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**THE DYNAMIC EFFECTS OF THE CHILD'S
SEPARATION-INDIVIDUATION PROCESS ON MOTHERING
IN WOMEN WITH EARLY MATERNAL LOSS**

by

Ellie Gelman

**A dissertation submitted to the Graduate Faculty in Psychology in partial
fulfillment of the requirements for the degree of Doctor of Philosophy, The City
University of New York.**

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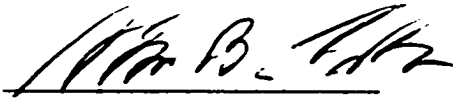
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This manuscript has been read and accepted for the Graduate Faculty in Clinical Psychology in satisfaction of the dissertation requirement for the degree of Doctor of Philosophy.

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ABSTRACT**THE DYNAMIC EFFECTS OF THE CHILD'S
SEPARATION-INDIVIDUATION PROCESS ON MOTHERING
IN WOMEN WITH EARLY MATERNAL LOSS**

by

Ellie Gelman**Advisor: Professor Steven Tuber**

This study investigated the relationship of early maternal loss and motherhood, with a specific focus on the capacity of maternally-bereaved women for self- and object differentiation. Two groups participated: a study group of 10 women who lost their mothers between about 5 and 12 years of age, and a comparison group of 10 women whose mothers were still alive. All 20 women had young children. Subjects were administered two projective measures: the Object Representation Inventory and the Rorschach Inkblot Test. In addition, women in the study group responded to a semi-structured interview designed to elicit feelings about childhood loss; separation experiences from their own children; and the possible interaction between the two. Quantitative results showed that maternal representations were at a lower developmental level among women who lost their mothers in childhood. However, maternally-bereaved women's representations of the child were at a significantly higher developmental level than representations of the mother. And maternal-loss

status did not relate to impaired object relations on the Rorschach. Qualitative findings showed that maternal bereavement had a lasting deleterious impact, but also lent support to the idea that motherhood was an impetus for psychological growth and resolution of mourning.

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The Salutation

These little Limbs,
 These Eyes and Hands which here I find,
 This panting Heart wherewith my Life begins;
 Where have ye been? Behind
 What Curtain were ye from me hid so long?
 Where was, in what Abyss, my new-made Tongue?

When silent I
 So many thousand thousand Years
 Beneath the Dust did in a Chaos lie,
 How could I Smiles, or Tears
 Or Lips, or Hands, or Eyes, or Ears perceive?
 Welcome ye Treasures which I now receive.

I that so long
 Was Nothing from Eternity,
 Did little think such Joys as Ear and Tongue
 To celebrate or see:
 Such sounds to hear, such Hands to feel, such Feet,
 Such Eyes and Objects, on the Ground to meet.

From Dust I rise
 And out of Nothing now awake;
 These brighter Regions which salute mine Eyes
 A Gift from God I take:
 The Earth, the Seas, the Light, the lofty Skies,
 The Sun and Stars are mine; if these I prize.

A Stranger here
 Strange things doth meet, strange Glory see,
 Strange Treasures lodg'd in this fair World appear,
 Strange all and New to me:
 But that they mine should be who Nothing was,
 That Strangest is of all; yet brought to pass.

Thomas Traherne
 (1637?-1674)

INTRODUCTION

Traherne's poem (n.d./1990, pp. 123-124) evokes an experience that is familiar to many new parents. The joyous exploration of one's baby--from downy head to tiny foot--leads not only to discovery of the child but to rediscovery of aspects of the self. In particular, what the poem suggests so beautifully is the baby's power to provide a reparative experience, a new beginning, for a parent who in some way was traumatized early on--who "So many thousand thousand Years/Beneath the Dust did in a Chaos lie." Indeed, psychoanalytic writings as well as clinical experience suggest that having a child can lead to psychic reorganization and repair in the parents. This study, "The Dynamic Effects of the Child's Separation-Individuation Process on Mothering in Women with Early Maternal Loss," explores the reasons why such a reparative process seems to occur in some women and what the mechanisms involved might be.

Investigation into the nature of the repair inevitably raises questions about the nature of the loss, and about how the two interact in the experience of parenthood. Becoming a mother, along with providing opportunities for growth, can be a traumatic event that reawakens early and unresolved feelings of loss (Donald Marcuse, personal communication, October, 18, 1996). For while it is a matter of ongoing controversy whether and how young children mourn, the literature is quite clear that the loss of a mother early on has enduring and sometimes pathogenic effects upon the surviving child that persist into adulthood (Bowlby, 1963/1994; Jacobson, 1965/1994). Object relations theory suggests that the capacity for separation-differentiation may be especially compromised in connection with unresolved mourning.

This topic began to take shape in the course of conversations with women who had lost their mothers early on, and who were struggling to negotiate separations from their own young children. One conversation in particular helped bring the issue into focus. Marnie (not her real name), who had lost her own mother several decades earlier, described her attempts to deal with an ongoing problem she and her young daughter were having. Every weekend, during their long drives to and from the country, the two would argue over what music to play in the car. Finally, Marnie came up with what she considered the perfect solution: giving her daughter a Walkman so she could listen to children's tapes in the backseat. There was only one problem: while the daughter was perfectly content with this arrangement, the mother couldn't tolerate the new separation that existed between them by virtue of earphones and different music. Was it possible, I wondered, that Marnie's experience of loss in that moment was connected with the absence of her own mother during much of her life?

Conversations with Marnie and other maternally-bereaved women suggested that 1) these women unconsciously identified their children with their mothers, and 2) that the psychic threat of once again losing a loved one made it more difficult to tolerate their children's growing independence. Indeed, psychoanalytic writers (e.g., E. Furman, 1982; Mahler, Pine & Bergman, 1996) view separation-individuation as a mutual leave-taking, since the mother experiences her child's autonomy as a loss of symbiotic closeness. This study looks at how separation and individuation--both as an intrapsychic achievement and as a dyadic process--presents maternally-bereaved women with difficulties in mothering as well as opportunities for psychological growth.

STATEMENT OF PURPOSE

This study examined the relationship between the maternally-bereaved woman's intrapsychic experience of early loss and her own functional capacities as a parent. Toward that end, the study attempted to capture both the mother's conscious and unconscious representations of herself, her child and her mother. The study group consisted of women who lost their mothers between the ages of approximately 5 and 12, for the following reasons. Prior to age 5, a child is considered unlikely to have achieved object constancy, one of the milestones theorists (e.g., R. Furman, 1973/1994) cite as a prerequisite for some mourning to occur; also, she would have few memories of her mother before then. After age 12, the child is more likely to be developmentally capable of mourning (Wolfenstein, 1966/1994). By including women who lost their mothers between those two extremes, I attempted to capture the experience of unresolved mourning that is central to this study.

In addition, the women in the study group had children between the ages of 1 and approximately 6. This age range was chosen to help tease out maternal attitudes toward separation-individuation, since these were the years that their children were undergoing or still close to the process--whether it was weaning from the breast or starting school.

The comparison group consisted of 10 women whose mothers were still alive and who also had children between the ages of 1 and 6.

A semi-structured interview was developed to explore conscious attitudes, while unconscious attitudes were tapped through the use of two projective tests: the Rorschach Inkblot Test and the Object Representation Inventory, or ORI, which rates

the level of a person's object representations through descriptions of significant others (Blatt, Wein, Chevron & Quinlan, 1979). The goal of studying women's conscious and unconscious attitudes toward their mothers and their children was twofold: to deepen our theoretical understanding of how unresolved mourning can be worked through in adulthood, and to deepen our clinical understanding of what might help long-bereaved women become more available to their own children.

CHAPTER ONE

REVIEW OF THE LITERATURE

The theoretical domains for this study are object loss; adult development; separation-individuation; and object representations.

Object Loss

Psychoanalytic Theories of Mourning

The psychoanalytic understanding of mourning begins with Freud's "Mourning and Melancholia" (1917/1994). In this essay, Freud posits a distinction between normal mourning and pathological mourning, or "melancholia." Mourning is the normal reaction to the loss of a loved person or of some abstraction--country, home, ideal--that has the emotional meaning of a loved object. Mourning is extraordinarily painful, but it resolves itself through the passing of time; it requires no special intervention. The work of mourning, according to Freud, involves the withdrawal of libido from attachment to the lost object. Although reality testing tells the bereaved that the object no longer exists, the strength of the wish to deny the loss makes decathexis difficult. Freud (1917/1994) writes: In the decathexis, "each single one of the memories and expectations in which libido is bound to the object is brought up and hypercathected, and detachment of the libido is accomplished in respect of it" (p. 39). At the conclusion of mourning, the person is free to love again.

Klein's (1940/1975) contribution to the psychoanalytic understanding of mourning centers on the idea that losing a loved one in adulthood reactivates painful feelings of loss that occur in normal development, when an infant struggles to attain the depressive position. Calling the depressive position "melancholia in statu nascendi" (Klein, p. 96), she holds that the infant experiences grief when he comes to feel that he has lost his good internal object as a result of his own greed, and longs to regain his good object. In his attempts to avoid this pain and sense of loss, the infant relies on manic defenses--omnipotence and denial, chiefly--that impede the work of mourning.

Klein (1940/1975) underscores the crucial role that the "visible" mother plays in reassuring the child that she has not destroyed her good object. She writes: "The extent to which external reality is able to disprove anxieties and sorrow relating to the internal reality varies with each individual, but could be taken as one of the criteria for normality" (p. 97). In other words, some children, by virtue of innate characteristics such as temperament, may not be able to use the external mother to neutralize paranoid fantasies about their internal objects. The child whose actual environment is seriously flawed, or who lacks a mother, faces an even greater challenge in his attempts to move from the paranoid-schizoid to the depressive position. Says Klein:

Unpleasant experiences and the lack of enjoyable ones, in the young child, especially lack of happy and close contact with loved people, increase ambivalence, diminish trust and hope and confirm anxieties about inner annihilation and external persecution; moreover they slow down and perhaps permanently check the beneficial processes through which in the long run inner security is achieved. (p. 98)

Like Freud (1917/1994), Klein identifies ambivalence as a key component of pathological mourning.

Loewald (1962/1994) views the work of mourning as a repetition of the resolution of the Oedipus Complex--with important differences. In the actual Oedipal phase, parents continue to exist and promote "a partial detachment" (p. 132) from themselves and, in the process, promote internalization and superego formation. Citing Benedek's seminal 1959 paper, *Parenthood as a Developmental Phase: A Contribution to Libido Theory*, Loewald says that this process allows a developmental change not only in the child but in the parents as well; optimally, a mutual deidealization gradually occurs that will allow both parent and child to "lose their archaic insistence on narcissistic perfection" (p. 135).

Loewald posits a similarity between this process of relinquishment and subsequent internalization of objects at the resolution of the Oedipal complex, and the process of post-childhood mourning. Of "true," i.e. successful mourning, Loewald (1962/1994) says: "the loss of the beloved person is perhaps temporarily denied but gradually is accepted and worked out by way of a complex inner process" (p. 124). Relationships with external objects become part of the person's ego system. When mourning is not successful, there is either denial that the loved person ever existed or denial that the loss has occurred. In the first instance, it is the past that is denied, in the second the future is denied. Ways of denying the loss of the object include finding substitutes, but without a true capacity for forming new, lasting external relations. True separation from external objects (as opposed to "rebellion") reduces a person's sense of deprivation and loss (Loewald, 1962/1994, p. 130).

In viewing mourning not merely as a grief reaction but, rather, as a working through of the loss of an object (Laplanche & Pontalis, 1973), Freud was the first to point to the complexity of the process and the many ways in which it could fail to reach a successful resolution. Freud, Klein and Loewald all address the crucial role that internalization plays in this process: only by identifying with aspects of the relationship and making them part of the ego can a person afford to let go of someone or something he has loved. To the extent that becoming a mother facilitates mourning, it may be the result of the woman's internalization of those aspects of her relationship with her child that evoke her relationship with her own mother.

In addition, in their view of mourning as a step in normative development, Klein and Loewald underscore the important role that the actual parent plays in helping a child to develop psychic structure. For instance, the child who must give up sexual wishes for the parent at the resolution of the Oedipus complex is helped not only by his increasing identification with his parents but, also, by their continued guiding presence in his life. Without the parents' actual presence, the murderous fantasies of the Oedipal period are terribly frightening.

The implications for a child whose mother has died are enormous. The absence of what Klein called the "visible mother" may leave the child with the ongoing fantasy that she is responsible for her death. It is reasonable to wonder what role unexamined guilt toward the lost mother plays in a maternally-bereaved woman's relationship with her baby. Do fears of her own aggression, for instance, make it difficult for her to set reasonable limits for her child? Does she have unconscious aggressive or ambivalent feelings toward her mother that she unwittingly displaces onto her child? One

reasonable hypothesis is that unconscious and conscious attitudes toward the child would differ along the axes of guilt and aggression. For it is precisely the presence of such ambivalent feelings that characterizes pathological mourning.

Pathological Mourning

According to Freud (1917/1994), it is an excessive drop in self-esteem that distinguishes melancholia from normal mourning. He writes: "In grief the world becomes poor and empty; in melancholia it is the ego itself" (p. 40). The loss is bound up with a sense of rejection and disappointment. By linking melancholia with a "disturbance in self-regard" (p. 40)—a disturbance not present in normal mourning--Freud is suggesting that pathological mourning is related to narcissistic vulnerability. Freud suggests that the extreme degree of apparent self-reproach that occurs in melancholia actually occurs because the person is blaming the lost object, whom he incorporated into his own ego, for treating him unjustly by dying. Freud here is underscoring the central role that ambivalence plays in pathological mourning.

Bowlby (1963/1994) writes that "angry striving to recover the lost object" characterizes the first phase of healthy mourning; there must be both yearning and angry protest (p. 185). By contrast, an inability to accept and express this striving is a feature of pathological mourning, since the anger then becomes repressed and inaccessible to change. He posits four variants of pathological mourning: 1) an unconscious wish to recover the lost object; 2) intense reproach against various objects, including the self, the goal of which is "always to achieve reunion with the lost object"

(p. 186); 3) compulsive caretaking of others; and 4) denial of the permanency of the loss.

Bowlby concludes that “the mourning responses that are commonly seen in infancy and early childhood bear many of the features which are the hallmarks of pathological mourning in the adult” (p. 188). He also believes that early childhood mourning frequently predisposes a person to psychiatric illness, so that the capacity to “make and maintain love relationships” (p. 186) is impaired. He particularly stresses that a relationship exists between pathological mourning in adulthood and a childhood pattern of separation from or rejection by the parent: “unconscious longing for the lost object is thought to coexist with unconscious resentment against it for its earlier neglect” (p. 214).

Jacobson (1965/1994) states that in most of her patients who had suffered the early loss of one or both parents, “the old wounds had never healed” (p. 233). In this clinical paper, Jacobson focuses on three patients whose common feature is a “stubborn refusal to accept the reality of the actual events” (p. 234). Such denial co-existed with family romance fantasies involving wealthy and otherwise exalted would-be parents. The three patients also shared a tendency to idealize the absent parent and devalue the known or remaining parent.

Jacobson suggests that the early death of a parent is experienced not only as the loss of love or a love object, but as “a severe narcissistic injury, a castration” (p. 249) as well. Thus, the function of the family romance stories was helping the patients master “the narcissistic injuries caused by the loss of the glorified object, and to help them in the solution of their castration and guilt conflicts” (p. 248). In such cases, the child

projects all his derogatory and aggressive feelings onto the surviving parent and idealizes the lost parent. The result is that the lost “object’s narcissistic value and meaning [is raised] to the point of turning it into the most precious part of [the child’s] own self which has been lost and must be recovered” (p. 249).

Deutsch (1937/1994) echoes Freud’s view that mourning is likely to be excessive in intensity or duration in cases where the individual had ambivalent feelings toward the lost object, as opposed to a positive connection to the lost object. She notes, too, that guilt as well as ambivalence can contribute to pathological mourning; in such cases, mourning assumes “a brooding, neurotically compulsive, even melancholic character” (pp. 223-224).

Deutsch’s focus, however, is on cases where there is an apparent absence of mourning, rather than an outwardly excessive reaction. She approaches the issue with three assumptions: 1) that in normal mourning, there must be an overt expression of grief; 2) that the absence of such manifest grief is as much a pathological response as excessive grief; and 3) that there will be an expression in some other form of unmanifested grief. She provides four clinical vignettes to support her viewpoint.

Deutsch (1937/1994) hypothesizes that in childhood, the ego is insufficiently developed to “bear the strain of the work of mourning and that it therefore utilizes some mechanism of narcissistic self-protection to circumvent the process” (p. 224). She believes that a similar process can occur in adults when either the affects are unbearably intense or the ego is relatively weak; in such cases, “the aid of defensive and rejecting mechanisms is invoked” (p. 225). Drawing on the energetic model, Deutsch posits that when affect is suppressed following a loss, it will seek expression later

and/or in relation to other objects. Until the affect and its original object come together, there will be pathological sequelae: “The process of mourning as reaction to the real loss of a loved person *must be carried to completion*. As long as the early libidinal or aggressive attachments persist, the painful affect continues to flourish and *vice versa*, the attachments are unresolved as long as the affective process of mourning has not been accomplished” (p. 230). In concluding, Deutsch speculates that many “‘unmotivated’ depressions” may stem from emotional reactions that went underground but, like land mines, “have remained in latent readiness for discharge” (p. 231).

