# The Effect on Children when the Attachment to their Mother is Broken: The Developmental Phases of Mourning

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The subject of childhood has been taken up by writers, film makers, psychologists, psychiatrists, sociologists and anthropologists among others. And the popularity of the recent film, “Boyhood” speaks to the general public's fascination with this subject. We were all children once and many of us have children. Our own development and that of the children we raise is a truly miraculous and mysterious process which can only be described in tiny bits and pieces by the most talented amongst us. And no one can be said to have devoted more of his or her professional life to this work than Sylvia Brody. She did what has rarely been done prior to her work or since, by conducting a longitudinal study of mothers in regard to the parenting of their infants and young children. Brody collected 131 mothers in order to study the mother-child relationship and later, with the addition of fathers, the parent-child relationship. It is in part thanks to Sylvia Brody that we now take it as common knowledge that the more adequately mothered a child for the first three years of life, the more adequate the child's development proves to be. Brody followed mothers and their infants from 4 months to age 7. She painstakingly documented mothering patterns and later, parenting styles and their relationship to developmental outcome.

Brody's work laid the foundation for later infant research and research on patterns of attachment. And while my interests overlap with those of Sylvia Brody and her colleagues, I have looked at some of the same questions as they from the opposite point of view: that is, rather than looking at the development of mothering styles and patterns of attachment, I have

looked at the effect on children when the attachment to their mothers is broken. I have wondered what the developmental consequences are of the loss of the mother in infancy and early childhood and to what extent the child can recover from such a devastating loss.

If separation occurs between a mother and her child, whether due to death, illness, divorce or other circumstances can the child give up that attachment in order to form other, new attachments in his or her current life? To explore this question, we must start by looking at the original work on understanding the mourning process. Sigmund Freud defined mourning as the struggle which takes place within the bereaved person between the wish for the beloved to continue to exist and the reality testing that proves that she does not. Each memory and hope is reviewed and in so doing the individual gradually divests him or herself of his attachment to the lost loved one. Other psychoanalytic writers have expanded on Freud's description. As Wolfenstein (1966) stated, the lost object is gradually decathected by a process of remembering and reality testing, separating memory from hope. That this is a gradual process serves an important function as Fenichel (1945) and Wolfenstein noted, that is, to prevent the mourner's ego from being intruded upon and overwhelmed by too great a quantity of traumatic material. What occurs in normal mourning, according to Fenichel, is a gradual working through of affect which, if released in full strength, would be overwhelming. Through normal mourning then, the individual comes to realize that the beloved person no longer exists and the attachment to that person is severed.

But when speaking of childhood mourning in particular, the question arises as to whether any child can willingly give up the attachment to the mother. And, to what extent can this bond be given up? As Sigmund Freud said, "man never willingly leaves a libidinal position...even if another is already beckoning". If this is true of adults, it is doubly true for children. And in particular, this is true of the libidinal tie to the mother. This bond is primary, necessary for survival, for nurturance, for the feelings of security and for the progression of growth and optimal development. Much of the literature on mourning in childhood has addressed this question by asking whether young children can mourn.

Nagera (1970) proposed a developmental framework for the mourning process. He, among others, proposed that perception, memory, affect tolerance, self and object differentiation, understanding of the concept of death and the establishment of object constancy are all necessary for true mourning to take place. However, rarely, if ever, has the literature on mourning looked at the way in which children of specific developmental stages – from birth to adolescence – mourn the loss of their mothers. Here, the questions of how, whether, and to what extent children mourn this loss at each of these stages will be examined.

The ability to love has to be learned and practiced. If, in the course of learning to love, the primary love object is lost—to depression, divorce, or most ultimately, and irretrievably, to death, the implications for the child and his ability to love are critical (A. Freud, 1944). The original alliance between mother and infant is perhaps the most significant of all human relationships; it is the wellspring for all subsequent attachments and it is the formative relationship in the course of which the child will develop a sense of himself (Klaus and Kennel, 1975). If this relationship is interrupted during the early stages, the effects may be devastating for the young child's future interpersonal relations and personality development.

What is believed to be essential for mental health is that the infant should experience a warm, intimate and continuous relationship with his mother in which both find satisfaction and enjoyment (Bowlby, 1980). When the mother dies, the child is in a unique situation because of the special nature of his tie to her. The adult distributes his love among several meaningful relationships— his spouse, parents, siblings, children, friends, colleagues, etc. The young child, by contrast, invests almost all of his feelings in his parents. Only in childhood can death deprive an individual of so much opportunity to love and be loved and face him with so difficult a task of adaptation (E. Furman, 1974).

Children at different ages and stages of development vary in their ability to adapt to the loss of their mother. As such, there is a developmental progression in the child's reactions to loss and in his ability to mourn. And, contrary to previously held theoretical and clinical opinion, by age four to five years of age, the child CAN begin to mourn if provided with several crucial elements, that is, with an optimally supportive milieu for

the experiencing of his grief and other affects associated with the loss. The child needs help with the identification and discussion of feelings associated with his loss; he needs help working though these feelings and processes by the supportive adults in his world. The inability to mourn prior to this age and following this age when accompanied by external stressors, the lack of adequate ego support and other factors, such as preexisting developmental challenges or personality factors, lack of socio-economic supports, etc. will also be discussed.

Robert and Erna Furman pioneered the early work on the child's ability to mourn. And while they championed this idea, they were also clear on the fact that "the experience of a parent's death always remains a very troubling part of a child's life" (1974, p. 26). Throughout life, the individual who has lost his mother early in life will experience the reverberations of this loss over and over and he will be presented with opportunities to rework the experience and meaning of this loss.

## Mourning and Melancholia and Beyond

In order to shed light on childhood bereavement it is important to start with the early conceptualization of bereavement in general. Sigmund Freud provided seminal insights into the grief process in his articles Studies in Hysteria (1893), Mourning and Melancholia (1917), Lectures on Psychoanalysis (1909) and in his letter to the mother of a young soldier who died in combat. He stated, as noted previously, that in mourning, the survivor's memories and hopes are detached from the dead. He stated that both affection and hostility may be felt toward the person who has died but that hostility must be repressed in order for mourning to go forward (Pollack, 1961). Freud describes mourning as the struggle which takes place within the bereaved person between the wish for the beloved person to continue to exist and the reality testing that proves that he does not. Each memory or hope is reviewed, and in so doing, the mourner gradually divests himself of his attachment to the lost loved one. Freud called this "the work of mourning".

