Mourning distinct from melancholia: The resolution of bereavement

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The premise that mourning has been satisfactorily completed when symptoms associated with the response to loss subside is rejected. The emphasis on the bereaved’s behavioural functioning in adjustment to loss has tended to overshadow the recollected relationship to the deceased as a major dimension in the resolution of loss. Elaborating the two-track model of bereavement (Rubin, 1981), the author focuses upon the relationship to the representations of the deceased from the object relations point of view. The active relationship between representations of the deceased and the bereaved’s self-representations define resolution of loss. Two cases are presented to illustrate the thesis.

Does the absence of psychopathological symptomatology years after loss indicate that bereavement has been successfully worked through? If the survivor has been able to return and fill a productive role in society, has loss been resolved? When protest, searching, despair and reorganization have been traversed (Bowlby, 1980), is mourning finally complete? The prevalent premise that mourning is incomplete in the presence of psychopathological reactions is characteristic of an emphasis on overt behaviour and affect in the assessment of reaction to loss (Freud, 1917; Lindemann, 1944; Bowlby, 1980). Attention to the symptomatic indicators of mourning has been the leitmotif underlying many of the papers published on arrested, healthy and pathological mourning (e.g. Raphael, 1978; Videka-Sherman, 1982; Rando, 1983). The psychological relationship of the survivor to the deceased is a dimension of great significance in bereavement. While the stress on function is valuable, it has tended to overshadow the quality of the recollected and remembered relationship to the deceased in the latter phases of the response to loss. Moreover, this relationship will antedate and postdate shifts in the bereaved’s manifest functioning.

To highlight the complementary but semi-independent status of personality function and the relationship to the deceased in the bereavement response, the author has proposed a two-track model of bereavement (Rubin, 1981, 1982). This model separates the analysis of personality function from the object detachment aspects of the bereavement process. While recognizing that the somatic, cognitive and emotional changes in the individual characteristic of the grief period are triggered by loss (Lindemann, 1944), these are not identical with absorbing the meaning and full impact of the death. One can be consciously and unconsciously processing the loss without necessarily manifesting the functional and symptomatic indicators associated with grieving. The process of reorganizing one’s internal world view (Parkes, 1975) as a result of the death is also a process of reorganizing and reappraising much of the relationship with the deceased. As its inception, the object detachment process is concomitant with the shifts in functioning that characterize the bereaved at the beginning of the response to loss. In time, as the process unfolds, the symptomatic and behavioural personality changes subside, become fixed or disappear. The cognitive shifts and reorganization of the relationship with the deceased continue for some time. Years later, some preoccupation with the deceased is common and may indeed be normative although symptoms as such may not be present (Pollock, 1975; Friedlander, 1980; Rando, 1983; Rubin, in press). The essence of the two-track model is that the response-to-loss process occurs at both the personality–behavioural and the object-related levels.
Assessing the nature of the resolution in the years following bereavement is a complex process. Beyond comparing current and pre-loss levels of functioning, it is necessary to gauge the extent of acceptance of the reality of the loss and the survivor’s adjustment to this fact (Parkes, 1972; Volkan, 1972). Furthermore, the thoughts and feelings associated with the image of the deceased and the relationship to the survivor are relevant. Before focusing on the object-relational aspects in the resolution of bereavement, the adaptive goals of the bereavement response are considered.

