THE RESOLUTION OF BEREAVEMENT: A CLINICAL FOCUS ON THE RELATIONSHIP TO THE DECEASED

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A long-term maladaptive response to loss is contrasted with an adaptive response evolving toward resolution. The quality of general functioning and the relationship of concept of self to that of the deceased are emphasized in the case analyses. These perspectives provide valuable information on the extent of adjustment to loss and the resolution of bereavement.

The evaluation of human response to loss is a problem of great complexity. One’s understanding the phenomena is influenced by the conceptual framework adopted, the timing of the evaluation, and the information sampled. To study the response to loss, it is useful to specify the factors of greatest significance at both empirical and inferred levels. The degree to which the data reported by observers of different theoretical orientations are examined increases the likelihood that central aspects of loss are involved. Of the aspects of bereavement referred to by most major workers in the field, three in particular stand out. These are the symptomatology associated with bereavement, the import of the phase and duration of the response to loss, and the measurement of the outcome of loss (Bowlby, 1977, 1980; Lindemann, 1940; Mawson et al., 1981; Parkes & Weiss, 1983; Rubin, 1981, 1984).

Phenomenologically, the bereavement response is characterized by anxiety, depression, guilt, helplessness, hostility, and somatic distress. These occur in the context of disrupted function and during a time when preoccupation with the deceased in the form of memories, thoughts, and images is at a peak (Freud, 1917; Lindemann, 1940; Parkes, 1972; Siggins, 1966). The application of a temporal matrix divides the response to loss into three empirical phases. These are the initial acute grief period of one to three months’ duration, the mourning period occupying one to two years, and the postmourning period which has no set time limit. In the middle and late phases of response to loss, the two-track model of bereavement distinguishes the affective and behavioral changes in the bereaved’s functioning from the preoccupation with the relationship to the deceased that is of particular significance in the mourning cycle (Bowlby, 1980; Kaltreider et al., 1984; Marris, 1974; Videka-Sherman, 1982). The two tracks represent distinct aspects of the outcome to loss and although related, they are not synonymous (Rubin, 1981, 1982, 1984).

In the period several years following loss, best understood as the “postmourning phase,” the observer is in a position to evaluate the outcome of the response to bereavement. While adjustment to loss implies normal affective and behavioral functioning, it is in the nature of the relationship of the bereaved to the deceased that is the best determination of whether the mourning has been resolved. If the relationship to the deceased is positive and adaptive, resolution is a fitting term. Where this is not the case—in the presence or absence of disturbed functioning—resolution of bereavement has not been accomplished. The dynamic relationship of the bereaved to the memories and associations of the deceased determine resolution. If, resolution is not achieved, it may be due to factors as diverse as ambivalence in the relationship to the deceased, psychopathology, delayed and avoided grief, chronic grief, idealization, or needs of the bereaved.

If functioning is adequate but the resolution is highly inappropriately valenced, resolution is not achieved. In those cases in which the relationship vis-à-vis the deceased is adjudged appropriate, maladaptive functioning, when present, should not be attributed to a continuing response to the

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loss. Preexisting character difficulties, alternative traumas, and psychopathology are examples of alternative sources of disordered function.

The adaptive task of the bereavement response, fully accepting the reality of loss (Freud, 1917; Volkan, 1972), is adjudged technically complete when the psychologically intense relationship to the deceased is defused and the finality of the loss accepted. The manifest mourning process concludes after the stabilization of postloss functioning. This generally follows a reduced preoccupation with the deceased. The intrapsychic process of relating to emotionally charged memories and associations connected with the deceased continues. The greater the comfort and fluidity with which one can relate to the representations (memories, fantasies, feelings) of the deceased—the more one can refer to "resolution" of the loss.

Examining the state of the relationship between the bereaved and the deceased involves a two-directional process. The first direction for exploration is the relation of self to other. The psychological attention and investment in memories of the deceased should not function as a substitute for relationships with other living individuals. Similarly one would expect that the perception of the deceased is open to change in a manner akin to relationships with living individuals.