The literature on pathological mourning contains important implications for this study. Unresolved mourning seems to entail what Bowlby (1963/1994) calls “an unconscious yearning to recover the lost object” (p. 186), along with ambivalence toward the person experienced as abandoning. There is often a repeated search to replace the lost object, but neurotic interference with the ability to form a mature, loving relationship. Clearly, the arrival in a person’s life of a new baby—a new object joined to the mother in symbiotic union but headed, inexorably, toward autonomy--presents the mother with an opportunity either to repeat neurotic patterns from the past or to rework some of her unresolved feelings toward her mother. To assess whether repetition or reparation is occurring, one could compare unconscious and conscious attitudes toward the child, as well as internal representations of the mother’s mother and her child.

Furthermore, the view of several writers (Freud, 1917/1994; Deutsch, 1937/1994; Jacobson, 1965/1994) that object loss can be experienced as a narcissistic injury is relevant to a study that proposes to look at the level of representations of the self, the

mother and the child in relation to one another. These writers suggest that children experience the early loss of a parent as the loss “of the most precious part of their own self” (Jacobson, 1965/1994, p. 249); until the loss can be mourned, with a full recognition of the reality of the death, full ego development cannot proceed. Thus, it is reasonable to ask whether early loss might lead to disruptions in the development of self and object differentiation and object constancy.

Childhood Mourning

The question of whether children are capable of mourning has long divided psychoanalytic writers. As Frankiel (1994) notes, “The answer to the question , ‘Do children mourn?’ depends on what one means by the word ‘mourn.’ A second aspect of the confusion revolves around the questions, ‘Is recovery from object loss possible before adolescence? If so, under what conditions?’” (p. 327). Below are some of the attempts by eminent thinkers to tackle these vexing questions.

The central question underlying Wolfenstein’s article (1966/1994) is: “When in the sequence of development does an individual become capable of responding to a major object loss in [the] adaptive way” (p. 335) limned by Freud in *Mourning and Melancholia* (i.e., as a gradual decathexis of the love object)?

Wolfenstein (1966/1994) bases her own conclusions on the observation of 42 children and adolescents, drawn from both clinical and non-clinical populations, who lost a parent either prior to or during treatment. Wolfenstein concludes that by Freud’s definition (i.e., decathexis), true mourning did not take place among the youngsters. Rather, there was little expression of sadness and when sadness occurred, it was

isolated from thoughts of the lost love object. The finality of the loss was denied, which became apparent in the children's tendency to refer to dead parents in the present tense; their intolerance of reminders of the deaths; and the absence of painful feeling in connection with memories of the lost object. She also observed idealization of the lost parent, with the resulting splitting-off of negative affect--and its frequent redirection toward the remaining parent. "There was a developmental unreadiness in these children and adolescents for the work of mourning" (p. 337). In her view, mourning is not possible prior to adolescence.

R. Furman (1973/1994) holds that, after about the age of 4, a child does have the capacity to mourn--although childhood mourning may look different from adult mourning. "The child's lack of an externally visible grief reaction similar to that of an adult has to my mind no more bearing on his internal capacity for mourning than his apparent sexual innocence would indicate the absence of his sexual feelings and fantasy life" (p. 377). R. Furman attributes the controversy surrounding childhood mourning in part to adult difficulties around death. For instance, he cites a wish in some adults to deny a small child's ability to grasp the significance of death, which stems from conflicts about their own sadism.

R. Furman (1973/1994) stipulates a number of prerequisites for childhood mourning to occur. First, the child must be taught realistically about the finality of death. Second, drawing on Freud's conceptualization of mourning, R. Furman says that "to decathect the internal representative of the lost object, a child must first have a stable internal representative that can survive and endure after the vast majority of loving investment has been removed. Our theoretical knowledge and clinical

experience would indicate to us that this is possible after the achievement of object constancy dominance and a mastery of the ambivalence conflicts of the anal sadistic phase of development” (p. 378)—that is, at about 4. And last, for mourning to occur—whether in childhood or adulthood—there cannot be a rigid character structure; rigid defenses; or excessive suppression of feeling. Indeed, he suggests that the controversy over childhood mourning leaves out the fact that many adults also are unable to mourn.

R. Furman also cites environmental prerequisites for successful mourning. These include the child’s emotional and physical dependency needs, which he must know will be met externally before he is able to begin to relinquish the object internally. In addition, the child must have a relationship with a consistently available adult, of the same sex as the lost object, in whom she can reinvest her freed-up libido. Also, there must be an adult or adults available to confirm reality testing, accept and abet mastery of fears and tolerate all kinds of affect. The more traumatic the circumstances of the loss, the greater the need for such environmental provision.

In conclusion, R. Furman describes the cost of unsuccessful mourning: the feelings that remain attached to the lost object are unavailable for growth and the formation of new attachments.

E. Furman (1974/1994) suggests that the consequences of early object loss are most likely to be devastating when the death, particularly of a mother, occurs during the toddler years, for it is at this time that the child is struggling with object constancy. E. Furman cites clinical examples of children who, upon such loss, suffered impairment in ego functioning (e.g., lost an ability to walk or talk), as well as diminution of capacity for self and other representation. She questions whether, in such severe cases, repair

can ever fully take place. She states that mourning cannot occur in these cases. Other toddlers, however, as well as older children, did not suffer such ego impairment; still, their mourning process remained incomplete or took a pathological turn. E. Furman writes that the presence of a new adult of the same sex as the lost parent is necessary for structuralization of the personality to take place. And with a nod to Winnicott, E. Furman says that a “‘good enough’ emotional milieu is essential to...ego development” (p. 395).

In her discussion of the lasting effects of early object loss, E. Furman notes that while some children can cope, others carry a lifelong burden. While she doesn’t elaborate, she notes that early bereavement can affect the person’s later ability to function as a parent.

The continuing debate over childhood grief underscores the unlikelihood of reaching anything like a definitive answer to the question: Do children mourn? Clearly, mourning is a difficult task that young children may not be developmentally prepared to master in the best of circumstances; few children coping with the death of a parent have the good fortune to find themselves in the best of circumstances.

The theoretical discussions of both pathological mourning (see above) and childhood mourning suggest that the death of a parent early on is never less than traumatic. Perhaps it is more useful to focus on the question of which aspects of the self are most compromised by the failure to mourn a parent fully. It seems clear that the loss of a parent strains the young child’s ability to hold onto her internal object; as R. Furman wrote (1973/1994), “to decathect the internal representative of the lost object, a child must first have a stable internal representative that can survive” (p. 378).

Impact of Early Loss on Maternal Functioning

In his 1994 study, Zall examined the long-term effects of the early loss of a mother on maternal functioning. Zall compared two groups: women who had lost their mothers in childhood or adolescence and women who lived with both parents through adolescence. While noting the lack of literature in this area, he cited evidence that the quality of maternal functioning in adulthood is influenced by a number of factors, including whether or not the death was unexpected; whether the child was allowed to participate in the family's grieving process; and the quality of the child's relationship with the mother prior to her death.

Confirming earlier reports, Zall found that depression, anxiety and acting-out behaviors were common in maternally-bereaved women; he also found a predisposition to suicide. In addition, he found the presence of special anxieties in the women who had lost their mothers early on: "Most notable was their concern about their own death, anxiety not shared by non-bereaved women...Worrying about when they would die, protecting their children from all harm, and pushing to be perfect parents so their children would not suffer as they (had) were extra burdens for these mothers" (p. 228). At the same time, Zall found no significant differences between the study and control groups on measures of parental self-perception--both groups recognized positive and negative aspects of their parenting. Neither group saw "themselves as 'super,' nor as 'bad' parents" (p. 228). He concluded that the maternally-bereaved women experienced motherhood as "a rewarding and growth producing experience," as well as an opportunity for "mourning to proceed" (pp. 228-229).

As we have seen, there is a substantial body of literature linking early maternal loss and subsequent emotional disturbance, particularly depression. In their 1984 study of 79 maternally-bereaved women, Parker and Hadzi-Pavlovic attempted to see if a caring relationship with a father or step-mother in childhood, or with an affectionate husband in adulthood, could have a mitigating effect upon loss-linked depression. The authors found that “an affectionate husband largely corrected any diathesis to greater depression exerted by uncaring parenting” (p. 125); this contributed to their conclusion that the “degree to which close affectional ties in adult life may modify the effects of parental deprivation may have been insufficiently appreciated in the past” (p. 134). This finding may have implications for a study attempting to find whether the relationship with a child could have similar modifying effects upon the mother. Indeed, it is my hypothesis that any new relationship—including one with a child—can furnish an opportunity to rework unresolved difficulties and lead to a higher level of psychological organization. Contemporary writings on separation and individuation in adulthood provide a crucial perspective on how such resolution and psychic reorganization might occur.

Adult Development

The Child as a Catalyst for Change in the Mother

In her seminal article, Benedek (1959) raises the following questions: “Is there any psychoanalytic evidence which would support the thesis that any child, being the object of the parent’s drive, has, psychologically speaking, a similar function in the psychic structure of the parents? Does the child, evoking and maintaining reciprocal

intrapsychic processes in the parent, become instrumental in further developmental integration or its failure in the parent?" (p. 404). In her view, the reciprocal interactions between parent and child do lead to such "structural change in each of the participants" (p. 392).

Central to Benedek's (1959) argument is the idea that each child must negotiate certain "critical periods" in the course of his emotional development, and that in the process, he will reactivate conflicts from the corresponding "critical period" in the parent's childhood (p. 397). The revival of developmental conflicts in the parent during each such "critical period" can lead either to "pathologic manifestations in the parent, or by resolution of the conflict...a new level of integration in the parent" (p. 397). Since she views idealization of the omnipotent parent as a major component of the infant-parent transaction, she believes that disruptions are particularly likely in parents prone to self-doubt. She suggests that the child's growing separation poses a threat to the relationship when parents fear that the child's "independent activities will expose their mistakes, inferiority, and thus diminish their self-esteem...This hazard increases with the growing self-differentiation of the child" (p. 410). This view lends support to the hypothesis that the child's separation-individuation process could be a particularly stressful period for women who had suffered early object loss.

In a clinical round-table paper, Harmon et al. (1990) discuss the effects of the daughter upon a mother whose parenting was adversely affected both by unresolved mourning for her husband and ambivalent feelings toward her own mother. The paper highlights several issues that pertain to this study. First, Emde's (Harmon, et al, 1990) discussion points to the "psychosocial talents" of both mother and child, and the

capacity for reparative relations in the mother, which allowed them to respond so well to dyadic treatment: “the mother had a talent, we might even say a hidden strength, in being able to pull good things from problematic relationships...Now, with a sociable, bright, and developing child, the mother sensed that she was growing in a new kind of relationship” (p. 106). Because of her ambivalence, the woman had been unable to separate from her own neglectful, alcoholic mother. This in turn was impeding her ability to allow her daughter to separate and individuate fully. As she began to recognize the links between two in treatment, she was able to separate from her mother and allow her daughter to achieve greater autonomy.

Siegel (Harmon et al., 1990) attributed this process in the mother to the child’s actual presence in the dyadic treatment. He wrote: “Infants, via their very creation and existence, provoke an often noted focus on internal representations of self, others, and relationships, a focus which can lead to re-examination and reworking” (p. 107). While he was locating this process specifically within the dyadic treatment, his larger point remains: the child can serve as a catalyst for internal repair in the mother.

Colarusso (1990) views parenthood as the defining experience of early and middle adulthood, and a trigger of what he calls the “third individuation” (p. 179). (Toddlerhood and adolescence usher in the first and second individuations, respectively.) In parenthood, according to Colarusso, “infantile themes and relationships can be reworked in relation to phase specific, adult, developmental tasks and conflicts” (p. 184). He specifically cites the opportunity parenthood presents for further separation-individuation: “The reexperience of symbiosis, particularly rapprochement, provides the parent with a second chance at engagement and

separation, now equipped with a developed, sophisticated psychic structure, which enhances the likelihood of adult mastery” (pp. 186-187). There is concurrent individuation occurring in the parent and the child, so that the parent undergoes a neutralization of his omnipotent feelings toward “another who is identified with the self” (Colarusso, p. 187). One of the results of such individuation is a diminution of the parent’s denial about his or her own mortality; this raises the question of whether a maternally-bereaved woman might finally, upon becoming a parent herself, accept the reality of her mother’s death in a way that would allow mourning to proceed.

Separation-Individuation

A number of psychoanalytic writers have long viewed the separation-individuation process as the child’s primary task of psychological development (Mahler et al., 1996). In more recent years, however, investigators of adult development have emphasized that separation-individuation is an ongoing process that contributes to psychological restructuring throughout the life span (Behrends & Blatt, 1985). The reason, according to Solnit (in Colarusso, 1990) is that “every new aspect of independent functioning contains at least a minimal threat of object loss” (p. 180). And with every object loss comes an opportunity for mourning and psychological growth.

The Effects of the Child’s Separation-Individuation upon the Mother

Within the first few years of life, the child leaves the uterus, gives up the breast and take her first steps--physically and psychologically--toward selfhood. This process, however, is not occurring only in the child; it is occurring in the mother as well, for

separation-individuation is a mutual leave-taking. Mahler et al. (1996) wrote: "What begins for the child as an increasing awareness of separateness from his mother, with attendant anxieties, and culminates optimally in his ability to sustain intrapsychic and physical separateness can be, for the mother, a progressive sense of loss of the child" (p. 261).

What is being lost for the mother, however, depends not only on her relationship with her child but, also, on the unconscious meanings which that relationship has for her. As Mahler et al. (1996) write:

To say that the child's maturation may confront a mother with the experience of loss (or of gain)--even if we then speak more precisely of loss of symbiotic union (or gain of object relationship)--is to make only the most universal of statements. What is lost (in the mother's fantasy) or what the mother hopes to find in the object relationship to the child must be spelled out differently for each individual. The extent to which the lost part of the self symbolizes the phallus, for example, or the extent to which the object-relationship with the child has the quality of a relationship to a parent, a sibling, or a child varies from mother to mother. The only universal element is the fact of some impact upon the mother of the child's maturational advances toward separateness and individuation. (pp. 263-264)

Crucially, however, the mother has an opportunity to attain further psychological growth and interpersonal connection, and not just loss. As Mahler et al. (1996) note: the child's "maturation provides the beginnings not only of the mother's experience of losing the symbiotic object but also of her finding an object relationship with her child" (p. 262).

Blos (1985) refers to the separation-individuation process as an “interacting and actively differentiating system” (p. 42) involving both mother and child. Blos believes there is a period roughly extending from pregnancy to the child’s toddlerhood, during which a normal “ego-syntonic regression” (p. 52) occurs in the mother. During this regression, the mother has greater access to childhood memories, unconscious conflicts, etc. This regression is a double-edged sword. Wrote Blos:

This period of psychic parturition may either be an opportunity to rework unfinished psychological individuation from primary objects, or be an extremely hazardous time in which the regression is poorly tolerated and the residual infantile ambivalence is acted out on the baby as the object. (p. 53)

The authors cited above view the child’s separation-individuation process as a potential catalyst for psychic reorganization in the mother. In some respects, the child receives projections emanating from the parents’ past--projections which can distort the mother-child relationship and interfere with gratification of the child’s needs. In other respects, the child offers a fresh opportunity for the parent to break early patterns and achieve newer, healthier modes of relating.

Maternal Separation Anxiety

Maternal separation anxiety is a term that describes the mother’s experience of sadness, worry and guilt during short-term separations from her child (Hock & Schirtzinger, 1992). Whereas separation-individuation speaks to internal and unconscious processes in the mother, separation anxiety refers more to conscious or preconscious attitudes and behaviors. E. Furman (1982) writes about mothers who

communicate to their children their deep ambivalence about their increasing autonomy. According to E. Furman, a “mother has to be there to be left” (p. 25), a poignant formulation of the paradoxical nature of the maternal role. One of the problems that this study proposes to investigate is the meaning of this mutual leave-taking to women whose own mothers died early on and thus were not able “to be there to be left.” Might not women who felt abandoned early on feel greater ambivalence about letting their children separate from them?

In a 1992 study, Hock and Schirtzinger drew on object relations theory and attachment theory to examine the relationship between maternal separation anxiety and depressive symptomatology. The authors cite the findings of Mary Main, which relate the mother’s lack of felt security to an inability to provide attuned caregiving to her own child. Noting that most researchers focus on the rejecting mother, Hock and Schirtzinger place equal emphasis on the overprotective mother who limits her child’s ability to explore the environment. They also note that a mother who has failed to achieve a firm sense of self and other (Mahler, Pine, & Bergman, 1975), may “experience her child’s age-appropriate growth and increased separateness as rejection or loss” (Hock & Schirtzinger, p. 95). In either case, such mothers have trouble tolerating their children’s growing independence.

Using a maternal separation anxiety scale (Hock, McBride, & Gnezda, 1989 in Hock & Schirtzinger, 1992), Hock and Schirtzinger assessed the relationship between maternal separation anxiety and depression at three different ages: 8 months, 3 1/2 years and 6 years. They found no correlation at times one and two, but did find a

correlation between separation anxiety and depression at age 6. Hock and Schirtzinger (1992) concluded:

The mother who has extremely high levels of separation anxiety when her child is 6 may still organize her movements to or away from her child around her own set goals and needs, rather than in a mutual goal-corrected way. Specifically, the mother may not be able to update her internal working model of the child due to her need to use the child as her own attachment figure, and feels anxiety as the child's needs for autonomy progress. (p. 100)

According to Hock and Schirtzinger (1992), the absence of an autonomous sense of self contributes to the mother's overprotectiveness toward--and overdependency on--her child.

