# The Psychoanalytic Study of the Child

(1966). Psychoanalytic Study of the Child, **21**:93-123 **How is Mourning Possible?** *Martha Wolfenstein, Ph.D.* 

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The ability to form, and also, when necessary, to dissolve, object relations is essential to the development of every human being. At present we know more about the progress and vicissitudes of developing object relations than we do about reactions to their being broken off in different phases of life. In "Mourning and Melancholia" (1917), Freud described the phenomenon of mourning as it occurs in adults in reaction to the death of a loved person. There is a painful and protracted struggle to acknowledge the reality of the loss, which is opposed by a strong unwillingness to abandon the libidinal attachment to the lost object. "Normally, respect for reality gains the day. Nevertheless its orders cannot be obeyed at once. They are carried out bit by bit, at great expense of time and cathectic energy, and in the meantime the existence of the lost object is psychically prolonged. Each single one of the memories and expectations in which the libido is bound to the object is brought up and hypercathected, and detachment of the libido is accomplished in respect of it" (pp. 244-245). The lost object is thus gradually decathected, by a process of remembering and reality testing, separating memory from hope. The mourner convinces himself of the irrevocable pastness of what he remembers: this will not come again, and this will not come again. That the decathexis of the lost object is accomplished in a piece meal way serves an important defensive function, protecting the mourner from the too sudden influx of traumatic quantities of freed libido. Painful as it is to endure, mourning serves an invaluable adaptive function, since by this process the mourner frees major amounts of

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1 There has been some confusion in discussions of whether or not children mourn, because the discussants have attached different meanings to the term "mourning." I shall use the term "mourning" in the sense in which Freud used it in "Mourning and Melancholia," to mean that reaction to loss in which the lost object is gradually decathected by the painful and prolonged work of remembering and reality testing. Bowlby (1960), (1961a), (1961b), (1963) has extended the term "mourning" to include a wider range of reactions to loss. Those reactions in which the demand for the return of the lost object persists then become "pathological mourning." Bowlby feels that, in order to establish the relations between reactions to loss in early childhood and in later life, it is necessary to bring themunder a common rubric. There is no logical necessity for this. All relations, whether of cause or similarity, can be established among distinct phenomena whether we call them by the same or different names. It seems to be in the interest of clarity to confine the meaning of a term to a distinct phenomenon rather than extend it to a range of differing phenomena.

libido which were bound to the lost object, which he can utilize for other relations and sublimated activities in the world of the living (Pollock, 1961). 1

When in the sequence of development does an individual become capable of responding to a major object loss in this adaptive way? Bowlby, in a series of recent papers (1960), (1961a), (1961b), (1963), has been exploring reactions to separation and loss in young children. He has stressed the persistence of the demand, on a more or less conscious level, for the return of the lost object, the inability to renounce it, which he finds also characterizes nonadaptive reactions to loss in adults. Bowlby (1961a) raises the question: "At what stage of development and by means of what processes does the individual arrive at a state which enables him thereafter to respond to loss in a favourable manner?" And he adds his impression that "an early dating of this phase of development... is open to much doubt" (p. 323). Investigators who have reported on adult patients who lost a parent in childhood or adolescence have confirmed that expressions of grief, acceptance of the reality of the loss, and decathexis of the lost parent have not occurred. Helene Deutsch (1937) spoke of "absence of grief" in an adult patient whose mother had died when he was five, and whose inhibition of sad feelings had extended to all affects. Fleming and Altschul (1963) have reported cases in which the patients suffered the loss of parents in adolescence but had never mourned and continued covertly to deny the reality of the loss. Jacobson (1965), speaking of related cases, recounted persistent fantasies of finding the lost parents again.

In contrast to these observations, Robert Furman (1965a) has advanced the view that mourning can occur in quite early childhood. He

specifies as its preconditions the acquisition of a concept of death and the attainment of the stage of object constancy, both of which are possible by the age of four. I would suggest that these may well be necessary conditions, but they may be far from sufficient to enable the immature individual to tolerate the work of mourning. We need more empirical observations of how children in various phases of development actually do react to the loss of a major love object. Robert Furman (1965b) has reported the case of a six-year-old patient whose mother died while he was in analysis, and whose reactions Furman characterizes as "mourning." However, the main manifestation was that the boy painfully missed his mother in many circumstances where formerly she was with him. The expression of such feelings is no doubt useful in helping the patient to avoid the pathological affectlessness which developed in Helene Deutsch's patient. But the evidence remains inconclusive as to whether a mourning process, in the sense of decathecting the lost object, was under way. We can miss and long for someone we still hope to see again.

In the psychoanalytic literature there have been many contributions on adult reactions to loss, particularly those which take a pathological course, eventuating in one or another form of depressive illness. In recent years there have also appeared an increasing number of observations on reactions of very young children to separation from their mothers (notably A. Freud and Burlingham, 1943), (1944); Spitz and Wolf, 1947; (Robertson, 1958); (Bowiby, 1960), (1961a), (1961b), (1963). However, relatively little has been reported on reactions to loss of a major love object of children in the age range from the beginning of latency into adolescence. 2

In this paper I shall draw on research data on children within this age range who have lost a parent by death.<sup>3</sup> Our subjects are children

<sup>&</sup>lt;sup>2</sup> Some observations of beginning latency period children who had suffered the loss of a parent may be found in Scharl (1961) and Shambaugh (1961).

<sup>&</sup>lt;sup>3</sup> The research project, some findings of which I am reporting here, has been conducted in the Division of Child Psychiatry at the Albert Einstein College of Medicine. Forty-two cases of children and adolescents who have lost a parent by death have been observed or are currently under observation. At the time of entering treatment the patients ranged in age from three and a half to nineteen years, the majority being in adolescence. We have had one child under six, eleven between the ages of six and eleven, eighteen between twelve and fifteen, and twelve between sixteen and nineteen. Sixteen of the patients came under observation within a year of the parent's death; eight within two or three years; eighteen from four to fourteen years later. The following have participated in this project: Drs. Raymond Bernick. Peter Bokat, Betty Buchsbaum, Richard Evans, Daniel Feinberg, Karl Fossum, Lester Friedman, Paul Gabriel, Charles Goodstein, Phyllis Harrison, Leonard Hollander, Allan Jong, Saul Kapel, Dr. and Mrs. Gilbert Kliman, Drs. Sally Kove, William Lewit, Donald Marcuse, Manuel Martinez, Eli Messinger, James Pessin, Judy Roheim, Rita Reuben, Edward Sperling, Eva Sperling, Sherwood Waldron, Alex Weintrob.

andadolescents in treatment in a child guidance clinic (and some cases from private practice). The clinical material has also been supplemented by observations of nonpatient subjects. The age at which our subjects suffered the death of a parent varied from earliest childhood to well into adolescence. The time of their coming under our observation also varied. In some instances our acquaintance with the child antedated the parent's death; in others, it began only years afterwards. However, as compared with efforts to reconstruct the effects of such a loss in adult analysis, we were in most instances much closer in time to the event. We were observing still immature individuals who had experienced a major object loss in the course of growing up, and we could see some of the more immediate reactions and the consequences for further development.