In the reverse direction, the impact of the recollected relationship upon the bereaved's self-representation is equally important. Do memories of the deceased evoke a sense of well being? If recalling the deceased consistently evokes a sense of threat acting upon the self-representation, resolution has not been achieved. Where the representations of the lost other are available casually, and the cognitive-affective relationship is a facilitating one, resolution is implied.

Two cases focusing on resolution in bereaved individuals illustrate the above thesis. The individuals participated in interviews conducted by university students in conjunction with the author's course on bereavement.

Case 1

J was a 45-year-old woman who was bereaved of her eldest son David 5 years prior to being interviewed. Aged 17 when he died within a day of an accident, the boy was survived by a younger brother aged 7 and both parents. The extended family was described as providing support but the marriage was in a chronic unhappy state. J was interviewed two times for a total of 4 hours. From her appearance, self-report, and clinical impression, she had a negative outcome to bereavement with many aspects of unresolved chronic grief.

J described her current life situation as having changed dramatically and negatively following the death of her son. Prior to the death her family life was excellent; following the death an estrangement from her husband occurred.

J: Today my life is different from before my son's accident. Before, life was beautiful. We were a perfect family. Two children at home who studied, I worked, and things were fine. Following the accident, a drastic change, a very drastic change, took place. It's been nine years since he died and it's been very hard—things haven't been the same since.

In the course of the time that J spoke with the interviewer, the distinction between pre- and postloss softened somewhat, although for the majority of the interviews, she maintained the dichotomy. J described a dramatic change specific to the loss. An appraisal of her general functioning revealed a woman who was working, but with a mechanical quality and a chronically reduced energy level. Her resilience under criticism was low. Physical problems of both minor and major nature related to the postloss period were present. The motivation for her functioning arose out of a sense of obligation to her surviving child. She was typically fatigued, unproductive, and fixed the future with a joyless gaze. Clinically, she appeared as a depressed, anxious woman who displayed many features associated with the grief and mourning phases of bereavement.

Utilizing indices of preoccupation with the deceased, the picture of a chronic and continuing mourning was evident. She made frequent visits to the cemetery and experienced a cyclical sensitivity to the day of the week on which her son had died. She kept his clothes and things ready for him in the manner of munificence described by Geer (1972). Her behavior appeared to reflect her wish to remain united with her son rather than to be reunited with him. Such behaviors characterize the pattern of classic unresolved bereavement.

The nature of J's attachment to her son David provides understanding as to the function of the intense attachment. The deceased was described in glowing, idealized terms with a clear suggestion that the outstanding quality of the boy was his overwhelming devotion to his mother. He was vividly portrayed as an immediate presence and described as a sensitive loving boy who went out of his way to brighten his mother's life. He was ever helpful around the house, much as he had been to his father at his place of work. At no time during the interviews was David described independently as a significant and distinct individual. His mother's preoccupation with him was so great as to impinge upon her relationship with the surviving son. The deceased was idealized and caricatured to the point of losing complexity and credibility.

Interviewer: Do you have any negative memories of him?
J: None. He was always trying to make sure that things were nice and easy for me. Whatever I did for him was always fine.

Interviewer: Any difficulties occasionally?
J: No negative memories.

The recollected distortion of the boy served important functions for J. Faced with a highly unsatisfactory marriage in which her husband was described as habitually unavailable and involved with other women, J found support, solace, understanding, and communion with her eldest son. The relationship was vivid and alive—indeed far more so than anything
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described J's current life. It was used in place of an adaptive attempt at a solution to her current life situation. J was unavailable to her living son when she tried to be. She was flooded by memories of her deceased son at the confirmation (bar-mitzvah) of her youngest. She was unable to supply emotional needs, and compensated by responding to physical needs. She remained at home every weekend with her memories and fantasies, while the nuclear and extended families went on excursions.