Given the link between depression and separation anxiety, it is reasonable to anticipate that women who suffered early maternal bereavement would have greater separation anxiety than women who were not separated early from their mothers. Although this study will not measure behavioral manifestations of separation anxiety in mothers, it will explore the intrapsychic underpinnings of such behavior in its discussion of internal levels of separation and individuation.

Object Representations

Object Representations and Depression

In his 1974 paper "Levels of Object Representation in Anaclitic and Introjective Depression," Blatt wrote: "Object representations express the nature and level of object relations, the processes of internalization, and the degree of organization of intrapsychic

structures” (p. 138). The paper explored “the hypothesis that depression is, in part, a function of impairments in the development of object representation” (p. 107). He suggested that the fear of losing the object was a defining feature of anaclitic depression, whereas the fear of losing the object’s love and approval characterized introjective depression. The failure to achieve adequate levels of object representation predisposes a person to depression, whereas higher levels of object representation contribute to a person’s capacity to cope with the loss of an object. The function of mourning, according to Blatt, is in part a “process of establishing and consolidating consistent, nonambivalent, symbolic representations of the object which facilitate the full acceptance that the object is no longer physically available” (p. 150). Object representation is therefore a developmental process--one which, by implication, can occur throughout the life span and one which is facilitated by mourning.

Pathological Mourning and Internal Representations

Lerner (1990/1994) notes that there “is sparingly little in the literature regarding the treatment of adults who, as children, experienced a major loss” (p. 470). In this clinical paper, he describes a phenomenon he observed in his early-loss patients: “the treatment process itself sets in motion within the patient a compelling need to seek out, rediscover, and then symbolically reclaim the lost object in the real world” (p. 470). He found that patients could not resolve their mourning merely within the transference but, rather, needed quite literally to learn about and make contact with the lost object--e.g., by looking at old photographs or visiting the grave site. Lerner thinks that up until the point of externally seeking out the lost object--a process triggered by the treatment--his

unresolved-mourning patients “did not have a full inner representation of the lost object” (p. 497). He views the establishment of a fuller internal representation as a prerequisite for mourning to occur; only at that point could such patients “fully mourn the object’s loss and restore to the self functions that were lost with the object” (p. 480).

Representation and Separation-Individuation

In a 1985 article, Behrends and Blatt address the question of how psychological growth is accomplished and argue that the mechanism is the same from infancy through senescence: “Throughout the life cycle, psychological development occurs through progressive internalizations of aspects of relationships with significant others” (p. 12). Starting in infancy, human beings face the task of separation-individuation, or “the emergence of self and object differentiation which becomes increasingly organized within the mother-infant matrix” (Behrends & Blatt, 1985, p. 15). Citing the work of Mahler and Benedek, the authors note that at first, the mother and baby share a “dual unity,” which is a prerequisite for psychological growth; the next developmental step involves the “disruption” of unity (Behrends & Blatt, p. 16). The child, in tolerable doses, loses some aspect of maternal care-taking and internalizes that function so that it becomes part of the self. Behrends and Blatt suggest that this pattern of unity>disruption>internalization, which first occurs in infancy, forms a paradigm for psychological growth at all stages of development. Disruptions to the parent-child unity constitute a sort of object loss: as in mourning, it is internalization of the relationship that allows a person to achieve further ego development in the aftermath.

Behrend and Blatt's 1985 article has important implications for this study. They note that "the various changes which children introduce as they grow often bring experienced incompatibilities for their parents, who are then prompted to rework previously unresolved issues of their own through the internalization of aspects of the parent-child relationship" (pp. 33-34). Specifically, according to Behrends and Blatt, internalization leads to increased separation-individuation and more sophisticated inner representations of self and other. This argument, I believe, lends support to the idea that a mother's relationship with her child could lead to internalizations at a higher developmental level, which in turn would allow mourning to proceed.

In a study aimed at assessing changes in the level of object representations over the course of a long-term, inpatient treatment of borderline patients, Diamond, Kaslow, Coonerty & Blatt (1990) operationalized Mahler's ideas about separation-individuation and Stern's concept of intersubjectivity. As a theoretical justification for the study, the authors cite Mahler's view that the "differentiation, integration, and internalization of self- and object representations" are key aspects of the separation-individuation process, and draw upon Stern's work to "expand concepts of separation-individuation beyond object constancy by including the development of more advanced stages of empathy and intersubjectivity" (Diamond et al., 1990, p. 365). Diamond et al. wished to explore whether internalization of aspects of the relationship between patient and analyst over a long-term treatment could lead to psychic reorganization.

In a review of the literature, Diamond et al. (1990) noted a high degree of correlation among various object-representational measures. Their own study compared the quality of self-and object representations on the Rorschach and the Object

Representation Inventory, which “tap complementary but distinct aspects of the individual’s self- and object representations” (Diamond et al., p. 372). They assessed the Rorschach data using the Coonerty scale (Coonerty, Diamond, Kaslow, & Blatt, 1987) for measuring separation-individuation and a parallel scale for assessing the ORI (Diamond, Blatt & Kaslow, 1987).

Diamond et al.’s (1990) findings suggested that the ORI was useful for capturing “crucial aspects of interpersonal relationships and transactions related to self-other differentiation and intersubjectivity” (p. 391). They noted comparable shifts on the Rorschach responses offered by in-patients at both admission and discharge. Their own work demonstrated that there were significant shifts in levels of self and object representation as a result of the internalization of the patient-analyst relationship. The question that their findings leave open is whether such changes could occur within the context of other relationships as well. The authors, citing Loewald, noted that “new interactions, which involve an affectively charged or drive-invested experience of self in relation to others, catalyze the development and internalization of new representations” (Diamond et al., p. 392). It is my belief that the “affectively charged” relationship between mother and child could indeed be a catalyst for more differentiated self and object representations in maternally-bereaved women.

SUMMARY AND RESEARCH QUESTIONS

The literature demonstrates an established link between early maternal bereavement and depression; between depression and internal representation; and between internal representation and separation-individuation. This study attempts to deepen our understanding of how those forces shape the object-relational world of women who endured the early death of a mother and who now are contending with the sequelae of such loss in their role as parents.

Notwithstanding disagreements on the precise nature of childhood mourning, psychoanalytic thinkers generally agree that the early loss of a mother can have a profound impact on a child's capacity for self and object differentiation and self and object constancy. But despite the deleterious effects of such early loss, the story is far from over in childhood: from the perspective of adult development, the process of separation-individuation is not completed within the first three years of life but, rather, is renegotiated throughout the lifespan. Furthermore, the mechanisms by which separation-individuation may be accomplished are the same from childhood through adulthood: the process depends on the increasingly sophisticated internalization of relationships with significant objects.

This study attempts to investigate these psychological processes in the specific context of early maternal bereavement. A primary task is generating hypotheses about the effects of parenthood upon early loss. It is my belief that the mother-child relationship--like other significant relationships--could "catalyze the development and internalization of new representations" (Diamond et al., 1990, p. 392).

Specifically, I would like to explore whether parenthood can be considered a reparative relationship for the maternally-bereaved woman. Toward that end, I will be analyzing qualitative data in terms of such central themes as loss, repair and recovery.

Second, to the extent that it appears that parenthood can be reparative for early loss, this study aims to generate hypotheses about how such reparation occurs.

Last, does the child's separation-individuation process, by reawakening early feelings of loss, reactivate mourning that was arrested early in childhood and lead to a higher level of object relations in the mother through the mechanisms of internalization?

In addition to these exploratory, hypothesis-generating questions, this study will specifically examine a select number of quantitative hypotheses, as follows:

1. Women who suffered early maternal bereavement are more likely than women who grew up with their parents to have intrapsychic difficulties involving separation and individuation. Furthermore, maternally-bereaved women will have poorer overall object relations than mothers who did not lose their own mothers when they were young. Specifically:

- a.) Women with early maternal bereavement will have lower mean scores than non-maternally bereaved women on the Object Representation Inventory (Diamond et al., 1987), which will be measured with the Differentiation-Relatedness Scale of Self and Object Representations (Diamond, Blatt, Stayner & Kaslow, 1995).

b.) Women with early maternal bereavement will have lower mean scores than non-maternally bereaved women on the Rorschach, as measured by the Mutuality of Autonomy Scale, or MOA Scale (Urist, 1977).

c.) Women with early maternal bereavement will have more MOA (Urist, 1977) scores of 3 and 4 (representing difficulties around self and object constancy) on the Rorschach than non-maternally bereaved women.

2. There will be a discrepancy between maternally-bereaved women's more conscious self-representations and more unconscious self-representations. Specifically, maternally-bereaved women will have higher overall mean scores on the ORI than on the Rorschach, as measured, respectively, by the Differentiation-Relatedness Scale of Self and Object Representations (Diamond et al., 1995) and the Mutuality of Autonomy Scale (Urist, 1977).

CHAPTER TWO

METHODOLOGY

Subjects

There were two groups of subjects drawn from a non-clinical population. The first group consisted of 10 women who lost their mothers between the ages of approximately 5 and 12 and who at the time of the interviews had at least one child between the ages of 1 and 6. The second, a comparison group, consisted of 10 women whose mothers were still alive, and who also had a child or children between ages 1 and 6.

To recruit subjects for the loss group, I put up flyers (Appendix A) in a variety of locations in Manhattan and Westchester, including schools and pediatricians' offices, and placed an advertisement for three consecutive months in a parent magazine distributed free-of-charge throughout Westchester. I also recruited subjects through personal and professional contacts.

During the initial phone conversation with potential loss-group participants, I introduced myself and briefly described the study as an investigation into the effects of early loss upon adult personality and parenting. After establishing that the woman met criteria for the loss group, I informed her of the nature of her involvement and of the required time commitment. Once she agreed to participate, we scheduled a first meeting.

In addition to the 10 loss-group participants, approximately 12 other women contacted me about the study. Three withdrew before the first meeting could take place.

The others did not meet inclusion criteria (either for the age of the loss or the current age of the child); had suffered multiple losses that were considered grounds for exclusion; or made contact after recruitment for the study was completed.

Participants in the comparison group were all recruited through personal and professional contacts. During the initial phone conversation, they were informed that they were being asked to participate in a study of the effects of early experience on adult personality and parenting. Once they met inclusion criteria and agreed to participate, a one-time meeting was scheduled.

Description of Sample

The loss group consisted of 10 women ranging in age from 36 to 47 years, with a mean of 40.9 years and a median age of 41.

Within this study group, the age at the time of maternal loss ranged from 4 years, 10 months to 12 years, with a mean of 8.7 years and a median of 9 years. Eight of the 10 were in intact families at the time of the mother's death. Two of the women had parents who either were separated or divorced; one of them resided with her mother and siblings and had regular visits with her father, the other resided with her father and siblings and had regular visits with her mother. The mothers of nine subjects died as a result of illness. The tenth mother died in an accident that may have had a medical trigger. Just 1 of the 10 women was an only child; the others had at least one sibling. And 9 of the 10 described their economic circumstances growing up as either middle or upper-middle class; the tenth said her family had been lower-middle class.

At the time of data collection, all 10 women in the maternal loss group were in intact marriages, and had been married an average of 10.5 years. Women in this group had an average of 1.8 children ranging in age from 5 months to 11 years old. One woman reported a household income of \$41,000-60,000; two reported a household income of \$61,000-80,000; and seven reported a household income above \$100,000. This group consisted of one high-school graduate, five college graduates and four women with post-graduate education. Seven of the women were currently or had been in psychotherapy.

The comparison group consisted of 10 women ranging in age from 30 to 42 years, with a mean of 35.7 years and a median age of 35. Their mothers were all alive at the time of data collection. All 10 described their economic circumstances growing up as either middle or upper-middle class.

All 10 were in intact marriages and had been married an average of 8.6 years. Women in this group had an average of two children ranging in age from 6 months to 6 years old. One woman reported a household income of \$41,000-60,000; nine reported a household income above \$100,000. This group consisted of one high-school graduate, five college graduates and four women with post-graduate education. Of the 10 women, 4 were or had been in psychotherapy.

Setting

All but one interview took place either at my office or at the subject's home; one interview took place in a private setting at the subject's place of employment. Most interviews with mothers in the loss group took place over two sessions, each lasting

from 1 to 1 1/2 hours; interviews with two of these subjects occurred over three sessions. I spent an average total of 2 1/2 hours with each subject in the loss group. Participants in the comparison group met with me one time, for approximately 75 minutes.

Procedures

This study involved the use of three instruments: the Object Representation Inventory; the Rorschach Inkblot Test; and a semi-structured interview, which included a demographic checklist.

During the first meeting, I introduced the measures by telling the loss group subjects that I would be asking them to perform a variety of tasks to help me understand their experiences better, including having them answer a number of questions, some more open-ended than others. Once they agreed to participate, I asked subjects to sign the Letter of Consent (Appendix B). I gave the same introduction to members of the comparison group at the beginning of our sole meeting. They too were asked to sign a Letter of Consent (Appendix C).

For subjects in the loss group, I proceeded to the testing and began by asking them to fill in the Demographic Checklist (Appendix D). Upon completion, I reviewed the checklist and inquired about answers that were partial or unclear. At this point, I decided which child I would ask the parent to describe, along the following lines. If the woman had only one child, she described that child. If she had more than child falling within the target range of 1 to 6 years, she would be asked to describe the older or

oldest of those children. Otherwise she would be asked to describe whichever child was between 1 and 6 years of age

Next, I administered the Object Representation Inventory (Diamond et al., 1987). The instructions for the ORI were as follows: 1. "I'm going to ask you to speak about some significant people. First, I'd like you to speak for 5 minutes, without questions or interruptions, about your mother. Please describe your mother and tell me about your relationship with her. I will tell you when 5 minutes have passed." When time was up, I asked the subject to speak for 5 uninterrupted minutes about herself, and then for 5 uninterrupted minutes about her separation and individuation-age child. I tape-recorded all three descriptions. In addition, I wrote down any odd verbalizations while the subject was speaking. When necessary, I inquired about anything that needed clarification or amplification after the subject finished all three descriptions.

After the ORI was completed, I administered the Rorschach to subjects. In keeping with the method developed by Klopfer, Ainsworth, Klopfer and Holt (1954), I presented each of the 10 Rorschach cards, one at a time, and asked the subject: "What does this look like to you? What might this be?" After the subject finished responding to card I, I asked: "Anything else?"; there were no such prompts for the remaining nine cards. After the performance proper, I showed each card, one at a time, to conduct the inquiry. In addition to asking subjects the question, "What made it look like a---?" I asked, in the case of movement responses, "Moving (or flying, etc.) as if?" (Coates & Tuber, 1988). "The "as if" question was asked to elicit responses that could be scored with the Mutuality of Autonomy Scale (Urist, 1977).

At the second meeting, I administered a semi-structured interview (see Appendix E), with a series of questions designed to elicit subjects' thoughts and feelings regarding the relationship of their loss to their experience of parenthood. The subject was instructed to answer questions in relation to the same child she described during the ORI. Questions focused on what the experience of their child's separation-individuation process was like for them. The semi-structured interview was given only to members of the experimental group, not to the control group.

For subjects in the control group, who met with me only once, the order of instruments was the demographic checklist (Appendix F), the ORI and, finally, the Rorschach.

Description of Measures

This study used two different projective tests, the Object Representation Inventory and the Rorschach Inkblot Test. Comparison of the two tests suggests that they tap into two different levels of a person's intrapsychic experience. The Rorschach elicits "more primitive aspects of self- and object representations" whereas the ORI "seems to be more sensitive to the interpersonal component of the representational world" (Diamond et al., 1990, p. 373).

The Rorschach Inkblot Test

The Rorschach Inkblot Test is a projective test, developed by Hermann Rorschach, that calls upon a person to associate to a series of 10 inkblots (Kaplan & Saddock, 1991). Psychoanalytic approaches to the Rorschach generally are based on the

work of David Rapaport (Rapaport, Gill & Schafer, 1968). Rapaport believed that a person's thought processes were the mediating force between his behavior and the intrapsychic determinants of that behavior, and between behavior and test performance (Lerner, 1996). Furthermore, the unstructured nature of the task ensures that it is the unconscious and enduring aspects of the person's character, rather than the stimulus, that shape his responses.

In particular, the unstructured nature of the Rorschach has made it a sensitive medium for the emergence of a person's object representations and object relations. As Mayman (1967) wrote:

When a person is asked to spend an hour immersing himself in a field of impressions where amorphousness prevails and where strange or even alien forms may appear, he will set in motion a reparative process the aim of which is to replace formlessness with reminders of the palpably real world. He primes himself to recall, recapture, reconstitute his world as he knows it. (p. 17)

In this study, the Rorschach will be scored with the Mutuality of Autonomy Scale (Urist, 1977), which can capture relevant aspects of subjects' representations of themselves and significant objects.

The Mutuality of Autonomy Scale (MOAS)

The theoretical underpinnings of the Mutuality of Autonomy Scale, developed by Urist (1977) to assess animate and inanimate movement responses on the Rorschach, come from Kernberg and Kohut. Thus, the scale is sensitive to both a person's object relations and self-experience. According to Stricker and Healey (1990), the scale

“focuses on the developmental movement toward separation-individuation” (p. 221).