In mourning, Freud listed several distinguishing characteristics: a profoundly painful dejection, loss of the capacity to adopt new love

objects, a turning away from activities not concerned with the lost loved one and a loss of interest in the outside world. He suggested that a normal period of mourning would be one to two years. Abraham (1924) added to Freud's conceptualization by stating that the mourner may introject the lost object as a way of keeping the beloved with him: "In the normal process of mourning...the person reacts to a real object loss by effecting a temporary introjection of the lost person. (The main purpose of this mechanism) is to preserve the person's relation to the lost object". p. 435. Fenichel (1945), Klein (1935) and Jacobson (1957) weighed in on mourning and along with Sigmund Freud are considered to be the theoreticians most responsible for the current psychoanalytic conceptualization of grief and mourning.

Eric Lindemann (1944) was the first to conduct research on bereavement based on his observations of 101 survivors and relatives of victims of the disastrous Coconut Grove Nightclub fire, patients who had lost a loved one and relatives of members of the armed forces. He identified the following as characteristic of what he referred to as normal grief:

- Somatic or bodily distress.
- Preoccupation with the image of the deceased.
- Guilt related to the deceased and/or the circumstances surrounding the death.
- Hostile reactions.
- The inability to function as one had before the death.
- Taking on characteristics of the deceased.

And he named stages of grief in his adult subjects:

1. Shock and disbelief
2. Acute mourning
3. Resolution

Renee Spitz (1948), in his observations of infants in a nursery and a foundling home, contributed to the understanding of the effects of

separation and loss in infancy. He discovered that infants separated from their mothers in the second half of the first year of life, if not provided with adequate nurturance and stimulation, would develop what he called failure to thrive. In these cases, the infants would fail to continue physical and psychological growth, become passive, lose weight and eventually die. Those infants between six and eight months of age with previously good relationships with their mother if separated from them for three months would develop a syndrome which looked similar to depression in adults which he called anaclitic depression (1946). Those infants whose mothers did not return and who were not provided with adequate substitute mothering after five months would develop what he termed, “Hospitalism” in which rapid deterioration in functioning occurred, analytic depression developed, including motor retardation, passivity and failure to continue forward development. By four years of age these children could not sit, talk or walk. If the mother did return, development resumed although Spitz hypothesized that complete recovery was unlikely and scars would inevitably remain.

Later, John Bowlby, an ethologist and psychoanalyst, made a study of the effects of separation and loss resulting in his three volume series on these subjects. One of his most important contributions to the field and one of the most remembered (and argued about) in the current day literature was his delineation of four specific phases of mourning:

1. Numbing – which usually lasts from a few hours to a week and may be interrupted by outbursts of extremely intense distress and/or anger.
2. Yearning and searching for the lost loved one – which may last from months to years.
3. Disorganization and despair.
4. Reorganization – to a greater or lesser degree.

Others have weighed in on the question of whether there are specific stages to the mourning process for children (LeShan, 1988; Wardon, 1991; Grollman, 1991; Goldman 2001 and others). Le Shan (1988) suggested the following: denial, disorganization and integration.

Worden (1991) continued with the idea of a more process oriented description of mourning in childhood in which he stated that there must be an acceptance of the reality of the loss of the loved one (similar to Freud's, "comparing memories and hopes to the reality of the fact that the loved one is no longer there"), experiencing of pain and grief, adjusting to an environment in which the lost loved one is missing, withdrawal of emotional energy for the lost loved one and a new investment in others. Most adherents to the idea that there are stages to the mourning process utilize the caveat that the grief process of any individual child is just that – individual – and that any stages described can be experienced in a variety of orders and intensities and completed to varying degrees.

## Childhood Bereavement: Can Children Mourn?

One of the most fundamental issues in the study of childhood bereavement has been the question regarding whether and to what extent children can mourn. A debate has raged in the literature since the early 1960's regarding this question. There are those who believe that the young child's ego is too weak to accomplish the work of mourning. This argument has focused on the young child's inability to sustain painful affects for a prolonged time, and the immature reality testing of the child. Those on this side of the debate feel that it is not until adolescence that the child has the ego capacities for mourning. Anna Freud said, "mourning, taken in the analytic sense, is the individual's effort to accept a fact in the external world and to effect corresponding changes in the inner world" (p. 58). To accomplish this task requires sophisticated intrapsychic and ego capacities which as Helene Deutsch (1937), Mahler (1961), Fleming and Altschul (1963), Wolfenstein (1966) and others have stated, exist only after the completion of adolescence.

Others, such as Robert Furman (1964, 1968, 1969, 1973), Erna Furman (1974), Lopez and Kiliman (1979), Bowlby (1980), etc. have agreed that even the young child is capable of mourning given adequate support. Bowlby believed that once a child has formed an attachment to the

mother figure, which has ordinarily occurred by the first year of life, its rupture leads to separation anxiety and grief and sets in train the process of mourning. When, in 1960, he he first drew attention to the similarities between the responses of young children following the loss of the mother and the response of bereaved adults, he stated that these similarities had not been observed before.

Critical to this debate is the definition given to the term, “mourning”. If one adheres to Sigmund Freud's definition, the answer is simple, young children cannot mourn. If one expects the young child to be able to “detach...memories and hopes from the dead” (S. Freud, S. E. 13, p. 65) then the young child cannot accomplish this task. For small children, the lost loved one (especially if it is the mother or the primary attachment object) is never entirely relinquished. Some fantasy of the mother and/or some internalization/identification with the mother continues and at every developmental phase the mother is again evoked and missed anew. Moreover, even Freud admitted that it is debatable as to whether anyone ever entirely decathects from a lost loved one, particularly a mother. Many if not most adults who lose their mothers in adulthood continue to preserve identifications with their mothers, to yearn for her presence at times and to miss various aspects of her in their lives. Have they fully mourned? As Freud said, it is questionable as to whether complete decathexis is a possible or desirable accomplishment by anyone of any age. Erna Furman (1974) stated, “Knowing and understanding that (the) loved one is dead is not the same as accepting it. Clinical examples (have shown) that people of all ages grapple for varying periods of time for different reasons with the task of integrating reality” (p. 51). Thus, whether anyone of any age ever fully decathects a lost loved one remains an open question.

Earlier theorists suggested that the following capacities are necessary for mourning to take place: perception, memory, affect tolerance, object differentiation, reality testing, the establishment of object constancy and a cognitive understanding of death. Until a child possessed all of these, the completion of mourning was considered impossible.

