father had died

nine years previous to the interview). It is especially noteworthy that not one subject who participated reported a "socially unspeakable" death (Lazare, 1979) such as suicide or homicide.

Finally, the process of mourning is itself so complex, and the time necessary for a successful resolution of the process so variable among individuals, that it is impossible to report here whether any subject has definitely achieved a satisfactory resolution, or will achieve one in the future. Volkan (1970) points out that an initially severe reaction does not necessarily indicate that successful resolution cannot occur eventually. Furthermore, some subjects who seem to be progressing well may never resolve the loss, particularly if new circumstances arise that work against ultimate acceptance (such as other important losses, for instance). Thus, we can only report for these subjects whether or not their current levels of adjustment augur well for the future. A longitudinal study of response to loss, such as that reported by Birtchnell (1975) could tell us more about whether these individuals will eventually achieve a fully constructive adaptation to the loss.

Accepting the limitations listed above, these case histories still provide a rich source of observations that may suggest some productive areas for further study. The following discussion will be divided into five sections. The first will examine in detail one of the most important factors identified in all subjects judged to be engaged in complicated mourning, and in several of those whose data suggested complications: a highly ambivalent relationship with the parent who

died. This will be followed by an examination of another important factor, the nature of the relationship with the surviving parent. The last three sections will address factors only briefly mentioned in the literature, but clearly important in the data reported here and highly suggestive of areas for further research: the incidence of complicated mourning as a possible delayed response to divorce or separation of the parents; the effects of living through a long-term illness on the bereaved person's eventual response to the death; and the specific nature of the family's pathology as a factor in determining the specific nature of complicated mourning.

Highly Ambivalent Relationship with the Parent Who Died

The working through of ambivalence in the service of the successful resolution of mourning does not consist of denial of hated qualities in the dead person, that the loved qualities may be all that are remembered. Rather, as Klein has said, it consists of an ability to acknowledge hated qualities, express anger about them, and still maintain a basic belief in the goodness of the loved person. It is the capability of facing one's loved objects realistically, accepting that they are not perfect, but still trusting in the existence of loving feelings that are strong enough to counter anger and disappointment.

When a loved person dies, hatred and anger arise as a response to abandonment, and are bolstered by memories of the dead person's failings. These painful feelings compete with yearning for the loved

qualities of the dead person in a battle that threatens to destroy the structure of the internal world. Thus, the mourner's world is, for a time, overwhelmingly dominated by pain, which is ultimately tempered as the anger subsides and the loving feelings are incorporated into the mourner's ego, there to enrich and sustain it. To face and survive this pain takes a tremendous amount of energy and strength. If the mourner instead channels the energy into repressing either side of the ambivalence, so that the pain may not be so intense, little energy is left for the hard work of mourning. The pain, instead of being expressed and eventually tempered, continues to exist in the unconscious, where it often finds expression in ways maladaptive to the bereaved.

It is impossible to determine from these data whether or not unresolved ambivalence toward the parent who died is a cause or an effect of complicated mourning. It can be stated with confidence, however, that these data support earlier contentions that ambivalence is inextricably linked to complicated mourning. Out of the twenty subjects whose data were considered, nine showed marked ambivalence toward the parent who died. These nine include all four subjects in the complicated mourning group and four of the subjects in the group whose data suggested complications. Even more important is that it is not ambivalence *per se* that is problematic, but rather unacknowledged ambivalence, accompanied by either idealization or exaggerated negative feelings about the parent who died. Out of the nine subjects who displayed ambivalence, none of these in the complicated mourning

group was able to acknowledge both positive and negative feelings for the dead parent; in the group whose data suggested complications, two were unable to acknowledge ambivalence. A different problem occurs when ambivalence is acknowledged, but unresolved, and the bereaved person oscillates between love and hatred of the parent. Two subjects in the suggested complications group displayed ambivalence that was acknowledged, but unresolved.

An examination of the cases in which ambivalence was displayed may clarify the role that the ambivalence played in each subject's coping with the death of the parent.

In Philip's case, his idealized introject of his dead mother protects him from his unstable father. To relinquish the ideal of his mother is, for Philip, to relinquish the fantasy that keeps him safe from losing control of his impulses as his father has done. Philip believes that he is not like his father because he has traits of his dead mother that allow him to resist having "his problems destroy him." If he acknowledges that his mother had some responsibility in remaining married to an emotionally unstable man, that her illness throughout most of Philip's childhood in fact effectively kept her from being available to her son, and that he is angry with her for abandoning him to his father's mercies, he will lose the belief in her omnipotent goodness that allows him to cope with the problems he faced during her illness and after her death.