The MOA is a 7-point scale, going from more to less adaptive functioning, as follows (Stricker & Healey, 1990):

1. The response implies reciprocal acknowledgment of the figures' individuality, as well as mutuality in the relationship.
2. There is parallel activity but no explicit mention of interaction or mutuality.
3. One figure leans on or supports each other, with a suggestion of dependency.
4. One figure is merely a reflection or extension of the other.
5. There is an imbalance in the interaction, with an intimation of menace or malevolent control.
6. The imbalance of mutuality is more overt than in scale point 5, and more overtly destructive. Parasitic relationships fall into this category.
7. Figures are overwhelmed by powers beyond their control.

The MOA Scale has been used extensively with adults and children, and with clinical and non-clinical populations. In a summary of reliability data for the MOA Scale, Tuber (1989) reported a range of .70 to .90 for inter-rater reliability. According to Stricker and Healey (1990), Urist reported significant correlations between the MOA Scale and other clinical ratings of patients as evidence of the scale's construct validity.

Object Representation Inventory

Blatt et al. (1979) introduced a means of assessing the level of people's object representations through open-ended descriptions of significant others. The ORI has

been administered in different ways. Blatt et al. asked subjects to take 5 minutes to write out descriptions of their parents. In the Blatt, Wiseman, Prince-Gibson and Gatt study (1991), subjects gave their description orally during an interview.

The 1979 study, which grew out of Blatt's work on anaclitic and introjective depression (1974), was an investigation into the relationship between depression and parental representation in a non-clinical population of college students. According to Blatt et al. (1979), "There are indications that one of the most important issues in a vulnerability to depression associated with object loss is impairment in the level of object representation" (p. 389). The authors found a relationship between depression and lowered scores on the parental descriptions, as measured by a 9-point conceptual scale. In addition to the conceptual scale, the authors used a 7-point scale designed to capture certain characteristics, including punitiveness, nurturance and affection, in the parental descriptions, and a 3-point scale for expressed ambivalence. Blatt et al. reported reliability scores ranging from .69 to .95, with an average reliability coefficient of .84. According to Stricker and Healey (1990) Galley and Leone had similar results.

The ORI was evaluated with the Differentiation-Relatedness Scale of Self and Object Representations (Diamond et al., 1995).

Differentiation-Relatedness Scale of Self and Object Representations

Diamond et al. (1987) developed the ORI Self-Other Differentiation Scale as a companion to the revised Rorschach Separation-Individuation Theme Scale, or SITS (Coonerty et al., 1987). A revised version, the ORI Differentiation-Relatedness Scale of Self and Object Representations (Diamond et al., 1995), was used to score the ORI in

this study. The 1995, 10-point ORI scale evaluates levels of separation-individuation (from the primitive experiences of self-other boundary confusion, through midpoint phenomena like practicing and rapprochement, up through object constancy and intersubjectivity), as expressed on the self and object descriptions. Diamond et al. (1990) reported inter-rater reliability of .86 for the Self-Other Differentiation Scale (Diamond et al., 1987).

Semi-Structured Interview

A semi-structured interview was developed with the aim of eliciting subjects' thoughts and feelings about the relationship between their early maternal loss and their experiences of parenthood (Appendix E). Many of the questions were adapted from the Pregnancy Project Parent Development Interview--Infancy, or the PDI (Slade, Aber, Abrams & Director, 1987). The PDI is a semi-structured interview consisting of 45 questions designed to capture a parent's representation of his or her relationship with a child. In particular, it contains a number of questions about separation that have been adapted for this study. In addition, some questions have been adapted from the Adult Attachment Interview (AAI), a semi-structured instrument that includes questions designed to elicit an adult's feelings of unresolved loss (George, Kaplan & Main, 1985). Last, I have adapted some questions from *Motherless Daughters* (Edelman, 1994).

Pilot Study

For the pilot study, I administered the ORI, the Rorschach Inkblot Test and the semi-structured interview to two women who had suffered early maternal loss. The first subject was 6 years old at the time of her mother's death; she had two children, ages 12 and 15. The second subject was almost 5 when her mother died; she had two children, one who was two weeks past his sixth birthday and another who was 8. Data from the latter were included in the dissertation sample. The primary function of the pilot was to test out the order of the instruments and to eliminate, add or clarify interview questions.

CHAPTER THREE

QUANTITATIVE RESULTS

This section presents three sets of results pertaining to the level of object relations of two groups of women: women (N=10) who lost their mothers in girlhood and who have children between the ages of 1 and 6, and a comparison group of women (N=10) whose mothers are still alive and who have children between the ages of 1 and 6. The first set of analyses looks at the mean differences between the groups on two separate measures: the Rorschach Inkblot Test and the Object Representation Inventory. In the second, within-group differences on the Rorschach Inkblot Test and the ORI are examined. The last set of analyses concerns the relationship between the Rorschach Inkblot Test and ORI as measures of object relations and as barometers of psychopathology.

Analysis of Inter-Rater Reliability

Two raters, both graduate students in clinical psychology, scored the Rorschach Inkblot Test using the Mutuality of Autonomy Scale (Urist, 1977). To award a MOA score, raters needed to determine whether any given Rorschach response could indeed be scored. In a certain number of cases, one rater awarded a numerical score (1 to 7) and the second rater awarded no score. Thus, two different analyses of inter-rater reliability were conducted: 1) an analysis of agreement between raters using only the

same set of responses (N=120) and 2) an analysis of agreement using all data, i.e., when there was at least one scored response (N=147).

In the first analysis, which examined inter-rater reliability on the same set of responses (N=120), an intra-class correlation coefficient of .93 was obtained.

In the second analysis, which examined inter-rater reliability using all available data (N=147), an intra-class correlation coefficient of .93 was also obtained.

The Object Representation Inventory was scored by one rater, a graduate student in clinical psychology, who was experienced in the use of the ORI Differentiation-Relatedness of Self and Object Representations Scale (Diamond et al., 1995) and had achieved reliability with it.

Group Differences on the Rorschach Inkblot Test and the Object Representation Inventory

Hypothesis 1a: Women with early maternal bereavement will have lower mean scores than non-maternally bereaved women on the Object Representation Inventory, as measured by the ORI Differentiation-Relatedness Scale of Self and Object Representations.

A t-test was used to examine mean differences between the early loss group of mothers and the comparison group of mothers. The analyses consisted of comparisons between the groups for the following: h.) descriptions of the mother; i.) descriptions of the self; j.) descriptions of the child; and k.) mean descriptions for the three categories combined. Table 1 summarizes the findings from the t-tests of the differences between the early loss group and the comparison group.

Table 1: T-Test Comparisons--ORI Variables

Variable	Loss group		Comparison group		t	df	p
	Mean	S.D.	Mean	S.D.			
ORI Mother	6.20	.63	7.45	.90	-3.60	18	.002
ORI Self	6.60	.46	7.00	.91	-1.24	18	.23
ORI Child	6.95	.37	7.10	.66	-.63	18	.54
ORI Mean	6.58	.33	7.18	.67	-2.55	18	.02

As seen in Table 1, there were two statistically significant mean differences involving ORI measures. Specifically, the early loss group reported significantly lower mean scores on the ORI Mother descriptions ($p = .0020$) and on the overall ORI mean measures ($p = .02$) than the comparison group. This finding indicates that women in the loss group achieved lower levels of self-other differentiation with regard to their mothers than women in the comparison group.

These findings lend partial support to the hypothesis that women who suffered early maternal loss would have greater intra-psychic difficulties with regard to separation-individuation than women who did not undergo such trauma. It was expected that maternally-bereaved women would offer up lower-level descriptions of mother, self and child than would women in the comparison group. Only the descriptions of the mother were significantly lower. In the absence of significant results on the child and self descriptions of the ORI, the significantly lower overall mean score for the ORI becomes somewhat of a summary score--i.e., it is significantly lower largely because the mother-description scores for the loss group were lower.

Hypothesis 1b: Women with early maternal bereavement will have lower mean scores than non-maternally bereaved women on the Rorschach Inkblot Test, as measured by the Mutuality of Autonomy Scale, or MOA.

T-test analyses examining differences between the two groups on the Rorschach, as measured by the Mutuality of Autonomy scale, were performed for the following: a.) MOA minimum scores; b.) MOA maximum scores; c.) MOA scores of 1 and 2; d.) MOA scores of 3 and 4; e.) MOA scores of 5, 6 and 7; f.) MOA mean scores; g.) MOA median scores; and h.) MOA modal scores. The results are presented in Table 2.

Table 2: T-Test Comparisons--MOA Variables

Variable	Loss group		Comparison group		t	df	p
	Mean	S.D.	Mean	S.D.			
MOA Minimum	1.50	.85	1.20	.43	1.00	13.2 ¹	.34
MOA Maximum	5.30	.95	5.10	1.29	.40	18	.70
MOA 1 and 2	3.00	2.00	2.90	.99	.14	13.2 ¹	.89
MOA 3 and 4	2.00	1.05	1.90	1.29	.19	18	.85
MOA 5, 6 and 7	2.60	2.41	1.70	1.25	1.05	13.5 ¹	.31
MOA Mean	3.31	.80	2.95	.69	1.06	18	.30
MOA Median	3.15	1.31	2.70	.79	.93	18	.37
MOA Mode	3.56	1.94	2.75	2.36	.65	11	.53

Examination of Table 2 shows that there were no significant mean differences between the two groups on the Rorschach, as measured by MOA. Women who lost

¹ Unequal variance t-test

their mothers between the ages of 5 and 12 were no more likely to have overall poorer object relations on the Rorschach. But despite the absence of significant results, it should be noted that in almost every MOA category, the loss group scored in the expected direction—i.e., their scores were lower than those of the comparison group. Also, in both the most adaptive (1's and 2's) and least adaptive (5's, 6's and 7's) categories of the MOA, the standard deviation for the loss group was nearly double that of the comparison group; this suggests that there was greater variability within the loss group.

Hypothesis 1c: Women with early maternal bereavement will have more MOA scores of 3 and 4, representing difficulties around self- and object constancy, than non-maternally bereaved women. The findings summarized in Table 2 show that there were no significant differences between the two groups with regard to scores of 3 and 4. Thus, as measured by the Mutuality of Autonomy Scale, women with early maternal loss were no more likely to have difficulties around separation and individuation than the comparison group.

Hypothesis 2: Maternally-bereaved women will have higher overall mean scores on the ORI, as measured by the Differentiation-Relatedness of Self and Object Representations scale, than on the Rorschach, as measured by the MOA.

The Differentiation-Relatedness of Self and Object Representations scale for the ORI is a 10-point scale, going from the lowest level of object relations (Point 1) to the highest (Point 10). The MOA is a 7-point scale, with a score of 1 indicating healthier object relations and a score of 7 indicating poorer object relations. Thus, to facilitate comparison of the scales, two operations were performed. First, the direction of ORI

scores was reversed, such that a score of 1 became an indication of higher-level object relations and 10 an indication of lower-level object relations. Second, to account for the different ranges of the ORI and Rorschach scales, (10 points and 7 points, respectively) and to create a common currency, the ORI mean scores were divided by 10 and the MOA scores by 7; in this way, scores were converted into proportions of the maximum amount of pathology possible on each scale. A t-test was performed to compare these averages.

According to the analysis, the loss group showed a significantly greater amount of psychopathology on the Rorschach (Revised MOA mean=.4730) than on the ORI (Revised ORI mean=.3417). Therefore, in the loss group the amount of psychopathology captured was significantly less on the ORI than on the Rorschach ($t=3.356$, $df=9$, $p=.008$). In a comparison of Revised ORI and Revised MOA scores for all subjects ($N=20$), the ORI again found significantly less psychopathology than the MOA ($t=5.01$, $df=19$, $p<.001$). This finding lends support to the hypothesis that the Rorschach is a more sensitive instrument for tapping into unconscious process and underlying psychopathology, and that the ORI taps into more conscious process that allows the successful operation of intra-psychic defenses.

Finally, in an effort to generate hypotheses about the relationship between a woman's early maternal loss and her own experiences as a parent, a repeated measure analysis of variance was conducted. This analysis attempted to evaluate whether there were significant differences among the three ORI measures (mother, self and child), and whether any such differences were themselves significant in the two groups of mothers. Table 3 presents these findings.

**Table 3: Repeated Measures Analysis of Variance
ORI Variables—Descriptive Statistics**

Variable	Loss Group		Comparison Group	
	Mean	S.D.	Mean	S.D.
ORI Mother	6.20	0.63	7.45	0.90
ORI Self	6.60	0.46	7.00	0.91
ORI Child	6.95	0.37	7.10	0.66

The group by ORI measure interaction test in this analysis was, in fact, statistically significant. The analysis showed that there were significant differences among the three ORI subscale means and that differences among these means were themselves different in the two groups of mothers ($F=4.07$, $df=2.17$, $p=.04$). In order to follow up this finding, tests of simple main effects were conducted among the three ORI subscale means within each group of mothers. Within the early loss group, the difference between the ORI Mother mean score (6.20) and the ORI Child mean score (6.95) was statistically significant ($p=.014$). That is to say, Child descriptions were at a statistically significant higher level of self-other differentiation than Mother descriptions within the early loss group. No other comparisons were statistically significant within this group, and none were statistically significant within the comparison group.

Summary

The major positive, quantitative findings of this study relate to the Object Representation Inventory, as measured by the Differentiation-Relatedness Scale of Self and Object Representations (Diamond et al., 1995). Specifically, women who were maternally bereaved in childhood were significantly more likely than non-maternally bereaved women to describe their mothers in ways that indicated difficulties around separation and individuation. In addition, within the early-loss group, descriptions of the child were significantly more likely to be at a higher developmental level than maternal descriptions. Another significant finding concerned the relative sensitivity of the ORI and the Rorschach as barometers of psychopathology: specifically, difficulties relating to self- and object constancy were more likely to emerge on the Rorschach than on the ORI. Last and contrary to expectation, maternally-bereaved women were no more likely than non-maternally bereaved women to have lower-level object relations on the Rorschach, as measured by the MOA. The implications of these findings will be explored in the Discussion section.

CHAPTER FOUR

QUALITATIVE RESULTS

Given the small sample size of this study, and in an attempt to add meaning and complexity to the exploration, a decision was made to interview the maternal-loss group in depth. This chapter is based on analysis of data collected during semi-structured interviews with those 10 women. The interview questions fell roughly into three clusters. The first group of questions focused on the subject's childhood experience of losing her mother. The second set explored the experience of mothering a young child, with an emphasis on both the subject's and the child's reaction to separations. The last group of questions in effect asked the subject to reflect simultaneously on her childhood experience of loss and on her self-experience as a mother, and to explore the possible interaction between the two.

The results bring to mind Tolstoy's (1877/1948) famous observation, "Happy families are all alike. Every unhappy family is unhappy in its own way" (p. 3). Each of these 10 women offered a unique narrative of early loss—and of the particular life circumstances that either mitigated or exacerbated the effects of that loss. Nevertheless, a number of important themes emerged across subjects, and they will be presented in this chapter. In addition, there were some themes that arose in only a single or a few interviews, but were meaningful enough to merit inclusion. The major themes are presented here in four sections: Motherless Daughters; Motherless Mothers; Separating Again; and the Possibility of Repair. Participants' names and some identifying details

have been changed. Table 4 lists the names of each subject; her age at the time of maternal loss; and the age of the child discussed in the interview.

Table 4: List of Subjects

Subject	Age at Loss	Age of Child
Susan	8	5
Joyce	10	6
Greta	10	6
Terry	6	3
Beth	12	5
Meg	4 yrs., 10 mos.	7 yrs., 2 wks
Martha	7	5
Nancy	12	1
Dana	6	5
Alice	11	5

Before proceeding to the data analysis, a brief description of the interview process is in order. At some point—occasionally in the initial phone contact, more often during an interview—almost every subject wanted to know if I also had lost my mother in childhood. I did answer, but only after all the interviews with a given subject were done. And before answering, I asked how it would make them feel to know that I was or was not motherless. The women usually responded that it wouldn't make any difference at all, but it would help explain how I came to be interested in this topic. My sense, however, was that there inevitably was some disappointment upon learning that I hadn't lost my mother in childhood—disappointment stemming, perhaps, from a fear that I might not be truly able to understand their loss or from a wish to join with me

around a shared experience. Indeed, in a number of women, the urge to share was strong. Several showed me pictures of their mothers, their children, or both. Some women were eager to participate and worried only that they might not meet the inclusion criteria; others were ambivalent about making contact and about how much of themselves to expose.

Not surprisingly, given the nature of the interview topic, different sorts of maternal transferences seemed to emerge. One was of the disappointing mother: "I thought you just didn't come," one woman told me after mixing up our appointment schedule and expecting me two days early. Another was reluctant to take the time away from her children to meet with me, yet then reframed our session as time taken out for herself; this was the same person who thought that if her mother were alive now, she would urge her to "get yourself a babysitter or...spoil yourself more." A third woman insisted on having her child with us during an interview; perhaps she was living out the wish, expressed by most of the subjects, to have a mother witness her mothering. As the following data make clear, the longing for a mother did not diminish over time.

Motherless Daughters

By far the most powerful theme--and the most frequent--to emerge in connection with the actual experience of losing a mother was that of a deathly silence. Each of the 10 participants recalled that in the immediate aftermath of the loss, and for many years afterward, there was virtually no discussion of the mother's death. Almost as one, the 10 subjects recalled this silence. "Nobody talked about it," said one. "It was almost like, 'she's died, let not talk about it, you know, it's time to move on'," said another. "It

was all a bit hushed up,” said a third. “My father never, ever spoke of her,” said yet another. Meg, who was almost 5 when her mother died, said: “I don’t remember anybody ever telling me my mother died. Nobody said...They said, ‘ohhhh, she went on vacation,’ I have no idea what they said, I have no idea what they said.” Terry, who was 6, reported: “It wasn’t talked about in my family for a very, very long time. I probably didn’t know what she died of till I was 14.”