If an expanded, process oriented definition of mourning is utilized however, then it becomes more possible to accept that even the youngest

children can experience mourning to some extent. Bowlby (1980), for example, suggested that mourning can be defined as the psychological processes set in motion by the loss of the love object and which commonly lead to the relinquishment of the object. Similarly, Erna Furman (1974) defined mourning as the mental work following the loss of the loved one through death. Furman believed that successful mourning hinged upon a sufficient amount of decathexis from the beloved to allow for the development of other significant relationships with highly cathected and trusted others. There is little doubt that children of any age, from infancy onward can experience affects associated with their experience of the loss; what is in doubt is whether infants and young children can decathect sufficiently from the lost loved one on their own and whether and to what extent they can successfully invest fully in new object relationships varies from child to child and situation to situation.

While both Bowlby and Furman refer to decathexis, they do not consider this the sine-qua-non of mourning. It is the use of an expanded definition of mourning which seems to provide the most useful framework for the exploration of the processes of children's reactions to loss. Rather than perpetuating a tired debate which continues to rage, the definitions of Bowlby and Furman and the understanding of mourning which they illustrate set the stage for specific inquiry into the nature of the mental and affective processes experienced by young children following loss and the determinants of these. The questions thus become, at what age and to what extent does the loss of the mother affect the infant, at what age does the infant perceive loss and in what way does he do so; at what age does the young child begin to understand death from the cognitive standpoint, at what age can children experience some or all of the affects associated with mourning, what ego capacities are necessary to do so and at what age and under what circumstances can the child begin to decathect sufficiently from the lost loved one in order to be able to invest fully or partially in a new object?

## The Developmental Progression of Mourning

Many variables effect the child's reaction to loss. The capacity for grief and mourning of any individual child must be seen in the context of his development, including his age, his stage of psychosexual development, his innate predisposition and individual characterologic makeup, his defensive functioning prior to the loss and in response to it, his object relations prior to and following the loss, his attachment style, as well as the availability, nurturing capacity and mental health of the surviving parent, the family atmosphere following the loss, the availability of supports for the child and the family following the loss, the nature of the child' s environment, and the plethora of stressors which may accompany the loss.

One of the major difficulties in the discussion of children's mourning has been the tendency of psychoanalytic writers to group all bereaved children together and to make generalizations about their capacities for mourning rather than looking at mourning as a process which follows a developmental sequence similar to the developmental lines proposed by Anna Freud (1965).

Helene Deutch !1937) stated that children resort to narcissistic self protection in the face of overwhelming affect through regression and by the mobilization of defenses or by the absence of affect. While this may be true of some children at some levels of development or for those who are unsupported in their grief and mourning or at the mercy of a great number of environmental stressors, observation and clinical experience indicate that some children can grieve and mourn without having to resort to pathological use of defenses or defensive withdrawal. However, it is important to continue the early work of Deutsch and others by discriminating between these variables. By doing so it may be seen under what conditions and at what stages of development children can begin to experience the affects associated with mourning and to work through these affects.

## At What Age does Loss First Effect the Child?

It can be said that the loss of the mother at any age is a devastating blow. However, this is particularly true if the loss occurs in infancy and childhood when the mother is still so important to the child and his optimal development. The effects of loss will be great at any age but the specific ways the child is affected at the time of the loss and subsequently are related to the stage of development at which the infant or child finds himself. Depending on what skills are being acquired at that age and stage, these are the aspects of the child's development that can be expected to be effected most immediately. When referring to the infant and very young child, recently acquired skills may be lost, physiological homeostasis such as appetite, sleep, and bowel habits may be interfered with; mood and self regulation may change and forward development may slow or cease entirely. Regression or stasis, fussiness, changes in schedule and other expressions of discomfort may be the only ways we can see the infant's profound confusion over the disappearance of his major source of comfort and security. However, the effect upon the infant cannot be underestimated and the entirety of the future impact is impossible to fully determine.

## The Newborn

Evidence in the literature suggests that as early as several weeks of age, the infant may respond to separation from or loss of the mother (Bowlby, 1980). However, research has shown that even at birth the infant recognizes his mother's voice, the smell of her breast milk and the appearance of her face (Brazelton, 1974). Thus, the effects of separation from mother even from the moment of birth must be considered.

Newborns who experience complications prior to or during the birth process are often placed in neonatal intensive care. Some can be held by the parents and some are so ill that they cannot. These infants and those who are immediately put up for adoption, those whose mothers are critically ill or who die following delivery, and those who are given over

to the care of a full time nanny must, by virtue of the in utero experience of the mother, suffer a major disruption when the person who cares for them is not the same person who carried them – who does not smell or sound or feel the same. But what can the newborn perceive? What does he experience when the familiar mother is not his caretaker? And what is the effect on the infant of this discontinuity of his care?

These are questions which are very difficult to answer given the newborn's inability to clearly communicate his experience and due to the lack of research regarding these infants. However, there are cases in the literature demonstrating distress even in the youngest infants who are separated from their mothers.

We can say that newborns have the capacity for perception on many levels but of the other criterion put forth by Nagera, they are lacking. Perhaps it is fair to say that the youngest of the infants' experience SOME of the affects associated with mourning such as discomfort, dysregulation, and unpleasure without the full ability to experience all the affects associated with loss and the ego capacities to perceive the nature of their loss.

The outcome for newborns who have lost their mothers is, of course, varied. Long term studies are needed to delineate whether particular outcomes are more likely with loss occurring so early in life. And, as Bowlby (1980) noted, how an infant develops following loss will depend in part on the nature of the substitute parenting provided. Consistent, responsive nurturing, of course, is considered the most optimal for the bereaved infant.

## The Two to Three Month Old

Following the initial phase of life during which the infant is largely occupied with establishing his own bodily homeostasis, the infant then begins to coexist with his caretaker/mother in a symbiotic orbit. He does not perceive a separation between himself and the giver of nourishment and comfort. While recent research tells us that infants of this age do perceive external stimuli of all sorts, the baby's basic existence at this point is governed by his requirement for help with his bodily needs and the regulation of his affects. The mother is profoundly affected by the

baby's needs and feelings and the baby is profoundly affected by the mother's needs and feelings in a relationship which involves mutual regulation. If the mother should leave the infant during this period, the common belief has been that the infant will manage if an adequate substitute caretaker is found.