In contrast, Greg had exaggeratedly negative feelings about his father throughout his childhood. Now that his father is dead, Greg

blames their poor relationship entirely on his mother. For Greg, this follows what seems to be a lifelong pattern of resisting affectional ties. This pattern becomes easier to understand in light of his feelings about his parent's marriage: "they were a unit, and he was a separate unit." He countered bitter feelings of exclusion by convincing himself that he did not need either parent. But he cannot live with the belief that his life was totally without potential for affection. Now that his father is dead, he has idealized him in retrospect and derives some comfort -- a bleak, unsatisfying comfort -- from believing that his father was, after all, a good man and he could have had a good relationship with him if only he had realized his father's goodness in time. He tries to secure love for himself in relationships with women, but ensures the failure of these relationships by choosing women who are already involved with other men -- as if compelled to continually repeat the rejection that arose from his parents' absorption with each other. His extreme and frightening reactions to the loss of these relationships explains further why Greg cannot admit affection for a parent who is alive: his response to rejection is dangerous to him, since he cannot moderate or control the self-destructive impulses that arise from the pain it causes. Thus, hatred for his living parents protects Greg from reaching out and being rejected; he idealizes only after his father dies, in an attempt to create in retrospect a good object that can help him maintain order in his internal world.

Michelle and Jennifer idealize their mothers in similar ways. Both were very insecurely attached to mothers who seemed romantic and adventurous, but whose instability and unpredictable behavior were frightening to their children. Both feared losing their mothers: Michelle knew from the age of ten that her mother had cancer; Jennifer had found her mother in a coma after she attempted to kill herself. Each reacted by trying to make herself indispensable to her mother. Michelle became her mother's caretaker and followed her from city to city. Jennifer became her mother's peer, living a dormitory-like existence in which they shared junk food and confidences with equal abandon. When Jennifer demanded her mother's full attention by protesting her plans to remarry, her mother sent her away to her father. It is especially intersting that the nature of these insecure attachments to their mothers (and in fact, their only available parent, since both mothers had divorced) seems to have affected Michelle and Jennifer similarly: both were desperately in need of their mothers, and both reacted to their deaths with desperate and excessive behavior. Given that neither had had an adequate stepfather, that Michelle hates her father and has no contact with him, and that Jennifer had little contact with her father and didn't know if he would be available to her after her mother's death, their desperation seems understandable. It also helps to explain their idealization of their mothers: since their mothers were all they had, it was necessary for them to believe that they were loving and capable parents. It was also necessary for them to believe that they were special to

their mothers, so that they could feel confident that their mothers would not leave them.

Of the six subjects in the suggested complications group, two displayed unacknowledged ambivalence toward the dead parent. William idealizes his mother, the only family member to whom he ever felt an attachment. Janet idealizes her father who deserted her repeatedly, although at the same time she acknowledges anger over his desertion. In both cases the dead parent was a protector and ally for the child, and both subjects describe themselves as very like the parent who died. A pertinent fact about both William and Janet is that, at twenty-four and twenty-five, they were the oldest subjects in the study and the oldest at the time of the parent's death (twenty and twenty-three, respectively). Since both were independent of their families at the time of the deaths, they seem to have had more options in their lives and less dependence on the surviving parent than most of the subjects interviewed. This may explain why both are coping relatively well in their external lives. Janet displays far more emotional distress than William, however, and this may be explained by the fact that the real loss of her father occurred for her when she was in her early teens and he deserted the family.

The other two subjects in the suggested complications group who display ambivalence toward the parent who died are aware of their ambivalence, but still cannot reconcile their anger towards the parent with their yearning for them. Laura is bitterly angry that her mother never showed her enough love; now that her mother is dead, she

can feel some compassion for her problems and feels a tormenting guilt for her own role in their unhappy relationship. Carol speaks of anger she felt that her mother never paid enough attention to her, and that her mother left after divorcing her father. She now feels guilty that she did not choose to go with her mother. It is interesting that both of these young women, each of whom had an unsatisfying relationship with the mother, are now seeking to explain these empty relationships to themselves by taking part of the blame for them. Neither is able to relinquish the yearning for the ideal mother she never had, possibly because neither has a strong or satisfying relationship with the surviving parent. But, until this ideal is relinquished, the process of mourning cannot be carried to completion. Neither has been able to express the anger fully for the mother's shortcomings without redirecting some of the anger toward the self, helping to maintain the elusive ideal of the good parent; thus, neither has been able to work through the anger and selectively identify with those loved qualities each remembers in her mother.