**Bereavement, grief and mourning**

Many workers in the field of loss consider the adaptive goal of the bereavement response as the assimilation of the reality of the loss. Acceptance and adaptation to this state allow the changed reality to be mastered. The manifestations of grief and mourning are the expression of the cognitive-affective process by which the survivor gradually acknowledges, copes with and ultimately adjusts to the reality of the loss. If the bereavement process is avoided or truncated, the risk to the survivor’s ability to manage the demands of living are increased. The wish to avoid or minimize the pain of loss is not surprising, for following the death of a significant loved one, the survivor begins a painful journey through the bereavement response. This response is characterized by anxiety, depression, hostility, guilt and helplessness. These may occur in the context of disrupted functioning and during a time when preoccupation with the deceased in the form of memories, thoughts, images and reveries is at a peak (Freud, 1917; Parkes, 1972; Bowlby, 1980). The initial stage of grief, lasting for up to three months, is a time of acutely painful affects and many changes in routine function. With the passage of time, the less disruptive mourning period is reached. Here, the preoccupation with the deceased and the affects associated with loss gradually decline (Lindemann, 1944; Siggins, 1966; Marris, 1974). During the grief and mourning periods, the bereaved reviews his or her relationship to the deceased and copes with the world that no longer contains the loved one. The adaptive task of the bereavement response, fully accepting the reality of loss (Freud, 1917; Volkan, 1972), is adjudged complete when the psychologically intense relationship to the deceased is defused and the finality of the loss accepted.

At a point in time when the bereaved’s personality function has stabilized and reached homeostasis, the manifest mourning process concludes. The intrapsychic process of relating to the memory of the deceased continues. In what may be termed the epilogue to mourning, less intense but emotionally charged memories and associations connected with the deceased remain. At this point, it becomes possible to assess the quality of the recollected relationship to the deceased.

**Resolution of loss and the relationship**

Resolution of loss is the process that supplements adaptation to loss. The relationship to the image of the deceased following mourning remains a circumscribed but ongoing experience involving recollection, imaging and association at conscious and unconscious levels. The ongoing relationship is similar to the relationship to the representations (memories, fantasies, feelings) of those who exist, as experienced in psychological reality. The greater the comfort and fluidity with which one can relate to the representation of the deceased, the more one can refer to ‘resolution’ of the loss.

Psychoanalytic considerations of the nature and function of intrapsychic objects are relevant to the understanding of the process of relating to the internal other (Rizzuto, 1979). Although within the object relations perspective there is a developmental aspect, an ego-structuralizing and a relational aspect (Blatt, 1974; Sandler *et al.*, 1976), it is from the relational frame that the resolution of loss may well be examined.
The relationship between two people, even if looked at from only one side in terms of the subjective experience and activities of one of the people concerned, involves very subtle and complicated cues and signs. A whole variety of feelings, wishes, thoughts and expectations are involved in the interaction which is characteristic of the ongoing relationship between two people. This is not only true for a relationship between two real people. An object relationship in fantasy will also involve a similar sort of interaction between self and object representations (Sandler & Sandler, 1978, pp. 285–286).

The object relations approach makes its first contribution by underscoring the importance of the representations of individuals whom we know and knew as they are organized in our minds (Beres & Joseph, 1970; Bowlby, 1977). It is understood that the representations are more than mere memory grouping of impressions, interactions, feelings, understandings and distortions surrounding the other (Stierlin, 1970). There are elements of fantasy intermixed with the reality in our storage of this information (Winnicott, 1971), but the central reality base is important. Object relationships with others are significantly influenced by internal object schemata (Bowlby, 1977). A person's representations of another are most relevant for how they affect perceptions and interactions with that specific individual. These representations are a significant and indispensable part of the relationship with the other. In bereavement the cessation of present and future interaction with the deceased in the real world leaves the internal elements to bear the weight of the relationship.

The second contribution of the object relations framework emphasizes that the representations of others are relevant to an individual's self-perception, affective functioning, and psychological well-being (Joffe & Sandler, 1965). At conscious and unconscious levels internal self-definitions and self-representations are shifting and constantly reworking relationships and memories of the past (Rizzuto, 1979). These relationships are relevant to the internal homeostasis of the self-representation.

Perhaps no better examples in adult life exist than the changes in relation to one's own parents brought about by the developmental achievement of adulthood, the experience of child rearing and the parenting of one's own parents (Cohler & Grunebaum, 1981). A similar phenomenon is familiar to those who practise psychotherapy and to those who have undergone it. The internal representations of the relationships to spouse, parent and child are of particular significance in the psychological life of the individual.