Some of the families, in an attempt to put the past immediately behind them, removed--or removed themselves from--things that might remind them of their loss. Meg’s family moved to a new home within days of the death. “I don’t even think we went back to the apartment that we lived in,” she reported. “I think we left, we were staying at my grandmother’s apartment. I’m pretty sure that my father never wanted to go back. We just moved out of the apartment and into an apartment nearby.” Dana remembered: “We moved into a new house, a new life. Nobody talked about her. No pictures were...My sister had a picture up and it was quickly, like, put away.” Terry, who went to a neighbor’s during the funeral, recalled: “When I came back from the neighbor’s house, they had gone through all her things and it was all gone. They sent her clothes to her sister’s in Italy. They took all that, and it was away. So when I came back, all that stuff was gone.”

For most of the women, this silence dovetailed with a lack of closure that has persisted, to some degree, to the present day. When asked about whether and how her family remembered her mother, Greta replied: “My father was very invested in everything being fine and life continuing, and there wasn’t nearly enough work done in all those areas. So that there was a way in which she kind of disappeared.” This sense

of sudden disappearance was compounded by the lack of ritual around Greta's mother's death: "My mother was cremated...So you know, there's no grave. Um, it uh...it was very hard to...they were not Temple-goers. So there's this way in which she really did disappear."

Nancy recalled her family's failure to mark her mother's death: "This is fairly horrendous. For years and years, my father never put a grave stone on my mother's grave." In a note-worthy slip, she explained that her father "didn't pointedly put my [sic] grave in the cemetery, because it's by the library where I often was. So I wouldn't have to walk back and forth from the library every day and see my mother's grave." Alice also wished her family had "treated mourning in a more ceremonial way." About 20 years after the death, and for the first time, Alice and a sister visited the mausoleum containing her mother's remains, a place that for her was as much a monument to the family's silence as to her dead parent. Recalled Alice:

It was sort of strange because, you know, it has this feeling of having...there's, there's an enormous tree outside this mausoleum...It's an enormous weeping beech...You know, it's just kind of this mausoleum that no one ever goes to, sort of like the door creaks and there are kind of vines around and it's kind of kept up, but only kept up...It kind of fits with everything else in the family...It makes total sense that that would be where she was buried. It's really not tended to by anybody in the family.

For one woman, the death of her father became an opportunity to revisit and rework her earlier loss in a way that provided greater closure. Said Meg: "My mother was buried in a cemetery in Springfield, and my father always talked about how he

wanted to move my mother to Oakville, because he didn't want to be buried in Springfield. So after my father died...we moved her." Buried nearly four decades before in a cement vault--"It wasn't just a coffin in the ground, it was in a cement vault"-- Meg's mother was disinterred and reburied close to where she lives today: "We had a funeral. So I was able to go my mother's funeral."

Not surprisingly, given the implicit and sometimes explicit message to move on, most of the study participants remembered feeling enormously alone in their grief. "It was very only personal, not anything that was shared," said one woman. "There was nobody to express it to growing up. I just cried quiet, you know," said another.

Meg, who was almost 5, recalled sharing a bunk with her sister at sleep away camp, and having counselors who were especially kind to her. But she also said of the nights: "I was so young. I remember feeling very mixed up, having this feeling of cold feet, lying in bed crushed, having this heavy sinking feeling." Terry, who was 6 and the youngest of nine children, said: "It was very private. It was only...it usually was when I was alone. 'Cause it was pretty much me and my sister...the one who's 4 years older. And we...she was very...she was...well, she definitely wasn't warm and fuzzy at all. Like, if I had to share something like that, she probably would tease me or laugh at me or say, 'You're a baby,' or whatever."

For the women who lost their mothers in middle childhood, there was not only the burden of solitude, but one of perceived social expectation as well. Susan, who was 8, said: "It's a tricky age, being 8 or 9. I think you're too old to just be unabashedly mournful or grief-stricken, you try to hold it together for other people, but yet you're

not really old enough to know at all what you're dealing with." Joyce, who was 10, remembered one particular day of inconsolable mourning. She said:

I went home for lunch one day, and I was on my way back to school. I saw this lady. She was the image of my mother. And if it was mind over matter or what, I looked at her, and she looked exactly like her. And I stopped, and I started crying on the street. There was a tree, and I stopped there and I cried. About 11 years old. So I cried, and I went back to school. My friends said, 'What happened? You're crying.' I said, 'No.' They said, 'Hey, it looked like you were crying.' I couldn't tell them why...I'm not sure if I feel [sic] embarrassed.

"It was very lonely," said Beth, who was 12 when her mother died. "No one sort of said, 'Well, something's wrong here, you know. Let's see if we can help.' I was very much on my own." Perhaps because she was a young adolescent, Beth particularly recalled feeling cut off from her peers: "I remember being at camp and sort of being by myself. It sort of separated me, or I separated myself a lot. 'Cause I'd had this well of sadness."

For most of the women in this study, the experience of dealing with death alone turned into a feeling that they needed to cope with much of life alone. This finding emerged despite the fact that, for all but one woman in this study, the father remained an ongoing presence in their lives. Several women said they became closer to their fathers after the mother's death. Nevertheless, almost all the women reported feeling that their mother's death ushered in an era of precocious self-care and, sometimes, care-taking of others.

In response to the question, "Who raised you?" most subjects cited the father--but not without qualification. Said Joyce: "He brought food. He went shopping. Provided everything. But he never stop and say, 'How was school? How did it get along so and so and so?' Nothing. So he was just a provider. But emotionally, he wasn't there...So we had to, like, be strong for ourselves." Looking back, Dana felt "nobody" raised her, despite the presence of a step-mother: "My father did remarry pretty quick...And I did live with this woman for the next 17 years or so, until, pretty much until I went to college. But I'd really never say she raised me. I mean, she did everything. But I didn't have, like, a person...I can't even say that I raised myself. I just kind of went along with the flow."

Some of the women who lost their mothers as they were approaching adolescence remembered having to take on practical aspects of managing a household. Said Alice: "I feel like at the point of her death, that's kind of when my childhood ended...I did grocery shopping, I did laundry, I saw that someone had been to the drugstore and gotten toothpaste and, you know, saw that my sister got to school in the morning. You know, at that point I was just 12 and turning 13 and I felt like no one was there. Like the doormen were there--I felt like no one was there for us." Nancy, who lost her mother at age 12, said: "I raised me after my mother died, basically." She also felt she took on the task of "running the family"--partly as a way of feeling close to her deceased mother, who had maintained an orderly home: "You thought about her, or things she would have done. And I think, for a year or two, I would try to keep things in the house that way. Like it was always immaculate."

Beyond assuming such concrete tasks, a number of the women felt they had had to take on emotional responsibility for their fathers. Meg recalled: "My father treated me and my sister a little bit like his mother, wife...He treated us, he depended on us a lot, he talked to us a lot." This continued into adulthood: "We were sort of mothering to him, especially as he got older, not so much physically--he was very capable of taking care of himself--but emotionally, like I was almost a parent to him."

Two of the subjects--both 12 years old at the time of maternal death and both older sisters--took pains to explain that their father's emotional dependency was not sexual, perhaps out of anxiety over becoming the 'woman of the house' right at the age that they were becoming women. Beth, who said her father became "Mister Mom--he was completely involved with us," nevertheless felt responsible for his well-being. Said Beth: "I think he turned to me, you know...I mean, there was nothing untoward or inappropriate, ever, ever. But in terms of for emotional support, I think, you know, he really turned to me and my sister...I felt very much like I had to take care of him." Similarly, Nancy felt thrust into a multiplicity of new and difficult roles. She recalled: "I think he was very dependent on me. You know, I was, like, in the wife role, not sexually in any sense. I mean, that never happened. But as far as I was running things. So in some ways, I was getting too much respect."

Who filled the void left by mother? Half the sample said they never found a substitute--though, said one, "I mean, to this day I want to." In a couple of instances, an older sister partly took on the role of mother substitute, even if she was a young child at the time herself. Meg thought she would have welcomed a step-mother. Meg's father remarried, divorced, then serially dated a number of women. So, she recalled, "It

seemed like whenever I formed an attachment with any of these women, it was like they were gone too.” Only 1 of the 10 women considered her step-mother a mother substitute. Several of the women loathed their step-mothers. Said Beth: “She was petty and stupid and greedy and insecure and vile.” Nancy, whose father never remarried, recalled that at the same time that she counted on the emotional support of an aunt and a female neighbor, she “was actually angry at people who tried to become my mother.”

Only in Alice’s case did the man she would ultimately marry take on some of the meaning for her of a mother surrogate. Said Alice:

He wants the best for me, um, so I, I think you know in some ways he, he kind of provides that type of thing. And I remember when we were in college...and you know at one point in my senior year I just was so upset, I just had nothing to wear. And it was just so kind of pathetic, you know, I just said, ‘I have no winter boots, I have no winter coat, I have nothing to wear, and I was just sort of at this point like, ‘What do I do?’ And he just helped me kind of solve it, like ‘What do you think you need? Let’s go get it, or let’s see if we can find the money for it.’ He’s kind of a problem solver on that level and just, you know, really wants to help me.

Strikingly, it was also Alice who, referring to the immediate aftermath of her mother’s death, said: “My father and step-mother, they always made me feel as though they really loved me and cared about me, but they weren’t seeing that I had gloves to wear to school on cold winter mornings.”

Motherless Mothers

All 10 women who suffered early loss felt a resurgence of grief and longing for their mothers in the context of becoming mothers themselves. Indeed, such feelings were a pervasive part of their experience of motherhood. Susan, for example, found herself missing her mother: "A lot of times, all the time. You know, whenever you have a question, you're feeling low, you're feeling overwhelmed or you want to go away, you want somebody to come in or you just feel like, you know, bragging or reminiscing, you know, pretty much all the time."

For most of the women in this study, this experience of missing mother encompassed a number of different losses that cut across past, present and future: the grandmother's loss of the grandchildren she would never know; the child's loss of a never-to-be known grandparent; and that of the woman herself in an ongoing way.

Joyce offered an example of a time when all those chords came together for her in a fugue of longing. She said: "I remember when [my daughter] was just born. My sister, she took time off from her job and she came over. And she was there with me for a week...That time, in particular, I miss my mother, too. Because, normally, that's a mother's job, so to speak. I miss her, but not just for that. For the fact that she would be there enjoying listening to the grandchild who maybe look like her to some extent...That's a joy that she, I know, would have really enjoyed and cherished." And she grieved when she thought about her daughter not having a grandmother: "[My daughter is] growing up and hears kids talk about grandma. She doesn't have a grandma. I miss my mother then. At times like these, I miss her."

Other women, too, spoke about the loss as an event that reverberated in the lives of their own children. For instance, Beth, who recalled her mother as being unavailable and volatile as a result of a long and degenerative illness, said she hadn't "thought about her much at all until I had my own child" and believed she might even have "escaped certain negatives by having lost my mother"--for example, "the sort of very difficult relations that can exist between mothers and daughters." Beth continued: "I had this awareness that while I definitely was missing out on the upside, I was also missing the downside. When my kids came, I felt much more like it was only negative, you know. Because not only for us, but for the kids, because no one's gonna love them like a grandparent. And I, you know, so, their lives...see, [the loss] sort of continues." And several women expressed the idea that they wished their mothers could see their children. For example, Terry recalled: "When they were born is probably the most that I have said, 'God, I wish she was here to see them.'" Martha, who was 7 at the time of her loss, said she often found herself wondering, "What would she think of them?"

Even the intactness of their own nuclear families was a reminder of past loss for some women. In reflecting on what she wanted for her son, Dana said: "I hope he has his parents there with him. You envy the people you see with, like, the families--the brothers and sisters, mothers and fathers, you know, with the big families that are all happy and together. I mean, I don't know how happy they are. But you know what I'm saying...I just hope he has that--all the stuff I may have missed." Greta recalled being on vacation with her family when her sense of current well-being and past pain collided. She and her son were:

walking to the elevator, and it was warm and beautiful and, you know, the room is sort of down a corridor that's all open to the mountains and all the beautiful warm air. And [my son] just reached for my hand and he said, 'You know, Mommy. I just love [this place]. And there was just this feeling in his voice of security. I mean, really, what I thought he was saying was, 'I love my family. Everything's fine.'...And I think it really triggered in me memories of feeling that with my family. And then how it was all kind of torn asunder.

For several subjects, being a mother stimulated and perhaps liberated them to re-experience feelings of deprivation and abandonment. For example, Dana recalled grieving again as an adult: "You know, having children and not even like just having them...Like having nobody to watch our children. Like my husband and I...we have babysitters, whatever. But he just doesn't trust them...As a result we don't...you know, you hear people go here and there and it's like, 'My parents are taking them, my parents are taking them'...You just feel sad for yourself." Joyce recalled a powerful experience she had during a pregnancy:

I was going home one evening, driving home. And for some strange reason my mind went to mother. And I said to myself, you know, she wasn't even around to see her grandchildren. And the...it was a weird thing, I had this urge like I needed her right there and then. There was this urgent, *I need her right now*. For what, I don't know. But I was driving and then I started crying. Just crying, crying, crying. I almost had to pull over. I didn't. I kept it back and I went home. Good thing my husband wasn't there to see it.

Notably, it was Joyce who said that, many years earlier, she felt she needed to hide the fact that she had been crying from her friends; her feeling of shame around grieving for her mother had persisted into the present.

In connection with this pervasive feeling of abandonment, another theme that emerged in several interviews was that women who lost their mothers in girlhood felt like they belonged to one kind of sisterhood—and were excluded from another. Said Meg: “Sometimes I feel that when people have their mothers, still have their mothers, it’s almost like a secret society. What do they know that I don’t know? How much better are their kids gonna be because, or how much better a mother are they gonna be, because they have mothers?” For Greta, early childhood loss has meant living her life “in another kingdom” from people who didn’t have that experience, including her husband: “I mean, it’s such a cosmic difference that it’s almost like I’m black and he’s white. I mean, it’s such a cosmic difference that you can’t...you’re simply in another country.” For two women, a defining feature of this other kingdom was a tempering of their joy in motherhood. Had her mother not died, said Susan, “I don’t know that my kids would be different, but I think it would have been easier for me, made it a little more fun, a little more joyful.” Echoed Alice: “I would have been able to really revel in the joy of the whole thing a lot more.”

Self-doubt about knowing the sorts of things a mother should know--along with a conviction that mother truly knew best--was another major theme that emerged in a majority of the interviews. For some women, this took the form of a simple wish that they could call upon mother for advice born of experience. Terry said: “You know, sometimes when you have that weird question...you’re wondering if what you’re doing

is right, then you look through your baby books and you sit there and you say, you know what, I wish I could have called her up and said, 'am I doing this right, or what would you do if they looked this way?'" Martha, also wished she could pick up the phone when her children were sick, but raised the issue of getting unwelcome advice: "Maybe she would have said something like, 'you should end your career,' I mean, I don't see her saying that though."

For some women, however, the sense of self-doubt was more global; in a couple of instances, discussion of it elicited slips of the tongue that revealed a momentary blurring of identity in which it was the self, not the mother, that felt lost. Susan said that she was worried that, when her older child turns the age at which she lost her mother, she might "lose my sort of internal compass about how to raise him. You know, I feel like I've been raising my children the way my mother raised me, even though I have no recollection, or very little recollection, consciously anyway, of how she did that. I worry a little bit that once I [sic] turn 8, which is when I lost my own mother, then I'm going to be at sea and not know what to do." Like Susan, Nancy became momentarily confused in discussing this issue. "I figure if I had been around, my mother had been around, longer, I would, sort of, figure out how to work [things] out."

This lack of self-confidence made a couple of the women feel as though they didn't know how to do basic things that, in reality, they were doing every day of their lives. For instance, Nancy, who lost her mother at age 12, said that her young daughter "doesn't really eat meals yet. But we don't really eat meals...we eat meals as a family sometimes, or we eat but we don't really sit down and eat. And that's an important thing to have. I have no idea how to do this." Dana, too, communicated a sense of being

mystified by daily routines: "I wish I had my mother to, you know...just to help you do things, like teaching, like potty-training. You hear, like if I'm talking to a friend's mother, 'Oh, my daughter was potty-trained.' You know, like, I have no idea if I was potty-trained." Like Susan and Nancy's recollections, Dana's contained some cognitive slippage: this adult woman momentarily didn't know whether or not she had been "potty-trained."

In connection with the theme of maternal omniscience, a few women said that in losing their mothers, they lost a personal historian. Said Meg: "You know what I miss, having someone here to tell me what I was like...But I don't have anybody, you know my mother, my father didn't really remember, he remembered some things but you know...This is the first year I did Thanksgiving in my house. Tim's mother usually did it, but she's getting older and so it was, my sister doesn't come, so it's basically all of his family, and they're all sitting around looking at pictures of Tim when he was a boy, and they're talking about how much [the children] look like Tim...and nobody is here to talk about me, what I was like as a kid and what I looked like as a kid." Wondering about what her daughter will be like when she turns 12, Nancy said: "The problem is, I don't have somebody to say, 'well, when you were 12 you were like this or you were like that.'" If her mother were alive, she said, "I'd have somebody to talk to about how to do things and give me some perspective on life, life, and what life is or isn't like, that understands me and that I understand, and some feeling of family history." Said Dana: "My father kind of...it's different. Like he just doesn't really remember. You know, like a mother remembers everything."