When we began our investigation we were aware that persons who have lost a parent in childhood more often succumb to mental illness in adulthood than those who have not suffered such a loss (Barry, 1949); (Brown, 1961). From a therapeutic point of view we hoped that relatively early intervention might help to forestall such pathological effects. At the same time we did not know in what ways the vulnerability to later mental illness might manifest itself earlier in life. Also, since not everyone who has lost a parent in childhood shows later severe disturbances, we were alert to the possibilities of various adaptive reactions.

As our observations accumulated we were increasingly struck by the fact that mourning as described by Freud did not occur. Sad feelings were curtailed; there was little weeping. Immersion in the activities of everyday life continued. There was no withdrawal into preoccupation with thoughts of the lost parent. Gradually the fact emerged that overtly or covertly the child was denying the finality of the loss. The painful process of decathexis of the lost parent was put off, with the more or less conscious expectation of his return. Where depressed moods emerged, especially in adolescence, they were isolated from thoughts of the death of the parent, to which reality

testing was not yet applied. Thus we gained the definite impression that the representation of the lost object was not decathected, indeed that it became invested with an intensified cathexis.

It might be supposed that the nonoccurrence of mourning in our subjects indicates only some limitation in their selection. However, from our observations an increasingly strong impression emerged that there was a developmental unreadiness in these children and adolescents for the work of mourning. It is the purpose of this paper to explore this unreadiness and to offer a hypothesis concerning the developmental preconditions for being able to mourn. What I have said does not preclude an adaptive reaction to major object loss in childhood. Only, as I shall try to show, such a reaction follows a course different from mourning.

#### Ш

The following case of a young adolescent girl illustrates many of the reactions which we observed in our subjects following the death of a parent. The patient had been in treatment for half a year before the sudden death of her mother, so that it was possible to have some impression of the antecedent emotional situation. I shall focus on two mutually involved aspects of her reactions to the mother's death: the denial of the finality of the loss, and the defenses against the related affects.

Ruthwas just fifteen when her mother died of a brain hemorrhage. In the months preceding the mother's death, Ruthhad shown much ambivalence toward her. She shrank from her mother's demonstrations of affection and was intensely irritated by her little mannerisms. On the occasion of her mother's last birthday, she had left the present she had made for her at a friend's house and then had rushed to retrieve it at the last moment. At that time Ruth appeared to be in an incipient phase of adolescent detachment from and devaluation of her mother. Almost immediately following the mother's death, Ruth began to idealize her. She said repeatedly that she was just beginning to realize what a remarkable woman her mother was. While this in part echoed what was being said in the family circle, it also expressed an effort to purify her feelings and her image of her mother of the ambivalence which had been so noticeable previously. In

remembering her mother, Ruth reverted many times to an episode just before she had started treatment, when she had been greatly distressed and her mother had been very sympathetic and understanding. This incident became archetypal of her relation with the mother, who now appeared always to have been a comforter and protector. She tended to gloss over the many real difficulties and frustrations in her life with her mother. Periods of her childhood took on an aura of enveloping emotional warmth, though she knew that her diaries from those years told of much unhappiness.

What happened here was a reversal of the adolescent process of detachment from the mother. There was instead an intensified cathexis of the image of the mother, with a strong regressive pull toward a more childish and dependent relation, seen now in a highly idealized light. Freud (1926) said that there is a tendency toward hypercathexis of a lost object, just as toward a diseased body part. We can view this tendency as an effort to deny the possibility of loss of something so essential to the self.

Ruthhadrepeated fantasies of finding again mother substitutes from the past, a former therapist, a beloved teacher, neither of whom she had seen for many years. It was as if by a displacement from the dead to the absent she were saying: those I have lost can be found again. There was also an intensified attachment to a camp counselor, which was characterized by feelings of disappointment when they were together and desperate longing for the counselor when they were apart.

Expectations of the mother's return emerged gradually. In the second year following her mother's death, Ruth began a stringent course of dieting. She had had long-standing problems of overeating and being overweight, and her mother had repeatedly urged and encouraged her to diet. Now Ruth succeeded over a period of months in becoming surprisingly slim. She received many compliments on her improved appearance, to which she reacted paradoxically in a rather disappointed way. However, as it appeared later, these were not the compliments she was seeking, which would have had to come from her mother. On the eve of her birthday, Ruth went for a long ramble by herself through springtime fields and experienced a dreamy euphoria, a kind of oceanic feeling. When on her return home she tried to describe this experience to her father and felt he failed to

understand it, her good mood began to dissolve into disappointment. The night ofher birthday she started on an uncontrolled eating binge which continued for many weeks thereafter. Subsequent analysis disclosed that the sacrifice of delightful food represented a kind of bargain with fate, like a vow, in exchange for which she expected the return of her mother on her birthday. The oceanic feeling of oneness with nature may be taken as a symbolic realization of the wish to be reunited with mother, and was perhaps experienced as a portent of imminent reunion. Being confronted at home with her still grieving father precipitated the feeling that the wish was not coming true. The bargain with fate was vitiated and the self-imposed renunciation was abandoned.

Not quite three years after her mother's death, Ruth's father married again. Ruth was filled with emotional confusion, feeling as if her father had become discontented with her mother and thrown her out or as though he were committing adultery. While the father had gone through a period of concentrated mourning, following which he could turn to a new love object, the daughter was still unable to detach her feelings from the mother. She felt as though the mother's place should be kept open for her possible return. Thus father and daughter were out of phase with one another in their tempos of givingupthelost love object. 4 Ruthreported with grim satisfaction a dream in which her mother confronted her father and his new wife in their bedroom. It was as if she felt they deserved being called to account by the wronged wife. Before the father's remarriage she had had fantasies of her mother's return in which she imagined herself frustrated by her father's again asserting his greater claim to the mother. After her father's remarriage, she imagined her mother's returning and mother and herself going off together, leaving behind the strange new ménage.

Ruthrepeatedly slipped into the present tense in speaking of her mother. Three years after her mother's death she admitted that she kept in her room a plant which had been dead for a considerable time but which she continued to water. At times when I had occasion to remind Ruth that her mother was dead, she had a pained, offended

<sup>&</sup>lt;sup>4</sup> The different tempos of reaction to loss in children and their widowed parents, which put them out of phase with one another, are generally a cause of much mutual misunderstanding.