The parameters of resolution

Approaching bereavement on the basis of the relation to the internal object representations invites a focus and perspective on resolution. The current state of the resolution of loss can be considered by examining the state of the relationship between the bereaved and the deceased.

The relationship to the internal representations of the deceased is bidirectional. The first direction for exploration is the relation of self to the other. We would expect the perceptions of the deceased and the relationship to be open to change. They cannot remain frozen in time, either cognitively or affectively, as petrified representations of the other as he or she was and was related to in the past. Furthermore, the psychological attention and investment in the memory of the deceased and the relationship should not function as substitutes for relationships with other living individuals. Rather they should be an adjunct to them.

In the second direction, resolution offers a perspective on the impact of the recollected relationship as it relates to the bereaved's self-representation. Do memories of the deceased evoke a sense of well-being or a sense of threat? If recalling the deceased consistently evokes significant guilt, fear, depression or relief at the death, resolution has not been
achieved. On the other hand, if the representations of the deceased are available casually, if the cognitive-affective relationship is facilitating rather than threatening, and if recollection is a source of warmth and a pleasant experience, then resolution is suggested. Ultimately, if memories of the deceased stand with rather than against the self-representations, the term 'resolution of bereavement' adequately describes the internal object relationship and the response to loss.

Clinical material

Mrs Susan L., a woman in her early 40s, was interviewed as part of a control group for a study exploring the relationship of non-bereaved married mothers to their children (Rubin, 1982). Her widowed status was discovered after she had arrived to participate in the study and had completed measures of attitude and anxiety. Initially interviewed as a courtesy, her interview quickly evolved into an open-ended discussion on how she had adjusted and reorganized her life and relationship to her husband after his death.

Mrs L. lost her husband due to a heart attack four years before the interview. One day she had been a housewife and mother of two, the next she was a widow with children to support. Following a period of shock, she began to realize the magnitude of her loss. She had lost her companion, her sexual partner, the co-parent of her children, and the family provider. She was confronted with the mortgage, tax responsibilities and the numerous odd jobs that her husband had attended to around the house. She also lost her feeling of being protected, sheltered and safe. Coping well, Mrs L. slowly but determinedly moved to learn and relearn a repertoire of skills. She assumed the role of working woman and mother while relinquishing the home-maker role that she had lived so well in the past.

Mrs L.'s pleasure in her ability to cope, work and consider returning to school was notable. When questioned specifically about her sense of self and her relationship to her husband, Mrs L. acknowledged that she continued to miss her husband at times. She particularly missed his comforting, support and fathering of the children. As she elaborated on qualities related to the kind of person he had been, Mrs L. gave a balanced picture of a man in his own right as well as of a spouse and provider. Mrs L., however, did not miss the housewife role that she had fulfilled so well while her husband was alive. In describing her increased ability to cope with life, Mrs L. spoke of having learned the confines of the home-maker role. She had given it up — without the bitterness and rancour that characterized many women who had made similar transitions. She saw in her relationship to her husband an experience that was not buried in the past. She could relate to the specific things she missed about him and their relationship, as well as what she did not miss. The changes in her life had required Mrs L. to re-examine the relationship with her husband, the years of marriage, her needs and his. She had experienced pleasure in her own sense of competence — and in this sense had become 'liberated' by her husband's death. Her sense of continuity with her younger married self, and her comfort with the recollections of that self, had allowed her to accept herself and her husband.

The case vignette of Mrs L. provides a brief illustration of what is involved in the resolution of loss. Her general personality functioning was similar to that of non-bereaved women. Significantly more relevant here, however, was the quality with which she related to the memories of her late husband. In the context of a significant change in self-concept, she did not present the sharpened sense of threat to either self- or object image that has been discussed earlier. Had she lost the ability to recall her husband's positive qualities and character, had she remained preoccupied with the restrictions of life with her husband, or had she felt guilty about her expanded horizons following his death, resolution would not have been achieved. While resolution need not be a fixed or permanent achievement, it does express the dominant experience of the loss in conjunction with the current developmental stage of the survivor.