In the case of J a pathological adaptation to loss, an inability to complete the mourning phase, and an inability to resolve the relationship with the deceased into a balanced picture are present. The loss has not been accepted although there is an intellectualized acknowledgment of the boy's death. The preoccupation with the deceased serves as a dam against a reality that is too bleak. Thus, the degree of involvement with the deceased and the manner in which it is experienced interfere with J's opportunity to construct a different reality.

Where symptomatology is so prevalent, the distinction between maladaptive function and difficulties in the relationship to the deceased may seem academic. Are the two areas correlated, interconnected, or coincidental? Data from this case alone will not resolve the broad questions involved. Fundamentally, she has not denounced her son as a source of living gratification and has effectively denied accepting the reality of her bereavement.

The dual nature of resolution of the relationship to the deceased in loss looks at the relation of self-representation to that of the other, and the reverse, the representation of the other as it affects the self-representation. J relates to her deceased son, the representation of the other, as the single most important relationship in her life. It is the most gratifying and most real. Her relationship to this son functions as a substitute for relations with the living, and not as an adjunct to them. It is a compulsive relationship with another that has remained frozen in time—cognitively and affectively.

On the dimension of other to self, the memories of the boy do not evoke negative affects per se. The representation of the deceased is not available casually but obsessionally. The memories of the boy dominate J's self-image by their centrality. They are not facilitating but paralyzing. The memories and representations of the boy have never evolved into recollections as they are still real and current. The extreme elements of idealization and the denial of negative affect produce defensively positive feelings that function as a substitute for growth and adaptation. Thus at both aspects of the relationship to the deceased, self, and other, J achieved neither resolution nor acceptance of the reality of her loss. As admitted to J by herself, there were preloss problems apparent in the family that predated her son's death. Her resistance to acknowledging these facts and her preoccupation with her dead son, make the 9-year outcome of this bereavement response a negative one.

Case 2

L was a 24-year-old university student who was bereaved of Bill, the man with whom she had been living for some three and a half years, 18 months before she was interviewed. Bill was killed while on active duty in a controversial war.

Following the news of her partner's death, L underwent a period of acute grief characterized by anger at the military authorities for their handling of notification, anger at her friends for their lack of support, depression and sadness, support of her and his parents, frequent visits to the grave, and by a painful series of recollections of their life together. As time passed, L gradually rebuilt her life, changed apartments, took up school, and moved to another city. After one year, L entered a relationship with the man she lived with at the time of the interviews. When interviewed, L was doing well in school, living with someone she loved, and generally functioning at a positive level along personality, behavioral, and interpersonal dimensions.

In contrast to J, L reconstructed her life to the point where she had apparently completed the behavioral readjustment following loss as evidenced in her general functioning. There was no indication of pathology, no evidence of defensive denial of difficulties, no somatization. These facts suggested that in terms of general adjustment, L functioned quite well. Her generally favorable adjustment allows for the examination of the state of her resolution of the loss. How intense was preoccupation with the deceased? How was the deceased conceptualized and remembered? What were the representations of the deceased and how were they related to L's self-representation?

L's preoccupation with the loss had lessened with time. She had no mementos of Bill in her current apartment but kept them in a special area at her parents' home. In the first months after loss, she spent a great deal of time at her parents' home with these keepsakes and wept a great deal. At the time of the interviews, she went but rarely. The mementos contained many of the things that Bill collected when they lived together. She felt the need to stress that the corner, and a place in...
her heart, would be Bill's forever. She carried no pictures in her wallet. For her, Bill was identified with a corner at her parents' home. In contrast to earlier in her response to loss, she visited the grave once every few months. L related that she had occasional dreams of Bill and wondered if they represented a secret wish for his return. In the interview this was followed by her concern that she may forget him. She remained with the doubt, "I think it's OK to pick up life again, but am I doing it too quickly and being unfair to Bill?"

L described her relationship with Bill as very special but not unblemished. She described positive and negative aspects of Bill and their relationship. Bill was her first love and very special to her. He was sensitive, open, and personal as expressed to both L and to his parents. To his mother he was a source of support, strength, and ease, while with his father he had a unique relationship. During the time they lived together, L had been irritated with Bill for his tendency to collect and document their life as it unfolded. The constant pictures, diaries, and paraphernalia associated with their life tended to make the house a museum. Now, some of these serve as the reminders of their life.