For the purposes of this work, however, it is necessary to consider what it must be like for the infant to be in a completely dependent state, reliant on one adult, accustomed to her style of affect regulation, mood and self expression, only to have her disappear and another take over who has entirely different moods and methods. It may be expected that such an infant would experience a period of disorientation, displeasure, and discomfort indicated either by pronounced fussiness and dysregulation of sleeping, eating and digestion or a retreat into an earlier position of increased sleep and decreased interaction.

Again, the infant of this age possesses perception but he does not have affect tolerance, memory, self and object differentiation or the other qualifications for mourning but forth by Nagera. So at this age, also, the infant is capable of experiencing affects associated with mourning which include yearning and searching the environment for the lost mother, and to protest against her absence as well as the discomfort associated with her unavailability.

Spitz (1965) observed that infants who were cared for by their mothers for the first three months of life and then separated from their mothers and provided with bodily care but NOT provided with adequate substitute love and nurturing developed a devastating halt to physical and emotional development or what he termed "Hospitalism" or failure to thrive. This is the most severe type of reaction to the loss of love and nurturance and stimulating human interaction and it is typical only of those infants who are severely deprived in addition to suffering the loss of their primary caregiver.

## The Four to Six-month Old

This is the period during which "hatching" (Mahler 1978) occurs. The previously sessile infant suddenly seems to become a person, to be more

outwardly directed and to respond more directly to external stimuli and attempts at engagement. What allows this to occur is the familiarity of the mother/caretaker and the child's trust in her ongoing care, presence and regulatory functions and the nascent recognition of differentiation between the baby's self and the mother as "other". Should the mother disappear from the infant's life at this point, of course nothing can be known by the infant of death, but again, the infant can be expected to experience a period of disorientation, dysregulation and discomfort which may result in a retreat from the hatching process. Because the process of differentiation is starting at this age, the loss of the other will be even more noticeable and potentially even more disruptive to the infant than previously.

## The 6 to 12 Month Old

During this period, the infant is in an accelerated process of bodily and cognitive growth. New skills such as sitting up, crawling, walking and running, along with speaking words and indicating desires through gestures and vocalizations are acquired. Moreover, the infant becomes increasingly aware of the singularity of mother and of her separateness from himself. Stranger anxiety occurs when the baby recognizes the visual differences between mother and other. Meanwhile he is also increasingly independent due to newly acquired motor skills. More fully than previously, the infant recognizes his own separateness from mother. This is a period of great mastery (Mahler, 1978) and joy in which the infant demonstrates a love affair with the world (Greenacre, 1960). Should the mother leave at this point, a daunting blow to the child's growing sense of competence and separateness is dealt and feelings about independence and self efficacy may be affected.

John Bowlby (1980) believed that the attachment to the mother figure, when ruptured at this stage of development, sets in train what he referred to as a process of mourning. When, in 1960, he first drew attention to the similarities between the response of young children following the loss of the mother and the responses of bereaved adults, he stated that these similarities had not been observed or acknowledged

before. Bowlby suggested that even the toddler proceeds through various stages following separation, including protest, yearning and searching and ultimately, detachment. Later, he added despair to these stages.

Spitz, as noted previously, observed that it is at six to eight months of life that an infant with a previously good relationship with the mother will develop dramatic symptoms in response to separation from her if it is paired with the lack of provision of adequate substitute mothering. He termed the syndrome which develops "analytic depression" (1965).

## The 1 to 2-Year-Old

The young toddler is firmly attached to his mother or primary caretaker. He knows who she is – affectively, visually and otherwise. He knows increasingly well that she is separate from him. She is not interchangeable. He relies on her for help in all things including self regulation and safety and he relies on her to be there when he experiments with independence and moves away from her to explore. Having her there to come back to sets the stage for the development of person permanence and object constancy.

Work by The Robertson's in the late 1960's and 1970's amply demonstrates—through film—the effects of separation on the young toddler. Moreover, the work by Ainsworth, Main, Hesse and others, furthered the understanding of the variations in response to separation at this age. This research was performed with toddlers between the ages of 9 and 18 months using the "Strange Situation". In this paradigm, they separated toddlers briefly from their mothers and introduced a stranger to the room in order to observe the reactions of the children to separation and to the introduction of an unfamiliar adult. Given the toddler's overall styles of relatedness and reactions to separation, Ainsworth et al were able to divide children into the following categories: Securely Attached and Insecurely attached with the latter category being further subdivided into Anxious/ambivalent, Avoidant and Disorganized/disoriented. It was found that the Anxious/ambivalent toddlers responded to brief separations with great distress. The Avoidant toddlers reacted with a

detached and uncaring affect and the Disorganized/Disoriented toddlers demonstrated a fluctuation in feeling, alternating between extreme distress and complete detachment.

Extrapolating from this work, it can be theorized that attachment style may effect the bereaved toddler's reaction to the more permanent separation from his mother through death. Further research in this area would contribute immeasurably to the study of grief reactions in the one to two-year-old child.

Up to this point in development, mourning as defined by Sigmund Freud, his daughter, Anna, and other early theorists cannot be said to occur. Infants and toddlers are certainly affected by the loss of the mother and affects associated with loss are definitely experienced. Sadness, grief, yearning and searching, anger and profound discomfort can be identified in the young toddler who has lost his mother (see Ainsworth et al. and the Robertson's). Schaffer and Callender (1959) noted that upon separation, it was typical for the two-year-old to cry to excess, to refuse food and to become either more or less active than usual. Heinicke and Westheimer (1965) noted sleep disturbances as well. This is mourning more along the lines of what is described by Bowlby and the Furman's, but not as described by theorists who believe that memory, perception, reality testing, object constancy and a mature understanding of death are necessary for mourning. Research and further study must be pursued to understand better the specific nature of the effects, both short and long term, of separation and loss at this age.

## THE 2 – 3-YEAR-OLD

At two to three years of age the toddler needs his mother to care for him physically, to love him, to let him know he is loved and to help him with the tasks he has not yet mastered. Like the younger child, he continues to need his mother in order to successfully attain further autonomy, that is to slowly relinquish his dependence on his mother. At this age he is both emerging from the exclusive, dyadic relationship with his mother and accepting others into his affective life but he is also establishing a

reliable internalized image of mother which allows him to be separated from her for increasingly longer periods of time and to have an internalized image of mother, at least for brief periods.