Relationship with the Surviving Parent

Most of the subjects in this study were still dependent on their parents at the time of the death. Thus, the nature of the relationship with the surviving parent played an important role for each subject in determining the course of adaptation to the loss. Both Bowlby and Anna Freud (1960), even given their radically opposing opinions about whether children are capable of mourning at all, stress

the importance of the presence of a substitute caretaker when a parent dies. Given that adolescents are still in the process of effecting the difficult separation from their parents, they are still in need of adequate substitute caretakers when a primary caretaker dies. The difference in the quality of the remaining caretakers available to the subjects in the complicated mourning group and those in the uncomplicated mourning group is quite striking.

Of the four subjects in the complicated mourning group, none had an adequate relationship with the surviving parent. Philip says his father is mentally unstable and that he has alienated all of his family except for Philip, who still tries to mediate between his siblings and his father. Greg's mother may not be the wicked woman he imagines her to be, but it is clear by his description that she is not a loving or concerned mother, and she denies him both emotional and financial support. Michelle's father is, by her own description, "the worst person she has ever known." Although this opinion of him is affected by her need to split her good feelings off from her bad feelings, assigning the good to her mother and the bad to her father, her description of the family's legal battles with him does suggest that he is difficult and vindictive. In any case, she does not feel that he is a parent she can rely on. Jennifer's father is perhaps the best of the four surviving parents in this group. Nevertheless, she has had to be very assertive in obtaining his support, teaching him that his time is more important to her than his money, and calling him incessantly in an anxious attempt to ensure that they maintain contact.

This is partly a function of Jennifer's own tendency to be insecure in her attachments, but must have been exacerbated by her parents' divorce and her father's consequent absence for much of her life.

In the suggested complications group, every subject has a relationship with the surviving parent that seems more than usually problematic. Laura describes an open dislike between herself and her father and a tendency on his part to blame and punish her for her behavior during her mother's illness. William never felt close to his father and describes his mother as the strong and capable parent in the family. Carol's father is absorbed in his new woman friend and her children and does not spare enough time from them to attend to Carol. Diane's mother suffers bouts of mental illness which are quite distressing to her daughter, who fears she may have inherited her mother's prlblems. Shelley loves her father and derives comfort from his love for her, but describes him as a rather weak and passive man who fell apart after his wife's death and now has married a woman Shelley does not particularly like; she has coped with her mother's death by assuming her mother's role in caring for her father, and now is no longer needed in this role. Finally, Janet idealizes her mother and has loving feelings for her which do seem to be reciprocated; however, her mother was unable to protect her from the constant undermining of her stepfather, which had disastrous effects on Janet's self-esteem.

In contrast, the four subjects in the uncomplicated mourning group have sustaining relationships with their surviving parents. Donna's

mother played an important role in her children's knowledge of and ability to cope with their father's illness. She has remained consistently loving and available to them since the death, yet still pursues her own life, continuing with her successful career and dating new people. Donna idealizes her mother, but does not seem to have begun this idealization since her father's death; rather, she states that she and her mother were always close and now are somewhat closer. Leslie always looked to her mother as the parent who was capable of giving and receiving affection, whereas her father was unable to express his love for his children. Now that her father is dead, she still relies on the close relationship she has always had with her mother. She also feels a new dimension of appreciation and respect for the competent way in which her mother learned to be independent after her husband's death. Arlene describes her relationship with her mother as more of a friendship than a mother-daughter relationship, and states that her growing feeling of being her mother's peer is attributable to her own growing up. She does not feel compelled to confide everything to her mother, but says she knows she can go to her mother with any problem. She also feels satisfied that her mother confides in her, and Arlene is also proud of her mother's success in her new business. Finally, Bob's problems with his mother seem to stem entirely from the fact that when she remarried it was to a man none of her children likes. This has been distressing for Bob, but he nevertheless seems to be able to depend on his mother in important ways. She meets his financial needs, but also is available as a

confidante, and he feels that he can tell her about his loneliness and his wishes to have a girl friend. He seems able to compensate for his anger at her remarriage by maintaining very close relationships with older siblings and by working through his feelings about his stepfather in supportive discussion with them. Therefore, he is not without allies in his disapproval in the same way that Shelley is, since she has only one brother who, far from being sustaining to her, is someone she also feels she has to protect and care for as she did for her father.