Separating Again

For most of the women who lost their mothers, it was important to have everyday separations from their child be a mundane matter. They needed to feel that both they and their children were conflict-free about the sorts of comings and goings that constitute a normal day: leaving a child with the babysitter, dropping him off at school, saying goodnight to her at bedtime. "I have no issues there at all because he is so gung-ho about school...So I have no issues with him at all with separation," said one. "I never had difficulty," said another. "He's happy, I'm happy, we know we're going to see each other again and it's fine," said a third. The data suggest, however, those experiences were actually somewhat more complicated than that for the mother, and possibly for the child as well.

Several women emphasized the importance to them of the child's separating easily. Said Susan: "I didn't ever want it to be a big deal, so I've tried not to let it be a big deal for me, because I know if it's a big deal for me, it will be a big deal for him...It was something I was very worried about, because I would have a very hard time if I had some kid crying, screaming and crying and clinging to my leg the whole time." She recollected that on her son's first day at nursery school, all the other children cried on their way into the classroom and smiled on the way out. He, by contrast, was fine leaving her but cried upon reunion. She interpreted the event to mean that "he was crying on the way out, [because] he had such a good time" in school. It is also possible, however, that she was in effect observing an *in vivo* Strange Situation, with an avoidant child who was experiencing intense anxiety around separation (Ainsworth, Blehar, Waters and Wall, 1978).

Martha recalled her feelings about her second daughter's beginning to walk. She said: "I think I was more anxious to have her walk, comparing to my first...She was the type of baby who really wanted to be held constantly, so--you know, as an infant, so I think we were a little relieved to have her walk. I think she was happier too." Martha attributed her daughter's wish to be held to her "shyness." Martha said that she herself had become shy at the time her mother died, raising the possibility that her desire for her daughter to start walking was connected with fears about her own dependency wishes and memories of losing her mother. Nancy, who repeatedly described her one year-old child as "independent," said that she might have been "trying to distance" herself from her daughter to facilitate weaning from the breast. Remarking that her neighbor's baby would "paw" at his mother's shirt and cry to be fed, she said: "I don't want hysterical children like that."

In the course of being interviewed, one woman struggled to understand how her own nonchalance around daily separation might be connected to her history of loss. Recalling her return to work after her son's birth, Beth said: "I don't even think I had a picture--I think it was easier for me not to have a picture on my desk. I sort of just turned it off: I went to work and he had a sitter." At times, she said, "I think I'm a little too casual about the connection. I think I just tend to deemphasize the importance of it."

When asked about routine separations, half the women gave responses whose content stressed their comfort with such separations, but which structurally contained narrative incoherencies. Greta, for example, said: "What's interesting is that the--my mothering has been very, um--is wonderfully, I'm thrilled to say, kind of not particularly, I think, affected by--in negative ways--by what I went through. In other

words, routine separations have not been--I mean, I feel very comfortable with our bond. I don't--the leaving, the coming back, the relationship has felt very natural to me. I haven't been--so the routine separations feel--I mean, one of the reasons I've wanted to quit my job was to get a sense of, would I like [working from home]?" Alice said of routine separations: "He's very fond of our babysitter, so you know, sort of if that happens it's really not, you know, um, so, you know, we try to kiss and hug." Asked about daily separations such as going to school, Meg gave a response that revealed how quickly her thoughts turned to death and how temporally disorienting that was. She began to think about what might happen if she died, then said that her children "would be fine and [my husband] would probably get remarried. I mean, I just think that I would be unhappy that I wasn't around." This response indicated a momentary belief that she would continue to miss them even if she were no longer alive.

Even though most subjects emphasized their comfort around separations generally, a majority of the women had strong feelings about sending the child off to school. When asked, "Has there ever been a time when you felt like you were losing your child a little bit," one responded: "Since he started kindergarten." Another, anticipating her child's first day, said: "Putting her on the school bus is going to seem, you know, like I lost my baby."

What made the experience particularly bittersweet for some of the women was the recognition that their children belonged as much to the world as to them. For example, Greta remembered feeling like she was losing her son a bit when "he started bringing home stuff that he'd heard in school, or from his friends, you know, it was stuff that I didn't know about." Alice, similarly, said she began to feel as though she were losing

her son a bit “now that he’s in school. He’s learning a ton of things at school that he, you know--not everything is coming from me.” These women experienced their children’s capacity to learn from people other than themselves as something of a loss. It is striking, and perhaps relevant, that many subjects (see previous section) maintained a fantasy that their own mothers knew everything.

Several women, including two who insisted that leave-takings were largely routine, described the vicissitudes of separation. Nancy described her daughter’s bedtime as “sad, because she’s so cute. She’ll lay in the crib and go, ‘Bye-bye, baby, bye-bye, bye. So that’s sad sometimes, I would say.” Calling her daughter’s first day at school a “tearing apart,” Joyce recalled feeling:

like I was abandoning her...I went back home and it was different. I didn’t know what to do with myself because before she went to school my entire day was just here: taking her here, or playing with her, feeding her, bathing her, this, that. And now she’s gone. Like, I didn’t know what to do with myself. So it was an empty time...It felt like something was missing. It was a big gap in my life, empty one, which I was saying: Okay, how do I fill it?

Dana evoked an equally bleak scene:

I remember thinking, ‘He’s going to school, he’s going...How was I going to wake up?’ I think it was a Tuesday morning when he started school. And all of a sudden, the weather had changed. I don’t know if you remember the end of this year. It was like freezing out--just like a crisp autumn morning...I put him on the bus. My husband was there. Like, it just happened so fast, the bus came, he got

on, the other kids on the street got on. And then I came home...I called my friend.

I'm like, 'He's gone.'

Alice described the urgency she felt one time when her son would not give her a kiss goodbye. She told him: "Well, I don't have time later, 'cause I'm going to be gone. You have to give it to me now!" In these instances, the word "gone" seemed to connote forever.

For most of the women in the study, the fear of dying young like their own mothers was a major preoccupation. Dana called herself "paranoid of something happening to me, and leaving them the way--you know, now as an adult, I see the way my mother left me." Susan, too, said that being a parent made her fearful: "I think it makes you feel how precarious it all is. Your child can get sick and die, or you, God forbid, you could get sick and die. You know, you live in fear. I've talked to other people who have lost their parents and they, um, they basically live in fear, that you're going to do that to your kids." Said Greta: "You know, what happened to my mother is very scary...It could happen to me."

Strikingly, while most of the women worried about their children losing them, only a few subjects expressed concern about losing their children. Meg, who was afraid of losing her son in public places, said: "I worry more that something is going to happen to [my two children] because sometimes I feel like I couldn't go through that kind of loss. It would really be too much for me, you know." Nancy reported becoming easily alarmed about her child and husband, despite her better judgment. She said: "Sometimes I think something bad happened and they're, like at the hospital or

something. Not that they were hit by a car, but like she started to choke. And then I started thinking, you know, be rational...you just talked to them 20 minutes ago."

Haunted by the fear of that they, like their own mothers, might suddenly disappear, the majority of women spoke about a determination to be present in the lives of their children. For a couple of women, this took the form of paying attention to diet and exercise to improve the odds of living longer. Others were convinced that they spent more time with their children than women who hadn't lost their mothers, or said "I love you" and gave hugs more often. One woman, who had suffered a suicidal depression, realized even in the depths of it: "I could never do that to my kids, I could never willingly take my life. How could I change their life in that way, knowing what had happened to me?"

Several of the women voiced a wish to minister to their children, precisely because of their own mothers' inability to be there for them. Said Joyce: "I remember when I was sick, there was never a mommy to hug me. So when she's sick or something, I make sure I'll stop what I'm doing and I'll spend as much time as I can with her. I'll hug her and rub her back, and I'll sing to her." For Dana, every lunch box is a chance to provide what she felt deprived of herself. She said that when she sends her son to school, she thinks: "You gotta eat, don't get hungry. 'Cause I remember when I was growing up, being in school and being hungry, you know. And I pack his lunch box with four extra snacks."

For two of the women, the challenge to be present, rather than absent, came during the night. Recalled Meg: "I remember when they would wake up in the middle of the night, they don't really wake up so much anymore, but it would just pull at my

heart, and I would wake up. ‘Mommy!’ Who was there when I did that? My father, but who was there when I said ‘Mommy,’ so I’d run to them.” Similarly, Beth said: “My son wakes up, his eyes open, and he screams ‘Mommy!’ It’s like some sort of preconscious thing that happens. And you know, he always says, ‘And you’re there in a flash,’ because that’s what happens. I mean, he calls me and I’m there. And, you know, it’s important to me that he know that. And I think that’s probably something I think about because of my own experience.” Bedtime often evokes separation anxiety; for maternally-bereaved women, there may be an especially urgent ring to that cry in the dark.

The Possibility of Repair

For most of the women in this study, mourning for their mothers never ended. “I think you do it your whole life,” said one woman. “I’m not sure it every really ends,” said another. Yet there were changes in their experience and re-experience of the loss that pointed to the fluidity of the mourning process. Some of these changes occurred in the context of motherhood.

“In a sense, I’ve been mourning it all my life,” said Greta, who was 10 when her mother died and is now in her forties. Greta groped toward a definition of mourning. She said: “I would not say I am actively in mourning, obviously. I mean, I knew my mother for such a tiny fraction of my life. [A colleague] of mine said something about that once, it went something like this: ‘you learn to live with the scar tissue.’ And I think that’s right...I’m not actively in mourning, but I think the process is a life-long one.” She contrasted the experience with that of losing her father, when she was an

adult. For him, said Greta: "I was actively in mourning. And you know, clearly, that time has passed. But in my father's case, there wasn't the trauma, I mean, his death was tremendously sad to me, but it wasn't a trauma, in the sense that I was older, I was grown, I'd had him for much longer. I was very well prepared for his death. I mean, with my mother there was such a sense of trauma about it: my age, how it was handled. I never saw her, she sort of disappeared."

Terry, similarly, experienced a lack of resolution around mourning her mother that she attributed to the way her mother's death was handled. "I still to this day...you...certain things trigger it, where you still just kind of mourn" Why? "It probably was the whole absence of closure. Not seeing the wake, not seeing...you know, being brought into a church and seeing a box and being told your mom's in there. Or, you know, not going to the cemetery and coming home and everything's gone. It just, it almost didn't seem that she had passed away. That she had, like, just left. So I would say that would probably be why: Closure--lack of closure."

What allowed them to carry on? A number of the women described ways of coping that provided clues to the nature of the defenses at work. Susan, who worked through some of her loss in the context of therapy (see below), said she had a reluctance to revisit her early loss: "To some extent, I only feel like I've touched the surface of it and, you know, it's sort of like it's been so long now, do you really want to go back there." Standing in the way, she thought, was her "fear of loss of control. You know, I have a family now, you don't feel you can be so self-indulgent. And I guess the fear of the unknown, you don't know what's going to happen if you pull all that stuff up again, but I did--I did a fair amount of that." Alice, who suffered additional losses after her

mother's death, expressed worry about being "emotionally distant." She said: "I won't say withdrawn but, you know, I feel like I've--you know, put up sort of protective, a lot of protective layers." Martha said that although mourning has not ended for her, "I've learned to just move on--just continue your daily routine." Nancy, who said that mourning never ended for her, reported: "I've kept myself very busy--probably partially as a coping mechanism and partly because I'm a hyper person anyway--to avoid dealing with it, I think."

Only two participants felt that their mourning had come to a decisive end. Said Beth: "When I went to college, it sort of felt like I'd put it behind me...I wasn't among the people where it had happened, you know. It was a transition, so that might have actually helped. [The mourning lasted] I would say 2, 3 years. I mean, there were times I'd think about her. But it was amazing, once it ended it really ended. I mean, I haven't thought--I haven't thought about her much at all until I had my own child." What helped her move forward was a shift in living situation. "When we were in our family, you know, living at home with my dad, her absence was poignant. She was always not there. But when you go to college, it's a different context." For Joyce, what allowed the process to come to a close was "just acceptance, growing up and looking around and seeing that it happens all the time and that it's a way of life...It's not something that we want, or we accept. But it happens and we just have to go on."

For a majority of women in the study, an important shift took place in relation to their early loss when they became mothers, because they finally felt emotionally validated. When asked whether becoming a mother had changed her experience of her mother's death, Susan said:

Yes, it made you realize what a loss it was. Because for years, you know, I just didn't think about her. I think my family was so mum on the subject the whole time, that's just how I went about my life, you know. I never thought about it, really, or very rarely. It was sort of like a movie star--you have this legendary character in your life, and it was sort of distant, you know. It wasn't really part of you. But when you have your own kids, you realize how important a parent is, how much they need you. So I think that it makes it much more present. That's probably the biggest way.

Similarly, Terry responded:

The only thing that I think, maybe, it's done for me is made me feel a little bit more normal, or more correct, in the way that I always felt about what I was missing. Because in your head you always wonder, or you have these ideas, of what you were missing. You know, like the perfect mom. Beaver Cleaver's mom, or whatever. Like, if you never had it, then you're not quite sure what you were missing. But I guess being a mom, I kind of said, 'You know what? These are the things I'm doing for him that I wish somebody had done for me.' So maybe that's what--that's it.

And Meg replied: "I felt more of a loss now as a parent, because I realize how much I do for my kids, and how difficult it would be if I weren't around." "You just realize how much you lost," said Dana. Echoed Alice: "I really just take note of how incredibly young [my children] are...and how sad that is."

For half the women, having children gave them new empathy for their own mothers. In a few instances, the women focused on how their mothers must have felt

about their own unavailability. Said Beth, whose mother had been ill for many years: “I think being a parent has helped me understand my mother better, and the extraordinary frustration she must have felt in not being able to do anything for us.” Similarly, Nancy said that becoming a parent changed her experience of loss:

I think about how upset my mother must have been that she was dying when she had a 12-year-old and an 11-year-old, and how hard that must have been for us-- to think about how she was leaving us, even though she wasn't leaving us on purpose. And she could only do what she could do, and it wasn't her fault that she got sick. But I think she must have felt just so awful about the whole thing. You know, what was it like to be leaving your kids?

For one woman, becoming a parent altered her experience of loss in a way that made her less empathic to her mother. Said Greta:

I think it has certainly made me wonder a lot about the way my mother handled her illness and death. You know, I mean she...I mean the times were very different, but how much she could have...I mean, I could not imagine handling it now, as a parent, the way she did...[My father] said that Mom did not know she was dying. I find this impossible to believe. I mean, I know it's not true...But um, you know, she basically disappeared. No goodbyes, no preparing. I think the times were very different, but I think it was also the way my mother and father were, and the way they dealt with stuff. And I would never do that, ever.

Of the seven women who had been in therapy, five brought up their treatment experiences in the course of being interviewed. Four were generally positive about its helpfulness in regard to their loss. Greta felt that it had played an “enormous role” in

her ability to move forward, saying that “without major therapy I would not have been able to” become a mother. Beth sought it out in college and has continued intermittently to the present. Nancy, however, continued to voice resentment about an earlier treatment experience: “I repulsed when I had that stupid therapy experience in college when he said that I was [having a problem] because I felt guilty over my mother’s death. It made me really angry.”

All 10 women were asked whether having a child had been a reparative experience. Half the women said yes, four said no, and one thought it had the potential for helping her recover from her early loss.

Among the women who experienced motherhood as reparative, a variety of explanations emerged. Joyce said that “mothering [my daughter], treating her the right way--to me, it’s therapy. I call her my little therapist.” Her need for repair took her by surprise. Said Joyce:

I didn’t know I still needed healing from my mother’s death until I had [my daughter]. The things I lacked--not financially, just emotional, the support--when it comes to her, I saw where she needed, or I see where she needs it. I’ll give it to her. So to me, it’s like a healing process. Like, okay, this happened and I’m gonna correct it. I can’t correct it within myself, but I can correct it, or make sure it doesn’t affect her. So me doing that for her, being there for her, I feel like I’ve been a victor over what happened.

For Greta, becoming a mother altered her self-definition in a way that she viewed as reparative. She said: “Being able to be a mother has been the greatest thing in my life, no question. It has helped my sense that I’m no longer--and this is why I thought

Hope Edelman's book was so good--I mean, I'm no longer, number one, defining myself as 'motherless daughter.' You know, I'm [my children's] mother."

Two women evoked the metaphors of emptiness and fullness to describe the experience. Said Meg: "I feel more loved, you know, I think I have so much love for my family, I don't feel as empty maybe. I feel, 'Thank God I have a family.' When my father died, it would have been bad if I didn't have a family." Alice, who viewed parenthood as "potentially reparative" but struggled with her own fear of attachment, said: "The desire that I have to have an emotional connection with my kids--that potentially is a healing thing, or a repairing thing. I feel you could go through your life being bereft, [or] you could go through life sort of trying, seeking out, not so much an emotional replacement, but something that could give you as much--you know, almost fill you back up."

What felt reparative for Martha, who lost a sibling 16 years after her mother died, was the opportunity her children presented to enrich her father's life. She said: "It helped my Dad. I guess, because he lost his wife and his daughter, you know, just seeing these kids..." And for Susan, becoming a mother altered her experience of loss because it enabled her, in effect, to restore meaning to her mother's brief life--she came to feel that it had been fuller than she had previously thought. Said Susan: "She had a lot, you know, 28 years and she had a lot accomplished, a lot of experiences, and the joy of being a parent, which is a good thing, whether it be for 1 or 2 years or 8 years or 10 years or, you know, hopefully, 25, 30 years."