Starting at this age, with intensive intervention, the two to three-year-old can start to experience true mourning as described by both the Freud's and the Furman's. However, without help or with insufficient help, the two to three-year-old is likely to become arrested in one of the initial stages of the mourning process. This occurs not only because he lacks the ego capacities required for mourning but also because of the specific nature of the issues and conflicts normally experienced by the child of this age in combination with his intense need for the continuing presence of his mother. Loss of the mother at this age represents a particularly grievous deprivation. It is not that the toddler is unable to experience sadness or anger associated with loss which interferes in the progression of the mourning process – because he is – but rather his inability to go beyond the anger which is so overwhelming and under so little control at this stage of development. At this age, the child feels powerful and omnipotent and he desires to be independent and autonomous. He is just beginning to master his aggression and as such, when he is angry he is powerfully angry and may feel that he hates the person he is angry with. He is fiercely angry when others, especially mother limit his independence by saying "no". As a result, he may wish at these times that mommy would go away and as such he is at risk for feeling particularly angry with himself if mommy should actually go away through illness or death.

However, at this age there is generally not a realistic concept of death. The two to three-year-old may or may not be familiar with the idea of death and he will not understand that death is permanent. The child of this age is likely to understand death as temporary and as reversible. When someone dies, that person may be fantasized as living on in some other location. At this age, the idea that they can be reunited with the lost loved one is common (Zelig, 1967, Gessell and Ilg, 1946; Anthony, 1972). When bereaved, he needs extensive support and love from those adults who are available and a great deal of help with understanding what has happened. He will require simple answers to his questions and

gentle reminders that mommy cannot come back to be with him although she might have wanted to.

## Case Example: The 3 to 4-Year-Old

The Furman's and their group in Cleveland, felt that it is at this age that, given a sufficiently supportive environment, clear and concrete explanations regarding the meaning of death, and the achievement of the other developmental requirements of mourning, the child can mourn. At this age, the child can be preoccupied with the lost loved one and he does attempt to review his memories of her. It is true that he does this in a way that is qualitatively different from the adult and thus, he must have access to adults who understand and can interpret for him the meaning of his feelings.

It is also true at this age that the child is at the stage of development at which object constancy is normally being developed. He is beginning to modulate his own feelings and tolerate some of his more powerful affects. He can begin to understand the concept of death, with an adult's repeated help. In other words, the evolving developmental acquisitions of the three-year-old are precisely those which are needed to begin a mourning process according to some theorists.

If it is necessary to have a firmly internalized image of the mother in order to perform the work of mourning, the child of this age has generally acquired such an image and while not necessarily functional over long periods of time, such an internalized image can be considered to be present over days and weeks.

However, at three and four, the child is particularly prone to specific distortions regarding the causality and meaning of loss. His egocentricity makes him vulnerable to the feeling that his mother disappeared because of something he did and he is therefore prone to feel responsible, ashamed and later, guilty over her loss. He may feel that he was unlovable and these feelings will be colored by his psycho-sexual stage of development. He may feel that his anality, his messiness, his failures at toilet training repelled the mother and he may also feel that his genital strivings, competitiveness and aggression drove her away.

From a cognitive standpoint, children from three to four are becoming more familiar with the concept of death. They have seen dead bugs and dead animals by the side of the road and they may have heard of the death of adult friends and relatives. Most three and four year olds ask questions about death and some even become worried about what it would mean to have mommy or daddy die. They often look for reassurance from parents that this will not happen for a long long time. At the same time, children of this age are not clear on what happens after death. As at earlier ages, they often believe that the deceased can come back to life. As such, the bereaved child of this age needs a great deal of support from the adults in his environment to answer his questions, to remind him that the deceased cannot come back even if she might have wanted to and to explain and re-explain what has happened. And while it may be explained to him that mommy can no longer breathe or walk or see or hear, he may defensively reverse this explanation in the belief that she is now omniscient – all knowing and all seeing, watching over him at all times. At the same time, the child of this age will be worried about who will continue to take care of him and meet his needs and will need many reminders about this. Moreover, the three to four-year-old does not understand that death can occur due to natural causes; up until approximately the age of eight or nine children often believe that death is always caused by an active agent – a disease, accident or intentional act by another person. Additionally, he may generalize from what he is told about his mother's death thinking that what happened to her will happen to others including himself.

Because he was in the process of establishing a firm internalized image of the mother when she died, it will be helpful to provide photographs for the child to keep and to remind the child of what mommy was like and what things he did and enjoyed with mommy. Adults should not shy away from mentioning mommy, telling stories about her and talking directly to the child about her. This is helpful to the young child who is desperate to know and remember that he was loved by his mother before she died.

## Case Example: Jacky

Jacky was almost three and a half when he first presented for evaluation. This was eight months after his mother's suicide. He was an adorable blond boy with blue eyes and a sturdy build. He was at once ready for action and shy, alternating between running around to explore and hiding behind grandmother.

Jacky's father and grandmother were seen together for the first evaluatory session to provide information regarding Jacky's developmental history and to discuss their ideas regarding his current difficulties. Included in the discussion were their own reactions to Jacky's mother's death and their own current feelings.

Mrs. B., Jacky's grandmother, was a tall, attractive, outspoken 62-year-old woman, while Jack, her son, was a handsome 26-year-old man who seemed somewhat cowed in her presence. Together they described the events of the last several years: Jack and Marie were married when Jack was 21 and Marie was 20. After 3 months, Marie became pregnant. Although they had not planned on having a baby "so soon," Jack reported that they were "not unhappy" about the pregnancy. However, while Marie was pregnant, Jack's business began to lose money. Meanwhile, Marie proved that she did not know how to clean house or cook and as a result, Jack took care of most of the household duties while also tending to his failing business.

Jacky was born following a difficult labor. He was not breast fed because Marie found it to be "too much of a hassle." Jacky went everywhere with his young parents resulting in his having no set eating or sleep schedule. When Jacky was 2 years old, Marie became pregnant again. Jack reported that she became increasingly concerned about her appearance, upset that she could no longer fit into her designer jeans. She began to hide knives under her pillow at night and then to stay up all night. Jack was at his wit's end, and while he tried to take her for help at the local mental health center, she would not agree to go.

Jack tried to care for both Marie and Jacky, staying up all night to make sure that Marie did not hurt herself. One night he fell asleep in the early morning and when he woke up he found that Marie had locked

herself in the bathroom and had suffocated herself in the bathtub. Jack was not sure what Jacky had seen or heard and he believed that Jacky knew nothing about what had happened. Later that day, he and his parents told Jacky that his mother "had gone to live with God" and that she was "up there," pointing to the sky.