Complicated Mourning as a Delayed Response to Divorce or Separation

A number of investigators (Klein, 1940; Bowlby, 1963; Epstein, Weitz, Roback, and McKee, 1975; Worden, 1982) cite early losses as important factors in the etiology of unresolved mourning. Most agree that if an early loss is not adequately resolved, a later loss will most likely occasion a complicated mourning process. These investigators are speaking primarily of the death of a parent early in childhood. The data presented here strongly suggest that divorce or separation of the parents can be just as potent a factor in disrupting the ability to mourn later losses as early parental death.

The data collected in this study were not designed to provide detailed information about responses to divorce, separation, or desertion of parents, and no specific questions were asked about these issues. Therefore, it is all the more striking that of the four

subjects who participated whose parents were divorced or separated, two are in the complicated mourning group and the other two are in the suggested complications group.

An examination of the role divorce or separation plays in the four relevant cases will illustrate several ways in which divorce can affect a child's later response to the death of a parent.

Michelle's parents divorced when she was four. This opened her life to a series of invasions by comtemptible stepfathers whose behavior entirely disrupted her family life. As a result, she became desperately attached to her mother and insecure in this attachment. The fact that her father and her stepfathers were all men who behaved intolerably encouraged her defense of splitting her good and bad feelings, assigning the good to her desperately needed mother and the bad to her father and stepfathers. This tendency to split is active still in Michelle; it maintains her ideal image of her mother and inhibits her ability to resolve her ambivalent feelings about this adventurous but inadequate parent.

Jennifer's parents divorced when she was seven. The immediate and appalling result of the divorce was her mother's terrifying loss of control in threatening to kill herself and her children, and consequently, her actual attempt to kill herself. This inspired the same kind of desperate but insecure attachment in Jennifer that is apparent in Michelle, for Jennifer's mother was all she had, the father living far away and not providing any stable or supporting presence for his children. This contributed to Jennifer's dramatic idealization of her

mother; she had to convince herself as a child that her only caretaker was a good one and that her mother's eccentricities made her all the more special, since without this ideal she would have had to face the fact that her mother was unstable and her own security in jeopardy. She still maintains this ideal, and is thus unable to mourn.

Carol's parents divorced when she was fourteen. The immediate result for her was the necessity of choosing between her parents. She refused to make the choice and is now tormented by guilt that she did not choose to go with her mother. In this case, it does not seem farfetched to suggest that her anger over the divorce was accompanied by unconscious sadistic wishes that her parents would die, which came horribly true in her mother's case. Her unconscious belief that she caused her mother's death is now inhibiting her ability to mourn, since she cannot openly acknowledge and express the extent of her anger towards her mother, but must divert some of it to herself.

Janet's father left her family repeatedly while she was growing up, and finally disappeared for good when she was thirteen. The result for Janet was her mother's remarriage to a stepfather whose cruelty made her life miserable. To protect herself from her stepfather's verbal abuse, she idealizes her father and tries to identify with him by being adventurous, as she remembers him to be. She has not accepted or mourned the man her father really was, but is at this point torn between the anger she rightfully feels at his inadequacies and the ideal she must maintain to lend herself an identity strong enough to fight back against her stepfather's criticisms. Her fears

(which she says have subsided since his death) of seeing "some bum on the street" and realizing with horror that it was her father eloquently illustrate how badly she needs to maintain this ideal and how afraid she is of losing it. It is no wonder that his death was a relief to her in some ways, for now she need not fear seeing her father as he really was and threatening her tenuous belief in the hero she wishes he had been.

Effects of Long-Term Illness on Eventual Response to Death

Of the theorists who have suggested factors that might contribute to complicated mourning, most mention sudden death as a shock whose intensity makes acceptance of the loss difficult to achieve (Siggins, 1966; Volkan, 1970; Parkes, 1975; Bowlby, 1980). Some of the data in this study, however, suggest that a long-term illness proceding the death might be just as problematic.

In cases in which a death is long expected, it is possible for the dying person's family to undergo a process of anticipatory mourning, in which they essentially complete the phases of grief and mourning before the death occurs (Blank, 1974). Thus, although grief is still experienced at the time of the death, much of the work of mourning has been done and the process is neither as long nor as painful as in the case of sudden death.

Bowlby, however, states that in some cases a long-term illness might intensify the ambivalence existing in the relationship (1981).

Some of the data reported here support this idea, suggesting that in cases where there is a predisposition to complicated mourning, a long-term illness may further complicate the adaptation to the loss.