The case of a woman relating to her deceased husband's memory while redefining her life and life-style is one type of response to one type of loss. Certainly this loss is different from the experience of a parent relating to the representations of a deceased child (Rubin, in
Mourning and the resolution of bereavement

Mr Dennis K. was a 31-year-old university lecturer who entered psychotherapy in response to difficulties making career decisions. His wife, herself in therapy for a number of years, had suggested the idea and Mr K. began treatment to see what it had to offer him. During the initial psychotherapy interview, Mr K. sketchily described his mother and his relationship with her. Her death had followed a lingering illness when he was 10 years old.

Successful in his profession, Mr K. had managed to establish himself professionally on both sides of the Atlantic. His interpersonal relationships were warm and his relations with his wife and daughter generally satisfactory. His professional pursuits were gratifying and he was creative in his work. Prior to entering treatment, Mr K. had been experiencing a sense of sadness and frustration which he ascribed to difficulties in his relationship with his wife that interfered with his work. After a few sessions, it became clear that the actual discomfort was with his father and sister. He had separated from them to study abroad and he returned after his studies to their city to be near them.

Mr K.’s wish to experience the closeness of childhood with members of his family of origin had been frustrated by reality. It became clear that Mr K.’s difficulty in making career choices was a product of his inability to decide whether or not to relinquish unrealistic hopes for closeness with his father and sister. As he realized the source of his difficulty, Mr K. was able to shed his paralysis, mourn his frustrated wish for closeness to his father and sister, and pursue career opportunities requiring him to relocate in a new city.

In contrast, Mr K.’s mother did not emerge in clearer detail over time. Much of what he said about her was limited, recalled with a sigh but no other differentiated affect, and without substance. He remembered little of their life together with the exception of a parental quarrel of which he had been the object. The general sense of the woman was lost. It surprised and disconcerted Mr K. that he was unable to recall details of his 10 years with his mother. Nonetheless, this difficulty did not prevent him from exploring his relationship with his father and sister, mourning the unrealized wish for closeness, and proceeding to become overtly symptom free.

The question of resolution here was complicated by Mr K.’s age at the time of his mother’s death (Furman, 1974; Bowlby, 1980) and by the presence of a defensively scanty recollection. Mr K.’s inability to relate to or utilize a helping image of his mother suggested that the ability to relate to the internal representations of the woman was problematic. Whereas his relationships to living individuals in his family and workplace were complex multidimensional affairs, the memory of the mother existed as a vague entity with which he could do little. The recurrent sigh that accompanied Mr K.’s mention of his mother implied a reservoir of unresolved mourning that he was unable to attend to during the opening phase of his treatment.

Mr K. represents a case where, on measures of function and ability to relate to others, the individual is asymptomatic. The relation to the object itself, however, indicates that resolution in the form of access to the memory and utilization of its helpful valence is unachieved.

Conclusion

During that phase of response to loss termed the epilogue to mourning, there remains an ongoing active relationship with memories of the deceased. The resolution of loss describes the bereaved’s positive experience of the representations of the other alone, and in relation to his self-representations. Resolution implies that the bereaved should neither overidealize nor denigrate and devalue the deceased. The lost other should be neither too close nor too distant from the active self-representations, and neither overpower nor be overpowered by the self-representations.

Behavioural dysfunction, refusal to accept the reality of the death and an inability to...
relate to the memory of the deceased may serve as dramatic indicators of dysfunction in response to loss. The elements of successful resolution, however, appear to be found beyond adjustment per se. The treatment of problems in the management of the relationship involves examination of the current status of the survivor and the recollections of the other. Thus exploration into the meaning of the deceased, and the memories, experiences and feelings that constitute the representations of the other vis-a-vis the survivor, is important. To begin to understand these elements, the bereaved’s answers to the following questions can be useful: What was and is the meaning of this lost person in your life? What about you was and is evoked, facilitated and hindered in the recollected relationship? How has your appraisal and relationship to this person, available in memory but not in reality, changed? By focusing upon change and evolution in the recollected relationship to the deceased, we study not adjustment but resolution of bereavement.

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References

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