<sup>&</sup>lt;sup>5</sup> Bowlby (1961a), (1963) has pointed out how much the bereaved person resents those who speak of his loss as a *fait accompli*. Hated are the comforters.

feeling as if I should not say this to her. <sup>5</sup> At other times she forced herself to think of her mother's body decaying underground, but such thoughts remained isolated from the persisting fantasies of her mother's return. She said that there should be an arrangement for people to be dead for five years and then to come back again. She felt as though she was constantly waiting for something. Gradually she acknowledged thoughts of wishing the therapist could be her mother, but such thoughts occasioned feelings of painful compunction, as if they implied disloyalty to her mother.

Four years after her mother's death Ruth was facing a decisive separation from her therapist (she was about to start further analysis in the city where she was going to college). During the summer vacation Ruth wrote about a cantata in which she was participating, in which the chorus voiced the desperate feelings of drowning children. She quoted verses in which the children cry: "Mother, dear Mother, where are your arms to hold me? Where is your voice to scold the storm away ...? Is there no one here to help me? ... Can you hear me, Mother?" And she said that the author of these lines had expressed for her what she felt.

I should like to elaborate further on the affective manifestations which accompanied this struggle to deny the finality of loss. Shortly after her mother's funeral Ruth found herself no longer able to cry. She felt an inner emptiness, and as if a glass wall separated her from what was going on around her. She was distressed by this affectlessness, and was subsequently relieved when, comparing notes with a friend whose father had died some time earlier, she learned that the other girl had had a similar reaction. The interference with affect was overdetermined by a fear of sharing her father's grief. Shortly after the mother's death, Ruthreported a dream in which her grandfather (standing for her father) leaned close to her and said: "Let us mingle our tears." This dream aroused feelings of intense horror in her: the sharing of such strong emotion was fraught with libidinal overtones and the incest taboo was invoked.

In the week following her mother's death Ruthsaid: "I guess it will be pretty bad this week." Thus she expressed her intolerance of the prospect of protracted suffering, her expectation of early relief. In

the time that followed there were many alternations of mood, each good mood being hailed as the end of her distress. This illustrates what I have called the "short sadness span" in children, the desperate effort to recapture pleasurable feelings in whatever circumstances (Wolfenstein, 1965). Good moods are the affective counterpart of denial and help to reinforce it: if one does not feel bad, then nothing bad has happened.

Shortly after her mother's death Ruth appeared for her session in an exuberant mood. She had written a successful humorous composition, in which she congratulated herself on getting through her first year of high school with only minormishaps. She explained this surprising statement by saying that she referred only to events at school, and proceeded to detail various embarrassing predicaments she had got into, which she turned to comic effect. Such denials, accompanied by euphoric moods, tended to be countered by catastrophic dreams, in which, for example, she and her father were taking flight from a disaster-stricken city, then turning back to try to rescue the dying and the dead. Conversely, sad moods were relieved by gratifying dreams.

Several months after her mother's death, upon returning to school in the fall, Ruthwentthroughaphase of depression. She complained that nothing gave her pleasure any longer, not being with friends, not listening to music; everything she had formerly enjoyed had lost its savor. She felt she had nothing to look forward to, wished only to stay in bed, often felt like crying, and that any effort such as that involved in schoolwork was too much for her. Such feelings of sadness, loss of all zest for life, withdrawal and depletion are familiar components of mourning. What was striking in this instance was that these feelings were not consciously associated with the fact of the mother's death or with thoughts about the mother. Rather Ruth berated herself for the senselessness of her distress. At other times she blamed her unhappiness on her difficulty in ever feeling at ease with her school mates. This had been a long-standing complaint, but according to her now distorted view, she had felt much happier with her friends the year before, when in fact she had spoken constantly of the same malaise. Thus a strenuous effort was maintained to keep the feelings of sadness and despair isolated from thoughts of the mother's death. When the therapist repeatedly attempted to connect

these feelings with the loss which the patient had suffered, the connection was accepted only on an intellectual level, and again the struggle to recapture pleasurable moods was resumed.

A major maneuver for achieving euphoric moods consisted in transitory identifications withher mother. Ruthwould briefly engage in some activity which her mother had pursued and would feel extraordinarily well. Such incidents should be distinguished from the more stable perpetuation of characteristics of the lost love object which typically follows mourning. What Ruthwas doing resembled more the play of a young child who, when mother is away, plays at being Mommy. This creates the illusion: Mother is not away, she is here, I am Mother. It operates in the interest of denial of a painful reality.

Other incidents exemplify the effort to keep painful longings and regrets isolated from thoughts of the mother. Sometimes in bed at night Ruth suffered confused feelings of desperate frustration, rage, and yearning. She tore the bedclothes off the bed, rolled them into the shape of a human body, and embraced them. She was quite uncertain and doubtful whether it was her mother she so longed to embrace. Walking through the different rooms of her house she reflected with regret how everything was changed from the time when she was a child. The furniture and drapes had all been changed through the years. She herself occupied a different room from that of her childhood. When she went back to the old room, it no longer was the way it had been. With all this there was no conscious thought that the great change which had occurred and which made home so different from what it had been was her mother's death. Ruthspoke of feeling at times when she was talking to meor other people that she was not really addressing the person before her. When asked to whom she was speaking, she replied that she might say it was to her mother. But this was a kind of detached speculation, carrying no conviction. When she became able to say that the song of drowning children crying for their mothers expressed her own feelings, the isolation between painful affects and awareness that mother was not there was beginning to break down.

At times of separation or impending separation from the therapist, Ruth was impelled toward trial reality testing of the loss of her mother. On one such occasion she said: "If my mother were really

dead, I would be all alone"; and at another time: "If I would admit to myself that my mother is dead, I would be terribly scared." Thus we see incipient reality testing and alarmed retreat. The fears of what the finality of her loss would mean maintained the denial and persistent clinging to the love object, which continued to live in her imagination. We may consider that what is feared is the emergence of an unbearable panic state, in which inner and outer dangers are maximized. In the outer world there would no longer be any source of gratification or protection ("I would be all alone"). Within there would be a release of traumatic quantities of objectless libido.

It goes beyond the scope of this paper to consider the ways in which therapy may help an immature individual to give up a lost love object. However, there are a few points on which I should like to remark briefly. We have seen how the warding off of painful affects supports the denial that anything bad has happened. In therapy the child or adolescent can be helped to achieve a greater tolerance for painful feelings. One of the fears that children have of such feelings is that they may continue without letup and increase to intolerable intensity. The therapist can help to insure that painful affects are released at a rate which the immature individual is unable to control independently.

In the case of Ruth, as in the case reported by Fleming and Altschul (1963), separations from the therapist repeatedly had the effect of initiating trial reality testing in regard to the loss of the parent. The current separation, for which the patient has been prepared, may serve as a practice exercise in parting. The fact that the patient can tolerate separating from the therapist may suggest to him that he may be able to bear the more final separation from the lost parent. In Ruth's case it was a decisive separation from the therapist which precipitated the desperate cry for the lost mother. In being able to bring together her feelings of desperate longing with the thought of her mother, in abandoning the defensive isolation

<sup>&</sup>lt;sup>6</sup> Anine-year-old boy vividly evoked theawful prospect of unstoppable grief that would overwhelm children if they were not able to "forget" about a painful loss: "They would cry and cry. They would cry for a month and not forget it. They would cry every night and dream about it, and the tears would roll down their eyes and they wouldn't know it. And they would be thinking about it and tears just running down their eyes at night while they were dreaming" (from an interview by Dr. Gilbert Kliman on children's reactions to the death of President Kennedy).

previously maintained, she had taken one step toward acknowledging that her mother was really dead.