Another look at the nature of ambivalence might clarify why in some cases it might be intensified by exposure to a loved/hated person's slow physical disintegration. Ambivalence is a struggle between competing hatred and hostility on the one hand, and love and idealization on the other, for the same person. When ambivalent feelings are integrated as they are assumed to be in the course of normal development, both the hatred and the idealized love are tempered by the integration. In cases in which ambivalent feelings are not integrated, as in the cases reported above, both the hatred and the idealized love remain extremely intense. Earlier it was shown that the inability to acknowledge and integrate both facets of ambivalence toward a parent can result in the bereaved adolescent's clinging to a hopelessly unrealistic ideal of the dead parent. The feelings of hatred, in these cases, are either denied and repressed, or projected onto the other parent, or sometimes directed toward the self.

In cases in which ambivalence is unacknowledged, the experience of watching, as if in slow motion, the extensive physical deterioration of the dying parent may bring the unconscious hostile and sadistic fantasies horribly to life. Thus, the defenses maintaining the ideal of the parent must be strengthened all the more for the ideal to

survive, and these defenses are not easily overcome after the death; rather, they continue, and obstruct the ability to mourn.

In the course of uncomplicated mourning, the first response to the death is a re-creation of the intense ambivalence that was once felt for the lost person, which must then be integrated once again with the love and yearning that death also inspires (Klein, 1940). Consider, then, the emotional experience of watching a parent, for whom a child has both hostile and loving feelings, die in such a way that physical disintegration becomes visible before death and burial. Out of the twenty subjects in this study, sixteen had parents who died of cancer. Out of these sixteen, ten were illnesses that lasted at the least six months, and at the most, ten years, with most lasting between one and two years. Out of these ten subjects, nine mentioned the horribly changed appearances of the parent who died, and their difficulty in coping with this change. One subject (Janet), who had not seen her father throughout most of his illness, and finally saw him two months before his death, was so horrified by his changed appearance that she refused to believe the man she saw was actually her father.

Of the subjects in the complicated mourning group, two spoke of the long-term illnesses of their parents. These cases will be briefly examined to explore what role the illness itself might have played in the response to the death.

Philip's mother had cancer for ten years before she died. She was extremely ill for the last three of those years, and bedridden for

the last six months. As stated before, Philip needed to maintain his idealized image of his mother and her strength in order to protect himself against his unstable father. As his mother became more and more helpless, to the point at which she was unable even to speak, Philip's idealization of her moved even more into the internal realm of fantasy -- there was no longer a mother who had any ability at all to display the control of his father that he had relied on, but he still invested the dying woman with all the attributes he wished to retain when she died. By the time she did die, his fantasized ideal was so firmy established in his internal world that it was impossible for him to relinquish; after five years, he still maintains this ideal and still relies on its attributes to protect him from his father. No suggestion is being made that the long illness caused Philip to idealize his mother; rather, the contention is that the length and the physical distastefulness of the illness made it necessary for Philip to exaggerate the defenses he was already using, and then made them more difficult to break down after her death.

Michelle, too, lived through ten years of cancer with her mother, whose illness made it necessary for them to move to cities where better medical care was available. For Michelle, cancer became one more object onto which she could project her unacknowledged hostility toward her mother. As stated earlier, Michelle attributes all of her mother's inadequacies either to the men in her life, or to cancer; she describes cancer as "the most evil thing she can think of." The

long final stage of the illness was for Michelle an agonizing battle between her wish to keep her mother alive and her wish for her to die, as illustrated by her alternate "bringing her mother back from the dead" and begging the doctors to give her mother something that would "keep her body from bringing her back." Michelle's inability to resolve this struggle is also evident in the fact that she feels her mother died because Michelle left the hospital; it is clear that she feels the responsibility for choosing life or death for her mother was her own. This feeling of responsibility, then, required that Michelle fortify and maintain her defenses against realizing the extent of her anger and hostility toward her mother, and realizing that there was a part of herself that wished her mother to die. Like Philip's, Michelle's defenses are deeply entrenched, causing her to idealize her mother and to project her split-off hatred onto her father and stepfathers and onto the cancer itself.

Type of Family Pathology and Type of Complicated Mourning

While the ability or inability to mourn has a great deal to do with individual personality and intrapsychic processes, an individual's personality and intrapsychic processes are, in turn, greatly influenced by the nature of the environment in which the individual grows up. Family members have roles to play, and play them in certain ways. The assumption of roles and the ways those roles are played are partly determined by the roles of others in the family,

by who holds the power, who requires the most attention, and by what modes of expression are allowed by the family's unwritten rules.

Although the sample of subjects in this study was small, even among the ten subjects whose data indicated or suggested complicated mourning, there are indications of an interesting trend. That is, those subjects who display absence of grief and denial of responses to the death seemed to come from families in which any pathology existing was covert. In these families, dissatisfactions were not expressed, parents were not communicative with their children, relationships described by the subjects in question are inferred rather than observed, and emphasis seems to have been placed on maintaining a believable facade of a perfect family.