Jack and Jacky moved in with Jack's parents. There Jacky was terrified of the bathtub and of his bed. Jacky's grandmother wondered if Marie might have tried to drown Jacky and whether she might also have beaten him in his bed. Jack did not share these suspicions although he did say that when Marie was afraid of hurting Jacky she sometimes went to sleep with him.

One month after his mother's death, Jacky became ill with the flu and experienced a major deterioration in functioning. He would not take any baths, he did not want his father to leave him for any reason and he clung desperately to his father whenever he attempted to go out.

At the time of the evaluation, Mrs. B reported that Jack was spending long hours at a new job and that he seemed depressed. She stated that she did not know whether to talk to him about Marie's death or about his current feelings. Jack, in a session alone, admitted to feeling angry with Marie's family for not having helped her more and he discussed his own guilt over her death. He felt considerable responsibility for her suicide and he admitted to feeling depressed and uninterested in dating or going out to have fun of any sort.

When it was time for Jacky's first appointment, he began to cry when it was suggested that he go into the playroom with the therapist. When Jacky's father agreed to come along, Jacky willingly took his hand and set off. Once in the play room Jacky immediately went to the doll house. He sat near the therapist on the floor and picked up two female dolls. He called both "mommy" and quickly threw one behind the house. When the therapist asked what happened to the mommy, Jacky replied, "She went up there" pointing to the sky. When the therapist asked, "Where's that?" He said "to the moon!"

Sessions with Jacky continued twice weekly. He played variations of the same game he had started in the first session variously saying that the mommy was on the roof of the house, on the moon or in space. He

showed the people in the house going about their business until one day a gorilla came into the house and a fight broke out. When the therapist commented that the people must be very angry to be fighting so hard, Jacky himself began to punch the air. When the therapist asked why he was fighting he said, "I'm mad! I'm mad at God!"

Jacky was a three-year-old who did not understand death. When he was told that Mommy was "up there," he thought that this meant that she was on the roof of the house, on the moon, or in outer space. His understanding of his father's explanation about mommy's whereabouts was very concrete. As such, he believed that mommy continued to live— but elsewhere— in a place where she was not accessible to him. And when he was told that Mommy had gone to live with God, he became angry that God got to have his mommy and he did not. Moreover, Jacky's fears indicated that he may have seen more at the time of his mother's death than his father believed. His fear of the bath tub might well have been linked to the fact that his mother had killed herself in the tub. He might have felt that if he were to sit in the tub that he too would die.

Jacky passionately missed his mother. In her absence, he needed the love and support of his father and yet his father retreated into work. Jacky was angry—angry that God had his mother, angry at his mother for leaving, angry that his mother just sat on the roof and would not come down to him, and angry that his father was not more available to him. He was desperate for the love of a mother and one day, well into treatment he looked at his therapist with love in his eyes and asked her, "are you the mommy on the roof?"

This was a poignant moment for both Jacky and his therapist. It was clear that this young boy both missed his mother and desperately needed a mother substitute to meet his needs for understanding, nurturance, love and attachment. He was actively mourning his mommy, feeling both sad and angry about her absence, trying to understand what death was and attempting to find a new source of love to whom he could become attached.

## The 5 to 6-year-Old

The five to six-year old child uses his mother as a secure base from which to explore the world, make friendships and learn new skills and concepts. He also loves his mother dearly and perhaps even romantically. The child of this age will vie with others for her attention and will take special comfort in her ministrations when sick or injured. If the mother of a five or six-year-old should die, his loss is profound. He may retreat from learning, from friends and from exploration of the world. He may regress to babyish behavior and he may show great sadness. Children of this age are capable of tolerating sad feelings for periods of time. They are also beginning to understand that death is a permanent state, making the death of a parent particularly heart breaking. They require loving support from the adults in their lives and, as at earlier ages, simple, direct answers to their many questions and concerns.

Often the issue arises as to whether a child should be allowed to go to his parent's funeral. It is advised that children do go and that they be seated with a loving adult who will be ready and willing to take them outside if they should need a break or become very upset. While previously it was thought best to "protect" young children by keeping them from the funeral, it is important that the child be able to see that others are sad too and that there is a community of people mourning the same loss as they.

## Latency

The latency aged child (7 – 11) is a more knowledgeable, practical being than he was at earlier ages. He is interested in friends and school, games and learning. If the parent of a latency aged child should die, he will understand what has happened and he will be capable of sadness, anger, yearning and many other affects associated with his loss but he may utilize extensive defensive functioning against the experience and expression of feelings.

Symptoms often develop when a loss has occurred during this stage of development. For example, the child may cease doing homework.

When asked, he may say that he does not know why – but it is common for children of this age to feel that there is "no point" in doing homework if Mommy isn't there to show the work to or to help with the work as she may have done previously.

"Carmen" was a child profiled in a New York Times article about a mother and child and how they coped with the mother's impending death from AIDS. In an interview with Carmen when she was in her early 20's she discussed her wish as an 11-year-old to "forget" her mother's illness. She denied the seriousness of her mother's condition for a period of time and then when it became impossible to ignore, she spent time with another family where she admitted that she would spend hours without thinking about her mother. She tried to find another woman to be her "new mother" but in the end, she realized that her mother simply could not be replaced.

While Carmen is not typical of all latency aged children, her story does illustrate several points: in the absence of support or other adults with whom to process her experience, she utilized strong denial to protect herself from the pain and sadness of acknowledging her mother's condition; she separated herself from her mother for periods of time in order to give herself relief from her feelings of sadness and distress. However, her connection to her mother was so strong by the age of 12, when her mother died, that it was clear to Carmen after a period of wishing and hoping to replace her mother, that this was not possible.

Due to the strength of the defensive functioning in the latency aged child, he is particularly in need of adult help in sustaining the affects associated with loss rather than retreating into defensive denial and isolation of affect. The natural tendency of the latency aged child is to ward off disturbing emotions so as to protect his energy for learning, socialization and the other activities associated with this age.

## Preadolescence and Adolescence

From the cognitive standpoint, from 11 or 12 years old and onward, the child has acquired quite a mature concept of death. He knows that death is final, that it can happen due to natural causes or due to accident,

illness, murder and the like and he knows that it happens to others and will happen to himself. However, at this point in life, the child will most often deny his own vulnerability and will not be likely to think too often about his own death unless something has occurred to cause anxiety about this subject.