There were other instances in which Ruth underwent a trial giving up of lesser objects of attachment. I have spoken about her prolonged dieting. During that time she literally mourned the wonderful food which she had formerly enjoyed, remembering it with longing and sadness, which was quite different from her way of remembering her mother. This trial mourning did not at that time serve to advance her toward giving up her mother. There was an implicit *quid pro quo* in it, an expectation that through this ordeal of renunciationshe would get her mother back. When this expectation was not fulfilled, the capacity for renunciation became for a time drastically reduced. A later trial giving up consisted in her decision not to return to the camp which she had attended for many years. After this decision was made, there was much regret and longing for beloved counselors and camp mates with whom she would not again enjoy the same close companionship as in the past. It would seem that the giving up of a major love object lost in childhood or adolescence requires many preparatory stages.

#### Ш

What we have seen in the case of Ruth was observed repeatedly in other children and adolescents whom we studied. Sad affects were warded off. When they broke through, they were isolated from thoughts of the lost parent. Denial of the finality of the loss was overtly or covertly maintained. Bowlby (1961a) has spoken of the importance of expressing what he calls "protest" in reaction to loss, that is, a vehement demand for the return of the lost object and strenuous efforts to regain it. He considers the full expression of such feelings and strivings essential to attaining the conviction that the object is in fact irretrievable. 7 "Protest" involves a painful awareness

<sup>7</sup> According to Bowlby (1961a), a bereaved individual gives up a lost object when prolonged expressions of "protest" (clamorous demands and strivings for the return of the object) are seen to bring no result. These strivings then "gradually drop away or, in terms of learning theory, become extinguished" (p. 334). However, observation suggests that clamoring for the return of a lost object can continue indefinitely despite lack of response from the external world as long as the internal representation of the lost object is not decathected.

of the absence of the object, an awareness which may be for long postponed. The emergence of painful longings and crying for someone who does not come is a step toward reality testing and eventual tolerance for giving up the lost object.

Our subjects gave many indications that they denied that the dead parent was irretrievably lost to them. They frequently slipped into the present tense in speaking of the dead parent. They reported seeing someone on the street whom they fleetingly mistook for the lost parent. There was intolerance of any reminder that the parent was dead. Memories of the dead parent were not fraught with the painful feelings of the mourner who is in the process of realizing that these things will not come again. Where sad feelings emerged in relation to the lost parent, there was an effort to get away from them as quickly as possible. For example, a ten-year-old girl, whose father had died when she was seven, was moved to tears when her therapist said sympathetically that she must often miss her father. After being briefly downcast she proposed, "Let's change the subject," and was soon chatting in a cheerful and animated way about events at school. The intimate relation between tolerance for sad affects and reality testing appears throughout our material.

Fantasies of the dead parent's return often appeared in disguised form. Thus a ten-year-old boy, whose father had died when he was three, had a fantasy of a robot who would come out of the wall and teach him all he needed to know, so that he would not have to go to school. The robot (somethingboth dead and alive) no doubt represented the omniscient father who could transmithis powers to his son. Perhaps the amount of distortion here is related to the age of the child at the time of the parent's death. We may recall Helen Deutsch's (1937) case of the patient who had lost his mother when he was five, and who remembered the childhood fantasy of a big mother dog coming into his room at night and showing him affection. Our material suggests that fantasies of the parent's return are either more clearly conscious ormore readily admitted in adolescence than at earlier ages. It seems likely that the fantasy of the parent's return may be a more closely guarded secret in younger children. A readiness to admit the fantasy, thus risking confrontation with reality, may represent one of the many steps toward giving up the lost parent.

The denial of the parent's death coexists with a correct conscious

<sup>8</sup> Furman (1964a) takes the verbal acknowledgment of a young child that his parent is dead and not coming back as indicating a readiness to mourn. What is overlooked is the defensive splitting of the ego as a result of which the death is at the same time denied and the attachment to the lost parent perpetuated.

acknowledgment of what has really happened. All our subjects could state that the parent was in fact dead, and could recall circumstances related to the death such as the funeral. Yet this superficial deference to facts remained isolated from the persistence on another level of expectations of the parent's return. What we see here is a splitting of the ego in the defensive process. Freud (1927) observed the use of this mechanism in relation to the loss of a parent in childhood. He reported that two young men patients, one of whom had lost his father in his second year, the other in his tenth year, both had denied the reality of the father's death. They could feel and behave as if the father still existed. But this denial represented only one sector of their mental life. There was another sector in which the death of the father was acknowledged. In speaking of this defense against accepting an unbearable piece of reality, Freud remarked: "I also began to suspect that similar occurrences in childhood are by no means rare" (p. 156).

Following the death of a parent a child's image of him and feelings toward him undergo a change. It is not the parent as he last knew him in life, but the glorified parent of early childhood who is perpetuated in his fantasy. This, for a child in the age range we are considering, represents a regression. I may note parenthetically that a major loss suffered at any age precipitates some regression. The adult mourner becomes for a time "an infant crying in the night." The loss of a loved person evokes feelings of terrible helplessness, like those of a deprived infant who is powerless to relieve his distress. Children seem to respond to this predicament by conjuring up the fantasy of an ideally good and loving parent who can do everything for them. Their own feelings toward the lost parent also become, for a time, ideally loving. This is partly an attempt at posthumous undoing of bad feelings or wishes previously directed toward the lost parent.

Bowlby (1961b), (1963) has pointed out that young children express raging reproach against the mother who goes away and leaves them. In older children whose reactions to the death of a parent we have

<sup>&</sup>lt;sup>9</sup> Lindemann (1944) called attention to the occurrence of rage in bereavement. Bowlby (1961a), (1961b), (1963) has stressed what he considers the omnipresence of rage in reaction to loss. He has also pointed outthat, while its main object is the lost person, who is reproached for his abandonment, it is frequently displaced to others.

observed, there seems to be a strenuous effort to divert such feelings from the image of the lost parent. Similarly, the negative sector of the ambivalence formerly felt toward the parent is split off. These hostile feelings are directed toward others in the child's environment, notably the surviving parent. Thus, far from being able to turn to substitute objects, the bereaved child often feels more at odds with those around him and alienates them by his angry behavior. His fantasied relation with the idealized dead parent is maintained at great cost. It seems to absorb most of his libidinal energies and involves a diversion of hostile feelings toward those who could help and befriend him.9 With time, perhaps particularly in adolescence, reproachful feelings toward the abandoning parent emerge. Thus a twenty-year-old patient, whose father had died when she was fourteen, spoke of having idealized him following his death. Now, however, she was bitterly reproachful toward him, blaming his death, which had left her in such hard straits, on his reckless disregard of doctor's orders. The return of ambivalence toward the lost parent, like the ability to associate sad feelings with his loss, represents one step toward reality testing.