On the other hand, those subjects who reacted in excessive or prolonged ways to the loss are from families in which the pathology is blatant, the patterns of behavior are eccentric, and the subjects had more than usually intimate relationships with their parents, being treated as peers or even being forced to take on a parental role in order to protect their parents.

Of the incomplete mourning group, Philip and Greg both displayed absence of grief and came from the first type of family, while Michelle and Jennifer both reacted excessively to the loss, and came from the second type of family.

Philip describes his family as an ordinary one, although his father is mentally unstable and his mother was becoming increasingly helpless throughout his childhood. When asked if he ever became

angry with his mother he states that he hardly ever did, that "it was hard to get angry with her"; and also says that the situation in his house was "delicate," and "you had to be careful." When his mother first became ill, Philip was never told at all, but had to learn about her illness for himself by looking in a dictionary. There seems to have been little open communication in this family, at least as far as the younger children were concerned; furthermore, the necessity of "keeping your room clean" and not creating problems in general was clear to the children, especially as their mother's illness progressed. Thus, Philip grew up in a family in which it was necessary to suppress any unruly feelings and to behave irreproachably for the mother's sake. It easily follows that this suppression of feeling became natural to Philip, and affected his responses to her death.

Greg's family also appeard normal from the outside. He states, in fact, that it was always important to his mother that her family appear perfect to outsiders. Within the family, according to Greg's portrayal of them, bitter feelings existed under a facade of normalcy. When Greg became involved with friends his mother found unsuitable, he was forbidden to see them again; when he attempted suicide, he was sent away to a relative for a while. Admittedly, Greg's telling of his story may not provide a totally accurate picture of his family, but throughout his interview he did consistently create the impression that unpleasantness was dealt with in his family by a determined attempt to suppress it. Furthermore, relationships in the family, except for

that between the parents, were unemotional, at least for Greg, who dealt with his feelings of rejection by denying any affectional ties at all. Thus, it also follows in his case that the death of a father for whom he denied any affection, in a family in which confusion and anger were not allowed expression, produced no overt reaction at all.

In Michelle's case, her family and upbringing were blatantly unusual. Her mother's long succession of bad marriages, the family's frequent moves and the general instability of the family's life created insecurity and a desperate attachment to the mother in Michelle. The experience of having her mother continually monopolized by new men, the mother's frequent trips to share adventures with Michelle's older siblings, and also the fact that she had a terminal disease for most of Michelle's childhood, all contributed to Michelle's unspoken fear that her mother would leave her, and the consequent desperation in her need to keep her mother with her. This contributed to her dramatic and excessive reaction during her mother's final weeks of life, during which Michelle suspended her own life entirely in order to keep her mother alive.

Jennifer also grew up in a family in which the bizarre was commonplace. Her mother's threat to kill herself and her children, her subsequent suicide attempt, her series of lovers, created in Jennifer the same type of desperate attachment Michelle felt for her mother. The usual boundaries between parental roles and child roles did not exist in Jennifer's life. She was her mother's peer and confidante, sharing her unusual life style; when she demanded that her mother

attend to her, she was sent away. Her desperation to keep her mother with her also resulted in an excessive and self-destructive reaction, involving drugs, withdrawal from the family, and threats of suicide.

A particularly interesting point is that both Michelle and Jennifer, so desperately attached to unreliable mothers, mentioned thoughts of suicide after the mother died. This suggests that both, without potential substitute parents, depended on their mothers for survival; also, both were overly identified with their mothers.

CHAPTER V

CONCLUSION

The data reported in this study provide an opportunity to explore in depth the reactions of a number of people to the deaths of their parents. What emerges from this exploration is a series of unique and complex experiences in which certain trends are visible. These trends suggest the importance of extreme ambivalence toward the parent who died, of the nature of the relationship with the surviving parent, of the earlier divorce of the parents, of the experience of losing a parent to a long, terminal illness, and of the nature of the family in which the child grew up.

While this sample was too small, and the data-collection procedure too limited to state findings with utter confidence, these data are nevertheless valuable in indicating some directions in which future research might productively venture. Two major areas for further research emerge strongly as candidates for attention. One is the effect of a long, terminal illness on the family of the dying person. The fact that so many of the people who wanted to speak of the parent's death had lived through a long-term illness is highly suggestive. For whatever reason, these people wanted and needed to tell their stories to a stranger, and the stories they told were vivid and haunting. It is not clear in exactly what ways this experience may affect the subsequent process of mourning, but the fact

remains that it is an important experience for those who live through it, and it is worthy of attention.