Should the mother of a child of this age die, the child is capable of being practical about the event and he may try to hide his sadness. Defensive maneuvers will often be used to keep the affects associated with loss at bay. Adults are often surprised that children of this age do not show more signs of grief or talk more about the person who has died, however it is not unusual for them to hide their feelings and to avoid the subject as much as possible. At the same time, they may be curious about whether their surviving parent will remarry and if so, when.

The lack of outward signs of feeling, however, does not mean that the child is not grieving. In fact, quite the opposite. Starting in early adolescence, the child is capable of all the affects associated with mourning and of doing the work of mourning given adequate support. Whether he shows it or not, the child of this age will generally experience great sadness, anger, feelings of loneliness and abandonment. Given that the relationship prior to the loss was at least adequate, the child of this age will yearn for his lost parent. While he might wish for a replacement, he will not necessarily accept one easily. Despite his show of independence, the teenager still needs his mother. He relies on her emotionally and actually for the provision of love, support and nurturance and most of all, to be there as he experiments again and again with his autonomous strivings.

Pre-teens and teenagers will often need great encouragement to speak about their feelings and memories; they will also need to know that their needs will continue to be met and that they are still loved by the family members who remain. For those teens who are not provided with adequate support, encouragement to express their affects and to talk about their loss, mourning may be truncated, disrupted or delayed. At this age, mourning particularly comes into conflict with the normal developmental needs for autonomy and independence and as such, the

child will often need special attention in order to proceed with the experiencing of affects associated with grief and mourning.

## Case Example

T was 14 when her mother died. She was at home, eating dinner, while her mother prepared for a dinner party. When her mother went upstairs to change her clothes, T heard her father shout and then she heard him call 911. She sat frozen downstairs as the ambulance came and she overheard the ambulance attendant apologize to her father saying that there was nothing he could do for T's mother. T continued to sit frozen until she was so tired that she went upstairs to go to sleep. Her father returned from the hospital to find her in bed and he did not talk with her until the next day to tell her the cause of her mother's death.

T did not cry in front of her father. She took over some of her mother's duties around the house and refused to talk in any detail with anyone about her mother. She continued with school and with friends, but in a muted, less animated way than previously. Gradually, T took on more and more responsibilities at home and she acquired a job outside the house as soon as she was able. Outwardly, she appeared to be an extremely mature, self sufficient girl. She did well in school, went off to college and did well there, making friends and enjoying many activities.

The truth, however, which emerged in treatment in her 20's, was that T had been extremely bereft when her mother had died and she had been very frightened of what life would be like without her mother. She suppressed her terror and her sadness and became counter-dependent, insisting on doing for herself all that her mother had done for her and more. Affects associated with mourning were suppressed and only emerged in the presence of the therapist who gently explored T's thoughts and feelings about her mother's death.

## Late Adolescence and Early Adulthood

Teenagers and young adults, despite their increased autonomy and independence, their ability to function in the world, and their more

mature judgement and intellectual capacity, STILL need their mothers. Throughout later adolescence and young adulthood, it is important to them to have a home base in order to be able to leave it and to come back to it. In a way, not unlike that of the two-year-old, in the late teens and early 20's, the individual is experimenting again with separation and individuation. They are forming their identities, their values and beliefs and their confidence in their own abilities. Having a place to roost and a mother who loves them can provide a sense of security while their internal milieu is ever changing.

Losing a mother during this stage of life is disruptive, though in most cases not as disruptive as loss that occurs earlier. Emotions are less threatening at this age than previously and outward signs of grief and mourning are common. The older teenager and young adult CAN experience the affects associated with death, they understand the permanency of death, and they can do the work of mourning—especially if they are provided with support from the surviving parent and other loving adults. However, the death of a parent at this age may be disruptive in terms of their continued development of autonomy and independent pursuits. Without adequate support they may choose to drop out of college and/or to return home. Concerns over the well being of the surviving parent and other siblings may preoccupy the young adult.

## Case Example

R was 18 when her father died suddenly. After the funeral, when she was back at college she found herself worried that her mother would be lonely, living in the family house all by herself. R dreamed up ways of having other students go to live in the mother's house while on internships in the city where the mother lived. R felt satisfied that she was finding company for her mother while simultaneously neglecting to examine her own loneliness and feelings of needing additional emotional support. Finally, after the third group of students had moved out, her mother called her at college and told her to PLEASE not send any more students! R's mother said that she was doing just fine on her own and

did not want to buy groceries or prepare beds and meals for anyone else anymore!

R's worry about her mother was a clear projection of her own feelings and needs. As an older teenager, she was so busy preserving her independence and autonomy that she had defensively denied her deepest feelings about the loss of her father.

## Obstacles to Mourning

Developmental immaturity is one obstacle to mourning that, as stated, has been discussed at length and with great debate throughout the literature on mourning in childhood. However, there are many other obstacles to mourning in infants and children. Those who are not provided with an adequate substitute caretaker, those who experience many additional external stressors at the time of the loss and those who did not have an adequate relationship with the mother prior to her loss may experience difficulties in the effort to mourn her death. Incomplete mourning, delayed mourning, prolonged mourning or an absence of grief may result.

The lack of an adequate substitute caretaker is one of the most profound obstacles to mourning and to ongoing development which a bereaved child can face. The infant or child who has lost his mother requires love and nurturance for his psychological survival. The provision of a substitute caretaker who is able to maintain the child's routines, to be there to help the infant or child to regulate himself, to provide for his physical needs and to help him feel loved and cared for is absolutely crucial.

The presence of additional stressors can affect the bereaved child's ability to feel his own feelings and to go forward with the mourning process. Children who are forced to move to a new home, who experience the surviving parent as withdrawn, depressed or distraught, those whose economic circumstances become unstable, those who must deal with illness or injuries of their own or of other family members are at risk. For example, an 11-year-old girl was seen in a clinic setting in individual psychotherapy. Her mother had no idea what had happened with her, but

suddenly the girl's grades had slipped and she had become withdrawn. In the course of the evaluation, the therapist found out from the girl herself that she had recently moved to a new house. The house she had lived in previously had been the one where she last lived with her father before he had committed suicide. It was also the place where he committed suicide. Over the course of several sessions, the girl was able to talk about the fact that she had never mourned her father's death. When he died she felt she had to become the model child to make her mother happy. She did well in school and helped her mother around the house and with her younger brother. When the family moved, the girl experienced the loss of the home as a reminder of the loss of her father and the mourning she had delayed began to occur and to express itself in her sad mood and in her withdrawal from previously enjoyed activities.