We have observed then that instead of decathecting a lost love object, which is what happens in mourning, children and adolescents tend to develop a hypercathexis of the lost object. Why do they cling in this way to a lost parent, unable to give him up? To understand this, we must consider what object relations mean in different phases of development. What happens when an object relation is externally severed gives us crucial clues as to what the relation meant to the individual who suffers this loss. Spitz and Wolf (1946) demonstrated dramatically that infants in the second half of the first year become radically retarded in all areas of development when they are separated from their mothers (and when no adequate mother substitute is provided). Recently Fleming and Altschul (1963) have presented strikingly similar observations about adult patients who experienced the loss of a parent as late as adolescence. They found that these patients had remained arrested in their development at the stage

in which they were at the time of the parent's death. If the parent, or parents, had been lost when the patient was an adolescent, the patient was still, years later, living emotionally like an adolescent. These findings suggest that, despite the impressive development in so many areas which can be observed between infancy and adolescence, something in the child's relation to the parents persists throughout this time. The child needs the continuing relation with the parents in order to advance in his development.

Ishall consider some of the indispensable prerequisites for the child's growth which the parents provide. While parents do not, in the normal course of development, remain exclusively need-gratifying objects, they do continue to provide for the child's needs until he is able to make his own way in the world. Apart from material needs, they are sources of narcissistic supplies. While with the infant and young child the mother provides support for his body narcissism, with the schoolchild the parents give essential support to his pride in his growing accomplishments. The parents also retain external ego and superego roles. With the infant and young child they mediate wholly between him and reality, for instance, guarding him from dangers of which he is notyet aware. They act as an external superego from the time they utter the first "No, no" when the toddler approaches some forbidden object. As the child develops internal ego and superego functions, these functions remain for a long time far from autonomous, dependent on external support from the parents.

To illustrate what happens when this manifold support is lost: we have observed repeatedly that some children and adolescents begin to decline in their school performance following the death of a parent. Other children begin to behave badly in school. Inyet other instances, truancy and stealing begin after a parent has died. We may suppose that the child who in this way declines in his accomplishments or deviates from previous good behavior is suffering from the loss of narcissistic rewards and external ego and superego support. These disturbances are no doubt overdetermined. These children may be in part criminals out of a sense of guilt, seeking punishment for the guilt they feel for the parent's death (Bonnard, 1961). Another factor which may be operative is that the child's previous good behavior may have been predicated on a kind of bargain with fate. He was being good to insure that nothing bad would happen. When

his parent died, the bargain with fate was abrogated. Such a sequence could be reconstructed in the case of the twenty-year-old girl, mentioned before, whose father died when she was fourteen. The father had had a heart attack when she was eight. Following this the girl had developed compulsive rituals and many scruples about bad thoughts and bad words, the unconscious purpose of which was presumably to prevent anything bad from happening to her father. When he died, of a second heart attack, it was as if fate had failed to keep the bargain and she was released from her part of it. Immediately following her father's death, her schoolwork, which had been excellent, declined. In adolescence she became promiscuous, and on starting treatment at nineteen she presented a picture of an impulse-ridden character.

I have tried to indicate in the case of Ruth that her clinging to her lost mother was motivated by incipient panic at the thought of letting go: "If I would admit to myself that my mother is dead, I would be terribly scared." I should now like to explore the factors which make for this overwhelming fear of acknowledging that the dead parent is irretrievably lost. One such factor has already been indicated in the discussion of the external ego and superego support that the child needs from the parents: without this the child fears the disintegration of the psychic structure he has achieved. On the most primitive level he fears annihilation: he could not survive if the parent were not still there. Ruth's saying, "Ifmymotherwere really dead, Iwould be all alone," expresses this. There would be no one to care for her, no one to gratify any of herneeds, she would be abandoned in an alien world. This apprehension of annihilation in a child of Ruth's age is related to the evocation of a much more infantile image of the mother than that of the mother whom she recently knew. It corresponds to the sense of acute helplessness provoked by the loss of the parent.

A related fear is that of the breakthrough of massive amounts of objectless libido, of traumatic intensity. In mourning there is a gradual decathexis of the lost object, and this gradualness protects the mourner from a traumatic release of more unbound libido than he can cope with. I would like to suggest that children and young adolescents lack the capacity for this kind of dosage in emotional letting go. We know that in the sphere of action there is a gradual progression

in being able to postpone action and to substitute the trial action of thought, in which smaller quantities of energy are involved. It would seem that there is a similar slow or late development of the capacity to release affective energies in any gradual way (Fenichel, 1945 p. 393). Children operate on an all-ornone basis. A tentative trial of what it would mean to let go of a lost parent thus evokes the threat of being overwhelmed and they revert to defensive denial.

Another factor contributing to the fear of acknowledging such a grievous loss is that the child still conceives of the parent as a part of himself. Jacobson (1965) has recently pointed this out, and has compared the desperate striving of a child to recover a lost parent with the little girl's longing to recover her lost penis. 10 That the parent is felt to be a part of the child, or an inalienable possession without which he is incomplete, helps to account for our repeated finding that children are deeply ashamed of having lost a parent. They often try to conceal this fact, or feel chagrined when it is revealed. The bereaved child feels a painful inferiority to children who have an intact family. Sometimes this feeling is displaced to material possessions. 11 For instance, the ten-year-old boy mentioned earlier, whose father had died when he was three, was particularly occupied with cars because his father had had such an impressive big car. He was keen on collecting toy model cars and became distressed when he saw another boy with a larger collection than his. He characterized the feeling evoked by the comparison of himself with such a more fortunate boy as "jealancholy," a term he coined as a condensation of "jealousy" and "melancholy." This boy was deeply ashamed of lacking a father and tried to conceal this fact from his schoolmates.

There is one further fear I would mention which reinforces the child's denial of the loss of a parent; that is the fear of regression. Repeatedly, children and adolescents have reported that they were unable to cry following the parent's death or that an inhibition of crying set in after a brief period of time. So, for instance, a thirteen-year-old boy said he felt nauseated on the trip back from his father's

<sup>10</sup> In discussing the splitting of the ego as a defense against unbearable aspects of reality, Freud (1927), (1940) cited two main instances in which this defense was invoked: in relation to the castration complex, and in relation to the death of a parent.

<sup>11</sup> Robertson (1958) has pointed out how young children, in prolonged separation from their parents, shift from longing for their presence to increasing demands for material gifts.