The second area for potential research is the detailed examination of how certain types of family systems influence the responses to loss of the individuals within them. Of the five trends visible in these data, all are factors that are strongly influenced by how the family as a group of individuals and as a group of relationships structures its responses to internal events. All of the subjects whose family backgrounds and subsequent responses are related here had siblings who reacted differently to the death than they did. Certain family roles require certain types of behavior; the behaviors required of any one person in the family may simply not be compatible with that individual's needs when a loved one dies.

Further information in both of the areas stated above is particularly necessary in clinical practice, especially for family therapists who have the opportunity to intervene in maladaptive family responses, helping the family to restructure in ways that can productively compensate for the loss of a loved member. As previous studies have shown, the loss of an important person is frequently linked to a large variety of pathological responses. Perhaps furture studies can be as successful in clarifying ways people in the helping professions can intervene to prevent maladaptive responses to loss.

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APPENDIX

Appendix A

Instructions Given to Prospective Participants

Each telephone contact to set up an interview was conducted in the same way.

1) Determination of eligibility.

In order to make sure that each subject fulfilled the requirements for participation, the telephone contact began as follows: "First I would like to ask you a few questions to make sure that you are eligible for participation in this study. First, how old are you? And you lost one of your parents? Which parent was it? When did he/she die?"

2) Explanation of the study.

Once eligibility was established, the conversation proceeded as follows: "Let me tell you a little bit about the study, and what participation involves. The study is about how people react when they lose a parent in adolescence. If you decide you would like to participate, you will be asked to do two things. First, I'll ask you to fill out a questionnaire about what your life is like right now. That should take about twenty or thirty minutes. Then, I will ask you to take part in an interview about yourself, your life, and what it was like for you when your mother/father died. I will be the person who will interview you, and the interview will be private. It should take anywhere from one to two hours, and if you are in a psychology class, you will receive one experimental credit for every hour or portion of an hour you participate. Some of the questions I will ask

will concern how you felt when your mother/father died, what the funeral was like for you, etc., and these things might be difficult to think about. Do you have any questions to ask me at this point? Do you think you would like to participate?"

Appendix B

Informed Consent Form

I understand that my participation in this study will consist of filling out a questionnaire, and answering some questions I will be asked by the experimenter. I understand that I will receive one experimental credit for every hour or portion of an hour I participate. I understand that some of the questions I will be asked may bring up feelings or memories that are difficult for me. I also understand that I may refuse to answer any question, and that I may leave at any time I wish before completing my participation in this study. I understand that if I do decide to leave I will not be penalized in any way.

I understand that at the end of my participation I may ask any questions about the procedures of the experimenter, and that at that time I will be given a written explanation of the study.

I understand that my interview with the experimenter will be tape-recorded and then transcribed, and that after transcription the tape will be erased. I also understand that all the materials I provide in this study will be kept strictly confidential, and that any written or recorded material will be identified with a number instead of my name.

I understand that if I wish to speak to someone further about the experiences covered in this study, the experimenter will provide me

with a referral to a counselor at Student Mental Health or the Psychological Services Center.

_____ _____

Signature of participant Date

Appendix C

Interview Format

Section 1: Current functioning

a) What is your year in school, major, age

b) How do you feel about UMass -- performance in classes, social life, health, general satisfaction

Section 2: Information about the family

a) Where do you come from

b) How many brothers and sisters

c) Their ages and where they live

d) To whom are you closest

e) How much contact do you have with them

f) What does your (surviving parent) do

g) How close are you to (him/her)

h) Are your grandparents living

i) Are there any other relatives you are especially close to

j) Where do they live

k) How much contact do you have with them

l) Before your (mother/father) died, had anyone else important to you died

Section 3: Information about the parent who died

a) How old was (he/she) when (he/she) died

b) How old were you

c) What was the cause of death -- was it expected; did it occur

when it was expected to

d) Who told you about the illness

e) Do you remember what they said

f) Did you speak to your (mother/father) about (his/her) illness or death

g) Was it a long illness -- how long

h) Did you visit him/her in the hospital -- how often -- did you want to

i) Did you have any responsibility in caring for (him/her) during the illness

j) Who else was living at home at the time -- were you living at home as well

k) Who had the responsibility in caring for (him/her) during the illness

l) What was your (dead parent) like as a person

m) What did (he/she) do

n) Did (he/she) change during the illness

Section 4: Information about the subject's experience of the death

This section will be introduced as follows:

"I know it may be difficult for you to think about these things, but I'd like to ask you some questions about what it was like for you when your (mother/father) died."