Several of the women, however, found that feelings of emptiness prevailed over feelings of greater wholeness. Said Beth: "While I now have my own family, it still

feels like there are holes in it.” Having lost her father, she thought, might have exacerbated this feeling--“It’s hard to sort of pull it apart.” Nancy said: “Sometimes when I’m upset I feel like there’s this vacuum, or something that can’t get filled.” And strikingly, in response to the question about whether she thought parenthood had been reparative, she responded: “No, I don’t really. Having a child was not part of my world. It was, like she was planned and we tried to have her...But I have three dogs. I mean, you shouldn’t have three dogs and have a kid. But I love my animals, they’re not going anywhere.” Perhaps it felt that, in having a child, she might be forced to relinquish other love objects or be disloyal to them; it was Nancy who, up to the present, resented any woman who put herself forward as a mother surrogate.

For the other women who said parenthood was not reparative, having children only confirmed their sense of loss. Dana said: “I don’t think repair is the right...because it just made me realize, like, the whole magnitude of, how profound her death” was. Terry said that having a child “only made me realize more what it is that I always thought I lost. And it kinda made that concrete.” But ironically Terry, who felt that her mother’s death lacked closure, may finally have achieved the sense of finality she craved when the loss began to feel concrete.

The implications of these qualitative findings will be discussed in the next chapter.

CHAPTER FIVE

DISCUSSION

And though our separation,
It pierced me to the heart
She still lives inside of me,
We've never been apart.
Bob Dylan

This study explored the experiences of women who lost their mothers in girlhood and who, as mothers now themselves, were negotiating the vicissitudes of their children's separation and individuation. In particular, the research investigated the impact of early loss upon the quality of maternally-bereaved women's object relations, with a focus on their capacity for self- and object differentiation. A key question was whether losing a mother in childhood created a specific narcissistic vulnerability that would later interfere with a woman's ability to tolerate self-other differentiation in connection with her child. Conversely, what impact would the child have upon the mother? Specifically, would the experience of weathering a child's separation-individuation process--a prolonged, sometimes painful period of mutual leave-taking--allow the mother to rework her early loss in a way that permitted resolution of mourning and fostered psychological growth?

A non-clinical sample of 20 women--10 who lost their mothers in childhood and 10 whose mothers were still alive--participated in the study. This chapter includes a discussion of major quantitative and qualitative findings, as well as their intersection; limitations of the study and need for further research; and implications of the study for clinical practice.

Major Findings

The first major quantitative finding revealed a link between early maternal loss and a diminished capacity, on the level of maternal representation, for self-other differentiation. This finding partially confirmed the hypothesis that maternally-bereaved women would have greater difficulty with separation-individuation than women who did not have a history of early loss.

What are the theoretical implications of this finding? As we have seen in the literature, object relations theory privileges the idea that psychological growth depends on the internalization of relationships with significant others (Behrends & Blatt, 1985). Through such internalization, the child develops an increased capacity for separation-individuation and for more complex representations of self and other. By virtue of the internal presence of the object, the developing person can begin making his way through life without feeling overwhelmingly, terrifyingly alone. What, then, of the person who has actually suffered the loss of a parent? As Blatt (1974) and others have noted, the function of mourning is, precisely, to establish an internal representation of the lost object so that the reality of its loss can be accepted while its presence continues to be felt.

Unresolved mourning, in contrast, is marked by the absence of a “full inner representation of the lost object” (Lerner, 1990/1994, p. 477). Representations tend to be polarized into extremes of good and bad, rather than complex and differentiated. The difficulty of fully accepting that a loved one is gone goes hand-in-hand with anger at her for leaving. Ambivalence is a hallmark of unresolved loss.

The finding of a correlation between early maternal loss and lower-level representations of the mother is consistent with this theoretical framework. Among the women who lost their mothers, there was a pronounced tendency to rely on such defenses as idealization and to ground descriptions in concrete details. Why? One could speculate that, unlike women in the comparison group, the maternally-bereaved women lacked the sort of ongoing relationship with a mother that would allow the gradual integration of positive and negative attributes into complex representations of self and other. Idealization afforded protection from awareness of either anger toward the abandoning mother, or guilt toward the mother who in fantasy was made to disappear. In a sense, their representations reflected fantasies and wishes with regard to the idea of Mother--a frozen imago that was never tempered or renegotiated in response to the wear and tear of everyday life. This finding is in line with investigations comparing adopted children’s representations of unknown biological mothers and known adoptive mothers, which found that “representations of the unknown birth parent lack the possibility of being moderated by experience and may present, consequently, extreme characteristics of goodness and badness” (Priel, Kantor, & Besser, 2000, p. 130).

It should be noted, however, that while the loss group’s maternal representations were at a lower level than the comparison group’s, they were not indicative of severe

narcissistic psychopathology. Rather, with a mean score of 6, the representations fell into the “transitional” range characterized by “an emerging consolidation of disparate aspects of self and other...marked by a hesitant, equivocal, or ambivalent movement toward this integration and stabilization” (Diamond et al., 1995, p. 27). It is interesting to speculate on what accounts for this finding. Were maternal representations at a “transitional level” because of the age range (5 to 12 years) during which the loss occurred--that is, after some capacity for object constancy might be expected but before a developmental readiness for mourning could be relied upon (R. Furman, 1973/1994; Wolfenstein, 1966/1994)? In that case, the representations might be a snapshot of arrested mourning. Or is it possible that the “transitional” nature of the maternally-bereaved women’s representations speaks to the reworking of early loss that might be occurring in the context of mothering their own children--that is, that a transition was underway as an active process of adult development?

Surprisingly, representations of self and child were not at a significantly lower level among maternally-bereaved women than non-maternally bereaved women. This finding raises questions about the nature of self-representation. If difficulties around separation-individuation emerged in the maternal representation, one might equally expect to see evidence of a more global impact upon the woman’s sense of self-cohesion. Yet neither the self nor child representations bore such scars. This negative finding suggests that, in the presence of mitigating environmental and emotional factors, the sequelae of early loss may be somewhat self-contained. One possible explanation comes from Pine (1985), who posits a distinction between “pathology of the relation to the *differentiated* other and pathology of the relation to the

undifferentiated other” (p. 227). The confinement of difficulties to the maternal representation points to “pathology of the relation to the differentiated other.”

The second major, positive finding was that, among the maternally-bereaved women, descriptions of the child were more complex and differentiated than descriptions of the mother. This was not the case within the comparison group. Why?

One of the guiding principles of adult development is that the process of separation-individuation does not come to a decisive end by age three but, rather, continues throughout life; this is believed to occur in adulthood, as in childhood, through the internalization of relationships with significant objects. For any parent, the relationship with one’s child--inevitably fraught with intense love, anger, wishes to hold on and the necessity of letting go--has the potential to lead to the development of new object representations.

It could be argued that among women who endured the early loss of a primary object, the relationship with a child would present even greater challenges to and greater opportunities for such psychic reorganization. For someone who endured traumatic loss, letting go of a loved one is apt to be conflictual. But unlike the mother who never came back to the child, the separating child has returned again and again to his mother. In a reversal of traditional mother and child roles, the ongoing presence of the child could thereby provide the setting in which it becomes tolerable for the maternally-bereaved woman to accept the loss of the mother, as well as begin to accept the separateness of the child.

Thus, the finding that the child representation was at a higher developmental level than that of the mother could speak to the ways in which the maternally-bereaved

woman has internalized aspects of this new relationship. I have suggested that the maternal representation was relatively static, perhaps frozen, because of the lack of opportunity for its reworking in the context of a living relationship. By contrast, the day-to-day interactions with the child, as well as the symbolic impact of both mother and child's survival of daily separation, could be expected to foster a more differentiated, less idealized representation of the child.

The last major, positive result was that maternally-bereaved women provided significantly healthier responses on the ORI than on the Rorschach. This finding should be interpreted with care, however, since a comparison of ORI and Rorschach scores for all 20 subjects also found significantly less psychopathology on the ORI than the Rorschach. Thus the implications of this finding pertain to the nature of what these two instruments measure, and not to relative levels of psychopathology in the two groups. In that light, it lends support to a previous comparison of the two measures (Diamond et al., 1990), which found that the "ORI elicited responses at higher developmental levels than the Rorschach, which seemed to elicit more primitive, undifferentiated responses" (p. 391). Thus, the ORI and Rorschach seem to capture different aspects of a person's object relations, as well as different kinds of defensive functioning: presented with the ambiguous stimulus of the inkblot, women in both groups were less able than on the ORI to defend against or verbally mediate their emotional experience.

Finally, and contrary to expectation, maternally-bereaved women were no more likely than non-maternally bereaved women to manifest impaired object relations, or to show a specific narcissistic vulnerability, on the Rorschach. This finding was surprising, given the traditional psychoanalytic view of early object loss as a

narcissistic injury that can adversely affect self-object differentiation, foster reliance on lower-level defenses such as omnipotence and idealization and impede ego development.

How, then, to understand the lack of association between early loss and lower-level object relations on the Rorschach? One crucial factor may be the overall healthiness of the sample: this was a non-clinical population of women who on average were not economically deprived as children, were well-educated and lived in relatively stable environments following the mother's death. These factors no doubt provided a buffer against the inevitably traumatic experience of early loss. As psychoanalyst Francine Cournos (1999) writes in her memoir of parental loss:

There is a powerful association between severe depression in adult women and the death of a mother in childhood. The association is stronger among poor girls than among the middle class, primarily because the poor are far less likely to receive adequate care following the mother's death. This in turn is associated with the likelihood of a negative self-image and poor adult life choices. (pp. 125-126)

It is possible that, environmentally armored against some of the consequences of early loss, this relatively privileged population of women had higher-level defenses in general, and was able to marshal an effective defense in particular against the unsettling stimulus of the Rorschach.

Another factor one could speculate about was the level of self and object differentiation achieved prior to the mother's death. Lerner and Lerner (1987) argue that "object loss will have a very different effect on personality and vulnerability to psychopathology depending on whether the loss affects the cohesion of the self (fosters

a deficit in object constancy) or only engenders psychic conflicts within a structurally cohesive self system” (pp. 375-376). This is similar to Pine’s point about pathology of the differentiated versus the undifferentiated other. Viewed in this theoretical framework, the lack of significant findings on the Rorschach suggests that in this population of maternally-bereaved women, a considerable level of self and object differentiation had been achieved by the time the mother died. It also lends further support to the idea that the lower-level maternal representations on the ORI were a reflection of conflict specifically in relation to the lost mother, rather than a more global impairment of object relations.

Early loss, as we have seen, leaves its imprint on the survivor’s object world--the bereaved women’s maternal representations were at a lower level of self-other differentiation than those of the comparison group. From the literature, we know that a number of factors can contribute to such failure to achieve mature object representations, including a denial of reality, idealization and ambivalence. Qualitative results from this study confirm the crucial role played by such forces in unresolved mourning and help explain the bereaved group’s representational status. They also, however, lend considerable support to the idea that motherhood can foster psychological repair in adulthood. Let us take a closer look at some key findings, and how they relate to the quantitative results.

Perhaps the strongest and most salient qualitative finding regarding the mother’s loss was that there was almost total silence around it. Well-meaning relatives attempted

to lessen the children's pain by pretending it wasn't there. But rather than protecting the young survivors, such silence set them on a path toward unresolved mourning, for it amounted to a denial of both the reality of what had occurred and their emotional response to it; as such, it militated against closure. Citing R. Furman's work, Tyson (1983) notes that "children need a concrete explanation of death and the attendant circumstances; they often misconstrue abstract, philosophical, or religious explanation" (p. 208). Indeed, most of the women expressed the conviction that their suffering was needlessly compounded and prolonged by the adult failure to address their loss directly and insisted, furthermore, that they would handle such tragedy differently as a result. As Susan said: "I tell all my friends that if they ever die, I will talk to their kids about them forever."

The qualitative data also furnished evidence of idealization of the lost object, another contributing factor to lower-level maternal representation. As we saw earlier, idealization was particularly striking with regard to the women's view of the mother as omnipotent and omniscient. In this way, the mother became a vessel for all that was good and wise but, because she died so soon, maddeningly unavailable to the daughter. As Winnicott (1955/1992) writes: "a good breast introjection is sometimes highly pathological, a defence organization. The breast is then an idealized breast (mother) and this idealization indicates a hopelessness about inner chaos and the ruthlessness of instinct" (p. 276).

Indeed, in a way that spoke to defensive splitting, many of the bereaved women saw themselves as not omnipotent like their mothers but, rather, helpless in some of the basic tasks of living. It could almost be said, borrowing from Winnicott, that their

helplessness was akin to “inner chaos.” What was most curious about that diminished self-representation was the way that it coexisted with a sense of hyper-responsibility--these were women who to some degree felt they had raised themselves. Yet there may be less of a contradiction than meets the eye, for both the sense of helplessness and the sense of self-sufficiency speak to underlying feelings of dependency and deprivation in connection with early loss. Citing the work of Arnold Modell, Lerner and Lerner (1987) write:

Severe environmental trauma can induce the formation of a false self organization, including the illusion of omnipotent self-reliance. Because the sharing and communication of affects is object-seeking, illusion that nothing is needed from others and that one can provide one's own emotional sustenance removes the individual from the fear of closeness to objects by denying any instinctual demand to be made on the object. (p. 390)

The illusion of self-sufficiency also provides protection from an awareness of negative feelings toward the abandoning object. Indeed, one of the most intriguing qualitative findings was the *absence* of anger from the interviews. Only one subject directly voiced anger that her mother had not been more available to her, and one was critical of her mother for not saying goodbye. But by and large, rageful feelings were conspicuously absent. Where did they go? In a paper called “Anger: The Hidden Part of Grief” (1991), Cerney and Buskirk suggest that anger over loss is inevitable, yet it is difficult to tolerate because of the guilt it sets in motion. In their clinical experience, they found that some people “preferred to retain their grief, which had become a part of their identity; the fear of working through their anger posed the fear of disintegration”

(p. 231). On the whole, the maternally-bereaved women in this study were unable to access or address feelings of anger toward their mothers, a finding that helps explain the lower level of their maternal representations. For as Akhtar (1996) writes: in arrested mourning, “the idealized primary object is neither given up through the work of grieving nor assimilated into the ego through identification” (p. 144).

Clearly, both qualitative and quantitative findings speak to the lasting impact of early maternal loss. Yet one of the tasks of this study was to explore the question of whether parenthood could be reparative. Specifically, would the child’s separation-individuation process--by forcing a mother to grapple with feelings of loss--be a catalyst for resolution of mourning?

The qualitative findings were inconclusive with regard to the specific impact of separation experiences on the mother. The data revealed that while a majority of the women were highly invested in the belief that both they and their children could separate easily, those leave-takings were in fact full of conflict. What was less evident was whether dealing with those difficulties helped long-bereaved women mourn their mothers. Two findings were particularly noteworthy.

First, when asked about routine separations, half of the women gave responses that contained narrative incoherencies. This finding fits into the theoretical framework established by Mary Main and other attachment writers, who have identified a link between linguistic lapses and unresolved mourning. These lapses are believed to indicate “the intrusion of dissociated or partially dissociated ideation, or (through lapses in working memory) to mildly dissociative experiences taking place in the interview context” (Main and Goldwyn, 1998, p. 116). In this study, some of the lapses in regard

to separation were relatively mild: for instance, there were unfinished sentences. But there were also more serious indices of disorganization, including confusion between the dead person and the speaker. While such lapses were not confined to discussions about separation--there were other instances of cognitive slippage in the course of the interviews--they were particularly striking in this context: they belied the women's claims that they were free of conflict around separations from their children. In fact, one could argue that these narrative incoherencies established a link between unresolved mourning for the mother and separation anxiety toward the child.

Second, the maternally bereaved women had a strong need to compensate for their own mother's failure to provide for them. (Recall, for instance, Dana's insistence that her son take four snacks to school because she had been hungry.) This raises questions about the nature of reparation. It may be that in taking such good care of their own children, the maternally-bereaved mothers were able to turn passive into active in a way that was essentially adaptive. But in the context of unresolved mourning, one might equally speculate that this urgent need to provide contains a tendency toward manic reparation (Segal, 1986/1997), a defensive operation aimed at denying the absence of internal good objects.

Nevertheless, many of the women in this study felt that the process of becoming mothers was genuinely reparative, a finding buttressed by the discordancy between the levels of maternal and child representation. Even the women who did not consciously experience motherhood as reparative spoke about the ways in which their sense of loss had undergone significant change in relationship to their own children. As Gould (1997) notes in connection with survivors of the Holocaust: "it is the influence of the

grandchildren that can potentially, through their questions, actions, and concern, stimulate the *working through* processes of their parents and even grandparents. It is in this sense that the generational transmission hypothesis is enlarged to encompass the complexity of reciprocal transmission” (p. 1197).

In attempting to understand what might have proved reparative about becoming a parent for these women, it is useful to remember what made the loss unbearable for so long. For many of them, as we have seen, there was a gnawing lack of closure that resulted both from the innate inability of young children to understand death and from the failure of surviving adults to help them begin to grapple with its reality.