<sup>12</sup> Studies of reactions to the death of President Kennedy showed that adults wept more than did children or adolescents (Sheatsley and Feldman, 1964); (Sigel, 1965).

funeral and attributed this to the fact that he had swallowed his tears. Adolescents often feel distressed, uneasy, and self-accusing at this inhibition of crying, as we saw in the case of Ruth. We have to do here with an insufficiently explored topic: the relation of crying to different phases of development. Young children cry readily at any frustration, deprivation, disappointment or hurt. In latency there is normally a marked inhibition of crying and conscious repudiation of it as babyish. We are probably justified in suspecting that there is something amiss with a child in this phase who continues to cry easily. The inhibition of crying seems to extend well into adolescence. There is of course also a sex-typing in this regard in our culture: it is more shameful for boys to cry than it is for girls. However, in response to a major loss adults of both sexes cry more freely than children or adolescents. 12 The crying of adults in grief, if it is not indefinitely protracted, appears as a normal regression. Children and adolescents seem to hold back from such a regression, perhaps out of fear that once under way it would have no bounds and precipitate them to total infantility.

I should now like to consider a question which probably has already occurred to the reader: the child who has lost one parent still has a parent why is the surviving parent not an adequate support for the child, an object to whom the child can transfer the feelings he had for the parent who has died? According to our observations, the child's relations with the surviving parent regularly become more difficult (Neubauer, 1960). There are many reasons for this, which I shall indicate here only in part. When a parent has died, the child is confronted with a widowed parent, afflicted, grief-stricken, withdrawn in mourning, sometimes otherwise disturbed. Whether the widowed parent is of the same or opposite sex, the child's incestuous strivings toward him are stimulated from seeing him now alone. But the parent seems to take little comfort from the child's presence; he is lost in grief. It is as if the child wished to say, "Don't you see me? I am here." And the parent replied, "You are no help." The child thus experiences anew the oedipal chagrin, the sense of his inadequacy in comparison with an adult marital partner. At the same time there is a futile but desperate urge on the part of both

the child and the widowed parent to put the child in the place of the missing parent. One of our most repeated findings is that, following the death of a parent, a child shares the bedroom and sometimes the bed of the widowed parent. Many rationalizations are given for this arrangement: the parent is lonely, the child is frightened at night, the family has moved to smaller living quarters. One boy told us that he had to go to his mother's bed because he was cold. When the warm weather came he still had to go there because there was a fan in her room. Evidently behind such trivial justifications there are deep needs on both sides. Even when the child is not sharing the parent's bedroom, incestuous impulses are intensified and arouse alarm. In struggling to ward off these impulses, the child becomes withdrawn or antagonistic toward the widowed parent.

There is also the child's tendency, as previously noted, to concentrate intensified positive feelings on the lost parent. The negative sector of the ambivalence formerly felt toward the lost parent is split off, and its most available target is the remaining parent. As the lost parent is idealized, the surviving parent is devalued. Often there is the conscious wish that he (or she) haddied instead. Jacobson (1965) has pointed out that on a deeper level the child blames the surviving parent for the loss he has suffered. In the child's fantasy this parent has destroyed the other or been deserted because of his unworthiness. Thus for a child who has lost a parent, relations with both parents become distorted. As to the narcissistic supplies and ego and superego support which the child so needs, a parent withdrawn in grief is little able to provide them. The child often feels and reacts as thoughhe has lost both parents.

### IV

I have tried to show that there is a developmental unreadiness in children for the work of mourning. I should now like to turn to the question: what are the developmental preconditions which make mourning possible? Adolescence has been repeatedly likened to mourning (A. Freud, 1958); (Lampl-de Groot, 1960); (Jacobson, 1961), (1964). In adolescence there is normally a protracted and painful decathex is of those who have until then been the major love objects, the parents. The hypothesis which I wish to propose is this: not only

does adolescence resemble mourning, it constitutes the necessary precondition for being later 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. The individual who has passed through this decisive experience has learned how to give up a major love object. In circumstances of later loss he is able to recapitulate the process.

It is not until adolescence that the individual is forced to give up a major love object. We have seen how little external loss enforces such a decathexis. The conflicts of the oedipal phase, as Anna Freud (1958) has pointed out, lead to a change in the quality of the child's love for the parents, making it love with an inhibited aim. But the parents remain the major love objects. It is only in adolescence that developmental exigencies require a radical decathexis of the parents. With sexual maturity, the adolescent is powerfully impelled to seek a sexual object. The images of the parents become relibidinized, but there the incest barrier stands in the way. The adolescent is confronted with the dilemma: to withdraw libidinal cathexis from the parents or to renounce sexual fulfillment. This may be likened to the dilemma of the mourner as Freud described it. The mourner is bound to the beloved object, no longer available; at the same time he is attached to life and all it may still have to offer. Eventually the decision is in favor of ongoing life and the renunciation of the past which this requires. The adolescent, impelled forward by his sexual urges, is similarly constrained to detach himself from his beloved parents and his childhood past.

We know that the struggle of the adolescent to achieve this detachment is a long and difficult one. Forward movement often alternates with regression. The adolescent has many possibilities, both in terms of opportunity and of his newly developing capacities for diverting freed libido into new love relations, friendships, and sublimated activities. But these newfound interests are often unstable; new relationships prove transient and disappointing. Libido reverts again to the old objects or becomes absorbed in the self and the work of inner reorganization. To the extent that freed libido remains objectless, depressed moods occur. Abraham (1911), (1924) has pointed out that depression is experienced not only when an object is lost externally, but when there is an inability to love someone formerly loved. This

is what happens with the adolescent as his capacity to love his parents declines. Jacobson (1961), (1964) has said that the adolescent experiences an intensity of grief unknown in previous phases of life.

Freud has stressed the crucial role of remembering in mourning and the reality testing by means of which memories are consigned to the irrevocable past. I should like to suggest that we find an analogue of this too in adolescence, that in adolescence a new feeling about the past emerges. There is a nostalgia for a lost past, a combined yearning and sense of irrevocability. The ways of remembering one's own past in different phases of development remain incompletely explored. We may consider, however, certain earlier phenomena in this area. The young child may yearn for the past, but he does not consider it irrevocable. He has not vet grasped the irreversibility of time. If he wishes to be a baby again, we will see him crawling on all fours and saying "da, da." He becomes a baby. In the latency period, with the repression which follows the oedipal phase, the attitude toward the past changes. It becomes one of repudiation. When his parents recall amusing and endearing things he used to do when he was little, the latency period child is inclined to disclaim these babyish things with some contempt. He puts his past behind him and prides himself on his new skills and accomplishments.