a) Were you with (him/her) when (he/she) died

b) (If not) where were you

c) Who told you

d) Do you remember what (he/she) said

e) Try to describe how you felt when you heard

f) Did you see your (mother/father) after (he/she) died

g) Did you want to

h) What were your reactions when you were told of the death

i) Did you cry

j) Were you anxious to be alone, or did you have company

k) Did you notify any friends or relatives

l) Did you go to the funeral -- what was it like for you

m) How did your feelings and reactions change over the months after the death

n) Who seemed most upset when your (mother/father) died

o) What was their reaction

p) What were your feelings about their reaction

q) Did anybody stay with the family -- how long, and what did they do while they stayed with you

r) How soon did you resume your normal life

s) What was your (surviving parent's) reaction

t) How did you feel about (his/her) reaction

u) How about the rest of your family

v) Do you remember the last thing you said to your (mother/father)

w) Did you ever feel guilty about your (mother/father) dying

x) How do you feel now around the date your (mother/father) died -- what is the date

Section 5: Information about the relationship with the dead parent, and other family relationships.

a) What was the best thing about your relationship with your (mother/father)

b) What did you like most about (him/her) as a person

c) Did you ever get angry with (him/her)

d) What about

e) What did (he/she) do when you got angry

f) Do you think you are like, unlike your (mother/father)

g) Would you like to be like (him/her)

h) Do you wish your relationship had been different

i) In what ways

j) What is your relationship with your (surviving parent) like

k) What was your (mother/father's) relationship with your (surviving parent) like

l) What were your (mother/father's) relationships with your siblings like

m) What were your (surviving parent's) relationships with your siblings like

Section 6: Information about the subject's life since the death of the parent.

a) Have there been any major changes in other areas of your life since your (mother/father) died

b) Is your financial situation different

c) Has your relationship with your (surviving parent) changed -- how has it changed over the intervening time since the death

d) How has your family changed, if at all, over the time since the death

e) Have you taken over any jobs or responsibilities that your (mother/father) used to handle; when did this begin

f) What is your social life like now -- is this different from what it was before your (mother/father) died; how has it changed over the time since the death

g) Have any of your other pre-existing relationships changed

h) How have they changed over time since the death

i) How is your health -- any stomach problems, headaches, unusually frequent colds or flu, loss of energy, problems sleeping

j) Any other physical problems

k) How is your general mood -- do you feel depressed or unhappy, anxious about specific things (what things), anxious about nothing you can identify, afraid of becoming ill or dying, lonely or isolated

l) Has your attitude to life changed over time since the death -- do you feel more optimistic or more pessimistic than you did before the death

m) How about others in your family

n) Is your family religious

o) Has your surviving parent changed in any way over the time since the death

p) Has (he/she) remarried

q) How do you feel about that

r) Have any of your siblings changed over the time since the death -- in what ways

s) Has there been any other illness or death in your family since your (mother/father) died

t) Have your relationships with the rest of the family changed -- how have they changed over the time since the death

Appendix D

Written Feedback

The purpose of this study is to gather information about the process of mourning a parent. Other studies have concentrated mostly on the experiences of widows, and on parents who have lost children, but few have addressed the experience of losing a parent in adolescence, which is known to be a time of difficult growth and separation.

Although previous studies have identified a number of factors that are considered "normal" in the course of mourning a loss, some have also identified patterns of reacting to a death that are considered "incomplete" or "unsuccessful" mourning. In these cases, the bereaved person may suffer a variety of consequences, from general depression to psychosomatic illness, as a result of never fully experiencing the very painful process of final separation from a loved one. And although these previous studies have identified that a process of incomplete mourning exists, they have not yet attempted to pinpoint why some people mourn successfully and others do not.

The hypothesis of this study is that a number of factors might contribute to the successful or unsuccessful outcome of the mourning process for adolescents who have lost a parent. Among these are the cause of the death, the nature of the family, the availability of support from extended family or friends after the death, the reactions of other members in the family, the chance to openly show grief and discuss the loss with other family and friends. But the most important factor, we feel, is the nature of the relationship with the parent who died. It may be that people

whose relationships with the parent in question were unhappy or difficult in a variety of possible ways, have more trouble than others in successfully mourning that parent's death.

The ideas behind this study are exploratory; we are gathering as much information as possible from people like yourself who have experienced this type of loss in order to shed light on a difficult and confusing issue. The theory grew out of psychoanalytic thinking. If you wish to learn more about these ideas, the experimenter will be glad to provide you with some suggestions for readings which you might find interesting.