And finally, Bowlby and Robertson (1952) observed that children who did not have an adequate relationship with their mother prior to separation from her did not experience the typical sadness, yearning and searching, regression, etc following her loss. Instead, they adapted to their new situation readily and expressed interest in the adults around them. While this may seem a better response than that experienced by children who are bereft, this behavior suggests poor ability to attach to intimate others and portends poorer attachment availability in the future.

## Outcomes

The research literature is mixed as to whether early parental death predisposes individuals to clinical depression or physiological illness, while there is a definite causal relationship with other psychopathology such as anxiety disorders, phobias, panic attacks and schizophrenia. As stated previously, complex interactions are thought to occur between the loss experience and variables such as the child's age at the time of the loss, the expression of grief or the lack thereof, the provision of an adequate substitute caretaker or the lack thereof, the occurrence of stressful events following the loss, the relationship with the surviving parent and the mental health of the surviving parent (Stroebe, et al., 2008).

Bifulco, et al., (1987) demonstrated that poor parental care following loss proved to be a strong mediator of the relationship between early parental loss and adult depression. Saler and Skolnick (1992) found that adults who described their surviving parent as neglectful, lacking in affection, over controlling or overprotective reported significantly more experiences of depression (Stroebe, et al., p.22). Kendler, Gardner, and Prescott (2006) found that early parental loss is a pathway to major depression in adult men, but numerous other factors also influence this pathway, such as genetic risk, low parental warmth, neurosis, low educational attainment, drug use and later stressful events. In women, early parental loss was also found to be a pathway to adult depression as well as to decreased educational attainment and poor interpersonal relationships later in life.

More research is needed to understand what the protective factors are in terms of the promotion of positive outcomes for children who have experienced early parental death. As might be expected given the above, a strong relationship with the surviving parent has been shown as protective against depression and deterioration in functioning in one of the few studies that has been performed on this topic (Lueken, 2000). This study also suggests that uncontrollable stress in childhood can, in some cases, given the appropriate external support, result in enhanced adaptive capacities later in life (Stroebe et al., 2001).

These findings in the research literature are congruent with the previously mentioned opinions of Bowlby, E. Furman, R. Furman, and this author. Support for children who have lost a parent early in life is crucial to scaffold and support the expression of affects associated with mourning, to help the child to understand the reality of their loss, to help them to work through the loss and to provide them with the love and support for their ongoing developmental needs.

Further research and clinical reports are needed to continue to answer the questions posed here: to what extent can children who have experienced the early loss of their mother fully mourn? To what extent can these children re-attach to a new love object, and what are the circumstances—internal and external—which allow and encourage these outcomes?

## BIBLIOGRAPHY

Abraham, K., 1924. A short study of the development of the libido; viewed in light of mental disorders. In Selected papers on psychoanalysis. London: Hogarth Press.

Ainsworth, M., Blehar, M., Water, E. and Wall, S. 1978. Patterns of Attachment: Hillsdale, NJ, Earlbaum.

Anthony, S.1940. The child's discovery of death. New York: Harcourt Brace.

Anthony, S. 1981. The discovery of death in childhood in childhood and after. Sydney, Australia: Penguin Books.

Bowlby, J., 1980. Attachment and loss: vol. 3. Loss: Sadness and depression. Harmondsworth, England: Penguin Books.

Bowlby, J. 1961. Processes of mourning. International Journal of Psycho-Analysis, 42, 317-340.

Brody, S., Siegel, M. & Rosenblum, A. (1992). The Evolution of Character. Birth to 18 Years: A Longitudinal Study. NY: International University Press.

Brody, S. & Axelrad, S. (1978). Mothers, Fathers, and Children: Explorations in the Formation of Character in the First Seven Years. NY: International Univ Pr

Deutsch, H. 1937. The absence of grief. Psychoanalytic Quarterly, 6, 12–22.

Freud, A., Burlingham, D., 1944. Infants without families. New York: International Univ. Press.

Freud, S. 1917. Mourning and melancholia. Standard Edition 14:237-258.

Furman, E. 1974. A Child's Parent Dies. New Haven: Yale University Press.

Furman, R. A. Death and the young child: some preliminary considerations. Psychoanalytic Study of the Child, 19, 321-333.

Greenacre, P (1960). Considerations regarding the parent-infant relationship. Int. J. Psychoanal. vol. XLI, pp. 571-584.

Grollman, E. 1967. Explaining Death to Children, Boston: Beacon Press.

Jacobson, E. 1957. Denial and repression. Journal of the American Psychoanalytic Association, 5:61-92.

Klein, M. 1953. A contribution to the psychogenesis of manic depressive states. In Love, guilt and reparation and other papers, 1921 – 1946. London: Hogarth.

LeShan, E. 1976. Learning to say goodbye: When a parent dies. New York: MacMillan.

Lindemann, E. 1944. Symptomatology and management of acute grief. American Journal of Psychiatry, 101:141-148.

Lopez, T. and Kliman, G. 1979. Memory, reconstruction and mourning in the analysis of a four-year-old child. Psychoanalytic Study of the Child, 34, 235-271.

Mahler, M., Pine, F. and Bergman, A. 1975. The psychological birth of the human infant. New York: Basic Books.

Masur, C. 1991. The crisis of early maternal loss. Play Therapy with Children in Crisis. pp.164 – 166. New York: Guilford Press.

Masur, C. 2001. Can women mourn their mothers? in Three Faces of Mourning, Akhtar, Salman (Ed). Jason Aaronson.

Masur, C. 1991. Alternative approaches in treating the bereaved child in Young People and Death, John D. Morgan (Ed.): Charles Press.

Nagera, H. (1970). Children's reactions to the death of important objects: A developmental approach. Psychoanalytic Study of the Child, 25, 360-400.

Nagera, H. 1981. The developmental approach to childhood psychopathology. NY: Aaronson

Spitz, R. 1965. The First Year of Life. New York: International Universities Press.

Stroebe, M., Hanson, R. O., Stroebe, W., and Schut, H. (Eds.) 2001. Handbook of bereavement research: Consequences, coping and care. Washington D C.: American Psychological Assoc.

Wolfenstein, M. 1966. How is mourning possible? Psychoanal. Study of the Child, 21, 93-123.

Wolfenstein, M. 1969. Loss, rage and repetition. Psychoanalytic Study of the Child, 24, 432-460.

Worden, J. W. 1991. Grief counseling and grief therapy: a handbook for the mental health practitioner (2nd ed.). New York: Springer Publishing Company.