It is in adolescence that the sense of a longed-for past develops with the conviction that it can never come again. The past assumes a mythical aura. Fantasies of a golden age of the personal and the historic past probably have their inception in this time of life. Let me cite an early "memory" which a thirteen-year-old girl said had recently come to mind and which seemed to her very real. She recalled being wheeled in a baby carriage, in which she was cozily and contentedly ensconced, while her mother and father walked behind. She attributed to her infant self the thought, "Too bad this can't last." We would recognize this as a screen memory, in which memories and fantasies have been condensed. This girl had been the eldest child in her family and no doubt had envied the younger siblings whom she had seen replacing herself in the baby carriage, as they had in her parents' affections. In this memory she was again in sole possession of the parents. By ascribing to her past self the awareness that this could not last she was attempting to undo the traumatic

surprise at the arrival of the next sibling. At the same time the sense of transience, of past pleasures having to be renounced, which pertained to her adolescent state, became part of the content of her childhood memory.

Probably nostalgic memories generally preserve something from very early childhood, antedating the oedipal troubles so painfully revived in adolescence. The theme of such memories, more or less disguised, is of the self as a greatly loved small child. As Wordsworth says, in his great nostalgic poem on recollections of early childhood: "Heaven lay about us in our infancy." The adolescent, in the enforced giving up of his parents, feels a sense of all he is losing. He conjures upregressively themostideal aspects of being a child encompassed by parental love. We know that few real memories survive from the earliest years. Yet most individuals possess a history of themselves starting from birth, which is based on their parents' reminiscences. The parents themselves have felt nostalgic when they recalled to the older child the happenings of his first years. They have suffered some sense of loss as the confiding and affectionate small child seemed to grow away from them into greater independence. I would suggest that the adolescent, in his nostalgia for the past, identifies with his parents nostalgically recalling his early years.

The sense of the irrevocability of the past appears in many ways in adolescence. There may be an acute awareness of the transience of present pleasure, that every moment is slipping into the past, that life itself is ephemeral. Adolescents often find in their preferred poetry expression of these moods. A. E. Housman's poems, for instance, express an adolescent longing for a lost past, never wholly renounced. "That is the land of lost content,/I see it shining plain,/The happy highways where I went/And cannot come again." It has been said that Housman's poems are best appreciated by adolescents. Similarly, adolescent girls weep over songs of unhappy love, of partings and longing for an absent lover. Their conscious thoughts may be of a boy who has recently disappointed them. But the intensity of their grief is for the loss of a much greater love, the waning of their love for their parents, and the renunciation of their childhood.

Incomparing adolescence with mourning we should also consider the ways in which they differ. The mourner is well aware that he is sad because of the loss of a beloved person and his mind is dominated

by thoughts of the lost object. The adolescent does not know why he is sad or depressed and does not attribute these feelings to the loss of his capacity to feel love for his parents. Where the mourner has suffered an external loss, the adolescent undergoes an enforced renunciation because of internal conflicts. Whether the adolescent's renunciation is experienced as more active and voluntary than that of the mourner varies with the individual. This probably depends in large part on the relative strength of the forward impulsion and the regressive pull. The objects from which the adolescent is freeing himself are still there. Aggression can be directed toward them with some impunity since, in a reassuring way, they continue to survive. This is in contrast to the tendencytodivertaggression from objects lost by death. While the mourner thinks of the object he has lost in a loving and idealizing way, the adolescent is devaluing the objects he is in the process of giving up. When the adolescent's struggle to withdraw from the parents becomes too difficult, he can still turn to them again, and, not without mixed feelings, derive gratification and support from their presence. In mourning a major amount of the libidinal attachment to the lost object is dissolved and the mourner is released from his painful, incessant preoccupation with the lost object. Yet he retains loving feelings for the one he has lost. Even more in adolescence, the decathexis of the parents is incomplete. Normally a positive attachment to them continues, though the feelings for them are no longer of such intensity or pre-eminence as those of earlier years.

The likeness of the adolescent process to mourning appears in the very considerable decathexis of major love objects, occurring over a period of time, accompanied by painful feelings, and with reality testing affirming the irrevocability of the past. The exigencies of adolescence which enforce this renunciation are without precedent in the child's antecedent life. Until he has undergone what we may call the trial mourning of adolescence, he is unable to mourn. Once he has lived through the painful, protracted decathecting of the first love objects, he can repeat the process when circumstances of external loss require a similar renunciation. When such loss occurs, we may picture the individual who has been initiated into mourning through adolescence confronting himself with the preconscious question: "Can I bear to give up someone I love so much?" The answer follows: "Yes,

I can bear it—I have been throughit once before." Before the trial mourning of adolescence has been undergone, a child making the same tentative beginning of reality testing in regard to a major object loss is threatened with the prospect of overwhelming panic and retreats into defensive denial in the way we have observed.

We have seen that the younger child's panic at the prospect of having to give up a lost parent is related to the characteristics of the object relation. The parent is felt to be an indispensable source of material and narcissistic supplies, an auxiliary ego and superego, a part of the self. The renunciation of the parents in adolescence entails a giving up to a considerable extent of the kind of relationship which the child has had with them heretofore. Where the giving up of the child-parent relationship is not accomplished, the individual may merely turn away from his parents to seek others who will fulfill the same functions. Where in this way the work of adolescence has remained uncompleted, the adult remains unable to accomplish the work of mourning in response to loss.

#### V

We have considered the struggle of children and adolescents to deny the finality of the loss of a parent and their unreadiness to decathect the lost object through the work of mourning as we know it in adults. The question arises whether there is an alternative way for the immature individual to decathect a lost parent without undergoing the process of mourning. Such an adaptive alternative may not be available to our child patients, handicapped as they usually are by disturbances in development which antedate the parent's death. To assess the range of possibilities it is important for us to supplement our clinical data with observations of children whose development has been relatively unimpeded up to the time of the parent's death. I shall now turn to an instance of this sort, in which we can see an adaptive reaction to the loss of a parent in childhood, and at the same time contrast this reaction with that of mourning.

Walter, whose life course I have been able to follow from infancy to young manhood, lost his mother at the age of ten. The mother died of cancer after a period of progressive debilitation. During her last illness both she and the boy were cared for by the young woman's

mother, who had great love and understanding for them both. Little by little, as the mother declined and became unable to satisfy the boy's needs, he transferred his affections to the grandmother. She was there, providing for his material wants, attentive to his accounts of his school days, appreciative of his accomplishments, involved with everything that concerned him. It was no doubt important that the grandmother was nonewcomer in the boy's life. He had known her well before, and for a period of time she had cared for him in his mother's absence. Thus it was not a question of forming a new attachment, but of transferring a greater amount of feeling to someone already loved. What I believe happened here was that there was a piecemeal transfer of libido, detached from the mother, to an immediately available and acceptable mother substitute. This began while the mother was dying, and the boy turned gradually from her, withdrawn as she was in her illness, toward the grandmother. The process continued after the mother's death, when the grandmother devoted herself to Walter's care and upbringing.