Criticizing aspects of Bill, L tended to stress the negative aspects of those attributes that drew her to him. For example, she felt that his sensitivity at times had been too great. This had left her feeling at times that she was the stronger of the two. He had a tendency to give in to her too often. Disagreements such as these had led them to separate for several weeks. They were later reconciled and went on to live together until his death. Relating the memory of their separation led her again to add that she feared forgetting him.

From L's description she appeared to experience mild but acceptable feelings of aggression and guilt that were accompanied by occasional periods of conflict and tension. The stimuli for feelings of anger directed toward Bill were described:

I can't say I blamed him, but there were moments of anger. How could he be go without a word, without saying goodbye? Of course, he's not to blame. But when I look at that moment where he could have told me before. Why didn't he tell me, why didn't he prepare me? Why didn't we think of it, that it could happen?

L was deeply involved with her current companion, while maintaining an attachment to Bill. For her, managing the relationship to her current companion and her deceased lover could best be described as being between two worlds. L lived with her current companion while maintaining a relationship with Bill's parents. The relationship was a source of mild tension between her and her current partner. Although L did not think of herself as a widow, she did feel that the relationship with Bill had been a major one in her life.

Although happy with the person she lived with, L did not contemplate marriage for the foreseeable future. She was aware of the great pain caused by the death of Bill and yet would enter into the relationship again if she could relive her life. Her greatest fear thinking of Bill remained that she would someday forget him and not visit his grave yearly. She rarely spoke of these things to her companion so as not to trouble him. For his part, he knows of these matters to a degree and was understanding and supportive.

Examination of the case of L is noteworthy for the adaptive nature of her life functioning and her ability to reconstruct and enter into new relationships. That she does so while maintaining an attachment to the deceased does not obscure the intensity of her attachment to him was diminishing. Discomfort, mild tension, guilt, and hostility were present. L conveyed above all else a sense of dynamic and ongoing processing of the relationship to the deceased suggestive of a healthy adaptation to the crisis of loss.

A focus on the relationship of self to the deceased indicates that resolution had not yet been achieved. The likelihood of a positive outcome, however, was high. L's relationship with Bill did not serve as a substitute for relationships with others, and his memory was neither erased nor obsessively retained. He was valued, but in the manner consistent with L's other relationships of L. The continuing integration of L's relationship with Bill into her life experience will probably continue for some time. The impact of the memories of Bill upon L's self-representation were circumscribed and presented no cause for concern. Her thinking of Bill neither prompted significant negative affect nor was there any indication that Bill represented a troublesome figure who impinged negatively upon L's self-concept.

The case of L, although characteristic of the latter part of the mourning phase, demonstrates the factors taken into account when assessing the resolution of bereavement in uncomplicated adaptation to loss.

Conclusion

The sequence of response to loss occurs over years as an extended process. The initial task of
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the bereavement response, accepting the reality of loss, involves affective and intellectual acknowledgment. The time-frame for this acceptance to solidify can take years, but does reach closure. Dysfunctional behavior as symptomatic of the response to loss subsides relatively early in bereavement. The extent of preoccupation with the deceased tends to subside over time, although typically at a slower pace than the return to function. The quality of the recollected relationship to memories of the deceased constitutes a major factor in the assessment of the outcome and resolution of the loss experience.

In the two cases reviewed, the contrast between a maladaptive response to bereavement and an adaptive response evolving toward resolution was explored. In the former, behavioral dysfunction, inappropriate intensity of the relationship to the deceased, and a shallow idealized conception of the deceased converged to yield a negative outcome to loss. In the second case, healthy behavioral function and an appropriate intensity of involvement with the deceased were predominant. This allowed for the examination of the resolution of loss to be assessed via the quality of the relationship. The description of the deceased was consistent with that of a multifaceted individual who had been loved—and lost.

References