In a sense, the need for concreteness could be deferred but not denied. One of the most dramatic attempts to achieve greater resolution of mourning, as we saw, was Meg’s adult decision to disinter and rebury her mother. In doing so, she behaved similarly to Lerner’s (1990/1994) patients who, in a state of pathological mourning, needed to “take action in the real world and to recover something concrete and directly related to the lost object” (p. 470). In discussing this clinical finding, Lerner writes: “mourning is a complex process that involves various ego functions including a concept of reality, an ability to take cognitive distance, a capacity to tolerate pain, and an inner representation of the object” (p. 477). If that is the case, then the attempts of women like Meg to reconnect quite literally with the lost object--through discussions of their mother with their own children, sharing photos, or visiting gravestones--can be seen as stages in a dialectical movement toward healthier object representations.

The qualitative findings revealed that the maternally-bereaved women also found other more mundane, but equally profound, ways in which to recover the lost object.

For some of these women, the mother had previously lived on, as one said, “sort of like a movie star...a legendary character.” In assuming the day-to-day tasks of mothering--pleasurable and dreary both--the women began to understand in a much more visceral way what they had missed out on as children. It became harder to deny the *reality* of what they lost; it could be said that, in the presence of their children, the mother’s absence became both more real and more tolerable.

Crucially, however, it would appear that as the mother’s actual absence took on psychic reality, her internal presence became more available. The qualitative data show that, in the process of becoming mothers, maternally-bereaved women underwent two important and linked transformations. First, they identified with their mothers *qua* mothers; as one of them said, she was no longer a motherless daughter, she was her children’s mother. Second, in the course of identifying with their mothers, they developed empathy for them--reflecting, for example, on how awful it must have felt to leave young children behind.

In a theoretical shift away from Freud’s (1917/1994) decathexis model, recent thinkers have suggested that “an ongoing internal relationship to the image of the lost object is an important aspect of successful mourning” (Baker, 2001, p. 56). One could speculate that in the process of identifying with the role of mother, the maternally-bereaved woman was able to achieve precisely the kind of ongoing relationship that eluded her before. As Schafer writes (1990), “identification may be said to preserve the old object relations at the same time as it changes them qualitatively” (p. 227).

The role of empathy may be critical, as well, in any attempt to understand how repair might have occurred. For although most of the women in this study were

unaware of anger toward their mothers for abandoning them, it is safe to assume it was there. Klein conceived of successful mourning as a process of reparation (1940/1975). It may be that for the maternally-bereaved woman, an empathic connection with the loving mother is both a way to experience guilt for unconscious aggression and to restore her as an internal good object--in other words, to mourn.

Limitations of the Study and Need for Further Research

To assess the implications of this study, it is necessary to consider the possible impact of the sample and methodology on the findings.

The most problematic limitation of this study was the small size of the sample. This factor may have particularly affected findings on the Rorschach, as measured by the Mutuality of Autonomy Scale. Although no correlation was found between loss status and performance on the MOA, the loss group scored in the expected direction in all but one category. A larger sample might have yielded significant results.

The composition of the sample also limited generalizability of these findings. On the whole, the maternally-bereaved women who participated in this study were not economically deprived as children; had an ongoing relationship with a surviving parent; and were well-educated. As we have seen, they may have been insulated from some of the worst consequences of early loss; it is likely that these findings would not pertain to women who had experienced severe environmental stressors in addition to the early loss. Furthermore, a majority of the women had at some point been in psychotherapy. Given evidence that the treatment relationship itself can produce changes in the level of a person's object relations (Diamond et al., 1990), it is possible that past therapy

experiences were a confounding variable in this study. It would be helpful in future investigations to inquire more closely into the treatment relationship in an effort to sort out the reparative effects of therapy from those of parenthood.

There were methodological limitations as well, in connection with both the ORI and the MOA. First, a decision was made to administer the ORI as a 5-minute speech sample, one of several possible procedures. As a result, the descriptions tended to be longer than untimed speech samples or written responses. Given the relative lack of variability in the loss group scores, one might wonder whether the length of the descriptions affected the outcome of the test. For example, did speaking at such length and being able to clarify responses during inquiry give participants greater opportunity to reflect on their experiences and reveal a developed capacity for differentiation? Or did such length allow subjects to mask underlying pathology and inflate their scores? In future studies, different forms of administration could be used to gain a better understanding of their impact on findings. In addition, because of the structure of the ORI interview (i.e., the three descriptions, followed by inquiry), the scorer rated each subject's responses in order before proceeding to the next protocol. In the future, it might be beneficial to cluster responses by content rather than subject (e.g., all maternal descriptions; all self description; and all child descriptions) to eliminate the possibility of rater bias. Ideally, there would also be two scorers to ensure inter-rater reliability.

Another methodological limitation concerned the use of the MOA to score the Rorschach. While the MOA is designed to measure "progression toward separation-individuation" (Coates & Tuber, 1988, p. 655), it provides a relatively global assessment of object relations. Use of the revised Rorschach Separation-Individuation

Scale (Coonerty et al, 1987), developed as an analog for the ORI scale, might better capture differentiation difficulties and yield significant results.

Finally, this study attempted to capture temporal shifts in object relations by retrospective and intrapsychic means. To determine whether parenthood was in fact reparative for early loss, it would be most illuminating to track the possibility of change longitudinally.

Implications of the Study and Concluding Remarks

This study has clear clinical and social implications. The findings showed that the deleterious effects of early loss were compounded by the failure of adults to address the death directly with bereaved youngsters and provide them with emotional support. It is tempting and probably accurate to say that 30 or 40 years ago, when the mothers of women in this sample died, popular understanding of the mourning process in children was less sophisticated than it is today. But the difficulty many adults inherently have in dealing with their own ambivalence, grief or aggression (R. Furman, 1973/1994) can still stand in the way of an appropriate intervention with children. The findings of this study thus speak to the urgent need to make mental-health professionals available not only to bereaved children, but surviving care-takers as well. It is also worth underscoring the relatively privileged socio-economic circumstances of the women in this study; it speaks to the importance of making whatever environmental provisions possible for children facing the tragedy of early loss, to help cushion them from its traumatic impact.

In conclusion, the purpose of this study was to investigate the interaction of early maternal bereavement and motherhood. The major findings confirmed the devastating and longterm impact of early loss, but also lent significant support to the idea that motherhood can foster psychological repair in adulthood. In a sense, the presence of both lasting hurt and the possibility of recovery was captured on the level of representation: the women who were maternally bereaved achieved a greater capacity for self- and object differentiation in connection with their children than with their mothers. One of the aims of this study had been generating hypotheses about how such repair might occur, with a particular focus on the effect of the child's separation-individuation process on the mother. Whether that process, per se, facilitated mourning remains speculative; it was clear, in fact, that separation stayed full of conflict. But by means of identification and empathic reconnection with their mothers, the maternally-bereaved women seemed to be able to attain some closure around their loss. It is a hopeful finding for, without such acceptance of the reality of the mother's absence, the possibility of being fully and emotionally present for their children would be greatly diminished.

APPENDIX A

Flyer

Are you a motherless mother?

I am looking for women who lost their mothers between the ages of 5 and 12, and who have a child or children under the age of 7, to participate in a doctoral research study on parenting.

Two interview sessions required

Available to meet in Manhattan or Westchester
Safe and confidential environment

If you're interested, please contact Ellie Gelman at
(914) 381-3027

Motherless Mother Study Ellie Gelman 914 381-3027	Motherless Mother Study Ellie Gelman 914 381-3027	Motherless Mother Study Ellie Gelman 914 381-3027	Motherless Mother Study Ellie Gelman 914 381-3027	Motherless Mother Study Ellie Gelman 914 381-3027	Motherless Mother Study Ellie Gelman 914 381-3027	Motherless Mother Study Ellie Gelman 914 381-3027	Motherless Mother Study Ellie Gelman 914 381-3027
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APPENDIX B

Informed Consent Letter--Loss Group

Thank you for your willingness to participate in this research project. The purpose of the study is to explore women's experience of early maternal loss and its effects upon them as parents. Women who lost their mothers between the ages of 5 and 12 and who currently have a child between the ages of 1 and 6 are being asked to participate.

Participation in this study involves several tasks (i.e., two personality tests and an interview) aimed at understanding the effects of early experience on personality development. The process takes two to three hours and occurs either in one longer or two shorter meetings. Certain portions of the meetings will be tape-recorded for future analysis. The tape recording, which will include no mention of your name, will be transcribed by a professional typist (name available on request). This study is being done to fulfill requirements for the completion of a doctoral degree in Clinical Psychology at City College, City University of New York, where I am a graduate student.

Participation in these interviews may involve some distress as a result of discussing personal issues. Some people, however, find it helpful to talk about their experiences. While I cannot promise that you will personally benefit from participating in this study, your willingness to share your experiences will deepen the understanding of professionals who encounter issues relating to early childhood.

Your participation is strictly voluntary, and you have the right to withdraw at any point. You should know that you are free not to discuss anything that causes you discomfort. After the research-gathering session, I would be glad to schedule an additional meeting to discuss any concerns or thoughts you might have as a result of this process. At your request, a copy of the study will be available to you after the project is completed.

All research data will remain strictly confidential. In the event of publication or presentation, all identifying information will be changed and pseudonyms will be used to safeguard privacy and confidentiality.

If you have any questions, please ask me at any time. You can reach me by telephone at (914) 381-3027. If you have any questions about your rights as a volunteer, please contact Ethel Breheny, IACUC/IRB Administrator, by writing to her at the Office of Research Administration, Shepard Hall, Room S-16, City College, or calling her at (212) 650-7903.

Please sign below indicating your willingness to participate in this project. Thank you so much for your interest and your time.

Ellie Gelman

TO BE COMPLETED BY PARTICIPANT

I have read the above statement and agree to participate in the study as described.

Signature_____

Date_____

APPENDIX C

Informed Consent Letter--Comparison Group

Thank you for your willingness to participate in this research project. The purpose of the study is to compare the effects of different kinds of early life experience upon parenting. You are being asked to participate because you have a young child. Participation involves taking two personality tests aimed at understanding the effects of early experience on personality development. The process takes approximately two hours. Certain portions of the meetings will be tape-recorded for future analysis. The tape recording, which will include no mention of your name, will be transcribed by a professional typist (name available on request). This study is being done to fulfill requirements for the completion of a doctoral degree in Clinical Psychology at City College, City University of New York, where I am a graduate student.

Participation is strictly voluntary, and you have the right to withdraw at any point. You should know that you are free not to discuss anything that causes you discomfort. This project should involve no more than minimal risk--i.e., no more risk than would reasonably occur in your everyday life. And some people find it helpful to explore their early experiences. While I cannot promise that you will personally benefit from this study, your willingness to participate will deepen the understanding of professionals who encounter issues relating to early childhood experience and parenting. After the research is completed, I would be glad to meet with you to discuss any concerns or thoughts you might have as a result of this process, as well as the findings of the study.

All research data will remain strictly confidential. In the event of publication or presentation, all identifying information will be changed and pseudonyms will be used to safeguard privacy and confidentiality.

If you have any questions, please ask me at any time. You can reach me by telephone at (914) 381-3027. If you have any questions about your rights as a volunteer, please contact Ethel Breheny, IACUC/IRB Administrator, by writing to her at the Office of Research Administration, Shepard Hall, Room S-16, City College, or calling her at (212) 650-7903.

Please sign below indicating your willingness to participate in this project. Thank you so much for your interest and help.

Ellie Gelman

TO BE COMPLETED BY PARTICIPANT

I have read the above statement and agree to participate in the study as described.

Signature _____

Date _____

APPENDIX D

Demographic Checklist--Loss Group

1. What is your date of birth? _____

2. What is your occupation? _____

3. What is your level of education:

- a. less than high school
- b. high school
- c. some college
- d. college
- e. post-college

4. What is your current household income?

- a. less than \$20,000
- b. \$20,000-\$40,000
- c. \$41,000-\$60,000
- d. \$61,000-\$80,000
- e. \$81,000-\$100,000
- f. above \$100,000

5. What was your mother's level of education?

- a. less than high school**
- b. high school**
- c. some college**
- d. college**
- e. post-college**

6. What was your father's level of education?

- a. less than high school**
- b. high school**
- c. some college**
- d. college**
- e. post-college**

7. How would you describe your family's economic situation when you were growing up?

- a. lower class**
- b. lower-middle class**
- c. middle class**
- d. upper-middle class**
- e. wealthy**

8. Did your father work? If yes, what was his job type?

- a. blue collar
- b. clerical
- c. managerial
- d. professional
- e. other

9. Did your mother work? If yes, what was her job type?

- a. blue collar
- b. clerical
- c. managerial
- d. professional
- e. other

10. Are you currently married?_____

a. If yes, for how long?_____

b. Were you previously married?_____ If yes, how many times and for how long?_____

11. a. How many children do you have?_____

b. What are the ages and gender?_____

c. How many times have you been pregnant?_____

d. Have you ever had a pregnancy end in a miscarriage, still birth or elective abortion ?_____ If yes, how many?_____

12. In addition to your mother, have you suffered any other significant losses in your life? _____ Who _____?

13. Are you now or have you ever been in psychotherapy? _____

a. If yes, for how long? _____

b. What kind of treatment: psychodynamic psychotherapy

 behavioral therapy

 psychoanalysis

 other (please specify)

c. How many times a week?

APPENDIX E

Semi-Structured Interview

Start with: Now I'm going to ask you some questions about you and your family around the time of your mother's death.

- 1. How old were you when your mother died?**
- 2. Could you briefly describe your relationship with your mother before she died.**
- 3. Could you describe the make-up of your family at the time of her death? (Prompts: Did you have brothers or sisters? Were your parents married, separated or divorced? Were there grandparents around?)**
- 4. Who would you say raised you?**
- 5. Did you find a mother substitute after your mother died? If yes, who?**
- 6. Did your father remarry?**
- 7. Briefly tell me about your relationship with your father before your mother's death. Did it change after she died?**
- 8. Have you had other significant losses in your life? Who?**

I'd like to ask you some questions about your mother's death.

- 9. What was the cause of your mother's death?**
- 10. Tell me about your mother's funeral. Were you there? Was there someone you could share your grief with?**

11. Were there things your family did to remember your mother? (Prompts: Were there photos around? Did you share memories or stories?)

12. Tell me about mourning your mother. What was that like? How long were you in mourning? How did you express it? (Prompts: Some people visit the grave site, or talk about it a lot.) Was there a time you felt that mourning came to an end? If yes, what do you think enabled you to complete the process? If no, has something gotten in the way? As an adult, have there been times that you've felt yourself grieving again?

Now I'd like to ask you some questions about being a mother. (If subject has more than one child between the ages of 1 and 6, ask questions about each in turn.)

13. Who did you name this child after?

14. Does this child remind you of anyone else in your family?

15. What are routine separations like for you and your child?

16. Did you breastfeed? If yes, what was weaning like for you?

17. How did you feel when your child first began to walk?

18. What was it like for you when your child first went to school? What do you think it was like for your child?

19. Have you had any extended separations (i.e., longer than two weeks) from your child? What was that like for you? What was that like for your child?

20. Any other separations that you'd like to tell me about?

21. If you have more than one child, has it been easier or harder to separate from this child than the other(s)?

22. Has there ever been a time in your child's life when you felt as if you were losing him or her just a little bit? What did that feel like to you?
23. What was it like for you when your child turned the age you were at the time your mother died?
24. Could you describe the times that you, as a parent, have missed your mother?
25. Do you think your experience as a mother would be different if your mother were alive?
26. How would you say the loss of your mother has affected you as a parent?
27. Has being a parent had any effect on your experience of the loss of your mother?
(Prompts: Sometimes being a parent changes you, you see things differently as a result of being a parent).
28. Would you say that having a child has helped you achieve greater resolution in your sense of mourning? Or: Do you have sense that having children has in some way repaired your experience of loss?
29. As your child grows up, what are your wishes and hopes for him/her?

APPENDIX F

Demographic Checklist--Comparison Group

1. What is your date of birth? _____
2. What is your occupation? _____
3. What is your level of education:
 - a. less than high school
 - b. high school
 - c. some college
 - d. college
 - e. post-college
4. What is your current household income?
 - a. less than \$20,000
 - b. \$20,000-\$40,000
 - c. \$41,000-\$60,000
 - d. \$61,000-\$80,000
 - e. \$81,000-\$100,000
 - f. above \$100,000
5. What was your mother's level of education?
 - a. less than high school
 - b. high school
 - c. some college

- d. college
- e. post-college

6. What was your father's level of education?

- a. less than high school
- b. high school
- c. some college
- d. college
- e. post-college

7. How would you describe your family's economic situation when you were growing up?

- a. lower class
- b. lower-middle class
- c. middle class
- d. upper-middle class
- e. wealthy

8. Did your father work? If yes, what was his job type?

- a. blue-collar
- b. clerical
- c. managerial
- d. professional
- e. other

9. Did your mother work? If yes, what was her job type?
- a. blue-collar
 - b. clerical
 - c. managerial
 - d. professional
 - e. other
10. Are you currently married? _____
- a. If yes, for how long? _____
 - b. Were you previously married? _____ If yes, how many times and for how long? _____
11. a. How many children do you have? _____
- b. What are the ages and gender? _____
 - c. How many times have you been pregnant? _____
 - d. Have you ever had a pregnancy end in a miscarriage, still birth or elective abortion? _____ If yes, how many? _____
12. Have any people important in your life died? _____ Who? _____
13. Are you now or have you ever been in psychotherapy?
- a. If yes, for how long? _____
 - b. What kind of treatment: psychodynamic psychotherapy
 behavioral therapy
 psychoanalysis
 other (please specify)
 - c. How many times a week? _____

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