Walter showed some of the same emotional inhibitions in reaction to his mother's death which appeared in the child patients we have discussed. He did not cry, and made strenuous efforts to deny and ward off feelings of distress. When his mother died he was sent to spend the day with friends of the family. In thanking these friends for their hospitality Walter laid exaggerated stress on what a happy day this had been for him. Unlike the adult mourner, he showed no diminution in his interest in usual activities. He was anxious to return to school at once and to carry on as if nothing had happened. Inhis spare time he began to immerse himself in incessant reading. We may suppose that partly this served to exclude painful thoughts and feelings. Partly his involvement with fictional heroes helped him to experience vicariously emotions which he could not acknowledge more directly. It was in relation to fictional characters that he experienced a belated breakthrough of his inhibited grief. Three years after his mother's death, when he came to the end of the series of books about The Three Musketeers, he wept profusely, saying, "My three favorite characters died today." I have characterized this phenomenonelsewhere as "mourning at a distance" (Wolfenstein, 1965).

The angry feelings in reaction to loss, which we have observed repeatedly, were not absent here. Following his mother's death,

Walter was diffusely irritable and quick to anger. In an altercation with his grandmother, intolerant of her rebuke, he said he was leaving home and stormed out into the night. When he returned, his grandmother said that they would have to talk about how bad they both were feeling because of his mother's death. She told him of the efforts that had been made to save his mother's life, that drugs had been flown in from other cities, and how sad it was that medical science was not yet sufficiently advanced to cure the terrible illness which she had had. Walter then was moved to confess that he blamed himself for his mother's death. Two years before she died she had had a breast operation and had returned from the hospital very weak. Nevertheless shehad got up in the morning stop repare Walter's break fast before he went to school. He now felt that if she had not had to get up to get his breakfast, she would not have died. The grandmother assured him that this was not the cause of his mother's death, and that his mother's love for him and interest in him helped to keep her alive as long as possible. Their discussion went on far into thenight, and at the end the boy, greatly relieved, and with the intolerance for prolonged distress characteristic of his age, exclaimed, "I feel great!"

While his mother was dying and for a considerable time after her death, Walter was insatiably hungry. He consumed great amounts of food and was particularly greedy for sweets. In this intensification of oral needs we may see a manifestation of the bereaved child's regressive longing for the all-fulfilling parent of earliest years. In this instance the regression remained circumscribed. The child's libido did not remain overly bound to the fantasy image of an idealized lost parent. The regressive greediness expressed only that part of the libido which was not yet transferred to the grandmother. But the greater part of the child's needs were being fulfilled in reality by the grandmother, who was able to supply material and narcissistic gratifications and to give ego and superego support.

In adolescence Walter showed strong feeling for and interest in friends, and developed an increasing capacity for sublimation in intellectual pursuits. At twenty-five he is married, with two beloved young children, and is progressing in his chosen career with pleasure and accomplishment.

Such an outcome requires a combination of favorable external

an adequate parent substitute. Our culture generally makes little provision for such substitutes. The nuclear family, consisting of young parents and their growing children, entails an exclusiveness of attachment of children to their parents. Margaret Mead (1965) has pointed out that the nuclear family is especially well adapted to life in a rapidly changing culture. There is minimal boundness to old ways and customs. However, such a family is very little adapted to changes in its own personnel. In times and places where children have been raised in an extended family, there is a greater possibility of finding immediately available and acceptable substitutes if a parent dies (Volkart and Michael, 1957). In the context of our culture, the case of Walter is relatively exceptional in that a good mother substitute was immediately available to the bereaved child. The pre-existing mutual attachment of grandmother and grandson and his previous experience of living with her in his mother's absence facilitated the transition. Moreover, the collaborative, noncompetitive way in which mother and grandmother had shared the boy's care probably lessened what feelings he may have had of being disolval to his mother in turningto his grandmother.

and subjective conditions. The major external condition is the availability of

The subjective factors favoring a major shift of object cathexis in childhood require further exploration. I can allude to them here only in a preliminary way. <sup>13</sup> We know that the fate of feeling toward a lost object is related to the ambivalence with which the object was regarded. Paradoxically themore ambivalent the relation has been, the harder it is to give it up. Where there has been strong ambivalence toward the object, its loss is likely to precipitate the protracted reproachful demands for its return which Bowlby has described. In the case of Walter, ambivalence toward his mother, whose only child he was, appears to have been of moderate intensity.

Freud stressed that no libidinal position is abandoned without great reluctance. More recent observations of children, however, have also made us aware of an opposite tendency, a developmental push which impels them toward more advanced levels of functioning. There

<sup>13</sup> We would expect a child's readiness to accept a substitute object to be related to the phase of development in which he was when he experienced the loss of a major object. Thus we would hypothesize that when a child is still almost wholly dependent on a need-gratifying object, he will be most ready to transfer his affections to someone who is able to provide for his needs (A. Freud and D. Burlingham, 1943), (1944).

are probably great individual differences in the balance between the tendency to cling to early libidinal positions and the impulsion to move forward. In the readiness to welcome persons other than the mother, we can observe marked individual differences among children in the first years of life. Walter was one of those children who very early in life showed a great eagerness toward people. Thus a facility for forming object relations was probably another condition favoring his successful shift from mother to grandmother.

In the case of Walter, we have seen an adaptive reaction to the loss of a parent in childhood, in which apparently a major decathexis of the lost parent was accomplished. However, the process here differs markedly from that of adult mourning. There was no protracted sadness or withdrawal into painful preoccupation with memories of the lost object. In the gradual decathexis of the mother, while she was dying and after her death, Walter was able to transfer freed libido immediately to an already present mother substitute. If we imagined an analogue to this in an adult, we would have to picture a widower, let us say, having at his side a new wife, even one who had been an auxiliary wife before, to whom he could transfer at once the libido he was detaching from the wife he had lost. This is not adult mourning as we know it. The adult mourner can transfer his feelings to a new object, if one is found, only after a period of time in which he is emotionally occupied with detaching libido from the lost object. There is a hiatus here which the child is unable to tolerate.

## VI

This paper has been concerned with determining the developmental preconditions for mourning. Observations of children in the age range from latency into adolescence, who have suffered the death of a parent, have shown that they are unable to mourn. In many instances, instead of a decathexis of the lost object, we find an intensified cathexis, with an overtor covert denial of the irrevocability of the loss. In the favorable instance of an adaptive reaction to such a loss, the process differed from that of mourning. There was an immediate transfer of freed libido to an available substitute parent. I have considered the factors making for the developmental unreadiness to mourn in children and young adolescents, in terms of the nature of

the object relation to the parents. The hypothesis has been advanced that adolescence constitutes the necessary developmental condition for being able to mourn. Adolescence has been likened to a trial mourning, in which there is a gradual decathexis of the first love objects, accompanied by sad and painful feelings, with reality testing of memories confirming the irrevocability of the childhood past. It is only after this initiation into mourning has been undergone that the individual becomes able to perform the work of mourning in response to later losses.

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